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**From Sin to Sickness: A Qualitative Content Analysis of Four Major
American Newspapers' Representations of Alcoholism**

A Dissertation Presented

By

Amy Platt

to

The Graduate School

in Partial Fulfillment of the

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Abstract of the Dissertation

From Sin to Sickness: A Qualitative Content Analysis of Four Major American
Newspapers' Representation of Alcoholism

By

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In

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The purpose of this study is to explore how four major American newspapers represent alcoholism. These newspapers are: The New York Times, Los Angeles Times, Chicago Tribune, and the Wall Street Journal. Articles were collected over a five year period (2004-2008) using a constructed, random sample. The principal research questions are: (1) How do different newspapers portray alcoholism?, (2) How much emphasis do the articles place on the moral model of addiction? (3) How much emphasis do the articles place on the disease model of addiction? (4) What, other models, if any, are presented in the articles? A qualitative content analysis was used to analyze the data. Through coding, pattern-coding matrices, and a thematic meta-matrix, overall themes were constructed. Findings suggest that the disease model of alcoholism is underrepresented in the data, whereas the public health and the moral models of addiction are prevalent. "Socio-moral continuity" is the overarching theoretical construct developed to explain why the disease model of addiction dominates the scientific, medical, and therapeutic communities yet scarcely appears in major print media. The persistence of the moral model of alcoholism in major American print media, and its impact on public opinion, promotes punishment initiatives and hinders policy and program developments that might support prevention and treatment initiatives.

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Chapter I

Introduction

For the past five years, I have worked as a therapist specializing in substance abuse. There is a trend for clinicians to subscribe to the disease model of addiction and teach their clients about it. Like any other disease, alcoholism has a pathology that can be diagnosed and treated. Although clinicians may state that alcoholism is a disease, my experiences showed that morality continues to be the undertone. In some instances, therapists blame the victim. Personal biases become evident in such situations. Someone who has been drinking and using drugs for the majority of her/his life needs extensive treatment instead of stigmatization.

Based on my observations working with other clinicians, I hear clinicians say, “I’m going to catch them,” “They chose to use,” and other phrases that place culpability on the client. This kind of language tends to have moral implications and emphasizes personal responsibility. Although, consciously, clinicians are supposed to believe in the disease model of addiction, our language can be contradictory. When practicing therapeutic interventions, it seems that personal beliefs towards addiction entwine with academic knowledge.

For example, in a review of the literature, Alazewski and Harrison (1992) identified prevalent themes that were found to interfere with the delivery of alcohol treatment services, including a perceived lack of knowledge about alcoholism, pessimistic attitudes about treatment outcomes, a reluctance to become involved with the care of alcoholic clients, as well as a reluctance to identify or record the presence of an alcohol problem (Straussner and Vairo, 2007, p.120).

Training, education level, and personal experiences contribute to the perceptions of alcoholism. Consequently, those perceptions influence the quality of services, or lack thereof, available to address alcoholism. Moreover, the failure to have a clear consensus on the fundamentals of alcoholism leads to fewer available resources for treatment and the perpetuation of stigmas.

Because treatment for alcoholism does not exist in a vacuum, other agencies are usually involved with the person in treatment. Agencies like Child Protective Services (CPS), Probation/Parole, and Industrial Medicine Associates-Substance Abuse and Assessment Monitoring Program (IMA-SAAM). These agencies stymie the treatment of alcoholism. The perceptions of the workers for these agencies can affect who receives treatment. According to Cork (1987, p. 33), “The ability to help is limited by a number of factors (e.g., attitudes toward alcohol, drunkenness, the excessively dependent personality of the alcoholic).” How people perceive alcoholism influences the treatment of people who are addicted to alcohol.

With limited resources, clinicians bear the burden of the social expectation “fix it.” For example, I have worked with many women with Child Protective Services (CPS) involvement. A CPS worker once said that if my client loved her children, she would stop using. Love cannot stop a disease. Since protecting children is a societal value, losing custody of one’s children demonstrates that one acts contrary to that value. Hence, some CPS workers pass moral judgments on the parents instead of focusing on the welfare of the children. Whether it is the lack of knowledge or being overworked, personal biases should not be present. When individuals believe that people living with

an addition deserve their misfortune, issues of morality become the focus instead of the disease pathology.

One mandate from probation and parole is abstaining from the use of alcohol and other drugs. If my clients are on probation or parole and they test positive for drugs or alcohol, they can be in violation of their legal mandates. This can result in incarceration. Clinically, if someone cannot maintain abstinence from alcohol and other drugs, I would recommend that person complete an inpatient program. An inpatient program is usually a twenty-eight day intensive treatment program where an individual can receive more treatment. Instead of sitting in a jail cell, the person has an opportunity to get help. The attitudes I encounter in my practice suggest something other than the disease model and clinical training is present.

IMA-SAAM is the agency that mandates individuals to substance abuse treatment in order to obtain Medicaid benefits. Although this agency may require that people attend treatment does not guarantee that they meet requirement for treatment. Moreover, clinicians must gain approval from IMA-SAAM before referring clients to a different level of care. This delays the process of clients attending the appropriate treatment. If clients do not attend treatment regularly, even for a legitimate reason, IMA-SAAM has the power to discontinue their benefits. Social workers use the DSM-IV to diagnose people whereas IMA-SAAM uses their own criteria. It does not seem to be a clinical process and seems to stigmatize the people it is designed to help.

Stigmas and barriers are indicative of the harmful images associated with alcoholism. When agencies and policies create obstacles to obtaining appropriate interventions, then alcoholism remains pervasive.

Alcoholism as a Social Problem

The attitudes towards alcoholism require attention because alcoholism continues to remain a social problem.

Over 1.46 million drivers were arrested in 2006 for driving under the influence of alcohol or narcotics. This is an arrest rate of 1 for every 139 licensed drivers in the United States (“Mothers Against,” 2010).

Such statistics demonstrate that alcoholism remains a pervasive and persistent issue that affect a significant amount of people.

On average someone is killed by a drunk driver every 45 minutes. In 2008, an estimated 11,773 people died in drunk driving related crashes (“Mothers Against,” 2010).

It is easy to make moral judgments when innocent lives are lost due to alcohol. Instead of demonizing alcohol itself, the blame shifts to the individual who cannot control her/his use. Additionally, there are health consequences for regular consumption of alcohol.

The Center for Disease Control (CDC) describes alcohol related illnesses such as

liver cirrhosis, pancreatitis, and various cancers, including liver, mouth, throat, larynx, and esophagus; and high blood pressure, psychological disorders, unintentional injuries, such as motor-vehicle traffic crashes, falls, drowning, burns and firearm injuries, violence, such as child maltreatment, homicide and suicide, harm to a developing fetus if a woman drinks while pregnant, such as fetal alcohol spectrum disorders, sudden infant death syndrome (SIDS), and alcohol abuse or dependence (Center for Disease Control, 2010).

The evidence exists that alcoholism is a social problem. However, the etiology of alcoholism lacks consensus.

If alcoholism is a moral failing, there is less incentive for American society to expend limited resources for persons addicted to alcohol. Therefore, negative perceptions play a key role in the allocation of monies that are available to deal with alcoholism. Like any other resource, funding is scarce for research projects from federal,

state and private donors. Projects that receive funding are those that represent the agenda of the funding source. Currently, most funding streams focus towards youth prevention and outreach programs. The lack of funding forces treatment facilities to cannibalize one another for whatever resources remain. Although policies may not provide money for treatment, taxpayers contribute funds for incarceration.

Alcohol-related crashes in the United States cost the public an estimated \$114.3 billion in 2000, including \$51.1 billion in monetary costs and an estimated \$63.2 billion in quality of life losses. People other than the drinking driver paid \$71.6 billion of the alcohol-related crash bill, which is 63 percent of the total cost of these crashes (“Mothers Against,” 2010).

Based on the moral implications associated with alcoholism, other sources must be informing public opinion besides academic research. Since peer-reviewed journals have an audience of professionals in a specific field, those people already subscribe to a particular train of thought. Since journals do not reach a broad audience, there are other sources of information that impact on a larger scale.

Despite the hegemony of the disease model within the therapeutic community, it seems that the notion of choice and free will continue to be entrenched in the perception of addiction. Hence, it is important to explore the sources that contribute to the moral judgments attached to alcoholism and how they impact on social policy.

Because American culture bombards its citizens with media messages, I began to question the perceptions print media holds towards alcoholism. Alcoholism affects not only the life of the person who is addicted, but the family and the public. The messages conveyed by print media can help disseminate or discredit the stigma associated with alcoholism. The first step is to examine the perceptions of print media towards alcoholism.

Print media, ahead of radio, television, specialists, and the government, provides people with the proper information to expand their knowledge on health issues (Stuttaford, 2007, p. 108).

Based on the assumption that print media underlies all other forms of media, it is a logical choice. Since print media is a powerful source of information, it is important to understand how these sources portray alcoholism.

Mass media can have a profound impact on public opinion.

According to Stuttaford (2007, p. 108),

...the most effective mechanism for changing individual perceptions on health is through communication between patients and their primary care physician; the second most successful means for influencing individuals is through the print media.

Mass communication theories provide the rationalization for using print media. These theories postulate that media messages influence their audience. The manner in which print media portrays alcoholism is important to study because print media reaches a large audience. Mass communication theories posit that media messages influence their audiences. Therefore, knowing how print media presents alcoholism is worthwhile.¹

Significance of Study

This dissertation seeks to explore how four major American newspapers portray alcoholism from 2004 to 2008. The moral model of alcohol addiction states that individuals who are addicted have weak characters. In contrast, the disease model contends that individuals have a disease that needs to be treated. Examining different

¹“Mass communication theory also provides strong evidence that information transmitted through mass media sources can and does influence individuals” (Lloyd, 2002, p. 84). Cultivation theory assumes that there is a mainstreaming effect of mass media (Liu, 2006). Media richness theory applies to how well a medium can communicate the intended information (Gilman & Turner, 2001).

articles may illuminate the messages about alcohol. How do print media portray the use of alcohol? What themes emerge from articles on alcohol? What implications do these themes have on American society?

I chose alcohol as opposed to drugs because alcohol sales and consumption are legal for individuals over twenty-one years of age. While opiates, cocaine, cannabis, benzodiazepines, and hallucinogens are classifications of drugs, alcohol remains separated. It is not grouped in the drug category. The therapeutic community has accepted that addiction is a disease. However, I want to investigate whether print media acknowledges the disease concept of addiction. A qualitative content analysis of four major newspapers in the United States established the methodology for this study.

If there is a disparity between the trend in the field of addiction and the perceptions portrayed in the selected print media sources, then cultural lag theory helps to explain such a difference. Framing theory helps explain the context in which alcoholism is understood and represented in print media.

There are several reasons this research is important. Because the media has become so ubiquitous, it has an exposure effect on the majority of Americans. If journalists consider themselves to be reporting the “facts,” then it would be logical to assume that they would base their work on empirical evidence. Within the scientific community, alcoholism is dominated by the disease concept of addiction. It would be logical that journalists would follow suit. Additionally, it is dangerous to disguise opinion as fact and, in general, the public needs to be aware that newspapers contain biases. If journalists believe that they are reporting the “truth,” then there needs to be empirical evidence to support their conclusions. Other disciplines rely on empirical data

to draw conclusions and journalism would benefit from the same standards. Academic journals review the rigor of a study before publication.

In contrast, a study by Coomber suggests that media does not abide by similar standards. According to Coomber, et al (2000, p. 217),

Exaggeration, distortion, inaccuracy, sensationalism; each of these labels has been consistently applied to the reporting of drug-related issues in the print and other media over the last 40 years and beyond.

I suspect that print media has not completely embraced the disease concept of addiction and seek to investigate whether and to what degree it has.

Print media is a source of information for various social issues. Therefore, it is important to understand how print media represents alcoholism. Based upon the theoretical framework, print media's messages can influence its audience. If print media is portraying alcoholism as a moral defect, that message can influence how the public views alcoholism. This can have a chain reaction. If the public views alcoholism as an issue of immorality, then the public has little incentive to vote for initiatives that support funding research, treatment facilities, trainings and workshops on alcoholism. In turn, if politicians form their political platforms based upon the popularity of public interests, they would be prudent to include social welfare agendas supported by the general population. Rather than support initiatives to increase knowledge regarding alcoholism, politicians can align with the public and support harsher punishments for so-called immoral behavior in order to win elections.

The media sensationalizes celebrity trips to rehab on numerous occasions, which implies that treatment is ineffective. Media outlets may act as individuals' sole source of information on alcoholism. Consequently, popular print media may, for a time, shape or

reinforce non-scientific beliefs, which may have adverse policy and program implications as well as stigmatize a particular population.

With the advancement of technology, newspapers are available in print form as well as online versions. Print media messages are becoming more ubiquitous. Those messages can influence other forms of media and therefore, have large audiences. If there are negative perceptions of alcoholism, then there can be negative messages about other drugs as well. Since chemical dependency is a widespread problem that knows no racial or socioeconomic boundary, then the perception of alcoholism can have destructive effects. How different agencies and organizations perceive alcoholism impacts on the individuals living with alcoholism. If the pen is truly mightier than the sword, print media's perception of alcoholism necessitates examination.

The purpose of this study is to explore the representations of alcoholism by print media. Because alcoholism continues to be a pervasive social problem, images portrayed in newspapers may contribute to the perpetuation of adverse perceptions of individuals who are addicted. If individuals working with people addicted to alcoholism have biases towards them, then personal experiences and sources of information outside of academia inform their practice.

The following chapter presents the literature review and the theoretical framework in order to support the significance of the current study and explain any differences between the therapeutic community and print media.

Chapter II

Review of the Literature

A Brief History of Alcoholism

Alcoholism has a long history. Alcohol, itself, makes appearances in such documents as the Bible and the Constitution of the United States of America. It was the central focus of the Prohibition era and a topic of concern today. The history of alcoholism begins with the moral model of addiction.

The moral model implies that the person who is addicted to alcohol and/or drugs has a character flaw. It "...classifies a drunkard as morally weak..." (Sharma, 2007, p. 74). The question of personal responsibility is preminent in the moral model of addiction. According to Seddon (2007, p. 333), "The 'right' to use drugs is often seen as a question of freedom and debates about 'drugs and freedom' frequently take place on the terrain of moral and political philosophy." Morality implies that there is a choice instead of a disease pathology such as with diabetes. "Alcohol and drug addictions were perceived as social blights, rather than as diseases," (Reynaud, 2007, p. 1513). Because the moral model stipulates that alcohol is a moral affliction, it blames the victim.

In the 1920s, prohibition became a large political campaign or rather, a political crusade.

Throughout the nineteenth century and into the twentieth, the temperance or anti-alcohol movement claimed that alcoholic drink was responsible for most of the nation's poverty, crime, violence, mental illness, moral degeneracy, "broken" families, and individual and business failure (Reinarman and Levine, 1997, 5).

The 18th Amendment to the Constitution outlawed the production and consumption of alcohol. It was repealed, however, in 1933.

“Prohibitionists promised that a constitutional amendment banning alcohol would eliminate social problems, empty prisons and asylums, lower taxes, and ensure permanent prosperity” (Reinarman and Levine, 1997, 5). Although there was a ban on alcohol, the problems associated with alcohol did not disappear. Alcoholism was a symptom of other external environmental stressors. According to Ruan et al. (2008, p. 28),

These risk factors included discrimination, acculturation, race-ethnic orientation, childhood adverse experiences, stressful life events, social support and social networks, perceived stress, alcoholism stigma, intimate partner violence, and sexual orientation, attraction, and behavior.

In essence, environment stressors are external experiences that impact on a person’s quality of life. And people turn to drinking alcohol as a coping mechanism.

During this period, alcoholism became a larger social problem. Prohibition was a reform designed as a “response to a vice,” (Paufy, 1994, p. 312). A vice is a moral weakness. Because the consumption of alcohol includes issues of morality, prohibition has been seen as a legal, criminal justice response to moral corruption. Murdach (2009, p. 58) writes, “The saloon at that time was, to temperance advocates, a potent symbol of political and moral corruption.” If the government prohibits the consumption of alcohol, then all the problems associated with alcoholism will vanish. Alcoholism became the scapegoat and cause of all social problems instead of the result of social problems. As noted by Levine and Reinarman (1991, p.462), “The temperance campaign was devoted to convincing people that alcoholic drink in any form was evil, dangerous, and destructive.”

In 1920, Arthur Pigou developed a theory for the implementation of sin taxes (O’Donoghue and Rabin, 2006). “Sin taxes’ is a popular term that refers to government levies on pleasure or human indulgence, for example, smoking cigarettes or drinking

alcohol” (Lorenzi, 2006, p. 67). The term sin tax implies that the item incurring such a tax is immoral. “Sin taxes are appropriate moral attempts to remedy or curb antisocial behavior,” (Lorenzi, 2006, p. 67).

In the early part of the 1900s, the medical community held views that were consistent with the moral model of addiction. As stated by Bauer (1982, p.1),

In general, despite the veneer of objectivity that a certain logical classification lent to the subject, the attitude of those doctors who did concern themselves with alcoholism was dominated mainly by a moral point of view: alcoholism was considered more as a vice and symptom of moral degeneration than an illness.

During the early 1900s, there was no medical framework for combating alcoholism. No medication or surgery could prevent or treat alcoholism.

It was not until the middle of the 20th century that the disease concept of alcoholism entered the academic arena. Alcohol began to make a transition from sin to sickness. A study conducted by Indig (2009) supports Bauer’s account of the attitudes of physicians. “This study has highlighted that many ED [Emergency Department] staff lack the confidence, knowledge, skills and sense of responsibility to fully and appropriately manage patients with alcohol-related problems who present to the ED,” (Indig, 2009, p. 29). Part of the systemic problem, when treating alcoholism as a disease, is the lack of knowledge on the part of the practitioner. Specifically, practitioners do not have the training and expertise to address alcoholism. Moreover, one’s own biases can hinder the treatment process.

During the early 1940s, Dr. Emil Jellinek introduced the disease concept of addiction. As stated by Quinney (1962, p. 310),

In *The Disease Concept of Alcoholism*, he [Jellinek] was driven to arrive at logically and empirically satisfactory definitions of 'alcoholism' and 'alcoholic', clear statements of the many ways it was possible to conceive of alcoholism as a

disease, and a closely-argued conclusion about which of these ways could form the basis for a valid and heuristic disease concept.

Alcoholism has begun the transition from being perceived as solely a moral problem to one related to physical and psychological health. According to Jaffe (1993, p. 2), “Although Jellinek recognized that alcohol problems could occur without alcohol addiction, the problem of addiction moved to the center of scientific focus.” With this insight into etiology and psychology, the scientific community began to embrace the idea that alcoholism has the pathology of a disease.

Perceiving alcoholism as a disease requires that one understands the manner in which the disease evolves. Hershon (1974, p. 128) writes,

...the disease should be seen to be related to an etiologically relevant physical process which the person cannot choose not to have or will away. The second theme concerns the multiple nature of alcoholism itself. Subsumed under the one word are reference to many diverse phenomena—drinking behavior, loss of control, psychiatric and physical consequences, and family, economic and social problems.

Like other diseases, the manifestation of alcoholism may be difficult to trace to one causative factor. “At the same time medical research has repeatedly discovered disease causes for previously inexplicable conditions, discoveries which frequently seem to lead to treatment, relief and even cure,” (Hershon, 1974, p. 124). Nevertheless, diseases like cancer, diabetes, neuropathies, multiple sclerosis, etc. still do not have cures.

Diagnostic and Statistical Manual of Mental Disorders –Fourth Edition (DSM-IV) criteria for an alcohol dependence diagnosis includes physical as well as psychosocial factors that do not disappear because a person decides that s/he does not want to drink anymore. Because alcoholism impacts many aspects of an individual’s life, it follows similar patterns as other diseases.

In support of the pathology of alcoholism, symptoms manifest because of continuous and excessive drinking. According to Glatt (1976, p. 137),

...restricted purely organic definitions of "disease," these authors name hypertension, arthritis, asthma, and heart disease as examples of disorders which - similar to alcoholism - may have a number of causative (including psychologically poorly defined) factors, a variable course, and a varying outcome responding to various (including psychological) measures of intervention.

As Glatt (1976) suggests, the cause of alcoholism may be difficult to isolate. And, most likely, there are multiple factors that contribute to alcoholism. The symptoms that manifest due to alcoholism are easier to identify. The combined symptoms compose the disease of alcoholism.

Further support exists for the scientific community's adoption of the disease concept of alcoholism. For example, there are physical symptoms that result from excessive drinking.

Examples are cirrhosis, peptic ulceration, neuropathy, and myocarditis. The withdrawal syndrome itself with its symptoms of anxiety, tremulousness, nausea and sweating, as well as delirium tremens, organic cerebral reactions, psychotic reactions and convulsions, all require appropriate and urgent medical therapy (Hershon, 1974, p. 129).

Such medical symptoms add support for treating alcoholism like any other disease.

There are symptoms and a disease progression associated with the pathology of alcoholism. Since the academic community has accepted alcoholism as a disease, the treatment of alcoholism reflects this concept. "If alcoholism is a disease, then it is appropriate to talk about the low cure rate and the high relapse rate, both of which phenomena urge us onto further efforts to improve the present situation," (Hershon, 1974, p. 123). This statement suggests that there is an ongoing need to improve how

alcoholism is viewed and treated. However, alcoholism is more like a chronic illness than an acute illness, which often leads to it being dismissed as a disease.

Traditions of Alcoholics Anonymous

Echoing academic and professional treatment, other forms of intervention have developed and gained popularity. Within American society, self-help groups are non-professional organizations operated by members for members. Self-help groups, like Alcoholics Anonymous incorporate both the disease model and the moral model of addiction. Bill Wilson and Dr. Robert Smith developed Alcoholics Anonymous (AA) during the mid-1900s when Jellinek introduced the disease concept of addiction. Members of AA know these founders as Bill W. and Dr. Bob. The principles of AA refer to alcoholism as a sickness. “The originators of the program of AA described the alcoholism that they were attempting to address as a mental, spiritual, and physical disease,” (Knack, 2009, p. 92). Although the AA literature states that alcoholism is a disease, AA still incorporates aspects of religion and morality. “AA theory, for instance, combines elements of Christian revivalism, temperance doctrine and Jellinek’s disease model of alcoholism, plus more pragmatic ideas about habit and behavior modification” (Keane, 2002, p. 65). Fundamental principles of Alcoholics Anonymous include the disease concept of addiction as well as morality. If people who self-report having an alcohol addiction themselves believe alcoholism is both a disease and a moral corruption, then it is possible for other populations to have mixed views towards alcoholism.

AA literature discusses powerlessness and combines the idea of disease and morality.

This description, from an AA pamphlet, captures the sense of simultaneous physical and moral decline invoked by the popular disease model: Alcoholism is a

disease, which manifests itself chiefly by the uncontrollable drinking of the victim, who is known as an alcoholic (Keane, 2002, p. 65).

These statements suggest alcoholism is a disease that results in the degeneration of the physical body and the individual's morality.

Members of Alcoholics Anonymous take a spiritual approach to recovery from alcoholism. While acknowledging that alcoholism is a disease, Alcoholics Anonymous preaches about individual morality. Self-help ignores the dichotomy between the disease model and the moral model present in academia and uses aspects of both models to support the 12 step program. "The question for these individuals was not "moral or medical": most were individuals of high ideals all too ready to recognize and acknowledge their moral or behavioral deficiencies," (Kurtz, 2002, p. 13). In most instances, members of AA are not focused on the model upon which recovery is based. The combination of the moral and disease models help provide reasons why people are afflicted with alcoholism.

First, most members of Alcoholics Anonymous do speak of their alcoholism in terms of disease: the vocabulary of disease was from the beginning and still remains for most of them the best available for understanding and explaining their own experience (Kurtz, 2002, p. 6).

Although Alcoholics Anonymous literature uses the disease concept of addiction, it also integrates morality. Members of AA are wrestling with the moral values associated with their addiction while battling the physical symptoms of the disease.

Introspection and the consolidation of the self are further enhanced in the process of completing the fourth step, which requires that a searching and fearless moral inventory is completed. This requires self-examination of positive and negative traits and behaviors or actions (Knack, 2009, p. 95).

Hence, individual responsibility and morality entwined with the disease concept of addiction.

Alcoholics Anonymous asserts that alcoholism is a physical as well as a psychological disease.

It is a progressive disease, which, if left untreated, grows more virulent year by year, driving its victims further and further from the normal world, and deeper into an abyss which has only two outlets- insanity or death (Keane, 2002, p. 65).

“The contribution of Alcoholics Anonymous is not the idea of *disease* but of *threefold* disease—the realization that the alcoholic had problems in the physical, the mental, and the spiritual realms, the clear understanding that alcoholism is “an illness which only a spiritual experience will conquer,” (Kurtz, 2002, p. 14). It is important to understand how people who are addicted to alcohol and participate in self-help view alcoholism. If American society ignores the experiences of individuals with alcoholism, it becomes more difficult to understand those experiences devoid of moral judgment. Horner and Kelly (2007, p. 80) write, “...the difficulty of understanding the emotions of the other and achieving true sympathetic understanding will also tend to undermine the objectivity that attaches to moral judgments.” Based on Horner and Kelly (2007), people with alcoholism become the “other,” which means that people without alcoholism comprise the majority. Therefore, the majority may have difficulty understanding the experience of the “other” without attaching moral judgments. The social preference will focus on the group of non-alcoholics leaving the alcoholics subject to discrimination. Based on social identity theory, there is the residual creation of the acceptable and the stigmatized.² Because of the widespread nature of self-help meetings and publication of

²According to Liu (2006, p. 369), “Social identity theory proposes that the mere categorization into in-groups and out-groups will lead to a preference of in-group members and a discrimination of out-group members.” Based on social identity theory, non-alcoholics compose the in-group and alcoholics compose the out-group.

its literature, Alcoholics Anonymous becomes an outlet for the understanding of this population's experiences. Personal stories regarding the experience of addiction would only be available to the public if published. Therefore, it may be difficult to obtain a historical viewpoint based solely on memoirs of addiction. In contrast, AA's literature is accessible to anyone who seeks it at self-help meetings, in bookstores, and online.

The scientific community clearly subscribes to the disease model of addiction. The implementation of this model, however, has moralistic undertones whereas the self-help community incorporates the disease model and the moral model of addiction. Based on the history of alcoholism, the views of whether alcoholism is a disease or a moral vice are mixed. One way to further explore the evaluation of this topic is to understand the media's representation of alcoholism.

Current Views of Alcoholism

After establishing the historic accounts of alcohol's place in American society, I looked at the current trends in academic literature. It is important to identify any changes in the field of addiction as well as what types of studies dominate the literature. In order to identify the gaps in the literature, one should investigate the published studies in peer-reviewed journals and recent newspaper articles.

According to Morse (2004, p. 437), "Thinking about addictions has been dominated by two models: the medical model, which treats addiction as a disease and related behaviors as signs and symptoms, and the moral model, which views addiction and related behaviors as indications of moral failure." The medical (disease) model of addiction implies that the person has a disease that requires specific treatment interventions to manage the addiction. Morse implies that the moral model has not fully

been discarded. In fact, it seems that there is a connection between both models.

Although clinicians may implement the disease model, can moral judgments be isolated from one's professional work? Clinicians can intellectually understand the different models, but that understanding does not guarantee a translation into practice. Rather, traces of both models can be present in the attitudes of clinicians. Therefore, the moral model continues to have a place within the provider community. Scientific research may not be the only source of information informing and re-enforcing people's attitudes.

From 1940 to today, treatment has continued to use the disease model.

“According to Room (1983), the re-emergence of the disease concept of alcoholism was the result not of new scientific findings but of humanitarian efforts to shift the focus from blame and punishment of the alcoholic to treatment and concern,” (Jaffe, 1993, p. 2).

With the paradigm shift from blame to treatment comes the misconception that the disease model minimizes personal responsibility for people's drinking habits. The intent of the disease model is to identify the pathology of alcoholism and establish treatment practices. Alcohol has always had biological effects on the human body. However, the history of alcoholism reveals that the disease model has not always been present or implemented. Although there have been other models introduced in the field of addiction, Jellinek's disease model continues to dominate.³

According to Bride and Nackerud (2002, p. 125), “The disease model and the related treatment goal of abstinence continue to overwhelmingly dominate the treatment

³Rothschild (2010, p.137) defines the harm reduction model as a “reduction in risky behaviors or steps towards abstinence.” The neurobiological model explains addiction based on brain chemistry (Feil, et al., 2010). The temperance model postulates that alcohol itself is the cause of social problems. The social education model focuses on “emphasizing shared experiential knowledge among its clients as the basis for recovery,” (Clodfelter, et al., 2003, p. 449).

of alcoholism in the U.S.” According to the Office of Alcohol and Substance Abuse Services (OASAS) in New York State, facilities offering substance abuse treatment services operate under the disease model of addiction. All OASAS governed programs are abstinence-based, which means that people must abstain from using all drugs and alcohol in order to be compliant with treatment rules and regulations. Although treatment programs may operate under the auspices of the disease model, there is no accounting for the attitudes of workers and the attitudes of funding sources. In addition, individuals outside the field of addiction may subscribe to the moral model of addiction. Other sources of information are worthy of investigation, such as print media, to understand other representations of alcoholism.

Social Work and Alcoholism

Current trends in the field of addiction and the treatment of alcoholism impact on social work. Social workers need to be conscious of their own perception of alcoholism, if they are going to work in the field of addiction. They also need to be aware of the attitudes informing their practice. A disease paradigm is consistent with social work values because the addiction does not define and stigmatize the person. A moral paradigm does not reflect social work’s code of ethics. Blaming the victim means that the individual addicted to alcohol has more barriers to overcome in order to obtain quality services and encounters attitudes that punish rather than help.

It is important to identify what sources shape the beliefs of social workers and how that impacts on social policies. A study conducted by Palm (2004, p. 413), demonstrated that

...staff [social workers] view the clients as partially responsible for becoming alcohol or drug dependent and fully responsible for resolving the problem – a

somewhat moral view. Staff also comply with the disease concept and the idea of alcohol and drug problems as mainly social problems.

Although healthcare disciplines predominantly subscribe to the disease model of addiction, the moral model of addiction still seems to be present especially from an individualistic view. Social workers do not exist in a vacuum. Like most Americans, social workers are exposed to many different sources of information and ideas that contribute to personal biases.

Kjelfitad (1974, p. 135) writes,

When we talk about alcoholism in the academic trend, we are very clever in accepting the alcoholic as a patient; a person with a disease of some kind. When we meet the patient face to face, it is often difficult to keep up this favorable attitude to him. He will provoke our conscious, or unconscious, moralistic tendencies, and this will obscure our concept of the alcoholic as a patient.

This study suggests that it may be difficult for practitioners to separate their own personal biases from their clinical judgment. Kjelfitad's use of the term "we" excludes people addicted to alcohol from the people who treat them. Even if practitioners ostensibly subscribe to a professional ethic, personal biases comprise facets of who they are as individuals. The assumption is that practitioners subscribe to the disease model of addiction. In practice, moral judgments become more prevalent. Although the academic and healthcare provider communities may view alcoholism as a disease, individual members of these communities may have differing beliefs.

To further provide support for Palm's (2004) research, Murdach (2009) addresses how the temperance movement impacts on the field of social work at present. Since the late 1800s and early 1900s, when social work as a discipline began to appear in

universities, social workers have been committed to advocate for disenfranchised populations. People living with alcoholism are a part of such populations.

Suggestions are also drawn from this historical incident about current efforts in the profession to again deal with social justice issues on a national scale by reintroducing a more vigorous "moral element" into the profession's response to such problems (Murdach, 2009, 56).

This historical account of the temperance movement indicates that morality should be present when addressing alcoholism by the social work profession. It also equates social justice issues to that of moral issues which can only be determined by one's own belief system. Social workers need to be cautious about the difference between moral values and moralizing behaviors. "Although moral effort can lead to the achievement of socially approved and worthwhile goals, the moralizing imperative can lead to moral arrogance, division, and defeat unless properly controlled," (Murdach, 2009, p. 56). Therefore, social workers need to be conscious of their own biases as well as how moral crusades, like the temperance movement, impact on society. Murdach (2009, p. 61) writes, "...moral campaigns often carry the risk of offending and alienating others by causing some of their advocates to indulge in moralizing and judgmental behavior."

Social work evolved to address the lack of policies and services directed at social problems that reflected moral values. Hence, there is a prevalence of morality entrenched within the discipline of social work. Murdach (2009) examined social work's role during the temperance movement and the enmeshment of morality. Murdach (2009, p. 56) wrote,

...though the campaign for national temperance finally failed, social work's experiences in helping to infuse a more vigorous "moral element" into the public life of that day may provide some valuable lessons for the field today as it struggles to once again introduce moral insights into campaigns for such national social justice issues as health care, welfare reform, and human rights.

In many instances, there is a vested interest in the outcome of social problems. Hence, people involved in remedying these problems have expectations on how they would like these problems to be resolved. According to Skitka and Mullen (2008, p. 529), “When people have strong moral convictions about outcomes, perceptions of outcome fairness and decision acceptance are primarily shaped by whether the morally “correct” outcomes are achieved.” If the desired outcome from alcoholism is abstinence, then abstinence is the morally correct outcome.

Morality seems to be a pervasive underpinning to social work because of its history as a helping profession. Sherwood (2007) addresses morality as a feature of the social work profession. According to Sherwood (2007, p. 122), “This commitment to real values and moral obligation is often a source of on-going inconsistency and embarrassment.” Hence, social work research is critical in helping to reduce the discrepancies in moral values among social workers that sharpen the inconsistencies within the profession. As stated by Horner and Kelly (2007, p. 72),

Morality is a set of values, attitudes, norms, standards and principles about right and wrong conduct. When put into a professional context, morality becomes an ethic that governs right conduct in professional relationships—among the professional, clients or patients, colleagues, and other stakeholders.

When individual moral judgments conflict with the professional code of ethics, it causes problems. For example, the National Association of Social Workers (NASW) Code of Ethics states that social workers should do no harm and advocate on behalf of disenfranchised populations. Therefore, the NASW Code of Ethics advocates against the moral judgment of people afflicted with alcoholism.

Research suggests that moral judgments are often associated with the etiology of the condition or illness. According to Kjelfitad (1974, p. 134), “If the illness is regarded

as self-inflicted, we will often take a cool and moralistic attitude to the patient, as long as the condition is not directly life-threatening.” For example, if someone smokes cigarettes and develops lung cancer, healthcare providers may subject that to moralistic scrutiny because lifestyle choices contributed to the development of lung cancer. However, few people argue that cancer is not a disease. Although someone may choose to smoke cigarettes, s/he may not be able to stop because of the addictive nature of nicotine. Additionally, that person is not choosing to have cancer. If such logic can apply to smoking and cancer, then it should transfer to alcohol and the physical and psychosocial problems that result from addiction. The idea that people can control having an illness ignores the existence of genetic predispositions. If behavior determines the manifestation of diseases, then there are moral implications.

Another facet impacting on morality is cultural competency. There is a culture associated with alcohol use, and it may be difficult for some individuals to grasp the nuances of addiction. According to Rudd and Stack (2006, p. 912),

New practitioners may find it quite challenging to function as a competent health care provider in a culture that is not their own. Effective communication skills, coupled with open-minded understanding, are the cornerstone on which cultural competence can be built.

Based on their own culture, if clinicians hold the beliefs and attitudes that people addicted to alcohol deserve the negative consequences that befall them from drinking, they cannot be effective in treating addiction. In addition, culture can decrease the professional allure to work with addictions. Furthermore, clinicians’ can say they subscribe to the disease model of addiction, but believe that addiction is a moral issue. This results in unfair treatment of clients and more obstacles to recovery.

There is a dichotomy that exists between mental health practitioners and substance abuse practitioners. In order to suppress the symptoms of a mental illness, individuals may self-medicate with alcohol or drugs. When seeking treatment for mental illness, mental health practitioners often refer these individuals to chemical dependency treatment. “Drug use stereotypes are...potential influences on intake decision-making,” (Howell, 2008, p. 297). If the mental illness stabilizes, there may be no need for substance abuse treatment. Instead, the lack of knowledge regarding addiction leads to interagency referrals between the mental health and chemical dependency professionals. Fractured services lead to poor outcomes and stigmas hinder clinicians from working with addictions.

According to Howell (2008, p. 310),

The results [of the study] are particularly important as they emphasize the apparent significance of worker bias, or at least strongly held beliefs or stereotypes, regarding substance use and race in intake decision-making.

Such stereotypes have moral implications that obscure a practitioner’s clinical judgments. Treatment should stem from research and evidence-based practices instead of personal biases. Howell (2008, p. 312) wrote, “...it is also important to emphasize consciously considering factors such as race and personal biases related to drug use that have been found to influence decisions.” When morality guides clinical decisions, there can be profound repercussions. Clients do not receive the best care, they can be denied services, which perpetuates the cycle of addiction.

According to Mahalik, Good, and Englar-Carlson (2003, p. 129), “At the heart of the clinical bias literature is the idea that psychotherapists’ clinical judgments, and their in-session behavior with clients, are influenced by the stereotypes that clinicians hold

about specific populations to which clients may belong.” These biases form the basis of moral beliefs and attitudes that affect the social work profession. Academic research attempts to account for researcher bias. However, there is little in place to address worker bias. Clinicians rely on their supervisors to process any counter-transference that may occur and those supervisors have their own biases. Counter-transference occurs when a client reminds the clinician of someone from her personal life and evokes a negative emotional response to that client.

Because research indicates that social workers have biases towards individuals living with alcoholism, it is useful to explore how print media portrays alcoholism and disseminates that image. Social workers are one segment of the greater society who have been involved in academia and have obtained professional credentials. Because social workers are not required to have continuing education credits for licensure, other information may well be influencing social workers’ attitudes. Considering the history of alcoholism and the trends in academia, the question remains whether alcoholism is viewed as an illness or a problem of morality outside of academia. If the use of the disease model of addiction dominates the academic literature, what model dominates print media? What other sources contribute to how the population at large perceives alcoholism?

General perceptions on alcoholism influence funding for agencies and research. In turn, funding influences clinicians’ salaries and the quality of clinicians employed in treatment facilities. Because funding sources support popular issues, negative perceptions of addiction encroach on the legitimacy of treatment and the need for social programs to address addiction. If print media influences general perceptions of

alcoholism, then there is a need for close examination of the discipline of journalism and the standards to which journalists adhere to for reporting so-called facts. In contrast, if general perceptions on alcoholism influence what appears in print, then journalists need to examine what is informing their discipline. According to Stuttaford (2007, p. 108), “Although a quantifiable measure cannot be used to define moderate drinking for all-as recommendations vary by sex, age, race, and other factors-print media should contribute to the education of the public on the benefits and harms of moderate consumption. If addiction depends upon morality, then society would not necessarily want to fund treatment. According to Noto et al. (2000, p. 1263), “Print media is one of the key factors for defining public opinion and setting public policies regarding drugs.”

Views in the Newspaper

Based on a preliminary search of articles and editorials about alcohol and alcoholism in *The New York Times*, conflicting messages have appeared throughout the years. Some articles conjecture that the disease model is unsubstantiated while others confirm its validity. Other articles focus solely on the problems of alcoholism’s relationship to morality.

Ubell (1971) is the author of an article published in *The New York Times* regarding the dichotomy between disease and morality. “If alcohol is a disease, then the medical viewpoint is that, in principle, it can be cured. Alcoholics Anonymous posits that the disease is incurable,” writes Ubell (1971, p. E7). Hence, Ubell is implying that alcoholism does not fit the traditional definition of the nature of disease. Although alcoholism has no cure, it can still be a disease. Certain cancers are incurable and are diseases. In the field of addiction, clinicians compare alcoholism to diabetes. Diabetes

has no cure. To reduce the negative effects diabetes has on the body, there are lifestyle changes one can undergo. Alcoholism may be without cure, but a person can maintain abstinence to reduce the adverse effects chronic alcohol consumption has on the body. Contrary to Ubell's article, the therapeutic community treats alcoholism as a disease.

In an article in *The New York Times*, Franks (1985, p. 47) writes, "Alcoholism: A mysterious and incurable result of a personality disorder; at worst, a moral disease; at best, a psychological one." The distinction between psychological and moral aspects is that the former refers to cognition and the latter refers ethical judgments. Franks (1985) states alcoholism is a "moral disease." It suggests that alcoholism is not a biologically-based disease like cancer. Instead, alcoholism is a moral corruption. Such a statement evokes the need to investigate the themes surrounding alcoholism in print media.

At the other end of the spectrum, I would like to see if articles regarding the pathology of alcoholism represent a dominant theme or are isolated occurrences. In 1990, scientists discovered the genetic link for alcoholism and the story was reported in *The New York Times*. Altman (1990, p. A1) writes, "A gene that puts people at risk of becoming alcoholics has been identified for the first time..." The manifestation of a particular disease due to a genetic predisposition indicates that the disease is biologically-based. This discovery offers evidence that alcoholism is a biologically-based disease.

During that same year in another article of *The New York Times*, Altman (1990) discusses medical students' ethical dilemmas regarding liver transplants for individuals with cirrhosis resulting from alcoholism. "The class rejected him on the ground that it was unfair to give a scarce human resource to a self-destructive person," (Altman, 1990, p. C3). It seems that this article focuses on who should receive a liver transplant based

on morality instead of medical necessity. Five years later, Szykowny (1995) continues this debate of the worthy and unworthy organ recipients. Szykowny (1995, p. 14) writes, “Transplants, Morality, and Mickey fails to present the legitimate medical dilemma for providing liver transplants to patients with alcoholism.” This article describes alcoholism as a lifestyle choice as opposed to a disease which places moral judgments upon liver transplant recipients.

When information on alcoholism endorses the idea that consumption is solely a choice, it can lead to a certain line of policy development and implementation. An article written for the New York Times by Friedman in 1993 discusses the need for sin taxes on alcohol. Goods with sin taxes placed upon them have incurred a moral judgment. In order to combat destructive behaviors associated with alcohol consumption, Friedman (1993) discusses the issue of taxation. Friedman (1993, p. A28) writes, “But, logically, this argument should lead to recognizing the need for higher taxes on alcohol.” The tax is a punishment for immoral behavior.

If the media employs the moral model to address substance abuse, it may reinforce the prevalence and stigmatization of alcoholism. According to Cape (2003, p. 163), “One of the most profound influences in this technologically driven era is the portrayal of drug use in the media.” Since media can reach large numbers of people, it can be a powerful tool to dispense messages. Stigmas have a profound impact on substance abuse. According to Winnick (2008, p. 56), “The public is bombarded with information—on news programs, magazine format and celebrity talk shows, fictionalized crime shows, the Internet, and in print media...” The issue of morality bolsters stigmas associated with alcoholism. Stigmatization often affects people with substance abuse

issues. For example, if individuals with substance abuse issues are concerned about negative labels issued by society, they may be likely to hide their addiction. According to Glatt (1976, p. 142),

Acceptance of alcoholics as genuine sufferers from an illness is probably one of the most valuable means to reduce the stigma still attached to alcoholics and militating against early diagnosis and therapeutic intervention.

Because stigma is so strongly associated with alcoholism, it can deter individuals from seeking treatment. This can adversely impact the available funding for treatment facilities. Therefore, the number of people in treatment will not accurately reflect the number of people who are addicted to drugs/alcohol. According to Kline and Chatterjee, (2006, p. 488),

Following Goffman's theory, Link and Phelan's (2001) review of the stigma literature shows that the process of stigmatization begins when some human difference is labeled and then linked with negative attributes.

Such negative attributes influence the number of treatment facilities, clinicians' salaries, and social policies. The fear of being poorly treated due to alcoholism places barriers to treatment among those afflicted with alcoholism. Although alcoholism is defined as a social problem, there is an emphasis on punitive actions instead of treatment.

Currently, both the disease model and the moral model of addiction are influential. Although the disease model supposedly dominates, the moral model continues to survive. After probing contemporary perspectives on alcoholism, a theoretical framework will be explored.

Theoretical Framework

Theories offer a conceptual structure and a means of understanding the phenomenon of interest. Because theories act as a guide for research, I have selected

relevant theories to provide a framework for exploring how print media represents alcoholism. The theoretical framework provides a foundation to explain the context for the findings. Cultural lag theory, agenda-setting theory, and framing theory appear to be most relevant.

Cultural lag theory helps to explain why the scientific community views alcoholism as a disease well before that approach is adopted by the popular culture.

Contained in Brinkman and Brinkman (1997, p. 610), Ogburn defines a cultural lag as

when one of two parts of culture which are correlated, changes before or in greater degree than the other part does, thereby causing less adjustment between the two parts than existed previously.

According to cultural lag theory, the academic community will identify alcoholism as a disease before the general population. Moreover, there can be a cultural lag between disciplines. Hence, cultural lag refers to society's inability to keep up with technological changes, which creates social problems (Brinkman and Brinkman, 1997). If print media represents alcoholism as moral corruption, then cultural lag theory gains support from my study as well as explains this difference.

In addition to differences between the therapeutic community and popular culture, there may be a difference in the number of articles representing a particular theme.

Agenda-setting theory relates to how many articles are present in print media on a given topic. According to Hester and Gibson (2007, p. 301),

Agenda-setting theory assumes that there is a correspondence between the relative emphasis given to an issue by the press and the personal salience assigned to that issue on the part of the public.

Therefore, the political and social climate should influence the number of articles included in print media that pertain to alcoholism. The prevalence of alcohol-related

articles depends on the agendas of the press as well as the public. Agenda-setting theory provides a framework for identifying the number of articles on alcoholism that appears in major newspaper outlets.

Stroud and Kenski (2007, p. 557) wrote, “As Rogers and Dearing (1988, p. 571) note, ‘The less direct experience one has with an agenda issue, the more one must rely upon the mass media for information and an interpretation of the agenda issue.’” Based on the agenda-setting framework, people who do not have any kind of direct contact with alcoholism or the field of addiction are likely to rely on the media as the principle source of information. Hence, the media has great power to influence public opinion.

Therefore, when responding to situations occurring after message exposure, individuals disproportionately call to mind issues that they have heard about recently or frequently (Stroud & Kenski, 2007, p. 557).

If people recall what they have read most recently, then the messages contained in print media require investigation.

In concurrence with agenda-setting theory, Gelders et al. (2009) introduce several theories that further support the influence of print media. According to Gelders et al. (2009, p. 355),

...framing theory, theory of planned behavior and the health belief model are utilized at this stage in guiding message designers toward the development of message frames that would generate public discussion directed toward policy, influence societal norms around the use of the substance, influence peer networks, set the discursive realm of the interpersonal networks, influence perceptions of severity and susceptibility, address barriers and benefits, and build efficacy in the target population.

Framing theory suggests that audiences construe meaning based on the manner in which print media presents information. “The framing and presentation of events and news in the mass media can thus systematically affect how recipients of the news come to

understand these events,” (Price, Tewksbury, & Powers, 1995, p. 4). Because I intend to explore alcohol-related articles in print media, the theories described by Gelders et al. (2009) provide a framework for my research. Cultural lag theory, agenda-setting theory, and framing theory will guide this study.

Literature Review

The literature review will examine the previous types of studies conducted and establish the need for new lines of research on alcoholism.

Thombs and Osborn (2001) conducted a quantitative study using surveys to collect data from substance abuse counselors in Ohio. This study indicated that the substance abuse counselors who participated in this study had clinical orientations that include both the disease model and the moral model of addiction (Thombs and Osborn, 2001). Tolor and Tamerin (1975) also conducted a quantitative study. They designed an instrument to test the attitudes towards alcoholism and then collected data using the instrument (Tolor, 223). According to Tolor and Tamerin (1975, p. 223), “...for nonalcoholics there was a significant inverse relationship between the reported quantity of alcohol consumed and the tendency to characterize the alcoholic as morally weak.” If the professionals working in the field of addiction have mixed attitudes towards alcoholism, it is possible for other people to have similar views. The representation of alcoholism by print media may be a contributing factor to these mixed views.

Another study focuses on the treatment goals for alcoholism.

In the field of clinical alcohol disorders treatment in North America, abstinence continues to be largely viewed as the optimal treatment goal; however, there is a growing awareness of limitations when abstinence is considered the only successful outcome (Gastfriend, etc., 2007, 71).

Because there are limitations to treatment, poor outcomes can influence attitudes towards alcoholism. Such limitations include no insurance coverage for addiction services, few treatment facilities with waiting lists, and high staff turnover. Abstinence-based treatment models reflect the disease model of addiction. This study discusses the current trends of the treatment of alcoholism, but does not address how unsuccessful treatment attempts impact on society's impressions of alcoholism. Additionally, it does not discuss attitudes towards the disease model outside the realm of treatment. Treatment interventions for alcoholism in the clinical setting are not the focus of the current study. Rather, this study explores the images of alcoholism in print media.

Rankin (2000) focuses on the meaning of alcoholism from a female perspective. Since the disease model of addiction bases itself on the male perspective (Bauer, 1982), the present study is interested in incorporating the female voice in hopes of more effective treatment practices. Because the disease model derived from the medical profession, the male body is the basis for symptomatology. Bauer stated (1982, p. 74), "Then the fact that alcoholism was always considered an illness that struck men, and that AA was founded by men and created as, above all, a spiritual program..." For example, women have different symptoms for a heart attack than men. The way women experience a heart attack is different from the experience of men and can lead to misdiagnosis. Rankin assumes that within and outside of academia, the perception of alcoholism is that of a disease. Because there are different interpretations of alcoholism, Rankin's (2000) work invites a call for more research to explore how other populations and broadcast outlets portray alcoholism.

A quantitative study conducted by Smith and Foxcroft (2009) suggests that there is an association between alcohol advertisements and the consumption of alcohol in young adults. It demonstrates that media influences its audience and encourages the examination of print media's representation of alcoholism, but does not address how newspapers represent alcoholism and if those representations coincide with perceptions held in the therapeutic community. Smith and Foxcroft's research suggests that there is a relationship between advertisements for alcohol and the consumption of alcohol by young adults. It reinforces the idea that media influences its audience.

Another study by Fraser (2006) focuses on print media's portrayal of methadone use as an alternative to heroin. Fraser examined the metaphor associated with methadone treatment in print media. "This article examines the ways in which methadone treatment is reported in three respected daily newspapers, the New York Times, the Times (London) and the Sydney Morning Herald," (Fraser, 2006, p. 669). Fraser looked at the use of methadone as a replacement for heroin and the authenticity placed on the value of words. Fraser examines the use of methadone as a metaphor for heroin in print media. Fraser finds that methadone acts as a replacement for heroin and people on methadone are subject to the same stigmatization as people on heroin.

A study conducted by Noto et al. (2006) examined how Brazilian newspapers portray different drugs including alcohol. "These findings suggest the need for improved communication between journalists and health professionals," (Noto, et al., 2006, p. 1263). Alcohol related articles appeared less frequently than articles on other drugs and did not address public health issues (Noto et al., 2006). Cultural aspects may account for the difference in the frequency of articles. "According to this study, articles about

alcohol were less frequently featured as compared to that of marijuana, cocaine, and tobacco,” (Noto et al., 2006, p. 1263). Because this study is quantitative, it points to the need for qualitative studies. Qualitative studies can provide a deeper understanding of how culture creates meaning relating to alcoholism.

Greenfield, et al. (2004) use qualitative methods to explore how government policies regarding alcohol are formulated through interviews, media resources, scientific documents, trade magazines, and newsletters. It explored what sources inform the development of policies regarding alcohol. Greenfield does identify print media as a source of information that influences social policies. Although it incorporates the use of newspapers for analysis, it focuses on other sources for the majority of its data collection.

Coomber et al. (2000) addressed the issue of quality control in journalism in the United Kingdom.

This research sought to understand what quality control mechanisms are employed by the UK print media in relation to issues related to illicit drugs to ensure accurate, informed and appropriate reporting. It was found that the print media in the UK employ almost no quality control mechanisms to ensure that such reporting takes place and that they predominately rely on the demonstrably insufficient qualities of the ‘good reporting’ skills that journalists bring to their research and writing (Coomber, et al, p. 217).

This study is relevant to this dissertation, because depending on what themes emerge, newspaper reporting may need to undergo changes to ensure quality control mechanisms. Facts differ from propaganda. Since media messages reach large numbers of people, there is an obligation to offer information that is more accurate. If a writer likes the subject, then that subject will have a favorable evaluation. In turn, it is possible for the writer to cast a negative light which reflects personal bias or misinformation.

According to Lemmens, et al (1999, p. 1555), “This study assessed the portrayal of alcohol-related issues in the print media in the United States during the 7-year period bracketing implementation of the US alcohol warning label act in November 1988.” It focused on the context in which alcohol is included in print media regarding warning labels on alcoholic beverages. “A general shift noted as early as the 1960s has increasingly emphasized public health issues and deemphasized clinical aspects of alcoholism,” (Lemmens et al, 1999, p. 1555).

Based on the literature review, there does not seem to be enough qualitative research addressing alcoholism. Studies on the portrayal of alcoholism in print media were quantitative. The present study is qualitative in order to understand the meanings and values created by print media regarding alcoholism. By using qualitative methods, rich, thick data will provide a deeper understanding of how meaning is created by print media. None of the studies tackle how print media portrays alcoholism. Hence, the current study addresses the gaps in the literature. A qualitative study will allow the investigator to gather thick, rich data about a particular point of interest. Additionally, the current study will use empirical evidence that will add to the body of knowledge and will be of use for social work.

Statement of Research Questions

This study will attempt to close some of the gaps in the literature. This qualitative study is exploratory and focuses on investigating how print media represents alcohol and alcoholism.

- How do different newspapers portray alcoholism?
- How much emphasis do the articles place on the moral model of addiction?

- How much emphasis do the articles place on the disease model of addiction?
- What, if any, other models are presented in the articles?

The exploration of these research questions will document whether print media represents alcoholism as a disease similar to that of the therapeutic community or as a moral failing align with the moral model. The literature review reveals that these questions are absent from the published research on alcoholism. The theoretical framework helped to frame the research questions. The current therapeutic views on alcoholism are dominated by the disease model of addiction, but continues to mix with the moral model of addiction. From a historical standpoint, alcoholism has progressed from moral corruption to disease, but has never been fully liberated from moral implications. The next chapter outlines the methodology used to investigate the research questions.

Chapter III

Methodology

This chapter presents the methodology used to investigate the representations of alcoholism created in print media. First, there will be a description of the study and the methodology. That will be followed by the research questions. Finally, there will be a description of the newspaper selection, data collection, data management, and data analysis procedures.

Description of Study and Methodology

This study explores the representations of alcohol in print media as represented by four major newspapers in the United States. Qualitative content analysis techniques will be used to explore the research questions.

According to Berg (2004, p.267),

...researchers examine artifacts of social communication” and “content analysis is any technique for making inferences by systematically and objectively identifying special characteristics of messages.” Content analysis is the methodology that allows the researcher to make inferences regarding the effects of the print media’s ability to shape public opinion.

In this study, newspapers serve as the data sources, which relate to Process theory.⁴ As stated by Neuman and Kreuger (2003, p. 304),

The content refers to words, meanings, pictures, symbols, ideas, themes, or any message that can be communicated. The text is anything written, visual, or spoken that serves as a medium for communication.

There are several advantages to using content analysis as a methodology. As

⁴Process theory relates to the medium used to communicate a message. “The medium plays a central role in process theory - it did, after all, emerge as a set of theories that developed alongside the mass media system in the early part of the second half of the century,” (Carpignano, 1999, p. 178).

stated by Rubin and Babbie (2001, p.448), "...content analysis permits you to study processes that occur over long periods of time." Since the plan is to examine a five year time period, content analysis is the best method for such an undertaking. Additionally, content analysis does not affect the subjects included in the study because the documents already exist (Rubin and Babbie, 2001).

Researcher Bias

The current investigator is employed at a substance abuse treatment facility and works as a clinician facilitating group and individual therapy. The majority of the investigator's employment has been in substance abuse within the field of social work. The investigator is not involved with the macro level issues that affect the agency and has no personal or professional contact with any of the newspapers included in this study.

The investigator kept a journal and noted personal reactions to the articles. This helped to identify personal beliefs and viewpoints and the affect they might have. The investigator began to notice that articles which had a very stigmatizing approach to alcoholism evoked feelings of anger. Owing to clinical work, the investigator believes that stigma can limit the number of services available to people who are battling addiction as well as impact the way that they are treated. After identifying what triggered these feelings, the investigator was able to be conscious of personal biases.

The investigator examined her religious beliefs, which do not condemn the use of alcohol and include it in religious ceremonies. Most of the articles containing aspects of religion appeared to have stringent perceptions than the way the investigator interprets religious beliefs. Since the investigator views religion as tolerant and forgiving, there

was a conscious effort to read and analyze the articles based on the written words as opposed to a religious lens.

Samples, Data Collection, and Sources

Articles will be drawn from *The New York Times*, *the Chicago Tribune*, *the Los Angeles Times*, and *the Wall Street Journal*. According to Matthes and Kohring (2008, p. 258), *The New York Times* is "...one of America's leading and most influential newspapers..." Since this study is based on the premise that print media influences the public's perceptions of alcoholism, highly regarded newspapers will be included.

Though the *New York Times* is admittedly not a surrogate for all national news coverage and has more coverage of political issues than many other newspapers, it is a widely circulated and well-respected newspaper that often has been used to measure the independent variable in agenda-setting research (Kiouisis 2004; Neuman 1990; Winter and Eyal 1981) (Stroud & Kenski, 2007, p. 545).

Also included are *The Los Angeles Times* and *The Chicago Tribune* because they have similar reputations to that of *The New York Times*. In addition, *The Wall Street Journal* has been included for a more conservative perspective. The selection of papers provides both a cross-country perspective as well as a comparison among newspapers that span the liberal-conservative spectrum. According to Altheide (1996, p. 44),

The major news media are central aspects of popular culture, which has pervaded every major social institution, and, indeed, these institutions have adopted much of the logic and format of these media.

Social cognitive theory addresses the audiences that receive messages from designated mediums.⁵ For the purposes of this study, newspapers are seen as messengers that shape popular culture.

⁵According to Marcus, et al. (1998, p. 363), "Social cognitive theory proposes that personal, behavioral, and environmental factors operate as reciprocal interacting determinants." This theory posits that objects in the environment, such as print media, influence people.

With difficult economic times, some newspapers have closed and others have suffered a decrease in circulation. “The Los Angeles Times with weekday sales of 739,000, is down 5.2 percent from a year earlier. That is the fourth-highest figure in the country, but far below its high of 1.1 million early this decade,” (Perez-Pena, 2008, p. B4). The current state of the economy has adversely impacted *The New York Times* as well. “The New York Times’s weekday circulation, the third-highest in the country, fell 3.6 percent, to just over 1 million. Its Sunday circulation, the highest, dropped 4.1 percent, to more than 1.4 million,” (Perez-Pena, 2008, p. B4). These numbers do not account for people who read these newspapers on the internet. “About 600,000 have signed up since the site ([http:// www.nytimes.com](http://www.nytimes.com)) opened in January,” writes Allen (1996, p. D2). Although the circulation of these newspapers may have decreased, many people are still reading them either in hard copy form or on the internet. “NYTimes.com was the number one online newspaper destination in December 2008, with 18.2 million unique visitors,” (Reuters, 2009). People can read *The New York Times* on their personal computers or their mobile devices. Although there is a decline in the sales of hardcopies of *The New York Times*, millions of people continue to read the paper on the internet with free access to most features on the site. The content from the online version is comparable to the hardcopy version of *The New York Times*. The number of readers that report reading *The New York Times*, either online or in hardcopy, supports the use of newspapers as the data source for this study.

Different forms of media saturate American society. In addition to the various forms of print media that exist, there is television, radio, and the internet. The choice was to use print media, as opposed to television media, for several reasons. Because *The New*

York Times, the Los Angeles Times, and the Chicago Tribune embody print media as serious sources of information, broadcast news generally echoes the contents of these print media sources. The themes that may emerge from an analysis of these newspapers can help to establish the agenda-if any-of these media. In a study conducted by Smith (2008), stories covered by a journalist from print media and one from broadcast media were compared. Smith (2008, p. 113) writes, "...the newspapers had most stories in print before the TV stations aired them, and the stations only got stories first if they broke at night."

There are additional advantages to using print media as opposed to other forms of mass media. Garramone and Atkin (1986) discuss the benefits of print media in comparison to broadcast media. "While the topical content differs minimally across media, newspapers convey a larger quantity of messages, and print news items are characterized by greater depth of coverage, with fuller detail, broader perspective, and richer background information compared to the ahistorical and abbreviated broadcast content," (Garramone and Atkin, 1986, p.77).

With a qualitative research strategy, print media will generate rich data and facilitate a depth of analysis. Moreover, the main focus is on understanding how print media portrays alcoholism.

The relative ineffectiveness of television news compared with print news has been supported by a number of media comparison experiments that compared memory for television news stories with memory for printed versions of the television narratives (van der Molen, et al., 2004, p. 89).

Van der Molen, et al. (2004) supports the view that print media has a greater impact than television on what information people remember. "Compared with television, print is

assumed to be considerably more effective because print offers more opportunities to exercise control over the processing of information than television does,” (van der Molen, et al., 2004, p. 89).

Sampling

In order to develop a sample for this study, the populations and the units of analysis must be defined. Neuendorf (2002, p. 74) wrote,

The researcher gets to define the population for the study...The defined population may be quite large, such as all books ever published. It might be of a more limited size, such as parent-child interactions among participants at a co-op daycare facility. It may be narrowly defined, such as all female-directed films released in the United States in 1999.

From Neuendorf (2002), the decision is that each newspaper is a population. By including four different newspapers, four separate populations will allow for cross-regional comparison. Each article is a unit that will be subjected to intense analysis to understand the portrayal of alcoholism disseminated to each population (Neuendorf, 2002). Having established the populations and units, a discussion of sampling techniques will follow.

With the focus on print media, a method for sampling print media articles on alcoholism must be developed.

According to Riffe, Lacy, and Fico (2005, p. 112),

Daily newspapers vary in thickness on the basis of advertising, which is determined by the day of the week. Such systematic variations affect content. More news and information run in Sunday newspaper editions than any other day because the newshole is bigger. The newshole is bigger because more advertising is bought in Sunday's paper. If systematic variations in content are known, these variations can be used to select a representative sample more efficiently. These variations allow identification of subsets of more homogeneous content that can be used to select a smaller stratified sample that will be just as representative as a larger simple random sample.

According to Riffe, Lacy, and Fico (2005, p. 108), “*Stratified sampling* involves breaking a population into smaller groups and random sampling from within the groups.” With a five year time period, each year is a stratum. “Using years as strata, however, makes smaller homogeneous groups that would guarantee a more representative sample,” (Riffe, Et al, 2005, p. 108).

As stated by Riffe, Lacy, and Fico (2005, p. 108),

Stratified sampling serves two purposes. First, it increases the representativeness of a sample by using knowledge about the distribution of units to avoid the oversampling and undersampling that can occur from simple random sampling. This is *proportionate sampling*, which selects sample sizes from within strata based on the stratum’s proportion of the population.

In order to construct a stratified random sample, nine weeks for a five year period was selected. “Lacy et al. (2000) concluded that 9 constructed weeks taken from a 5-year period were as representative as two constructed weeks from each year...” (Riffe et al., 2005, p. 114). According to Riffe, Lacy, and Fico (2005, p. 112), if 5 years of a daily newspaper is selected as the population, then nine constructed weeks would constitute a stratified sample by “randomly selecting nine Mondays, nine Tuesdays, etc.” To clarify, nine constructed weeks consist of sixty-three randomly selected dates from the five-year period. Out of the sixty-three dates (i.e., $9 \times 7 = 63$), nine dates are Mondays, nine dates are Tuesdays, etc. Because the weeks are constructed, the dates are not chronologically consecutive. Rather, the constructed week consists of random dates where each date represents one day of the week.

All the dates from January 1, 2004 to December 31, 2008 were entered into Excel spreadsheets. Seven spreadsheets were used for the dates for each day of the week. The program assigned random numbers to each date. A decision was made, in advance, to

use the first nine lowest numbers for each day of the week to compose the nine constructed weeks. The first nine dates with the lowest random numbers were selected (Please see Figure 1). Using this procedure culminated in “nine constructed weeks” (See Figure 1). This process was repeated throughout the five-year period to form the stratified random sample. An example of one constructed week is as follows:

Figure 2. An Example of One Constructed Week

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6/12/2005	12/13/2004	12/16/2008	6/15/2005	2/16/2006	7/15/2005	4/2/2005

Data Management

Once the nine constructed weeks that comprise the sample were set, articles were collected from *The New York Times*, *Los Angeles Times*, *Chicago Tribune*, and *The Wall Street Journal*. Articles from each newspaper were accessed via the internet using ProQuest. The search was conducted by keyword as well as by specific dates. For each date in the nine constructed weeks, the following were searched for: “alcohol,” “alcoholism,” “alcoholic,” “drink,” “drinking,” “drunk,” “drunkenness,” “booze,” and “liquor.” The articles are in pdf format and were saved to the computer hard drive in virtual folders for each newspaper. Because articles can be saved in pdf format, it is easier to import into *Qualrus* for interpretive analysis.

Articles that discussed how to make alcoholic beverages such as winemaking, how to make different cocktails, and articles that reviewed wines and cocktails were excluded because they have nothing to do with aim of this study.

The dates that were included in the sample for *The New York Times* are the dates used to collect articles for *The Chicago Tribune*, *The Los Angeles Times*, and *The Wall*

Street Journal. By using the same dates, themes from each region can be compared. Additionally, there will be the benefit of a “replication effect” because, in effect, the study is repeated three times after the data is collected and analyzed from *The New York Times*. Findings that emerge from four data sources are highly likely to be true rather than specious.

“Qualitative sampling is often decidedly *theory-driven*, either ‘up front’ or progressively, as in a grounded theory mode,” (Miles & Huberman, 1994, p.27).

According to Miles and Huberman,

Sampling in qualitative research involves two actions that sometimes pull in different directions. First, you need to set *boundaries*: to define aspects of your case(s) that you can study within the limits of your time and means, that connect directly to your research questions, and that probably will include examples of what you want to study. Second, at the same time, you need to create a *frame* to help you uncover, confirm, or qualify the basic processes or constructs that undergird your study.

Altheide (1996) discussed developing a topic guide for collecting data that narrows the focus of the content of the data source. The topic guide for the current study is as follows:

Alcoholism: Any report that focuses on the prevalence, treatment, definition or implications of alcoholism.

Medical community: Any report that focuses on how the medical community impacts on alcoholism.

Families: Any report that focuses on how families address alcoholism.

Academic community: Any report that focuses on how the academic community impacts on alcoholism.

People living with alcoholism: Any report that focuses on the experience of people living with alcoholism.

Region: Any report that addresses how a given community addresses alcoholism

Law: Any report that focuses on how the American legal system addresses alcoholism.

Social Services: Any report that addresses how social programs address alcoholism.

International: Any report that focuses on how other countries address alcoholism.

“Abstractly, we can define a *case* as a phenomenon of some sort occurring in a bounded context,” (Miles & Huberman, 1994, p. 25). The cases included in this study are articles from four major newspapers in the United States pertaining to alcoholism within a given time period.

Data Analysis

Eight hundred and seventy-nine articles met the criteria for inclusion in this study. Each article was read two times before it was included. After collecting the articles from the newspapers contained in the nine constructed weeks, they were entered into the *Qualrus* software program. At this point, a preliminary list of relevant codes was created. “That list comes from the conceptual framework, list of research questions, hypotheses, problem areas, and/or key variables that the researcher brings to the study,” (Miles & Huberman, 1994, p. 58). The codes evolved from a preliminary list of codes that pertain to the purpose of this study as well as working with the data itself. According to Miles and Huberman (1994, p. 56)

Codes are tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study. Codes usually are attached to ‘chunks’ of varying size—words, phrases, sentences, or whole paragraphs, connected or unconnected to a specific setting. They can take the form of a straightforward category label or a more complex one (e.g., a metaphor).

The codes labeled phrases, sentences, and paragraphs to which they pertained. The codes were named to reflect the segments of the data they represent. To keep the coding process as comprehensive as possible, each code received a name that closely resembled the segment it represented. When naming codes, Miles and Huberman (1994, p. 64) suggest “a name that is closest to the concept it is describing.”

The process of operationalization defines the meaning of each code. By operationalizing each code, the manner in which it is used becomes more apparent. Operationalization elucidates what the codes mean to the researcher and how they are used to organize the data. Each code was operationalized in a way that clarified its intended usage so that other researchers could potentially code the data in a similar manner. “In designing the categories or levels that will be used for a given measure, the researcher should try to achieve several things: categories or levels that are exhaustive and mutually exclusive and an appropriate level of measurement,” (Neuendorf, 2002, p. 118). For the purposes of this qualitative study, the codes are at a nominal level. The codes eliminate overlapping aspects and thoroughly demarcate the boundaries and significance of each.

Because the newspaper articles vary in length and degree of relevancy, Auerbach and Silverstein (2003, p. 37) offer a technique to combat irrelevant text.

The first thing we did was to cut the text down to manageable proportions so that we were less overwhelmed by it. We did this by reading through the text with our research concerns in mind. Text that is related to your specific research concerns is called relevant text. We kept only the relevant text and discarded the rest, which made the text easier to work with.

By working with the relevant text, the data had a higher degree of utility and became less problematic to code. In essence, the codes pertain to the relevant text and

reflect the focus of the study and thus less time is wasted. “How many themes should you have? Although there is no hard and fast rule, we suggest reducing the number of repeating ideas by a factor of 3 or 4, resulting in from 10 to 20 themes, with an average of 15,” (Auerbach & Silverstein, 2003, p. 65). Themes were derived from the process of coding and analyzing the data.

As the investigator sifted through the data assigning codes, thoughts in reference to what seemed to be developing from the analysis process were written down. According to Marshall and Rossman (2006, p. 161), “Writing notes, reflective memos, thoughts, and insights is invaluable for generating the unusual insights that move the analysis from the mundane and obvious to the creative.” The investigator wrote memos for each article to help reveal the overall themes contained in the data. This process enabled further organization of the data by offering deeper insight.

After coding the relevant text and writing memos, codes emerged that were internally coherent and linked to each other. This reflected a progression from descriptive coding to pattern coding. “Pattern coding is a way of grouping those summaries into a smaller number of sets, themes, or constructs. For qualitative researchers, its an analogue to the cluster-analytic and factor-analytic devices used in statistical analysis,” (Miles & Huberman, 1994, p. 69). In essence, pattern coding is a way to further organize the data by grouping codes together to reveal themes. According to Marshall and Rossman (2006, p. 159),

In a related strategy, through logical reasoning, classification schemes are crossed with one another to generate new insights or typologies for further exploration in the data. Usually presented in matrix format, these cross-classifications suggest holes in the already-analyzed data, suggesting areas where data might be logically uncovered.

Therefore, matrices were developed based on the codes that relate to one another which emerged through memo writing and pattern coding. First, the memos demonstrate the investigator’s interpretive analysis of what the data means. Next, the matrices elaborate how the codes connect to each other. According to Miles and Huberman (1994, p. 70), “Pattern codes usually turn around four, often interrelated, summarizers: themes, causes/explanations, relationships among people, and more theoretical constructs.” In the current study, the pattern-coding matrices yielded themes. Below is an example of a pattern-coding matrix:

Figure 3: Example of a Pattern-Coding Matrix

		Social Responsibility		
		Peer Pressure	Culture	Risky Behavior
Stigma	Moral	Emphasis on abstinence	Acceptable drinking practices based on social norms	Attitudes associated with behaviors contraindicated by societal values
	Immoral	Conforming to alcohol use that violates social values	Negative attitudes towards alcoholism based on the society	Adverse reactions towards behaviors resulting from alcohol consumption
	Willpower	Self-control to not abstain from alcohol consumption	Social expectations on individual drinking habits	Negative attitudes towards individuals who cannot stop drinking and continuously engage in dangerous activities

Validity of Qualitative Research

Several facets of qualitative research legitimize it as a credible methodology. Miles and Huberman (1994) discuss the significance of confirmability, dependability, credibility, transferability, and application. Each performs a specific function justifying the use of qualitative research.

Confirmability closely relates to objectivity (Miles & Huberman, 1994). Because confirmability addresses researcher bias, it also encompasses replicability. As previously stated, the investigator revealed and took account of possible research bias. Since the data sources are documents, this affords other researchers the opportunity to arrive at the same conclusions. In this study, confirmability is provided via the logical associations of the coding that could be followed by other researchers.

Dependability “is whether the process of the study is consistent, reasonably stable over time and across researchers and methods,” (Miles & Huberman, 1994, p. 278). Every decision made in this study was transparent, logical, and aimed at discerning meaningful results. Triangulation, through the use of multiple data sources, helped establish validity by incorporating the use of individual articles, multiple newspapers, and field notes. Because documents were the primary sources of data, they contribute to dependability. In essence, documents preserve meaning for future researchers.

Miles and Huberman (1994) describe credibility as the “truth value.” Essentially, “do the findings of the study make sense?” (Miles & Huberman, 1994, p. 278). There is the establishment of clear linkages that logically stream from the data analysis to the results. Moreover, the use of documents allows future researchers to follow the current investigator’s representation of the data.

Transferability refers to how the results generalize to other populations and settings (Miles & Huberman, 1994). Future research may support (or reject) the transferability of the findings from this study. Because this study uses a large sample, which is available to others, it is possible for the findings to be transferable through replication.

Finally, application displays how the findings apply to the real world. As stated by Miles and Huberman (1994, p. 280), “Evaluation and policy studies in particular are supposed to lead to more intelligent action; whether or not they do, real people’s lives are being affected, and large amounts of money are being spent (or misspent).” The distribution of messages via print media sources is of significance. A pernicious and misinformed portrayal of alcoholism can have a detrimental impact on pertinent social policies. The design of this study is to discover what the portrayal of alcoholism is in print media.

Limitations of this Study

There are limitations to content analysis research. Qualitative research studies lack generalizability to the larger population. Instead, the intent is to develop a richer understanding of a particular research topic. Moreover, qualitative studies allow the researcher to explore topics where little research exists. “For one thing, it’s limited to the examination of recorded communications,” (Babbie, 2001: 315). Because content analyses focus on documents that have already been created, further explanation of statements cannot be obtained as with interviews and focus groups. The researcher can only analyze the articles that exists. Moreover, the researcher analyzes the articles based on the researcher’s lens. The text is subject to the researcher’s interpretations.

Therefore, coding and journaling help to combat researcher bias and standardize the analytic process.

Although there are limitations to qualitative research, there is some measure of validity. Themes emerged from the pattern-coding matrices based on a systematic and transparent coding process. Using *Qualrus* to manage the data, the articles included in the nine constructed weeks were subjected to intensive interpretive analysis. By keeping a field notebook, researcher bias towards disparaging images of people addicted to alcohol monitored and managed. Conducting a qualitative content analysis revealed the print media's representation of alcoholism (See Figure 4). The following chapter discusses the results from *The New York Times*.

Chapter IV

The New York Times

This chapter discusses the results from *The New York Times*. This data set had the most diverse articles. Many themes emerged from the data as the coding progressed from descriptive to interpretative. Examining the representation of alcohol in this data set revealed attitudes and values. The different themes play a role in shaping the messages contained in print media. Two hundred articles met criteria for inclusion in this data set.

Figure 5. Frequency of the Public Health Model/Moral Model vs. the Disease Model in *The New York Times*

Public Health	84
Moral Mode	116
Moral Model	0

Religious Beliefs towards Alcohol Consumption

Based on the analysis for *the New York Times* articles, one theme that emerged is the affect of religious beliefs on alcohol consumption. This theme comprised 5% of the articles.

The codes that consistently appeared in articles about religion were: abstain from alcohol, religion, immoral, moral, culture, and lifestyle. By forming a pattern coding matrix, I was able to examine the relationship between religion and acceptable alcohol consumption practices and also found that different religions have different beliefs towards the consumption of alcohol.

Religions offer a code of conduct for behavior and alcohol consumption is a behavior that religions target. Although some religions do permit the consumption of alcohol, there is general disapproval of excessive drinking.

But Rabbi Weinreb and others say the Orthodox Union's pronouncement on Kiddush clubs was largely symbolic. The Orthodox Union has asked that rabbis ban the clubs, but has no power to enforce the request. The leaders are hoping that even if the rabbis do not ban the clubs, members will be shamed out of attending and the clubs will disappear (“A Push to Curb...”, *The New York Times*, 2005).

This article depicts Orthodox Rabbis no longer condoning clubs that promote drinking. The use of shame as a tactic to deter individuals from attending Kiddush Clubs implies a moral judgment on consuming alcohol.

Alcohol consumption is part of religious ceremonies to enhance one’s ability to feel spiritual where they might otherwise be spiritually devoid. This creates an opposition between consuming alcohol for religious purposes within religious guidelines and acting immorally with an addiction to alcohol. In addition to Judaism, the data reveals how other religions view the consumption of alcohol. Islam prohibits the consumption of alcohol.

Islamic finance also avoids practices prohibited under Shariah: Islamic bankers cannot receive or provide funds for anything involving alcohol, gambling, pornography, tobacco, weapons or pork (“Adapting finance...”, *The New York Times*, 2007).

Based on this question, Islam prohibits the consumption of alcohol. In essence, actions associated with alcohol violate the moral code of conduct associated with specific religious beliefs. Islam reproaches Muslims who drink alcohol.

After identifying print media’s messages of alcohol consumption from a Judaic and Islamic perspective, a Christian perspective emerged. Because the United States has

a long history with alcohol, religious beliefs place an emphasis on morality. Here is an example of Christian viewpoints on alcohol consumption.

The late 19th century was perhaps the heyday of the revolt against what John C. Burnham, a historian at Ohio State University, calls 'bad habits.' Groups like the Salvation Army and the Women's Christian Temperance Union urged sinners to stop drinking, gambling and smoking ("As diet ideas abound...", *The New York Times*, 2007).

The behaviors of such individuals define them and they become labeled as "sinners." If people who sin drink alcohol, then drinking alcohol is immoral. According to Christian beliefs, alcohol consumption is a "bad habit" and an abject behavior.

By following the religious rules regarding alcohol consumption, one behaves morally. If one consumes alcohol in a manner not prescribed by the religion, then that behavior is immoral and essentially a sin. Religious beliefs form the basis of one's lifestyle and culture. Accordingly, religion regulates the appropriate use of alcohol. In some cultures, it is acceptable to drink and in other cultures, it is acceptable to be abstinent. Lifestyle reflects one's cultural and religious beliefs as well as incorporating one's personal experiences. They shape individual beliefs and attitudes towards alcohol consumption.

Crimes Subsequent to Alcohol Consumption

Another theme that materialized from the data collected from *The New York Times* is alcohol-related crimes. This theme comprised 17% of the articles. Many articles focused on reporting crimes where alcohol was involved and criminality associated with alcohol consumption surfaced as a theme. The effects of drinking alcohol on inhibitions and decision-making processes often results in violating the law.

One consequence of drinking alcohol was illegal activity. Moreover, alcohol consumption is often offered as a justification for the commission of crimes. Because alcohol impedes one's ability to function at an optimal level, alcohol typically is seen as the source of the crime. For example,

He was charged yesterday with murder and criminal possession of a weapon. Other charges were pending, as the authorities continue looking into his activities since he was released from prison in August. The authorities would not suggest a motive beyond noting that Mr. Shobey told his interrogators that he had been drinking ("A rampage of terror..." *The New York Times*, 2004).

The motive for the crime often seems to stem from drinking alcohol and links to morality. Since laws reflect the social values of a given society, there are typically punishments for the violation of those values, moreover, immorality is associated with alcohol use because it leads to crime. Alcohol acts as the justification for crimes, which deflects culpability away from the individual and onto alcohol.

Another example captured alcohol-related misconduct. Because alcohol consumption often leads to aggressive behavior, fighting is associated with alcohol consumption. Soon he racked up arrests for drinking and fighting, and Mr. Hunter persuaded him to go to the Veterans Affairs center for help ("After the battle..." *The New York Times*, 2008). Because alcohol consumption led to destructive behavior, the individual is seen to violate social values. When alcohol consumption is associated with crimes, morality attaches to the act of drinking alcohol. Alvarez ("After the battle..." *The New York Times*, 2008) writes

This year, a *New York Times* examination of killings in this country by veterans of Iraq and Afghanistan found that drinking or drug use was frequently involved in the crimes.

Based upon this quotation, it seems that alcohol consumption precipitates violence.

Although the statement seems to be conveying a fact, there is a lingering thought about what would have occurred if the veterans had not consumed alcohol.

There are links between the consequences of drinking alcohol and criminal charges. Acts of violence and the consumption of alcohol were prevalent in the articles. Violence was linked to sexual assault and risky behaviors. The circumstances in which criminal charges are linked to acts of violence depend upon the policy toward alcohol. Criminal charges resulting from alcohol consumption begin with accusations and lead to various legal available option.

The Use of Labeling

Language use is another theme that appeared from analyzing the data. When examining the pattern coding matrix, the concept of labeling encompasses the other codes in the matrix. The act of labeling creates a stigma associated with that label. Labeling, stigma, alcoholic, drunk, moral, and immoral comprise this matrix. Labeling affixes a negative identity to an individual. This theme emerged in 13.5% of the articles within *The New York Times*.

While coding the data, certain patterns began to develop, for example, the data consistently referred to a person who is addicted to alcohol as an “alcoholic” or a “drunk.” Defining a person as the addiction to which s/he is afflicted attaches a stigma to that label. By using the label “alcoholic” or “drunk,” a negative connotation associates with these labels and places a moral judgment on the disease of addiction. Labeling and stigma relate to morality regarding the specific labels given to people who are addicted to alcohol.

One article is entitled “Drinkers in Korea Dial For Designated Drivers,” (“Drinkers...,” *The New York Times*, 2007). “Drinkers” labels individuals as defined by their alcohol consumption. It creates a stigma and perpetuates that stigma. It negates any humanistic qualities by focusing on one characteristic. It strips the humanness away from a person who may also be a mother, father, sister, brother, friend, etc.

Labels have particular subtexts, which often influence others’ perceptions. The media disseminates these nuances through its messages. Here is another example from Haberman. “‘That’s like an alcoholic who was drinking Scotch saying that he now only drinks beer,’ Mr. Wexler said in a phone interview” (“One gambler...,” *The New York Times*, 2004). The term “alcoholic” follows the same language pattern. It implies a judgment of the individual. Since this case discusses an individual switching drink preference from Scotch to beer, it demonstrates a moral weakness. A person cannot stop drinking alcohol, only change drink preferences. Moreover, the stigma attached to “alcoholic” remains. If alcoholism is a disease, the language should reflect this. It is not typical in American society to refer to a person living with cancer as a cancer. It is much more common to refer to a person living with alcoholism as an alcoholic.

A component of labeling individuals who consume alcohol concentrates on parenting. The very nature of the term parent suggests the provision for a child’s needs. When alcohol is introduced into the situation, then parents are seen as neglecting the children to satisfy the addiction. “‘The parents were alcoholics and the children were not fed or clothed,’ Mrs. Garville said,” (“From Russia...,” *The New York Times*, 2004). This relates to the other examples of the use of “alcoholics.” The parents wear the label of “alcoholics” and their immoral deeds of not providing adequate childcare are revealed.

In an article by Yarnall (2006, p. F6), the same language pattern appears. “Not all alcoholic mothers give birth to babies with fetal alcohol syndrome,” (Yarnall, 2006, p. F6). This is another example of how the use of language can project morality. Alcohol consumption and the role of the “mother” define these women. By acknowledging “alcoholic mothers” as alcoholics, the label that they have been assigned negates recognition of being a woman. Because protecting children is a social value, women who drink while pregnant are behaving immorally. Alcohol consumption places the fetus at risk for birth defects. If a woman consciously places her unborn child in danger, then she is a “bad” mother.

The coding reveals that no one individual is immune to alcoholism and the incipient shame. Since alcoholism does not discriminate among socioeconomic status and political affiliation, disenfranchised populations do not have a monopoly on the stigma of alcoholism.

...Vice President Gore should have said that he was going to teach his opponent ‘a few old-fashioned lessons about character,’ mentioning Mr. Bush's drunk-driving incidents, business practices and Vietnam-era Air National Guard service, using the words ‘coward,’ ‘drunk,’ ‘crooked’ and ‘disgrace (“Counseling...,” *The New York Times*, 2007).

The term “drunk” reflects this theme. It does not acknowledge that the person consuming alcohol is more than just the effects of alcohol. Because the label encompasses the person, it perpetuates the stigma that people who drink are bad. Moreover, other negative words couple with “drunk,” such as “crooked,” “disgrace,” and “coward.” The lack of honorable terms illuminates the disparagement linked to alcohol consumption.

Consequences from Drunk Driving

Consequences from drinking and driving are facets of this theme. The impact of drinking on driving appears throughout the data. Since there are serious adverse consequences of drinking and driving, many articles contained these accounts. Drunk driving accounts were contained in 9% of the articles. Because drunk driving is against the law, print media recounts only those incidents identified by police.

Because the author's notes focus on the consequences of drinking and driving, the codes that connected with this topic were examined. These codes formed a matrix that revealed the coding pattern. The codes included are; "consequences of drinking," "license suspension," "alcohol-related death," "history of alcohol use," "drinking and driving," "drivers," and "violation of policy."

The code of drinking and driving also links to the consequences of drinking. When forming the pattern coding matrix, license suspension emerges as a consequence of being caught drinking and driving. Other consequences include deaths related to alcohol consumption and vehicular manslaughter. In addition, an individual's history of alcohol use plays a role regarding drinking and driving and the consequences of drinking. There are only consequences for drinking and driving if the police stop and formally charge an individual. In essence, it is conceivable that an individual who is addicted to alcohol has driven intoxicated on numerous occasions, but receives only one formal charge.

For example,

He hit bottom on Oct. 28, 2006, when he drunkenly drove into a highway divider. It dislodged, trapping another driver, Deanna Casey, 16, of Minneapolis, who was killed when a tractor-trailer rammed her small car ("After the battle...", *The New York Times*, 2008).

The consequences of driving drunk can result in fatalities. In chemical dependency treatment, the phrase “rock bottom” describes the point when the individual realizes that there is a problem with alcohol and/or drugs and is motivated to change. In this scenario, “bottom” typically refers to a driver who is drunk and kills another person in an accident. The article highlights deaths associated with drunken driving and the events that precipitated chronic alcohol consumption.

Yet only after his drunken driving caused the death of a 16-year-old cheerleader did Mr. Klecker acknowledge the depth of his problem: His eight months at war had profoundly damaged his psyche (“After the battle...,” *The New York Times*, 2008).

Because the consequences of drinking and driving can be detrimental, death is often a grim result. Although still not acknowledged as a disease, this article indicates that only after a tragic event did Mr. Klecker recognize the severity of his alcoholism.

Although there are devastating outcomes from drunk driving, some drunken driving incidents concentrate on arrests. There were multiple examples of the ramifications associated with driving while intoxicated.

The police said they were considering charging the man with driving under the influence of drugs or alcohol, reckless endangerment and endangering the welfare of a child (“Driver abandons...,” *The New York Times*, 2008).

Operating a vehicle or heavy machinery after drinking alcoholic beverages seems to endanger the driver who is intoxicated as well as other people who are in close proximity. Because drunk driving poses a danger to the safety of others, public policies develop to curtail this problem.

Under the new law, a person found guilty of vehicular manslaughter would also be found guilty of the more serious aggravated vehicular homicide charge in a number of instances, including: if they have a blood alcohol content of 0.18; if

they knowingly were driving with a suspended or revoked license; if they killed more than one person, or killed one person and seriously injured another (“Drunken drivers...,” *The New York Times*, 2007).

A law embodies a social norm and the punishment for violating that norm.

Because negative consequences derive from the act of drunk driving, those outcomes become the focal point of print media’s message. Since print media can only report on identified cases, it brings into the forefront that individuals who drink and drive many not be first time offenders. Rather, individuals may have driven drunk on several occasions, but receive charges for only one occurrence. Whether drunk driving ends in death, injuries, or arrests, policies discourage and sanction this behavior.

Pregnancy and Alcohol Consumption

Based on several examples, the consequences of consuming alcohol while pregnant are reported. Pregnancy, drinking, health, and stigma appeared together during the coding process and comprised 5.5% of the texts. Drinking while pregnant has consequences for the fetus as well as the expectant mother. Because of the health consequences for both parties, it places a stigma on the mother. Since diseases like fetal alcohol syndrome are preventable, expectant women are deemed immoral if they drink.

Through the coding process, the data exposed the judgment placed upon women who consume alcohol while pregnant. Clearly, moral stigma is attached to the act of drinking alcohol while pregnant because of the health risks to the fetus. This stigma expresses disdain for the lifestyle of the mothers-to-be as well as the value judgment of the people commenting on this situation.

Women are free to make their own decisions. But without question, if they drink they place their fetus at some level of risk for harm that they could also choose to avoid (“Choosing to avoid risk,” *The New York Times*, 2006).

The use of the word “choose” implies a moral judgment. One cannot choose whether s/he has cancer just as one cannot choose whether s/he has the disease of addiction. One can choose to get treatment, however.

The perception of women who consume alcohol while they are pregnant describes the overall concept of morality. If one is a good mother, then one will not drink alcohol. The articles do not discuss the disease concept of addiction. If one is a good mother, one will not have diabetes? The messages resonate with the idea that addiction is a choice.

I ask a simple question: why purposefully ingest a substance that has been shown, on average, to reduce potential? I am not yet a mother, but I know that there exist myriad factors that affect development, achievement and intelligence; I will certainly choose to eliminate those that are within my control (“Ambiguity and simplicity,” *The New York Times*, 2006).

Because of the physical damage alcohol causes to a fetus, there is a moral judgment placed upon women who consume alcohol. There is a perception that these women choose to drink and place their unborn child in danger.

The risks of drinking while pregnant are akin to drinking and driving. Some very drunk people make it home; the occasional person with just a little alcohol and under unpredictable conditions has an accident (“Choosing to avoid risk,” *The New York Times*, 2006).

The author compares drinking and driving to drinking while pregnant. There is an element of culpability associated with drinking and the potential of negative consequences. Because a social value is the protection of children is a social value, placing a fetus at risk bears a moral value.

Because a woman who drinks alcohol places her unborn child at risk for medical complications, print media messages convey disdain for these actions. Moral judgments are evident and they rebuff the disease concept of addiction. Since morality suggests

choice, choice negates the disease model. Hence, women who drink while pregnant are susceptible to moral disparagement.

Social Responsibility

Social responsibility related to alcohol consumption also emerged as a theme. Acceptable drinking practices and perceptions of alcohol surface through the pattern coding process. Social responsibility reveals the values and expectations of a given population. This theme appeared in 17.5% of the articles.

Social responsibility and stigma connect to one another. Because social responsibility dictates acceptable behaviors based on societal values, there are stigmas associated with behaviors that transgress social responsibility. Peer pressure, culture, and risky behaviors relate to social responsibility as the larger concept. Willpower is seen as an individual's ability to resist temptation and conform to accepted social norms. The lack of willpower is closely tied to morality and stigma. How these codes relate to one another constitute another theme.

Social responsibility encompasses the social value of protecting children and provisions for their futures. Consequently, social programs for children-oriented initiatives need funding. Taxing the sale of alcohol is a means of generating money.

Nadine Mathis Basha, the wife of a supermarket mogul, envisioned an early-childhood education program for toddlers statewide. To pay for it, Ms. Basha said, she approached Hensley in 2006 with a proposal to raise taxes on alcohol and tobacco ("For McCains...", *The New York Times*, 2008).

This is a sin tax. In essence, tax something bad to pay for something good. Moreover, a sin tax on alcohol and tobacco guarantees revenue. Because people become addicted to these substances, they cannot arbitrarily choose to stop. The role of government in relation to alcohol needs further scrutiny.

The federal government has domain over issues important to the alcohol industry, like excise taxes, marketing to under-age drinkers and beverage labeling (“For McCains...,” *The New York Times*, 2008).

There is a certain morality embedded in government regulations. Although economics play a role in government regulations, there has been an intrinsic moral value placed on alcohol beginning with Prohibition. As government extends and tailors its alcohol-related policies, technological advances fall under its authority.

For example, government regulations provide the guidelines, which regulate alcohol advertisements that appear on television. Because television is another very popular form of media, the government attempts to control the messages in alcohol advertisements. Moreover, those messages represent social responsibility.

The spots are running under guidelines recently adopted by WNBC that include limiting the appearance of such commercials to shows scheduled after 11 p.m. and requiring the sponsors to include messages about drinking responsibly. “The idea here was to take a responsible attitude and do it appropriately,” said Frank Comerford, president and general manager at WNBC, “to be very targeted to an audience 21 and over and have social responsibility messages” (“New York TV...,” *The New York Times*, 2007).

The legal drinking age in the United States is 21 years of age. However, that age does not deter underage drinking nor does it mean that people over 21 years old will automatically drink responsibly. It seems that sales of alcohol generate enough revenue to keep promoting it. It is like wearing a helmet when riding a motorcycle. It is dangerous, but we would rather offer precautions than not ride. Based on the history of Prohibition, there is a large enough demand for alcohol that banning it simply does not work.

Social responsibility and alcohol consumption is a theme that emerges from the data analysis. Because stigma, morality, willpower, culture, peer pressure, and risky

behaviors encompass social responsibility, they connect to alcohol consumption. The articles revealed that there are social norms concerning drinking alcohol.

Treatment Services

Some articles discussed program services that treat alcoholism, but do not discuss the model to which the program subscribes. Six and a half percent of the articles focused on treatment services. Other articles discussed the need for therapeutic intervention to treat alcoholism. Lack of sufficient funding, however, seems to be a major theme.

The simple law of supply and demand suggests that substance abuse treatment services are necessary.

Arnie Goldfein, the president of Jewish Alcoholics, Chemically Dependent Persons and Significant Others, or JACS, said he believed that the rates of substance abuse among Jews had recently risen to those of population at large, around 8 to 10 percent (“A push to curb...,” *The New York Times*, 2005).

If, in fact, the rate of substance abuse is on the rise, then it would be logical to increase the number of treatment facilities, and the quality of education of clinicians as well as examine policies guiding the treatment of substance abuse.

Previous themes suggest that the consequences of alcohol consumption may lead to legal prosecution and incarceration. In contrast, the current theme shows the role of treatment in the alcohol consumption trajectory.

At Mr. Klecker's trial for vehicular manslaughter, the judge recognized the war's role in his disintegration and accepted his lawyer's request for a special deal: After a year in jail, Mr. Klecker moved into an intensive inpatient program at the St. Cloud veterans facility to deal first with his drinking and then his combat stress (“After the battle,,,,” *The New York Times*, 2008).

Addressing these issues sooner may have led to a different outcome. Stigma seems to be a barrier to seeking professional help for problems with alcohol in addition to limited resources.

Substance abuse, though, must often be treated first, experts say, since it is hard to treat someone for combat stress who is drinking or using drugs. Getting help can be difficult for many combat veterans who rely on the military's Tricare health plan - reservists and National Guard members living far from veterans clinics or military bases, along with some retirees - the Pentagon task force found. Finding treatment programs that accept Tricare often ends in frustration, and few residential rehabilitation programs have the accreditation required by the plan ("After the battle...", *The New York Times*, 2008).

Though there may be a need for treatment services, health insurance poses an obstacle. A person has to be able to pay for rendered services. If people are not able to afford treatment, they will not receive services.

There are various treatment services available. Since there are differences between levels of treatment, the services offered at different levels vary. "Rehab" typically refers to a twenty-eight day inpatient program whereas "detox" is short-term acute care to detoxify a person's body from alcohol.

Stop the drinking," I say. "Detox," I say. He agrees. Too readily, I think. His sister is willing to drive him here to the veterans' hospital and will make sure he gets to the emergency room. I find a psychiatrist who agrees to admit him to the detox unit. After he's discharged, he will be scheduled for outpatient counseling ("His service ended...", *The New York Times*, 2008).

One should be skeptical of who is making treatment recommendations and whether they possess the skill set to make those determinations. This article is from the perspective of a nurse. This example, "Stop the drinking," does not acknowledge the disease concept of addiction.

There is an assumption embedded in print media that its audience has a baseline understanding of different treatment options. Moreover, with celebrity rehab as a prominent feature in print media, the lack of explanation regarding treatment diminishes its efficacy. Most substance abuse treatment facilities do not have spa services and flexible treatment schedules. Inpatient rehabilitation facilities are typically twenty-eight

day programs where clients reside at the facility and have a rigid schedule of group and individual therapy sessions. Additionally, clients attend self-help meetings and engage in daily living skills. The following is a different depiction of treatment. The book is ludicrous; nothing in "Don't Hassel the Hoff" is as lively as its title or as revealing as its brief adventures in rehab ("Right time, wrong publicity," *The New York Times*, 2007). "Adventures in rehab" categorizes treatment in the same realm as vacationing. It minimizes the seriousness of treatment. If alcoholism is considered a medical condition, then treatment would be of medical significance and not a retreat.

Programs and the need for therapy affect one another. Although the need for therapy should result in the increase or decrease of programs, the articles reveals other factors that contribute to the availability services and programs. Program and service availability do not appear to be connected to the need for therapy. From the these articles, programs depend on funding to remain economically viable. Financing relates to payment for treatment and affects individuals in need of services. Abstaining from alcohol consumption is the criterion for remaining in treatment. The theme does not address the model to which the treatment services subscribe.

Alcohol-related Health Concerns

Health problems from alcohol consumption formed another pattern that emerged from the articles. Although the articles allow for the exploration of the different medical issues that arise from alcohol consumption as well as the mixed messages surrounding the health benefits of alcohol, only 4% of the texts depicted this theme.

Different reports suggest that moderate drinking can be beneficial to the state of one's overall health. Print media, however, do not clearly define what constitutes

moderate drinking. According to the Center of Disease Control (2010), “There is no one definition of moderate drinking, but generally the term is used to describe a lower risk pattern of drinking.” With no clear definition of moderate drinking, how is one to discern? Moreover, one’s preexisting health conditions heavily determines whether alcohol consumption is beneficial or harmful.

Is alcohol a tonic or a toxin? The question is especially critical to older people, whose overall medical picture gives alcohol the potential to be a health benefit or a life-shortening hazard (“Query for Aging Patients,” *The New York Times*, 2008).

This begins to question the physical effects of alcohol on the human body, but does not address alcoholism as a disease. Additionally, the delicate balance between health benefits and concerns from alcohol use communicates a mixed message. Since no standardized amount of alcohol exists for health benefits, there are health risks for alcohol consumption.

Other articles offered an unambiguous interpretation of the biological effects of alcohol on the body. Because research postulates that alcohol can be detrimental to one’s health, some accounts have captured media attention.

I found ample evidence of the dangers of abusive drinking. Recent studies have shown that heavy drinking does more damage to the teenage brain than previously suspected, while the part of the brain responsible for judgment is not even fully formed until the age of 25 (“Can sips at home...,” *The New York Times*, 2008).

The discussion of the damage alcohol causes on the brain supports the view that alcohol can be hazardous to one’s health. Although it does not discuss the physical effects of alcoholism as a byproduct of the disease of addiction, the biological effects of alcohol culminate in pathology. The danger of alcoholism includes adverse consequences on health as well as the ability to be responsible.

Because alcohol consumption affects health, individuals have to take responsibility for the consequences of their actions. An intrinsic moral issue becomes evident with alcoholism as well as other diseases. If someone has diabetes, that person is responsible for monitoring blood sugar levels as well as adhering to medication regimens.

Subscribing to the disease model of addiction does not negate personal responsibility for maintaining abstinence. It acknowledges the pathology of the disease. Just like cancer, after the initial diagnosis, the person has the responsibility to seek treatment.

Drink Responsibly

Data analysis reveals that drinking responsibly is a theme. It comprises 15% of the texts from *The New York Times*. The responsibility surrounding alcohol consumption includes the manner in which society introduces alcohol to its citizens. In addition, to drink responsibly suggests there is an aptitude for alcohol consumption. Alcohol should not endanger the person drinking or others. Hence, one must be educated in the practice of drinking.

Responsible alcohol consumption addresses the customs of drinking. Although America does not prohibit alcohol, there are social standards for consumption. One should not drink to the extent that one engages in risky behaviors.

If we were to argue that responsible drinking requires a responsible brain, theoretically we wouldn't introduce alcohol until 25, said Dr. Ralph I. Lopez, a clinical professor of pediatrics at Weill-Cornell Medical College who specializes in adolescents (“Can sips at home...,” *The New York Times*, 2008).

It sounds as if drinking and responsibility is an oxymoron. One of the effects of drinking alcohol is impairing one's ability to make clear decisions. Alcohol compromises thinking

skills at any age. Hence, responsible drinking practices imply that an individual should stop drinking before becoming intoxicated, and that there should be no adverse social consequences.

In order to avoid negative outcomes, individuals must learn the acceptable drinking practices. Therefore, social norms would include teaching the appropriate manner of alcohol consumption.

If you are taught to drink in a ceremonial way with food, then the purpose of alcohol is taste and celebration, not inebriation," he added. "If you are forbidden to use it until college then you drink to get drunk ("Can sips at home...," *The New York Times*, 2008).

This article discusses how parents need to teach children responsible drinking habits. If children learn the proper (as defined by the article) way of consuming alcohol, they will be less likely to drink for the effect of drunkenness.

In addition to parents disseminating the message to drink responsibly, other information sources adopt this concept. Print media reports on commercial advertisements for alcoholic beverages.

The NBC experiment began in December 2001 when the unit of the liquor giant Diageo that sold Smirnoff vodka ran a commercial during "Saturday Night Live." The plan called for spots promoting responsible drinking to run for four months, only after 9 p.m., to be followed by product commercials ("New York TV Station...," *The New York Times*, 2007).

Even after 9p.m., advertising to drink responsibly and advertising to drink different alcoholic beverages send conflicting messages. Drink this beverage, but do not consume enough to feel the effects of alcohol.

The spots are running under guidelines recently adopted by WNBC that include limiting the appearance of such commercials to shows scheduled after 11 p.m. and requiring the sponsors to include messages about drinking responsibly ("New York TV Station...," *The New York Times*, 2007).

The purpose of the guidelines is to advertise to individuals who are awake and watching television after 11p.m. According to this article, the advertisements are justified when a small print caption says to drink responsible after showing people partying with alcoholic beverages. The first message states that alcohol produces feelings of euphoria and improves one's social status. The second more obscure message is about responsible drinking.

Because media focuses on the negative consequences of alcohol consumption in American society, alcohol advertisements contain messages to drink responsibly. The immoral behavior consists of the decision to engage in reckless behavior, that is consuming alcoholic beverages. Moral behavior would be to stop drinking before becoming intoxicated.

Social responsibility is a vague concept and print media does not quite explain it in any detail. It seems to be easily confused with personal responsibility. From what the data reveals, there is an assumption that the audience understands what drinking responsibly means. As long as drinking does not interfere with one's ability to function then, apparently, one is drinking responsibly. Habitual drinking can lead to an increase in tolerance and make it difficult for an individual to recognize intoxication. Although a person may be legally intoxicated, that person may not feel the effects of alcohol. Print media neglects to state that it is possible to have a job and a family, but still be addicted to alcohol.

Lack of Coping Skills

The lack of coping skills is the final theme that emerges from the data in *The New York Times*. This theme appears 7% of the articles from the *New York Times*.

Healthy coping skills refer to positive ways of dealing with problems. Because the effects of alcohol act as an escape from problems, it often presented as a negative coping mechanism.

When alcohol becomes the primary coping mechanism, problems linked to alcohol consumption occur. Triggers affect the use of alcohol and directly relates to the lack of coping skills. Hence, there is a need for therapy when alcohol becomes the means of managing problems.

Yehudah Rosenblatt, a 17-year-old from the Bronx who attends an Orthodox high school in Manhattan, said he did see a problem among his peers, which he attributed to academic pressure and the fact that he and his fellow students did not spend much time with their families (Riley, 2005, p. A13).

Academic pressure acts as a trigger for alcohol consumption. Instead of verbalizing feelings or practicing relaxation techniques, alcohol replaces healthy coping skills. Self-medicating with alcohol results in the need for therapy to gain support and learn healthy coping skills. Additionally, triggers affect the frequency of self-medicating as a result of the lack of healthy coping skills.

When examining services and social work's role, one program, The Neediest Cases, provides families with assistance. Alcoholism presents as a symptom of environmental stressors. Because of the lack of healthy coping skills, people turn to alcohol.

Troubles may begin with a late rent payment or an overdue gas bill, but they often have more complex origins: domestic violence or a spouse who drinks away the rent money or abandons the family (Haskell, 2004, p. N44).

Since alcohol does not alleviate problems, it acts as a temporary diversion. Axis IV of the DSM-IV seeks to identify the psychosocial and environmental problems that

influence a person's life. Although external stressors do not offer enough evidence to state that alcoholism is a disease, coping skills do relate to the diagnosis of alcoholism.

There is an intrinsic expectation that individuals can choose to stop drinking at any point. When they demonstrate that they cannot stop drinking, they may lose their support system and turn to unhealthy coping mechanisms. The assumption that willpower controls alcohol consumption underestimates the power of addiction.

With the strong concentration on the negative characteristics associated with alcohol consumption, none of the articles in this sample mentions alcoholism as a disease, accordingly the identified themes feature moral inferences. Based on these themes, analyst-constructed typologies are explained below.

Analyst-constructed Typologies

In order to bring the themes to the next level of analysis, analyst-constructed typologies explain how the themes relate to one another. According to Marshall and Rossman (2006, p 159), "Analyst-constructed typologies are those created by the researcher that are grounded in the data, but not necessarily used explicitly by the participants." In essence, categories are created based on the themes.

In a related, strategy, through logical reasoning, classification schemes are crossed with one another to generate new insights or typologies for further exploration in the data (Marshall & Rossman, 2006, p. 159).

I listed the themes that become evident through the pattern coding matrices and explored the relationships among them. I then formed a typology based on these relationships and the theories that drives each typology. I present the typologies below:

I. Acceptable Drinking

II. Alcohol: A Double-Edged Sword

III. Criminal consequences from alcohol consumption

IV. Stigmatized Identity

The formation of each typology is presented in the section below.

I. Acceptable Drinking

Based on the idea of responsibility, drinking responsibly and social responsibility seem to exhibit a connection to one another. Because responsibility focuses on the social obligation to satisfy a course of action, an intrinsic value system is associated with responsibility. The typology that encapsulates these themes is societal values toward alcohol consumption. The values in American society drive what constitutes social responsibility and what it means to drink responsibly.

American society does not prohibit the consumption of alcohol. Rather, it establishes social norms regarding acceptable drinking practices. If a person transgresses from the standard, s/he violates these social values resulting in punishment.

Alcohol is not banned at Minervas for students 21 and older, and the houses have thrown parties that would not be out of place at a frat — though, as with all parties on campus, at least one student host must have taken Union’s “social host” training class. More typical are low-key wine-and-cheese parties with faculty members, which officials hope will teach students to imbibe more responsibly (Confessore, 2007).

The idea is not to stop individuals from drinking alcohol, but to teach individuals to conform to traditional drinking principles. When people demonstrate their inability to follow these guidelines, their behavior contravenes societal values toward alcohol consumption. Therefore, any risky behaviors resulting from alcohol consumption are contraindicative of responsible alcohol consumption.

Social values allow one to imbibe as long as the outcome does not include hazardous actions. Once a person becomes intoxicated and behaves badly, s/he acts

immorally by endangering her/himself or others. Thus, print media disseminates social values through its reports.

II. Alcohol: A Double-Edged Sword

Alcohol's effect on a healthy lifestyle is the second typology. This typology evolved from the linkage between two themes; health and alcohol consumption and pregnancy and alcohol consumption. Both themes focus on health in different ways. The themes encompass the idea of how alcohol can have health benefits as well as how alcohol can be detrimental to health.

Because the themes discuss how individuals should monitor their own alcohol consumption, healthy lifestyle incorporates personal accountability as well as medical consequences.

Concerning the dangers of occasionally drinking while pregnant: much of Julia's Moskin's piece lauds good old-fashioned common sense over ambiguous clinical data. However, 'common sense' itself is the reason we have clinical trials. If we were able to deduce all that was healthy or unhealthy to us by mere intuition, we wouldn't need science to begin with (Sherkow, 2006, p. F6).

According to Sherkow (2006), Julia Moskin's article emphasized people having the knowledge base to discern what promotes health. Americans are held responsible for having the same understanding of alcohol as physicians and researchers do. Sherkow (2006) states that there needs to be a shift of responsibility from the individual to the experts. With conflicting information regarding moderate drinking and health benefits, the American people do not have sufficient information to make informed decisions. Without scientific clinical trials, health risks from alcohol consumption transform from a medical into a moral issue.

Alcohol manufacturers place a warning label on their product and absolve themselves of any liability. Therefore, if a person has alcohol-related illnesses, society holds the individual accountable. The culpability does not reside with alcohol itself. It is not until someone consumes alcohol that causes negative health consequences that moral judgments appear.

III. Criminal consequences of alcohol consumption

The third typology is criminal consequences of alcohol consumption. Drinking and illegal activity coupled with drinking and driving comprises this typology. Illegal activity related to drinking included crimes that excluded drinking and driving. Drinking and driving involves incidents of driving while intoxicated. Since both themes discuss different types of crimes involving alcohol use, alcohol-related crimes summarizes both themes.

Drunken-driving arrests in New York City increased 39.6 percent from the same time last year, according to police figures. The police had made 8,095 arrests for driving while intoxicated as of Dec. 5, up from 5,797 last year, the police said (Wilson, 2004, p. B6).

An increase in arrests illustrates that alcohol consumption is a major social problem. The social policies developed in response to this problem have not curbed the undesirable behavior. Therefore, print media disseminates the consequences of alcohol-related crimes. Because behaviors stemming from intoxication jeopardize public safety, there is an inherent lack of morality as well as legal violations embedded in alcohol-related crimes.

IV. Stigmatized Identity

The fourth typology is stigmatized identity. This typology includes religious beliefs and the language used to describe people addicted to alcohol. Based on the

principle of right and wrong, religious beliefs and use of language label acceptable codes of conduct. Stigmatized identity recapitulates these themes as a typology.

Language acts as a means of perpetuating the stigma associated with alcohol consumption. When identifying a person based on one characteristic, that trait reduces the person to its definition and the perceptions encompassing it. I took solace in becoming the kind of self-deprecating drunk who shows up at parties naked and wonders why everyone reacts the way they do (Crawford, 2005, p. C12). The “drunk” has socially inappropriate behaviors that others disfavor. The person is no more than the effect that the alcohol has on the body. Because the person has difficulty adhering to social norms, the person incurs a moral judgment.

The same concept is applicable to religious beliefs. Religion operates as a guideline for moral behaviors and abandoning its customs is immoral.

Islamic finance also avoids practices prohibited under Shariah: Islamic bankers cannot receive or provide funds for anything involving alcohol, gambling, pornography, tobacco, weapons or pork (Arnold, 2007).

Moral behavior parallels the principles delineated by the religion. Deviating from tradition is a reflection of character. If the religion prohibits alcohol consumption, it stems from the undesirable attributes of drinking.

Since alcohol consumption can result in behavior that deviate from social norms, immorality categorizes people addicted to alcohol. Conformity is valued and expected. When people cannot consume alcohol in an acceptable manner, they are ostracized.

Summary and Conclusion

The analysis of *The New York Times* revealed that not one article referred to the disease model of alcoholism. Because this newspaper tends to be more liberal than

conservative, the absence of material an alcoholism as a disease is surprising. The focus of alcoholism remains on punishment and individual blame.

There are social policies that seek to punish individuals for their alcohol use. Although policies have always been the subject of debate and scrutiny, it appears to be more political drama than actual policy change. The caliber of one's attorney can determine how well the law is enforced, when law intends to standardize the punishment for the misuse of alcohol. Yet, the social policies continue to concentrate on punishment. This is most evident in New York state funding cuts to treatment facilities.

If there was a shift from sin to sickness outside of the therapeutic community, then the media should be representing the disease model of addiction. Since the disease model does not dominate the texts, the representation of alcoholism continues to chastise individuals for their immoral behaviors. Hence, the print media portrayals of alcoholism support the rationale for punitive social policies. The designs of such social policies focus on punishment instead of rehabilitation.

In doing so, alcoholism as a social problem remains prominent. Social policies need to identify the etiology of alcoholism and alleviate the social symptoms that contribute to the chronic consumption of alcohol. Lack of employment, affordable housing, safety, and quality treatment facilities constitutes some of the environmental stressors that play significant roles in alcoholism.

The analysis of *The New York Times* revealed the themes that emerged from the coding process. After explaining the themes, analyst-constructed typologies led further exploration of the data. The next chapter discusses the analysis of the *Wall Street Journal*.

Chapter V

The Wall Street Journal

Eighty-five articles met the criteria for inclusion from the *Wall Street Journal*. This newspaper had the lowest number of articles pertaining to alcohol. After coding the data, pattern-coding matrices revealed the themes. Only one article referred to alcoholism as a disease.

Figure 6. Frequency of the Public Health Model/Moral Model vs.

the Disease Model in the *Wall Street Journal*

Public Health	45
Moral Model	39
Disease Model	1

Cultural Aspects of Alcohol Consumption

A theme that presents itself in *The Wall Street Journal* is culture. Culture influences perceptions of alcohol and acceptable drinking practices. Alcohol consumption clearly plays a role in entertainment. Culture also will determine whether individuals define alcohol consumption as a problem. In fact, 22% of the articles carried this theme.

When print media reports on alcohol consumption, cultural influences affect the perception of alcohol. For example, alcohol consumption is acceptable in Chinese culture. Use of alcohol occurs among men at bars, which are popular gathering places. Moreover, different cultures identify alcohol abuse in different ways.

'There were really few enjoyable programs or other entertainment for common Chinese people,' said Deng Zaijun, who directed the first New Year's Eve show. 'But now every urban family has more than one television with tens of different channels. Young guys like to go to karaoke or drink and chat in bars,' (Kaufman, 2004, p. A1).

Chinese culture condones young men drinking in bars. As a result, culture can hinder the diagnosing and treatment of alcoholism in so far as drinking is an acceptable behavior.

Moreover, it is not part of the culture to define alcoholism as a problem.

Certain populations within a society have their own views on alcohol consumption and acceptable drinking practices.

But some folks complain it's gone too far. Eric Crites says games started taking a toll on his social life when one of his favorite Portland, Ore., bars, Nocturnal, began hosting bingo nights. Now he never knows when he'll find a room full of people shouting out "N-42" and competing for prizes like bags of drinking straws. "All I want is to drink my Stoli vanilla in peace," says the 29-year-old copywriter. ("It's supposed to be a place to loosen up," says head bartender Scott McKinnon. "It's not as if anyone's throwing pint glasses around.") (Szuchman, 2004, p.W1).

Drinking, as part of a culture, can lead to problems with alcohol and problems from alcohol. Even bingo night links to alcohol consumption. Such a manifestation displays the entrenched nature of alcohol use as reported in print media.

There are several cultural traditions that involve religious beliefs. Different religions have different beliefs towards the use of alcohol. In one account by Burlingame (2006), there is an endorsement for taxi drivers who are Muslim to turn away passengers who have or use alcohol.

An investigation by the Department of Homeland Security's Office of Civil Rights & Civil Liberties is underway. Not incidentally, it is the 'fatwa department' of MAS that pushed for segregated taxi lines that would permit Muslim cab drivers at the Minneapolis airport to reject passengers carrying alcohol (Burlingame, 2006, p. A16).

Understanding culture reveals the motive behind policies on alcohol. Is it discrimination for a Muslim to have to transport a passenger with alcohol? Is it discrimination for a Muslim to reject a passenger because s/he possesses alcohol?

Looking at Hindu culture, drinking alcohol is part of cultural celebrations.

More than the drinking of wine and beating of drums, the brazenness of their gaze conveys Holi, the one day in the year when lower castes can break rank and play pranks on their superiors (Lawrence, 2008, p. D7).

Such use of alcohol brings people of different castes together during cultural celebrations.

Culture allows the ceremonial use of alcohol within the guidelines of those values.

Cultural values influence drinking preferences and the connotations surrounding the alcoholic beverages one consumes. Anheuser-Busch uses cultural preferences to market their product towards American tastes.

'We are America,' says Stephen Burrows, head of Anheuser-Busch's international arm. 'We recognize that everybody doesn't want that, but a lot of people do -- and those are the people we are after,' (Bilefsky & Lawton, 2004, p. B1).

American brewed beer often has negative connotation associated with being American.

The lack of sales of American beers in other countries results from the perception of the United States and their lackluster brews.

Culture has a significant role in alcohol consumption. Because culture consists of collective social values, there is a dogma toward alcohol consumption. Cultural norms help to establish acceptable drinking practices and violations of these norms mobilize sanctions.

Underage Drinking

Underage drinking is a theme discovered from analyzing this data set. Underage drinking constitutes 8% of the articles. This theme consists of risky behaviors and binge

drinking. These accounts depict the consequences of underage drinking at both the macro and micro levels.

In order to dissuade youths from reckless consumption of alcohol, *The Wall Street Journal* reports on international policies that combat underage drunk driving.

The Scottish government said it will pay to insert advertisements in videogames to discourage drinking and driving. The trial project's ads will appear on virtual billboards within several games for Microsoft Corp.'s Xbox consoles. Transport Minister Stewart Stevenson said innovative approaches were needed to reach young people. 'The technology is non-intrusive, subtle, but the message can be seen in the background, loud and clear,' he said ("In brief," 2007, p. B3).

In this case, the Scottish government is attempting to use videogames to reach its target audience of young adults in order to discourage drinking while already intoxicated. This is a proactive attempt to communicate the hazard of underage drinking and subsequent driving. Anti-drinking advertisements acknowledge underage drinking as a social problem.

While some advertisements seek to discourage the underage consumption of alcohol, other advertisements market to attract children to their product. O'Connell's (2004) report discussed cigarette manufacturers emulating the trends of flavored liquor to attract children. "We're starting to see a real insidious creep in the use of these flavored cigarettes to target kids,' Ms. Ferguson said in an interview. 'It's very troubling,'" (O'Connell, 2004, p. B1). Age restrictions on purchasing cigarettes and alcohol reflect social values implemented in policy. If policies are designed to keep children from buying such products, then advertisements that appeal to children is counterintuitive of such policy endeavors.

It is not only identifying what attracts (or deters) children from drinking that is noteworthy within this theme. The manner in which children and young adults consume alcohol is a facet of underage drinking. Many cases note the act of binge drinking.

Binge drinking among young adults seems to be a social problem that is gaining media attention. With the popularization of drinking games, college students become the focus of concern.

This week, Georgetown University joined at least a dozen colleges in banning alcohol paraphernalia, specifically including beer-pong tables. Henry Wechsler, director of College Alcohol Studies at the Harvard School of Public Health, says beer pong and other drinking games contribute to excessive drinking associated with drunk driving, sexual assault and other social problems. When Mr. Wright, co-inventor of the beer-pong rubber mats, asked his parents to invest in his venture, they refused on similar grounds, he says. 'They didn't want to advocate anything that involves binge drinking,' (Banjo, 2007, p. A1).

Parents did not support the endeavor to promote beer-pong rubber mats because the paraphernalia promotes binge drinking by young adults. Because of the negative consequences that result from binge drinking, colleges are banning alcohol paraphernalia.

Following the evolution of beer pong from a table game to a video game, drinking games reach a broader audience of young adults. Hence, there has been a development of rating systems. Rating systems should protect children from inappropriate content based on the social values of a given society.

Connecticut's attorney general said a videogame-rating board's approval of a game called 'Beer Pong' for children as young as 13 shows the board needs to take teen drinking more seriously ("Videogame," 2008, p. B10).

Since binge drinking among teens has become a social concern, further research on this topic appears in this theme.

Research conducted by the Center for Disease Control reports on teenage binge drinking. Adolescence is a period of time where there is a lack of consequential thinking skills, especially with regard to the consequences of action.

By many public-health measures, U.S. teenagers today are more prudent than even five years ago, the U.S. Centers for Disease Control has reported. Yet, adolescence remains a risky business. It is a time when a quarter of U.S. high-school students report binge drinking and half report experimenting with drug use; when pathological gambling first takes hold; when car accidents are the leading cause of death; when half of all new HIV infections occur, as well as half of the 19 million reported cases last year of sexually transmitted diseases in the U.S. (Hotz, 2007, p. B1).

Twenty-five percent of high school students report binge drinking. That number may not reflect the accurate percentage of high school students who drink alcohol. According to Hotz (2007), binge drinking during adolescence can lead to other risky behaviors with adverse consequences.

In order to combat underage drinking, some states implement policies to hold parents accountable for their children's actions.

Florida, Michigan and New Hampshire are some of a growing number of states to enact laws holding parents accountable for underage drinking at their homes. These laws typically involve hosting parties where alcohol is served to minors (Peele, 2007, p. A9).

With this policy, parents need to be aware of what occurs in their home and are culpable for minors consuming alcohol on their property.

The target is parents who blithely allow keg parties in their basements and then let the teenagers who attend them drive home drunk. One such couple in Deerfield, Ill., was recently convicted when two 18-year-olds died in a car accident after such a party. Earlier this month, Karen Dittmer was arrested for allowing her 18-year-old son and his friends to drink beer at her birthday barbecue in New York's Suffolk County (Peele, 2007, p. A9).

Such a policy dispels the mentality that if teens are going to drink, they should drink at home under adult supervision. Adults are accountable for providing and distributing

alcohol to minors as well as behaviors exhibited by teenagers while they are intoxicated. “What kind of parents would ever allow their children to drink at home? Doesn't this put youngsters at risk?” (Peele, 2007, p. A9). Allowing children to drink at home places both parents and children at risk for negative consequences from such episodes.

Underage drinking poses harm to the person drinking as well as others. Since teenagers are still biologically developing, alcohol impedes their ability to make sound decisions. Moreover, drinking practices tend to be excessive in nature.

Alcohol Abuse

The theme of abuse of alcohol became apparent through the coding process. From the data analysis, 14% of the texts reported on alcohol abuse.

Excessive drinking and negative consequences leads individuals to examine their own drinking patterns. In the process, individuals decide whether they have been abusing alcohol. For example, “The holidays are over. Resolutions are wearing thin. It's a time of year when many people wonder if they have a drinking problem,” (Beck, 2008, p. D1). Time of year triggers individuals to question their drinking habits as well as define those practices as a problem. Self-reflection appears to be a facet in alcohol abuse. However, if a person is in a state of denial, that person will not define her/his drinking as a problem.

Research efforts have sought to identify individuals who abuse alcohol. More than 30% of Americans engage in risky drinking at some point in their lives, according to the National Institute on Alcohol Abuse and Alcoholism. But there's no consensus on exactly what an "alcoholic" is. Even Alcoholics Anonymous relies on alcoholics to diagnose themselves (Beck, 2008, p. D1).

Risky drinking can adversely affect one's life. Although an individual may not acknowledge s/he has a problem with alcohol, s/he can meet DSM-IV criteria for a dependence diagnosis.

The reliance on social labeling to distinguish an “alcoholic” from a “non-alcoholic” detracts from the disease model of addiction. If the stereotype of an “alcoholic” was that he was unkempt, homeless, poor, and exhibited other negative traits, individuals addicted to alcohol who did not fit this description might not be seen as an “alcoholic.” As more mixed messages abound regarding alcohol, Americans wind up with misleading information about alcoholism.

‘We’re feeling the pendulum has swung way too far, and Americans are getting sort of the wrong idea’ on alcohol, said the study’s lead author, Dr. Tim Naimi of the CDC’s chronic-diseases division (“A Few Drinks, 2005, p. D4).

Research does not sufficiently support the benefits of moderate drinking, which potentially can lead to alcoholism. Moderate drinking becomes an excuse for the overindulgence of alcohol. Although the information available is confusing and conflicting, the frequent use of alcohol remains hazardous to the body (Center of Disease Control, 2010).

Alcohol lowers inhibitions and affects how individuals behave when intoxicated. Alcohol becomes a problem when people drink irresponsibly. Because alcohol consumption can lead to harmful consequences, Air France changed its policy regarding the sale of alcohol in flight.

And when the aircraft finally heads home, Air France passes up easy profits because it doesn’t sell duty-free alcohol onboard. Managers decided safety was more important after some soused oil-rig workers got rowdy on the narrow jetliner last year (Michaels & Trottman, 2005, p. A1).

The historical account of policies on alcohol is contained in this data set.

Policies on Alcohol Abuse

Policies on alcohol began in America with the first settlers. Crossen (2006) takes a historical perspective on alcohol in this article. According to Crossen (2006, p. B1),

“America's first settlers carried with them from England the belief that not repaying one's debts was a moral failure.” Alcohol debts often resulted in imprisonment and other harsh penalties.

This had its own unintended consequences: Some Northern merchants kept their workers on the fishing grounds off Newfoundland by plying them with rum and then declaring them defaulting debtors when they couldn't pay their liquor bill, Mr. Coleman wrote (Crossen, 2006, p. B1).

By supplying workers with alcohol, merchants fostered alcohol addiction. Consequently, the merchants created debtors when the workers could not afford to pay for the alcohol.

Alcohol consumption resulted in social problems.

With alcohol abuse as a widespread social problem, literary works reflect alcohol abuse. A review of *The Telephone Gambit* by Seth Shulman appears in an article by Gordon (2008).

The answer to that question is a tale involving high-powered Washington lawyers, political influence, a patent clerk with a booze problem, and improper access to Elisha Gray's patent filing, where Bell found the secret to making the telephone work (Gordon, 2008, p. D10).

Here, it blatantly states “booze problem,” which defines alcohol consumption as a problem. A person does not have to define her/himself with an addiction to alcohol.

Others make that judgment as well. There is no consensus on the safe use of alcohol.

From this theme, alcohol abuse is more common than medicinal use. By acknowledging that the abuse of alcohol is pervasive, there is opportunity for the development of social policies.

Alcohol as an Industry

Because this newspaper is an international source of business and financial news, one of the major themes was reports on the profits and revenue generated from the

production of alcohol. Articles that focused on the alcohol industry constitute 11% of the data set. This theme does not offer insight into the initial research questions.

Nevertheless, it is important to report on the findings and the implications this theme has for social policy. "Beer giant SABMiller PLC reported weaker sales for its fiscal first quarter, hurt by the shaky U.S. economy and slowing demand in other markets,"

(Kesmodel, 2008, B3). If sales for this particular company decline, it does not necessarily mean that fewer people are consuming alcohol. This article did not report on whether a recession causes people to consume less alcohol. For example,

The softer U.S. economy has crimped sales of wine and spirits, as well as beer, this year. Total alcohol sales, by volume, rose 1.3% in U.S. food, drug and mass-merchandise outlets through July 13, according to market-research firm Information Resources Inc. That compares with an increase of about 1.9% for all of 2007. The data exclude sales at Wal-Mart Stores Inc., which doesn't provide its figures to research firms (Kesmodel, 2008, B3).

According to this information, people are continuing to purchase alcohol despite the current economic downturn. Consumers are changing the places where they purchase alcoholic beverages, however, in order to pay less.

In essence, people are drinking less expensive alcoholic beverages, but they are still drinking.

Yet not everyone is sidling up to the bar for an American brew. Beckett's, a popular Irish pub in Budapest, doesn't carry Miller or Bud because "it's too expensive and there are too many good local brands for it to make sense to carry American beer," says Annie Vaczi, a bartender at the pub (Bilefsky & Lawton, 2004, p. B1).

When examining sales of American beers, the price influences sales when there are less expensive and better tasting alternatives. Another reason for certain alcohol producing companies having a decline in profits is increased competition.

The King of Beers faces declining profits, increasing competition in the U.S. and abroad, lackluster sales, and loss of market share to liquors, wines and craft and import beers. Wall Street is uncertain whether Mr. Busch can return the brewer to its previous levels of earnings growth (Edwards, 2006, p. B3G).

With more and more choices, consumers may be buying the same volume of alcohol, but have changed their product preferences. In the case of Anheuser-Busch, “While the company's shares are up about 11% this year, they have fallen about 5% since hitting a 52-week high of \$49.91 Aug. 29 as worries about the St. Louis brewer's U.S. sales outlook have pressured the stock,” (Edwards, 2006, p. B3G).

The state of the economy affects other companies as well.

Diageo PLC, the world's largest maker of alcoholic drinks by volume, said its fiscal-year net profit fell 22% from a year earlier, when results were boosted by gains and lower taxes (Berton, 2007, p. B3).

Based on the articles from *The Wall Street Journal*, financial information regarding the sales of alcohol is a central focus. The factors impacting sales are specific to different companies. Although these companies have suffered from a decline in profits, consumers continue to purchase alcoholic beverages. Consumers have changed their preferences in terms of what they want to drink and how much they are willing to spend.

Social Responsibility

The theme of social responsibility also has emerged. This theme is contained in 17% of the articles. Social responsibility encompassed the broader social policies towards the consumption of alcohol. Additionally, this theme addresses how alcohol consumption impacts the larger society. Social responsibility is present in the data set of the *New York Times* as well and expresses similar messages. For example,

Connecticut's attorney general said a videogame-rating board's approval of a game called “Beer Pong” for children as young as 13 shows the board needs to take teen drinking more seriously (“Videogame,” 2008, p. B10).

This quotation discussed the permissive attitude displayed in the rating of videogames when their content includes alcohol consumption. By rating a videogame called “Beer Pong” appropriate for children 13 years of age, young teens are exposed to the glamorization of drinking games and minimization of the negative consequences of addiction.

Attorney General Richard Blumenthal said the Entertainment Software Rating Board should not have cleared the game for young teens, and he worries other games in the to-be-released Frat Party Games line will be approved for teen gamers (“Videogame,” 2008, p. B10).

The videogame rating system is a mechanism designed to reflect societal values, one value being to protect children from inappropriate content. Since “Beer Pong” has passed the rating system, there is a lack of consensus on what constitutes appropriate content for children.

Echoing the idea of who should be responsible, this article discussed hosts accountability for their guests’ alcohol consumption. “Should hosts at a party be held liable if they serve alcohol to guests who go on to crash their cars under the influence?” (“Holding,” 2007, p B7). There are policies in place where parents are held responsible for underage teenagers who drink in their home and then get in an accident.

Accountability for how much alcohol patrons consume resides with the bars.

Mr. Becker says the recent Chicago Marathon, where hundreds of marathoners fell ill from heat-induced dehydration, is a good example of a case when third parties shouldn't be held liable, because the runners were as informed about the weather as the organizers and sponsors (“Holding,” 2007, p. B7).

If a policy is not in place, personal opinion determines social responsibility. Social responsibility informs expectations regarding alcohol consumption.

Health

Health is a theme that emerges from the analysis of articles contained in *The Wall Street Journal*. Fourteen percent of the texts described health in relation to alcohol consumption. The consequences of alcohol consumption on health are also represented in the *New York Times*. There is information regarding the health benefits of moderate drinking as well as information regarding the negative consequences of alcohol consumption.

Moderate drinkers tended to be in better health, better educated, wealthier and more active than their nondrinking counterparts, and that likely influenced their lower risk of heart disease, the study said. 'It appears that moderate drinkers have many social and lifestyle characteristics that favor their survival over nondrinkers and few of these differences are likely due to alcohol consumption itself,' the study said ("A Few Drinks," 2005, p.D4).

The information provided is ambiguous in nature. First, the information states that moderate drinkers are healthier. The article, however, does not define what constitutes "moderate." Then, the article states that the health differences between "moderate drinkers" and "their nondrinking counterparts" probably occur because of factors that have little to do with drinking alcohol.

More material reported in *The Wall Street Journal* discussed the outcome of regular alcohol consumption on health.

Experts long believed that abuse progressed to dependence, which almost inevitably became chronic and relapsing -- but that was based on observing severely addicted people in treatment programs. Several large new surveys have shown that drinking patterns in the general population are much more varied, with milder forms of dependence. Some 43% of daily heavy drinkers don't fit into either DSM-IV category, according to one big national sample, even though they are setting themselves up for serious health and addiction problems (Beck, 2008, p. D1).

Although individuals may not carry a diagnosis, heavy drinking has undesirable consequences on health. Drinking too much alcohol can increase one's risks for different health problems.

There is an ongoing debate on the health benefits of alcohol consumption. Because alcoholism is progressive, it is important to clarify the amount that constitutes moderate drinking and who can benefit from such consumption. Additionally, the generalizations from studies on the benefits of moderate drinking should reflect the data. "The CDC said the jury is still out on the alleged health benefits of moderate drinking, finding 2003 research on the issue inconclusive," ("World-Wide," 2005, p. A1). Hence, other studies are reported on in print media may not reflect the actual research. Rather, media's interpretation of the research reaches the public.

Alcohol seems to influence other aspects of health. By abstaining from alcohol, symptoms from other health issues reduce in severity. Researchers questioned participants about their alcohol consumption in order to assess alcohol as a potential contributing factor for a heart attack. The research found that moderate alcohol consumption reduced the chance of alcohol-related health complications. Again, the reader can only guess what constitutes moderate drinking. Such a study parallels the trend towards preventive health.

Although moderate drinking may have health benefits as reported by some studies, the articles do not explain this concept. Hence, there is an emphasis on alcohol-related illnesses. Because abstinence from alcohol precludes alcohol-related diseases, information about how to live a healthier life also appeared in the data.

Labeling Alcoholism

Labeling is another theme discovered in *The Wall Street Journal*. The use of language can influence the meaning attached to the wording. The theme of labeling is found in 7% of the articles from the *Wall Street Journal*. This theme also exhibited in the *New York Times* with similar findings. Labels propagate the stigma associated with alcoholism. For example,

Stress at home can mimic ADD/ADHD. One boy with an alcoholic father and a mother with generalized anxiety disorder only improved after they divorced. His problems were mainly a reflection of his parents and their home life (Brewer, 2007).

Using “alcoholic father” as opposed to “person who is addicted to alcohol” has an intended meaning. This article states that a child’s stress is a result of neglectful parents, including one parent who is an “alcoholic father.” This phrasing conjures up images of a man who is abusive, explosive, and who physically and emotionally harms his family. In this article, the mother is not described as an “anxious mother” or a “mentally ill mother.” Rather, she is a mother and has a diagnosis of generalized anxiety disorder.

Because labeling acts as a reducing agent, people wearing the label of “alcoholic” are stigmatized. The label highlights moral failings. Even the diagnosing of alcoholism may incorporate moral judgments. An article by Beck (2008) discussed diagnosing alcoholism.

Researchers have made up dozens of screening tests over the years. According to one developed for Johns Hopkins University Hospital years ago that still pops up on the Web, I’m ‘definitely an alcoholic’ because I answered yes to at least three of 20 questions: I ‘crave a drink at a definite time of day’ (evenings, mostly) and drink alone (sometimes) and drink to ‘escape from worries or troubles’ (doesn’t everyone who drinks?) (Beck, 2008, p. D1).

Here, an individual defines him or her as an “alcoholic.” Does alcoholism compose the entire person? Although the use of screening tools to diagnose alcoholism indirectly supports the disease concept of addiction, labeling an individual as an “alcoholic” implies that there is a potential choice to be something other than an alcoholic.

An article by Willcox (2005) reviews a book entitled *Sham* by Steve Salerno and continues to examine the mixed message between accepting alcoholism as a disease or a moral failing.

The second great theme is recovery and finds its most revered proponents in the members of Alcoholics Anonymous and its spin-offs (Gamblers Anonymous, Sex and Love Addicts Anonymous, et al.). Founded in 1935, AA offers 12 famous steps toward recovery, relying heavily on a Higher Power and on a recognition that you can never really be ‘cured.’ That alcoholism is a disease is a tenet of AA, endorsed by the American Medical Association on the basis of what Mr. Salerno considers flimsy evidence. The disease-definition has allowed alcoholics to collect billions of dollars from insurers and has protected abusive drinkers in the workplace. Not everyone is buying it, though. Mr. Salerno cites a 1997 poll of physicians who actually treat alcoholics, 80% of whom thought alcoholism was ‘plain old bad behavior,’ (Willcox, 2005, p. W6).

This is the only article that directly states alcoholism is a disease. Moreover, it continues to use the terms “alcoholics” and “drinkers” with negative connotations. According to Willcox (2005, p. W6), 80% of doctors think that alcoholism is an issue of morality.

Within the *Wall Street Journal*, only one article discussed alcoholism as a disease.

Instead of supporting the disease concept of addiction, this article demonstrated how “alcoholics” use the disease model to exploit the social service system as well as minimize their negative addictive behaviors. In essence, the article depicts alcoholism as a moral failing, which uses the disease model to absolve the guilty parties from taking responsibility for their actions. As this theme shows, the label of “alcoholic” is pejorative, and the moral undertones, or stigma, continue.

Alcohol Advertisements

The manner in which advertisements feature alcohol is another theme. Seven percent of the texts contained this theme. Since *The Wall Street Journal* features business news, alcohol advertisements and marketing strategies are one focus. For example,

We hope that when consumers go into a shop to buy beer, they'll see the brand and say, 'Hey, I've tried the soda. Maybe I'll try the beer, too,' says Vinod Giri, director of marketing for Shaw Wallace Breweries, (Prystay, 2005, p. B1).

By using the same brand, the company is trying to switch consumer preferences based on other purchases. If consumers like a particular brand of soda and like beer as well, maybe they will try the same brand of beer as the soda.

Marketing campaigns appear to have an affect on the products consumers choose to purchase.

Indians drink plenty of booze, but mostly whiskey, not beer. That makes India one of the last major markets where consumption of spirits outweighs that of suds. Even Russians have started drinking more beer than vodka in the last few years, thanks to heavy marketing campaigns by global brewers (Prystay, 2005, p. B1).

In addition to local marketing campaigns for domestic products, companies advertise alcoholic beverages internationally. These global marketing campaigns are a means to expose more individuals to particular products without any regards for the consequences of regular use.

One article discussed using advertisements to discourage drinking and driving. In order to connect with a specific audience, the Scottish government is sponsoring anti-drinking and driving advertisements featured in videogames ("To Fight," 2007, p. B3).

The Scottish government said it will pay to insert advertisements in videogames to discourage drinking and driving. The trial project's ads will appear on virtual billboards within several games for Microsoft Corp.'s Xbox consoles. Transport

Minister Stewart Stevenson said innovative approaches were needed to reach young people. 'The technology is non-intrusive, subtle, but the message can be seen in the background, loud and clear,' he said ("To Fight," 2007, p. B3).

With such actions, there needs to be some follow-up to investigate whether advertising against drunk driving on virtual billboards is an effective method for conveying this message.

Market strategies involved understanding trends towards tastes. Flavored cigarettes are emulating the trends of flavored alcoholic beverages.

Camel Exotic Blends and Salem Silver Label styles use flavors similar to those 'currently used in vodka and other liquors, coffees and a wide variety of other adult-oriented products,' said Carole Crosslin, a spokeswoman for RJR, in Winston-Salem, N.C. (O'Connell, 2004, p. B1).

Although certain products may be "adult-oriented," the advertisements may be reaching unintended audiences such as teenagers. Additionally, the adverse effects of consuming alcoholic products, which are not identified in the advertisements.

Depending on the policy regarding alcohol in a given society, policy can stymie marketing efforts.

Hayward's 5000 is a hearty Indian beer that's more than 7% alcohol. Its maker, SABMiller PLC's Shaw Wallace Breweries Ltd., would love to promote that punching power. Alas, it's against the law to advertise alcohol at all in India (Prystay, 2005, p. B1).

Although the law bans advertisements for alcohol, it does not stop the production and consumption of alcohol.

Alcoholic beverage producers use research techniques to market their products. Since companies want to remain economically viable, they must turn a profit and generate revenue in order to remain in business. This type of marketing is devoid of moral responsibility and focuses solely on selling a product.

The makers of Miller Genuine Draft had hoped to tap into Europeans' love affair with American brands as they make a big push into the new market. SABMiller PLC, based in London, even considered spotlighting the American eagle on the can in television ads. But focus groups at hip bars in Eastern Europe showed that Europeans hold American beer in low regard (Bilefsky & Lawton, 2004, p. B1).

In comparison to foreign microbrews, the low quality of American beers hurts its sales.

An article written by Edwards (2006) is another example of the purpose of marketing for alcoholic beverage companies. The idea is to have the audience purchase their products.

Anheuser-Busch Cos. is trying another tactic: deliberately emphasizing Budweiser's American roots. In one of its early ads in the U.K. several years ago, "loveable" soldiers were shown downing the beer. Today, Anheuser imports its Budweiser advertising campaigns from the U.S., which feature funny American bar scenes and pickup lines (Edwards, 2006, p. B3G).

Marketing campaigns can increase sales of specific alcoholic beverages. Moreover, poor advertising campaigns lead to slower sales and a decline in profits for particular products.

He is credited with overseeing Anheuser-Busch's "Whassup," frogs and lizards, and Bud Light "I love you, man" advertising campaigns. But he also has to shoulder some of the blame for domestic beer profits falling from \$3.3 billion in 2004 to \$2.7 billion in 2005, the same level as in 2001 (Edwards, 2006, p. B3G).

Marketing can be an extremely influential tool when the intended message reaches its audience.

Marketing strategies are influential for promoting the sale of alcohol. Although the abuse of alcohol continues to be a widespread public issue, advertisements that aim to curb drinking do not seem to be effective. Despite the intended purpose of advertisements, they are a mechanism for spreading messages to large numbers of people.

Analyst-constructed Typologies

Themes emerging from the *Wall Street Journal* form the analyst-constructed typologies for this data set. The typologies are as follows:

1. System of shared beliefs and values
2. Business aspects of the alcohol industry
3. Negative consequences from alcohol consumption
4. Social responsibility for improving health

I. System of Shared Beliefs and Values

Culture and religion appear to dictate acceptable alcohol consumption practices for different populations. Because shared beliefs and values are the basis for culture and religion, these themes relate to one another. If people consume alcohol in accordance with their cultural and/or religious beliefs, then they are acting morally.

Whether individuals are followers of a specific religion or simply a member of a given society, there are expectations for alcohol-related conduct.

Because there is an ethical code of conduct, behavior contrary to such guidelines is immoral.

It costs about \$27,000 a year to attend Vanguard, and 90% of students receive some form of financial aid. It is also a deeply religious school. Known as Southern California College until 1999, it is owned by and affiliated with the Assemblies of God, the world's largest evangelical Christian movement. Undergraduates must live by a code of conduct that prohibits premarital sex, smoking and drinking, and requires chapel attendance (Weinback, 2006, p. R9).

Alcohol is associated with destructive behaviors. In order to conform to the social norms, one must understand local expectations towards the use of alcohol.

II. Business Aspects of the Alcohol Industry

The alcohol industry is a large source of revenue. Marketing alcoholic beverages is a significant part of the business. Advertising and personal preferences contribute to

profits from alcohol sales. Some of the themes focused on profits and advertisements. Since the alcohol industry seeks to make money, profits and advertisements form a connection.

Advertisements that influence people's preferences influence sales. As the themes displayed, alcohol is just another commodity on the market used to make money.

Next week, the contest revolves around the Planet Hollywood restaurant at Times Square. Each team is given one night to exceed the profits from the same night the year before. Who wins? Let's just say that it partly boils down to a contest between babes with booze and men selling what may be a photo op with an NBA basketball star (De Wolf Smith, 2004, p. W2).

Since alcohol is one way to increase profits, the responsibility of use belongs to the consumer. As with unhealthy fast food, the consumer must use judgment and discernment when consuming such products. The producers avoid responsibility because they do not force anyone to buy their product. Consumers bear the burden of their own choices and the stigma that goes with it.

III. Negative Consequences from Alcohol Consumption

A link forms between defining alcohol as a problem and binge drinking. Because these themes concentrate on the hazards of alcohol consumption, negative consequences from alcohol consumption stand out. Since there are risks from binge drinking and habitual drinking, negative consequences are the byproduct of alcohol consumption.

The themes demonstrate how alcohol consumption leads to socially unacceptable behaviors. There is evidence of a moral code of conduct for a given society. When alcohol causes people to act contrary to such guidelines, they behave immorally. "You know you've hit bottom, he adds, 'when your behavior spirals downward faster than you can lower your standards,'" (Beck, 2008, p. D1). In essence, chronic alcohol

consumption influences behaviors. People in active addiction exhibit behaviors that are socially undesirable in order to continue to drink.

Other factors contribute to alcohol consumption and the negative consequences that flow from it. Binge drinking and underage drinking are inconsistent with acceptable drinking practices.

Ready cash makes it easier for teens to get alcohol and drugs, afford nights out (the typical working teen is out three or four nights weekly, the Michigan data show) and buy cars, which isolate them further from the company of adults, he warned then (Kronholz, 2006, p. R4).

Without parental guidance, teenagers lack consequential thinking skills. Because access to alcohol is relatively effortless, it is easy to be reckless with drinking. To summarize, the themes reveal how alcohol consumption leads to illegal activity and hazardous effects.

IV. Social Responsibility for Improving Health

In this data, the themes of social responsibility and health are related to each other. In many instances, social responsibility regarding alcohol consumption is associated with issues of public health. There is a debate regarding who is responsible for injuries that result from driving while intoxicated, the server or the consumer. Because driving while intoxicated can result in injuries, alcohol consumption becomes an issue of public health. With the rising costs of healthcare, preventive measures include reducing one's alcohol consumption. Moreover, the health risks from alcohol consumption appear within the data. From the analysis, social responsibility for improving health formed as a typology.

There are conflicting messages regarding the health benefits of alcohol; moderate drinking has no clear definition. Moreover, different reports state different outcomes from alcohol on health.

Based on those results, the agency couldn't say that moderate drinking actually was a factor in reducing the risk of heart disease. The findings are published in the May issue of the American Journal of Preventive Medicine ("A few drinks," 2005, p. D4).

Because there is no definitive answer on the health benefits of alcohol, the consumer is responsible for her/his health. Given the current economic strains in the healthcare system, social responsibility appears to be shifting more dramatically to the individual.

Summary and Conclusion

Based on the analysis of the articles in the *Wall Street Journal*, there are indications that the larger society is responsible for controlling alcohol consumption. Certain societies have policies that curb advertisements for alcoholic beverages and focus attention on alcohol abuse. This becomes a social movement to reduce underage drinking and the misuse of alcohol. Moreover, the development and implementation of laws seek to discourage the abuse of alcohol. Laws delineate the punishments for the violations of social values regarding alcohol misuse. In the U.S., punishments are not limited to incarceration. Rather, monetary punishments exist as well. The person purchasing alcohol pays the sin tax for the beverage. Such taxations are policies designed to punish individuals for immoral behaviors. This suggests that there is both an individual and social responsibility with regard to alcohol consumption.

Individual and social responsibility remains committed to reforming individual behavior. Alcohol, as a business, concentrates on taste trends and revenue. Social values do not demand reform within the alcohol industry. Despite minor reductions in profits,

the manufacturers and distributors of alcohol continue to thrive. The alcohol industry takes no responsibility for alcoholism and none is placed on them. Policies do not punish the industry. The allocation of monies generated from sin taxes does not flow towards treatment. It is as if a warning label on a bottle excuses any wrongdoing on the part of the industry. Whereas India bans the advertising of alcohol, the U.S. prohibits broadcasting alcohol advertisements during certain times of the day. The alcohol industry generates millions of dollars and the government collects money from the sin tax on alcohol. If the industry incurred higher taxes to produce alcohol that coupled with sin taxes, then there would be more money for treatment and prevention programs.

The *Wall Street Journal* is a national newspaper, and it contains little if any tendency to shift from towards treatment. In fact, articles on the alcohol industry focus on profit margins. This becomes transparent when analyzing the typologies based on the themes. The next chapter outlines the themes found within the *Los Angeles Times*.

Chapter VI

The Los Angeles Times

The *Los Angeles Times* contains themes related to the images of alcohol. Two hundred and thirty-nine articles met the inclusion criteria for this study.

Figure 7. Frequency of the Public Health Model/Moral Model vs. the Disease Model in the *Los Angeles Times*

Public Health	124
Moral Model	113
Disease Model	2

Labeling Alcoholism

As represented in both the *New York Times*, and the *Wall Street Journal*, labeling is a prevalent theme contained within *The Los Angeles Times*. The use of language, as in the other newspapers, conveys a negative image of alcoholism. Labeling appeared in 16% of the articles.

The act of labeling an individual reduces the person's identity to a particular behavior. "Your father was a horrible drinker," she said. "And he was totally irresponsible" ("An adoptee uncovers, 2007, p. A1). There is an association between negative behavior and being a "drinker." Because one wears the label "drinker," one is horrible and irresponsible. The characteristics defining "drinker" precludes positive characteristics associated with "father."

The label assigns specific meaning and value to individuals. For example, “By their standards, ‘alcoholic’ was a term reserved for hard-core drunks who sleep in the gutter,” (“An adoptee,” 2007, p. A1). This allows people who are addicted to alcohol to exclude themselves from having the disease of addiction because they do not sleep in the streets. The consequences of this use of language further stigmatize people who have lost their homes due to their addictions, and, it keeps them from seeking treatment.

“Was he an alcoholic? I asked,” (“An adoptee uncovers,” 2007, p. A1). Although there may be some confusion as to what qualifies for an abuse or dependence diagnosis for alcohol, the diagnosis should not devalue the person. There was a trend, for example, with HIV/AIDS to refer to a person as living with HIV/AIDS. That same paradigm would benefit people living with alcoholism.

Labeling people has an interesting effect. The meanings and values linked to the label cover the entire individual. Depending on the label, the person will either be demonized or canonized.

Drunk Driving

Interpretative coding reveals that drunk driving is another theme found within this data set as well as the *New York Times*. Within the themes, a pattern of criminal charges associates with drinking and driving. As a consequence of being caught in the act, driving while drunk results in arrests and sentences. Additionally, a pattern included blood alcohol content analysis implemented by either a breathalyzer or a blood test. Drunk driving articles comprised 21% of the articles within the *Los Angeles Times*.

Driving under the influence of alcohol is a crime. When an officer presumes that a person who is driving is intoxicated, this has results. “Suspecting the driver and his

passenger were drunk, the officer directed them to drive to the Vernon police station, where he was going to arrest them,” (Lait, 2007, p. B1). Because the law stipulates that drunk driving is a crime, the consequences affect one’s legal status. Drunk driving can cause accidents that may result in fatalities and leads to stricter punishments.

Ingram’s (2004, p. B1) article focuses on the rise of drunk-driving accidents and arrests. With more vehicles on the road, there is a higher probability of alcohol-related crashes. Drinking and driving has become a matter of public safety.

In the meantime, he said, fatal accidents and arrests for drunk driving have increased in the last five years as the state's population has increased, more vehicles have crowded the roads and motorists have traveled millions more miles (Ingram, 2004, p. B1).

It seems that, as the population grows in size, the number of drunk-driving incidents also increase. With the burgeoning of drunk driving, state legislatures have enacted policies that define intoxication.

A significant point to observe is that drunk driving is only noted when an arrest occurs. It is possible for a person to have driven while intoxicated on multiple occasions and only be arrested for one incident. Additionally, there are people who have driven with a blood alcohol content above the legal limit and have not been arrested or even stopped by police.

Driving drunk poses a threat to pedestrians as well as other drivers. Because alcohol impairs a driver’s judgment, reflexes, and observation, people who are walking nearby are at risk for serious injuries by a car. Drinking and driving has severe consequences for the driver, pedestrians, and police officers. Since alcohol impairs one’s judgment, erratic driving occurs by both the suspect and the police, which endanger innocent bystanders.

In order to combat drinking and driving, policies have been developed and implemented. With regard to alcohol, the legal drinking age is twenty-one. Whether or not the selection of this age is arbitrary is unknown in this case. The assumption is that one is responsible at this age and is capable of making sound decisions.

All states now set 21 as the youngest legal drinking age, said Brandy Nannini, vice president of government affairs for the Century Council in Washington, D.C., a nonprofit group funded by distillers to fight drunken driving and underage drinking (Engle, 2005, p. L3).

Because the law may state that one needs to be twenty-one years old to purchase alcohol, it is more difficult to regulate consumption of alcohol in the private sector. If alcoholism is a disease, people who are addicted will have a high tolerance and have blood alcohol content over the legal limit when driving, but feel so-called normal.

In many cases, punishment does not always fit the crime. Depending on your finances and, in turn, your legal representation, the severity of one's charges and sentence will vary. If the law dictates that drinking and driving is illegal, then there should be a standardization of the punishment. As this theme demonstrates, there are many incidents of drunk driving as well as a variety of legal consequences. Although injuries are linked closely with this behavior, policies are clear in identifying drunk driving, but not clear in identifying punishments.

Military Reactions to Alcohol Consumption

Military reactions to alcohol consumption are a theme that emerged from the coding process. Five percent of the articles referred to alcohol consumption in a military setting. Consequences for alcohol consumption associate with this theme as well as policies on alcohol. Additionally, treatment for alcohol abuse is part of forming this theme.

Contained in “Army Honors Chaplain Kicked Out in 1894” (2005), there is a historical perspective of military policies regarding alcohol consumption.

Henry Vinton Plummer, who died in 1905, struggled for years to overturn the dishonorable discharge and court-martial he received for allegedly drinking with enlisted men and swearing in front of a woman (“Army Honors Chaplain,” 2005, p. A13).

Plummer received a dishonorable discharge due to speculation that he was drinking with enlisted men. Plummer’s family felt that the military used Plummer as a scapegoat based on his race. As a result, Plummer received a dishonorable discharge (“Army Honors Chaplain,” 2005).

An obituary for Dr. Zuska marks the achievement of implementing an alcohol treatment program in the Navy.

Zuska obituary: The obituary of Dr. Joseph J. Zuska in the May 24 California section said Long Beach Naval Hospital was on Terminal Island. The hospital was located in east Long Beach. The alcohol treatment program Zuska started was believed to be the first for the Navy, not for the armed forces as the obituary stated (“For the Record,” 2007, p. A2).

This account suggests that there is a need within the U.S. military for the treatment of addiction to alcohol. When there is a need for treatment, it underlines the probability that alcohol addiction is a widespread problem. Treatment is a term used to indicate the process of improving a particular situation. Within the medical community, treatment is a means of relieving an illness. Hence, the treatment of alcohol implies that alcoholism is a disease.

Alcohol use among people in the military is not limited to the U.S. armed forces. Alcoholism is pervasive and affects military personnel in other countries.

Ky was a South Vietnamese Air Force general when he was made the country's premier in 1965 after a military coup. U.S. officials were wary of Ky, who had a

reputation for drinking, gambling, womanizing and outrageous statements. Once, when asked whom he most admired, Ky offered up Hitler (Tran & Anton, 2004, p. B1).

Other addictions may accompany alcohol consumption such as gambling, promiscuous sex, and erratic behavior. People who tend to have lowered inhibitions behave in a manner that is inappropriate (Murdach, 2009).

The military is attempting to take new measures to decrease the number of alcohol-related car accidents among military personnel.

That means ensuring that off-duty troops who have been drinking use taxis or other rides the services provide, that repeat traffic violators are counseled and overly fatigued soldiers and sailors are ordered to recuperate before getting behind the wheel ("Keep Risks," 2004, p. B1).

In other circumstances, the U.S. military uses disciplinary actions to curb drinking habits. Testing for blood alcohol content is one way to confirm if someone has been drinking alcohol. Policies delineating the consequences for intoxication need to be clearly defined as well as enforced.

Officials at the U.S. Naval Academy in Annapolis announced they would use Breathalyzer tests and the threat of expulsion to force midshipmen -- even those 21 and older -- to curtail drinking ("Naval Academy," 2006, p. A27).

The U.S. Naval Academy seeks to reduce the incidences of underage drinking among midshipmen; the Academy is looking to decrease drinking among all midshipmen. Based on the actions taken by the Naval Academy, it is very likely that alcohol consumption is a problem among midshipmen.

Alcohol use among people in the military affects their family members as well as themselves.

An Air Force spouse charged with murdering her husband on a military base in Turkey testified Tuesday that she stabbed him in self-defense as he was preparing to punch her during a drunken rage (Rosenzweig, 2004, p. B3).

In what she claims was an act of self-defense, the wife stabbed her husband on a military base.

Arnt testified Tuesday that her husband, Matthias, a 24-year-old military police officer, had returned drunk to their living quarters at Incirlik Air Base in Turkey on May 26, 2003, after attending a party thrown by military friends. A test showed his blood-alcohol content to be 0.26% (Rosenzweig, 2004, p. B3).

The blood alcohol content confirmed that Matthias was intoxicated more than two times the legal limit. Whether the murder was an act of self-defense was not determined in the article. Nonetheless, alcohol fueled the dispute, and Arnt reported that her husband's drinking caused the marital discord.

In this example, a military man was involved in a drunk-driving accident. Not only does this demonstrate the rift between the police and the military police, but also it confirms that drunk-driving accidents occur in spite of training.

Most of his testimony was based on the video of the shooting. It shows an intoxicated Carrion, sprawled on the ground next to the Corvette after it crashed, gesturing with one hand in the air as he tells the deputy he is in the military and has "served more time" than Webb in the police (Reston, 2007, p. B1).

Office Webb shot and killed Carrion who he claims was reaching for a weapon.

Spouses have issues with alcohol stemming from martial strains caused by military deployments. Divorce rates rose due to extended deployments (Fiore, 2005). Spouses spend most of their time away from one another. And soldiers salaries get passed along to spouses who may indulge their own addiction.

There were a few nights of \$600 rounds of drinks for her friends at one of the local strip clubs. When the soldier's \$10,000 reenlistment bonus came through, there was no stopping her (Fiore, 2005, p. A1).

Stress from being married to a deployed soldier factors into the drinking habits of a military spouse. Moreover, there is a source of money to fund nights out drinking at a bar.

This theme suggests that using alcohol may be a means of coping with the trauma associated with deployments and extended deployments. Although there are attempts to implement policies that reduce drinking, there is a culture within the military of minimizing the impact of alcoholism.

Morality and Alcoholism

Material drawn from the *Los Angeles Times* shows that moral judgments are related to alcohol consumption. The pattern-coding matrix reveals that morality is associated with alcohol-related deaths as well as religion. In addition, the language used to describe alcoholism has moral implications. This theme was present in 18% of the texts.

Lucas (2008) discusses the glamour associated with celebrities who have alcohol and/or drug-related deaths. The media slant tends to glorify destructive behaviors.

The current mania joins Ledger to a long line of creative figures who committed the ultimate failure and are, unfortunately, all the more famous for it: Dylan Thomas, Hank Williams, Jackson Pollock, Jimi Hendrix, Kurt Cobain, John Belushi, Janis Joplin. Some drank themselves to death, some overdosed, some ran their cars off the road. As the saying goes in AA, the stories are the same, only the details are different (Lucas, 2008, p. A21).

Lucas (2008) describes alcohol-related deaths as “the ultimate failure.” If a failing is a flaw or a weakness, then “the ultimate failure” refers to a fatal flaw or weakness.

Morality entwines with the concept of a weakness.

People of every walk of life die from drugs and alcohol, but only a celebrity's death gets so heated in a devil's crucible of public sentiment that it is transformed

into posthumous glory. And such adulation begets a mass social hysteria that continues the cycle (Lucas, 2008, p. A21).

The reference to the “devil’s crucible” implies that there is an evil and an immorality when discussing the grandeur associated with a celebrity’s death from drugs and alcohol. Alcohol-related deaths become a badge of honor instead of an example of failure.

Temptation is a facet of immorality that appears in the example below. Because temptation has strong links to biblical references, its definition reflects the notion of seduction by evil.

Sailor mongering was common in the 19th century, when brothels sent prostitutes onto ships before they had reached harbor to lure sailors ashore with alcohol and promises of warm beds (“U.S. Suit,” 2004, p. A27).

In essence, sailors were encouraged into immoral acts. A law against sailor mongering passed in 1872 (“U.S. Suit,” 2004, p. A27).

When grappling with whether alcoholism is a disease or a moral issue, there are confounding messages that added to the confusion.

I had thought that by now it was common knowledge that alcoholism is a disease, not a moral failing. Alcoholics do not “reform”; with luck, hard work and support such as that of the Ford Center, they recover (Easton, 2005, p. E4).

In this case, there is a clear statement that alcoholism is a disease and not a moral weakness. The next sentence, however, refers to a person addicted to alcohol as an “alcoholic.” That label carries a negative connotation that contradicts the disease model of addiction. Referring to the person before the addiction is less stigmatizing. “A person living with alcoholism” emphasizes the humanness of the individual rather than “an alcoholic,” which amplifies the negative attributes.

In support of morality, policy development attempts to curb socially undesirable behavior. “Clinton compared the sale of violent and pornographic video games to that of

alcohol and tobacco, and said it was time for a law “with real teeth,” (Bodzin & Pham, 2005, p. A21). Sales of alcohol and tobacco compare to sales of violent and pornographic video games. Because these products are immoral, President Clinton suggested the enactment of a more intense law with severe punishments.

There is a new way to repent for one’s sins through online means. “You're invited to type in a description of your sins, along with your age and hometown,” (Simon, 2007, p. A1). A priest responds to online inquiries about confessions. “In the hush of a warm afternoon, Father Larry Solan waits for sinners,” (Simon, 2007, p. A1). Online confession is an anonymous way to repent for sins from the safety of one’s home.

But at IveScrewedUp, Ashley's inhibitions melted and she found herself admitting to the world how she'd fallen these last few years: ‘Drinking,’ she said. ‘And, you know . . . stupid teenage stuff,’ (Simon, 2007, p. A1).

In this case, Ashley felt comfortable to purging herself of her sins, which included drinking alcohol.

Christian beliefs about immorality have been used to walk a moral path. In a case about sexual assault against a minor, the defense uses alcohol as a contributing and mitigating factor in this crime.

Nachreiner blamed his "repugnant acts" in part on alcohol, saying that he has since come to realize the importance of "family, virtue, liberty, support and sobriety." He held a copy of the best-selling Christian book "The Purpose Driven Life" by Pastor Rick Warren of Saddleback Church in Lake Forest (Goffard, et al., 2006, p. A1).

The immorality of drinking necessitated the use of religious beliefs as a means of changing one’s perspective towards moral living. Religion itself acts as a guide for morality.

The Bible teaches us Christians shouldn't drink in excess, they shouldn't go out and party, they shouldn't commit fornication and adultery, and they shouldn't smoke, Colbert says (Conis, 2006, p. F1).

There is a strong moral implication about the consumption of alcohol. Chronic drinking is “bad” and therefore, the person is “bad.” One’s moral compass would not lead towards the path of alcoholism, which implies a moral rather than a disease model of addiction.

Continuing with the religious implications of morality, Islam rejects the consumption of alcoholic beverages. “Mustafa graduated near the top of his class. Religious discipline helped. ‘Because I studied very hard,’ he says. ‘No girls, no drinking, no discos,’” (Rotella, 2007, p. A1). The use of alcohol is immoral and defies the guidelines of moral behavior.

Offering further support for religious views on social issues, Islam prohibits Muslims from drinking alcohol. “Islam continues to dominate daily life, and on many social matters, such as the drinking of alcohol, its teachings remain the rule,” (Zaman & Chu, 2006, p. A14). For individuals that follow the teachings of Islam, consuming alcohol is a sin.

But convention-goers also discussed issues ranging from the lingering impact of the attacks of Sept. 11 to interfaith relations and social pressures on young Muslims to date and drink (Watanabe, 2004, p. A14).

Although there is a social pressure felt by young Muslims to conform to American culture, which includes alcohol, Islamic discourse proscribes alcohol consumption.

Stack (2008) discusses religious figures alcohol use. “Priests loitered in the darkened streets before the main church, drinking beer and talking on their cellphones, robes stirring in the hot wind,” (Stack, 2008, p. A6). In this case, priests are not

consuming sacramental wine for religious celebration. Rather, priests are drinking beer in the streets. This may be counter to religious practices.

Continuing with the reference to demons, this article refers to alcoholism along with other demons. “He had the requisite demons -- alcoholism, sex addiction, obsessive-compulsive disorder,” (Himmelsbach, 2007, p. E19). In this sense, demons refers to an evil habit and places a moral judgment on alcoholism.

When examining the language used, negative words associate with alcohol consumption. “‘It's bad,’ he said. ‘You see people tagging, smoking, drinking. And that's just walking,’” (Sondheimer, 2006, p. D2). Because “bad” couples with “drinking,” drinking becomes an undesirable characteristic. Based on the moral value associated with alcohol consumption, drinking is bad.

The act of alcohol consumption connects to morality. Because there are undesirable behaviors associated with alcohol consumption, it perpetuates the stigma. Individuals who exhibit destructive behaviors are displaying moral failing as opposed to disease symptoms.

Mental Illness and Alcoholism

Mental illness appears with alcohol consumption within this data set. Nine percent of the articles referenced alcoholism associated with mental illness. When mental illness and substance abuse are both diagnosed, this is referred to as Co-Occurring Disorders. In essence, people are treated based on five axes. Substance abuse and mental illness exist on Axis I.⁶ Therefore, Co-Occurring Disorders refers to having been

⁶ *Diagnostic and Statistical Manual of Mental Disorders IV* (DSM IV) uses five levels for diagnosing known as Axis I, II, III, IV, and V. Axis I is used for clinical disorders. Axis II contains personality disorders. Axis III is used for medical conditions. Axis IV contains environmental factors contributing to Axis I disorders. Axis V is for the Global Assessment Functioning (GAF) used to describe overall performance.

diagnosed with both substance abuse and mental illness. Each diagnosis exists independently from others; one does not cause the other. In many instances, alcohol is used to self-medicate. Self-medicating refers to using alcohol to minimize symptoms from a mental illness.

Medications can be prescribed to treat mental illness and, in turn, reduce alcohol consumption.

The anti-impotence medications also can be used to offset the effects of alcohol and drugs -- including antidepressants -- as well as smoking (which constricts the blood vessels and can cause erectile problems), or lack of sleep or anxiety (Reitman, 2004, p. F1).

Neuman and Marx (2006) write about Rep. Kennedy's struggle with addiction to alcohol and prescription drugs. "He said he had been fighting addiction to prescription drugs, as well as bouts of depression, since he was a young man," (Neuman & Marx, 2006, p. A5). The use of drugs and alcohol accompany depression. Although the article does not elaborate on the history of these issues, there is a connection between Kennedy's substance abuse and mental health because the article mentions these together.

In this case, an athlete's struggle with alcoholism and depression becomes public. Former NBA All-Star Vin Baker, whose 14-year career was marred by bouts of depression and alcoholism, was charged with drunken driving after leaving a casino in Norwich, Conn ("Theus," 2007, p. D5).

Here, Baker incurred a drunk-driving charge and the history of depression and alcoholism appear. Do alcoholism and depression negate the irresponsibility associated with driving drunk? Either way, depression and alcoholism appear together insinuating that there is a relationship between the two.

Through the coding process, more examples arose that linked alcoholism to mental illness. The scope goes beyond depression. "Harper developed high blood

pressure and intestinal problems, began to drink heavily and became paranoid...” (Dolan, 2008, p. B1). Whether the paranoia is alcohol induced or not, this case supports the association between alcoholism and mental illness.

When addressing the military, soldiers returning from combat often experience post-traumatic stress disorder as well as alcoholism. The alcohol acts as a means of escaping the visions and thoughts that accompany PTSD. Although alcohol is a depressant, it is often consumed when people are feeling depressed. Moreover, it has a calming effect on anxiety.

A Department of Veterans Affairs study published this week in the New England Journal of Medicine found 17% of 3,671 soldiers and Marines who saw combat in Iraq or Afghanistan reported early symptoms of depression, anxiety or post-traumatic stress disorder. Camp Pendleton officials dispute such findings and note that they have seen no increase in alcohol abuse or domestic abuse, often signs of post-traumatic stress. Yet they concede that it could take weeks or months before stress factors kick in (Perry, 2005, p. B1).

Although there is a denial that more soldiers have experienced alcohol abuse and mental illness, officials acknowledge that symptoms may not be noticeable for a time.

Additionally, the percentage of soldiers with symptoms of mental illness only reflects the number of soldiers who report having symptoms. “Real men don't talk about what they did and what they saw in combat,” (Perry, 2005, p. B1).

The symptoms of mental illness and alcoholism may be subtle and relies on self-report. In essence, if a soldier does not report having nightmares, flashbacks, regular alcohol consumption, sadness, and other symptoms, the expectations for intervention should be relatively low.

Marines at this sprawling base are being shown a welcome-home video in which Lt. Gen. Wallace Gregson, commander of Marine Forces Pacific, tells them to be on the lookout for signs of depression and stress among their buddies (Perry, 2005, p. B1).

Stating that soldiers should look for signs of depression and alcohol abuse among one's peers indicates that there are signs to identify and lend support to the hypothesis that alcoholism and mental illness coexist.

Research suggests that alcohol consumption and anti-anxiety medication influence health.

In the Jan. 12 Archives of Internal Medicine, Ohayon and his colleagues linked morning headaches to heavy drinking, anti-anxiety medications, sleep-related breathing problems and hypertension (Allen, 2004, p. F2).

If a person is taking anti-anxiety medications, it is reasonable to assume that the individual carries a diagnosis of anxiety. "The most significant contributors to chronic morning headaches were the combination of anxiety and depression, depression alone and anxiety alone," (Allen, 2004, p. F2). Therefore, heavy drinking and mental illness contributes to chronic headaches.

In this account, alcohol and anxiety afflict an individual. "That night, due to a combination of jet lag, alcohol and anxiety, I hardly slept," ("An adoptee," 2007, p. A1). Because this self-report includes both alcohol and anxiety, it establishes the link between them.

Alcohol consumption associates with anger, which can be a symptom of an underlying mental illness.

Denial of anger isn't the only indication someone might be having trouble with their temper. In addition to the obvious clues -- excessive drinking, physical fights, hair-trigger tempers -- psychologists say high levels of anger over time can cause physical illness, including headaches and upset stomachs (Miller, 2004, p. F1).

In this case, alcohol consumption contributes to the symptoms associated with anger.

When celebrities battle depression and alcohol, it becomes a public matter when focused on by the media. These issues become even more conspicuous when the celebrity writes an autobiography.

Nimoy wanted to write about his recovery from 30 years of addiction to pot and alcohol, about the crash-and-burn of his 18-year marriage, about raising two teenage children and, yes, about finding someone to love. Writing the book was a way to pull himself out of the depressing hole his life had become. Not necessarily finding himself -- that obnoxious baby boomer phrase -- but asserting his identity, separate from his father, from the marriage, from drugs (Reynolds, 2008, p. E1).

Nimoy's depression and alcohol use seem to be concurrent. In this instance, there seems to be co-occurring disorders that exist simultaneously, but independent from each other. Therefore, there is further evidence that alcoholism has a link to mental illness.

Here is another example where it seems that co-occurring disorders present.

When the 1973 Yom Kippur War brought the United States and Soviet Union into a perilous confrontation, now Secretary of State Kissinger -- with the complicity of his former National Security Council Deputy Haig -- cut the president of the United States out of the decision-making because he was concerned that Nixon was incapacitated and unstable as the result of depression, heavy drinking and prescription sleeping drugs (Rutten, 2007, p. E1).

The article does not reveal whether depressive symptoms are the antecedent to heavy drinking or if heavy drinking led to depression. Regardless, Nixon probably exhibited symptoms of both depression and alcoholism.

Alcoholism links with and probably reflects underlying depression as well as thoughts of suicide.

The two get drunk, squabble and engage in some unfulfilling sex, and it's easy to see why the relationship didn't last. They ultimately find common ground in their lack of desire to live and commit to a suicide pact. That doesn't end any more satisfactorily than their lovemaking (Crust, 2006, p. E8).

Since getting drunk and suicidal ideation appear in close proximity to one another in this article, alcoholism implies mental illness.

This theme demonstrates how alcoholism blends with mental illness. Whether alcohol acts as a mechanism to minimize symptoms of mental illness or manifests in conjunction with mental illness, they both appear along side one another.

Binge Drinking

Binge drinking is a theme revealed through the coding process and represents 15% of the analyzed articles. Ultimately, binge drinking refers to consuming large quantities of alcohol in a brief amount of time. The purpose is to get drunk.

Unsuccessful attempts to stop drinking alcohol can be followed by binge drinking. “The self-imposed timeout didn't last long. After some holiday shopping, he had a few beers with some friends, leading to yet another all-night binge,” (Sun, 2008, p. D7). The “all-night binge” refers to drinking large amounts of alcohol in one night. The binge described here seems to be part of a history of binges. Because binge drinking is the ritual of this individual, it seems that there is a negative tone when the most recent drinking episode is documented.

Binge drinking has some association with sin in reference to gluttony. Financial issues link to binge drinking. There needs to be a way to afford to purchase the alcohol.

But when he received the \$2, Givens wasn't sure what to do with it. Two dollars wouldn't buy a decent high. It might buy a beer, he said, but he'd decided to end his binge. He needed to clear his head (Hennessy-Fiske, 2007, p. A1).

Financial problems motivate Givens to abstain from bingeing.

In this example, binge drinking is clearly defined as self-destructive. In addition, the person who engages in binge drinking is called an “alcoholic” and incurs the negative

stigma that accompanies it. “Although bingeing on books isn't as nakedly self-destructive as an alcoholic's bender, the more Dora uses reading to escape from life, the less life she has,” (Avins, 2006, p. E1). In essence, binge drinking like binge reading is used as an escape, transforming one from living to existing.

The behavior associated with binge drinking includes poor parenting skills, absenteeism, and genetic predisposition to alcoholism.

Though I used to pray that my father would quit and sometimes went as far as pouring his remaining Old Milwaukee down the drain the morning after a bender, I did not shy away from alcohol myself (“An adoptee,” 2007, p. A1).

Bender is another term used to describe binge drinking. One's inability to stop drinking seems to be a reflection of willpower. Just as one cannot pray to be freed from diabetes, one cannot pray to be rid of alcoholism.

Hollywood's depiction of typical American behavior apparently includes binge drinking and ignorance.

A Frank Capra throwback for an era of diminished expectations, the amiable "Swing Vote" casts Kevin Costner as an unemployed egg processing plant worker who must decide the fate of the state of the union. The hopes and ideals of the apathetic American citizenry are pinned on this hard-drinking resident of Texico, N.M., whose wife ran out on him to pursue a singing career, and whose 12-year-old daughter, played -- and very well -- by Madeline Carroll, has too long been the caretaker in their coexistence (Phillips, 2008, p. E4).

This movie consists primarily of a twelve year old girl taking care of her father who binge drinks almost every day and cannot maintain employment.

Binge drinking led to sexual assault in an article written by Luna (2004). The effects of alcohol impair judgment, lower inhibitions, cause blackouts, and alter one's perceptions.

But the boys had every reason to think she was a willing partner, their lawyers said. After drinking heavily, she had had sex with two of the youths the night

before, she said in court, returning the next day knowing that they would likely expect the same kind of encounter (Luna, 2004, p. B1).

In this trial, the boys have sexually assaulted a sixteen year old female. The female had binged the night before when supposedly consensual sex occurred. If the girl was intoxicated, then it needs to be considered if she had the capacity to consent to sex. Moreover, in the state of California, the age of consent is eighteen years old. When the attorney for the boys stated that the defendants had every reason to assume that the girl would be willing to engage in sexual activity, based on the previous night's events, blames the victim. This means that the girl is blamed for drinking too much, which led to sexual assault. It implies that binge drinking is grounds for sexual assault. To clarify, if one drinks heavily one evening, one deserves to be raped. Now there are moral implications that accompany the crime committed as well as the drinking that took place before.

Binge drinking has effect on the health of the person who drinks as well as the unborn fetus.

Researchers have found a whole new level of damage in babies born to mothers who drank heavily during pregnancy -- this time to the nerves in their arms and legs ("Moms' Drinking," 2004, p. A9).

Although the research shows that drinking is damaging to a fetus, women continue to drink while pregnant. Contained within *The New York Times*, drinking while pregnant is clearly established as a moral issue. In this example, the article merely states the research findings. How this information is interpreted by the reader has not been explored.

Binge drinking influences a population. When examining collective farms in Russia in an article by Holley (2004), heavy alcohol consumption endangers the survival of these communities.

The future for villages like these "is pretty clear-cut," Polissky added. "The entire elderly generation will die out. The same applies to the heavily drinking middle-aged people (Holley, 2004, p. A9).

What is shown here is that binge drinking shortens the duration of one's life. People may drink to cope with the disbandment of their community and way of life. Although the etiology of alcoholism is not explored in this case, the article states that binge drinking, like old age, results in death.

Events where drinking is part of the culture can result in an increase of binge drinking.

A University of Texas study funded by the National Institute of Alcohol Abuse and Alcoholism, reported 'college students drink larger amounts of alcohol on football game days,' (Yoon, 2007, p. D2).

The culture of attending football games promotes the consumption of alcohol. Therefore, binge drinking during football games becomes more common. "Said psychologist Kim Fromme, an author of the paper: 'The weekly football schedule presents students with more regular opportunities to drink,'" (Yoon, 2007, p. D2). With the opportunity to drink and the social acceptance of alcohol consumption, binge drinking becomes part of the culture associated with football games.

Another act of violence results from binge drinking.

Halvorsen landed on death row because of a rampage through L.A. County on March 31, 1985, after spending several hours drinking in a Long Beach bar. About 5 p.m., he drove to an acquaintance's house and shot the acquaintance's roommate ("State court," 2007, p. B5).

Consuming large quantities of alcohol took place prior to the murder. Although no one can speculate as to whether the murder would have occurred if Halvorsen were sober, binge drinking becomes significant enough to mention along with the crime.

The Center of Disease Control (CDC) notes that binge drinking is common in America. For the CDC to investigate alcohol abuse offers some measure of support that alcoholism is a disease.

The CDC has long worried about alcohol abuse in the United States. Studies have shown that drinking excessively -- five or more drinks daily -- can increase the risk of heart disease. The CDC says nearly one in three Americans drinks too much ("Rethinking," 2005, p. A15).

There is then, a very large percentage of people who consume more than what the CDC recommend. Again, binge drinking jeopardizes health.

Binge drinking is an approach to consuming large quantities of alcohol. As seen throughout this theme, there are critical outcomes from such behaviors. Binge drinking shows the prevalent abuse of alcohol and the dangerous consequences that ensue.

Underage Drinking

Underage drinking is a theme that emerges through the coding process. Ten percent of the articles reflected this theme. This theme first appeared in the *Wall Street Journal*. The negative consequences that flow from alcohol use under twenty-one years of age are captured in the articles.

Athletes who are underage and drink suffer grave consequences.

South Carolina quarterback Stephen Garcia was suspended from the team after being ticketed for underage drinking in his third run-in with police in about a year ("Roy," 2008, p. D8).

The team sanctioned Garcia for underage drinking and thus defines it as an act counter to acceptable behavior. Being suspended for underage drinking seems to be the prevalent punishment for this behavior.

Another example of sexual assault connects to underage drinking. In an article written by Daum (2006), teenagers drank alcohol and engaged in sexual activity.

Last month in Georgia, Genarlow Wilson stood trial on sexual assault charges stemming from a party in 2004 at which a group of teens got drunk and videotaped themselves having sex (Daum, 2006, p. B17).

In Georgia, the legal age of consent is sixteen. One of the complainants is fifteen years old whereas the defendant is seventeen years of age. Here, underage drinking is associated with risky sexual activity.

The harmful effects of underage drinking act as an analogy for other activities that are harmful to the brain.

It can force you into grave predicaments like accidentally listening to parts of a Bill Belichick media briefing while knowing this might kill more of your brain cells than those plastic trash cans of grain-alcohol fruit punch from college (Culpepper, 2007, p. D2).

The reference to college students killing brain cells by ingesting grain alcohol serves as an indication that college is a venue for underage drinking. Moreover, underage drinking tends to involve higher alcohol content beverages that have harmful effects on the brain.

American policies reflect the social values of the country. “There are at least two liquor rules that are standard in the U.S.: the minimum drinking age and the legal blood-alcohol limit,” (Engle, 2005, p. L3). Underage drinking is illegal.

All states now set 21 as the youngest legal drinking age, said Brandy Nannini, vice president of government affairs for the Century Council in Washington, D.C., a nonprofit group funded by distillers to fight drunken driving and underage drinking (Engle, 2005, p. L3).

Despite the law, underage drinking occurs and necessitates organizations to form with the sole purpose of addressing this issue.

Underage drinking precipitates risky behaviors associated with alcohol consumption. Although there are laws to dissuade underage drinking, it continues to be prevalent as well as the adverse results.

Treatment for Alcoholism

Treatment is another theme that emerges from the coding process and is also present in the *New York Times*. This theme emerged in 6% of the texts. The appearance of treatment, or lack thereof, directly relates to abstinence from alcohol. Just like there can be positive outcomes from treatment, there can be negative consequences from the lack of treatment.

Many people who have been given the choice between jail time and treatment choose jail time.

Because of the early releases, some convicted drug users and spousal abusers preferred a jail sentence to entering a rehabilitation program because they expected to be freed early after just a few days, he said (Leonard, 2005, p. A1).

Treatment has a longer duration than a jail sentence. If experts in the field of addiction agree that rehabilitation lasts for a certain length of time, then a few days in jail is not going to accomplish much.

Depending on the person's alcohol consumption, the level of treatment needs to be determined. "Then he would go to a hospital detox program and return to rehab," (Hennessy-Fiske, 2007, p. A1). Detox is the level of care for someone who is currently intoxicated or experiencing withdrawal symptoms. After the individual has withdrawn from alcohol, that person may be referred to an inpatient chemical dependency program, also referred to as rehab.

In an article by Forth (2004), the incarceration of individuals who sold alcohol during Prohibition has shifted to incarceration and mandating for treatment for individuals who sell illegal drugs. "Why are we still jailing women and men who buy and sell the stuff? Or worse, taking up valuable slots in drug treatment programs?"

(Forth, 2004, p. B21). According to this article, the criminal justice system now mandates people who have sold drugs to treatment programs for alcohol and drug addiction. In reality, people have to meet criteria to enter treatment, which translates to testing positive for drugs or alcohol. A positive toxicology screening may reveal that the person was using a different drug than what s/he sold. This article minimizes the affect of drugs and alcohol on the life of the individual who is addicted.

When people in the public eye enter treatment for addiction, it is no longer a private matter.

Rep. Patrick J. Kennedy, saying he had no memory of a highly publicized early-morning accident in which he plowed his car into a security barricade near Capitol Hill, announced Friday that he would be checking himself into the Mayo Clinic for treatment of addiction to prescription drugs (Neuman & Marx, 2006, p. A5).

On the night of the car accident, the article discusses Kennedy's alcohol consumption. Kennedy stated, however, he is seeking treatment for addiction to prescription medication. This may have been a political strategy because drunk driving violates societal values. Addiction to prescription medication shifts the responsibility from Kennedy to the prescribing doctor.

With the evolution of the internet, Simon (2007) describes "sinners" confessing online about their alcohol use and other sins. Anonymous dialogues take place among online participants. "You need therapy. get it now." (Simon, 2007, p. A1). Treatment is not the intention of the website; however, fellow bloggers may suggest it.

Celebrities tend to battle addiction in a public manner.

West's family never understood the influence of the band and the role it played in her life, Currie says: 'They almost wish [the Runaways] had never happened because she went in and out of recovery from drug and alcohol addiction. She could never get a handle on it. To me, a lot of it was she just loved and hoped and

dreamed and it was a constant letdown and she couldn't find her way out of this dark hole,' (Newman, 2006, p. E10).

In this case, West had periods of abstinence due to entering treatment from time to time.

Although treatment options were available and used, Newman (2006) refers to West's addiction as a dark hole difficult to escape.

Lucas (2008) writes about the accessibility to treatment for drug and alcohol abuse.

It's a simple thing to find help for drug and alcohol abuse these days. Millions have done it, including me, and though not easy, it represents the only way to live with the integrity we owe ourselves, our families and the world around us (Lucas, 2008, p. A21).

This demonstrates that there is a demand for substance abuse treatment facilities because of the number of people addicted to alcohol and other drugs.

Treatment continues to be a viable option to combat alcoholism. The representation of celebrity rehab should not be accepted as the norm. Rather, a more accurate depiction of substance abuse treatment should appear within print media. In addiction, the obstacles that hinder one from obtaining treatment call for the development of new policies.

Analyst-constructed Typologies

The coding process revealed the themes in the *Los Angeles Times* articles. The themes led to the development of typologies. They are as follows:

1. Legal consequences of alcohol consumption
2. Unacceptable drinking practices
3. Language related to alcohol consumption
4. Factors used for understanding alcoholism

I. Legal Consequences of Alcohol Consumption

When examining the themes, military sanctions for alcohol consumption and drunk driving associate with one another. Both the military and the states have developed policies prohibiting specific uses of alcohol.

The themes revealed the legal consequences for crimes committed while intoxicated. In essence, violations of the law due to drunkenness are punishable acts. As alcohol abuse appears to be a growing epidemic and reported on as such within print media sources, the adverse consequences of this abuse expand to include more domains.

A Southwest Airlines co-pilot was arrested minutes before takeoff from Salt Lake City for Phoenix and Albuquerque with 123 passengers after a security screener reported that his breath smelled of alcohol, authorities said. Carl Fulton, 41, of Fort Worth, was jailed on suspicion of operating a common carrier while under the influence of alcohol or drugs, a federal offense (“Southwest Pilot,” 2006, p. A15).

Not only does intoxication influence the legal status of the individual, it jeopardizes the safety of others. Since intoxicated operation of vehicles is not limited to cars, flying while intoxicated is now under scrutiny. With media exposure, people who perform dangerous activities while drunk are identified.

Because of the impact on society, laws evolved to reflect social values and keep people safe. Such laws outline the consequences of alcohol consumption.

II. Unacceptable Drinking Practices

Binge drinking and underage drinking are examples of the abuse of alcohol. Since underage drinking often involves binge drinking, these themes logically link together. Moreover, society disfavors both underage drinking and binge drinking. Both types of alcohol consumption have stigmas attached to them.

In many instances, underage drinking practices incorporate binge drinking. Minors are responsible for the consequences of their actions. “Albert Trapasso, a punter for Ohio State, was arrested for the second time in less than a month on suspicion of underage drinking. A pretrial hearing is set for June 7,” (“UCLA’s Ariza,” 2004, p. D2). In this case, underage drinking was not an isolated incident, but a habitual occurrence. The police caught Trapasso for only two episodes.

Social values dictate that alcohol consumption is acceptable, however, only when people follow certain guidelines. Do not consume alcohol if you are less than twenty-one years of age and do not consume massive amounts of alcohol at one time.

III. Language Related to Alcohol Consumption

Moral judgments closely interact with labeling. The act of labeling places a moral judgment without explicitly stating it.

With regard to alcohol, the ingrained issues of morality spills into popular culture. Not only do print media exhibit the labeling process, it reports on other mediums as well. Plays incorporate labeling to paint a picture of the stereotypical “alcoholic.”

Hally's thoughtless, unexamined condescension becomes increasingly horrifying as he fortifies himself against the arrival of his alcoholic invalid father by negating his friendship with Sam (Brandes, 2007, p. E6).

The artistic expression of traits associated with alcoholism continues the stigma. Like most of the cases reflecting these themes, the play ignores the journey of the person addicted to alcohol and concentrates on the wake of destruction the person creates.

Language is the primary manner in which Americans create and share reality. For the *Los Angeles Times*, the use of language acts as a means of communicating the moral failing of the person consuming alcohol.

IV. Factors Used for Understanding Alcoholism

Treatment interventions are a means of understanding alcoholism in order to provide some type of rehabilitation. Mental illness appears in several cases and is associated with alcohol use. Mental illness contributes to the meaning of alcoholism for an individual afflicted with both disorders. Because mental illness and treatment offer insight into alcoholism, they have an association with one another.

Treatment for depression as well as alcohol addiction indicates that there are two disorders present.

Harrison, 29, arrested earlier this year for a series of incidents in British nightclubs and again Oct. 6 on assault charges in Spain, has also been treated for depression and alcohol abuse (Crowe & Pucin, 2006, p. D5).

The article places depression and alcohol abuse at the end of a sentence discussing criminal charges. It seems as if these issues were strategically placed to excuse Harrison of his wrongdoing. Nonetheless, Harrison received treatment for alcohol abuse along with treatment for depression.

Because of the relationship between mental illness and alcoholism, treatment needs to occur simultaneously for both diagnoses. In addition, each diagnosis impacts on the other by means of self-medicating. Thus, treatment becomes an important facet for recovery and understanding the individual experience.

Summary and Conclusion

From the analysis of the Los Angeles Times, policies reflect the punitive consequences of alcohol consumption. This is evident in virtually all the themes for this newspaper. There is a strong focus on the negative outcomes from alcoholism and the stigmas associated with people who drink.

One of the main issues with how the *Los Angeles Times* represent alcoholism is treatment. Celebrity rehab makes a mockery of the treatment process. Therefore, it minimizes the legitimacy of the disease model and promotes the moral model of alcoholism. Because of celebrities' socio-economic status, they seem to be exempt from the rigorous treatment practices of spa services. However, the texts do not make this crucial distinction. Consequently, this further stymies the acceptance of the disease model of alcoholism. Social policies should promote affordable, standardized, quality treatment available to those who need it. Instead, one's means determines treatment.

If print media displays unsuccessful treatment attempts, then the skepticism surrounding the disease model of alcoholism gains support. In turn, there is the tendency to punish, which transcends themes. There is a lack of psychoeducation regarding alcoholism. Because of the way in which mental illness associates with alcoholism, there is more stigmas attached to the individual and a lack of understanding of how they relate to one another. There is a trend to treat alcoholism and mental illness simultaneously by one clinician. However, many agencies have not yet embraced this movement.

Since print media can reach large numbers of people, it is a strong medium that has great potential to be an agent of change. However, social policies do not appear to back the disease model of alcoholism. From the language used to stigmatize people who have an addiction, to the punishments for addictive behaviors, journalism does not promote the disease of alcoholism.

We now turn to Chapter VII, which discusses the themes and presents the typologies revealed in the analysis of articles from the *Chicago Tribune*.

Chapter VII

Chicago Tribune

The *Chicago Tribune* was the final newspaper included in this study. Three hundred and fifty-six articles met the criteria for inclusion. All of the themes exhibited in the other newspapers appear in this data set as well. The *Chicago Tribune*, however, contained four articles referencing alcoholism as a disease.

Figure 8. Frequency of the Public Health Model/Moral Model vs.

the Disease Model in the *Chicago Tribune*

Public Health	286
Moral Model	66
Disease Model	4

Labeling Alcoholism

Labeling is a theme revealed in the *Chicago Tribune* and represented 14.5% of the coded articles. Alcoholic and drunk appear in conjunction with the negative consequences of alcohol consumption.

Ring (2006) recounts the death penalty installment in Vermont. An attorney who represents a man who murdered a woman enters a plea for his life. “Fell's attorneys didn't contest his guilt, instead asking jurors to spare his life because he grew up in a violent household with alcoholic parents,” (Ring, 2006, p. 4). Does having parents who consume alcohol minimize the consequences of one's actions? In this case, “alcoholic parents” contribute to a violent upbringing that is responsible for murder.

Even fictional stories portray alcoholism in a negative manner. “In this story, Cinderella is Melanie Sartomsky, born in a trailer park and cursed with an alcoholic dad and siblings to look after,” (Deegan, 2004, p.5.2). The use of the term “cursed” refers to some kind of deserved evilness, which manifest as an “alcoholic dad.” The very term alcoholic becomes a form of punishment grounded in a moral deficiency.

Addiction to alcohol focuses on lack of willpower and weak moral character. “Well, most rational people wouldn't gamble away \$5,000 if they only earned \$2,500, or drink "just" beer if they were a confirmed alcoholic,” (Gandy, 2006, p. 2). There is a slogan used by members of Alcoholics Anonymous that one drink is too many and one thousand is never enough in terms of alcohol addiction. The article does not divulge what being a “confirmed alcoholic” actually means. The expression is as if a person diagnosed with diabetes only eats cookies as opposed to cake. Although lifestyle changes are associated with disease maintenance, there is a general acceptance that diabetes is a disease. In Gandy’s (2006) report, the “confirmed alcoholic” has to make lifestyle changes, but without the general acceptance of the disease model of addiction.

At this juncture, celebrity encounters with alcoholism is nothing new for media exploitation.

A videotape made by David Hasselhoff's daughters shows the recovering alcoholic falling off the wagon, Hasselhoff acknowledged Thursday, but the actor added that he is doing much better since it was made (“Daughters,” 2007, p. 25).

Recovery implies that one returns to a state of equilibrium whereas relapse refers to returning to a previous state. There is an intrinsic contradiction in the statement “recovering alcoholic falling off the wagon.” Because a dichotomy exists between the terms, one cannot be recovering and relapsing simultaneously.

'I am a recovering alcoholic,' Hasselhoff said in a statement. 'Because of my honest and positive relationship with my daughters, who were concerned for my well-being, there was a tape made that night to show me what I was like. I have seen the tape. I have learned from it and I am back on my game,' ('Daughters,' 2007, p. 25).

When the individual labels himself as an alcoholic and tapes behaviors that document intoxication, it perpetuates the historical stigma associated with alcohol consumption.

Culture may also define what constitutes wearing the label of an "alcoholic." "Dear Too Drunk: You don't need to be an alcoholic to have a drinking problem, as you point out in your letter," (Dickinson, 2006, p. 2). In this case, someone who has a problem with alcohol is different from an "alcoholic." In essence, an "alcoholic" has more of a stigma than a person who has a problem with alcohol. Following this example, a person living with alcoholism will have fewer stigmas than a person called an "alcoholic." If there were fewer stigmas, more people may be more willing to seek treatment.

Sin and redemption have nearly become requirements for presidential candidates. Our current president has practically admitted to having been an alcoholic ("What others," 2008, p. 14).

Morality is deeply embedded in the term "alcoholic." Redemption demonstrates the transition from sin to piety. Since one is able to overcome temptation, it shows the triumph of the human spirit.

Consequences from Drinking and Driving

The consequences of drinking and driving emerged from the coding process. The largest percentage, 22.4%, of the articles reflected in this theme. Criminal charges, BAC, Legal limit, Law, Fatality, Field Sobriety Tests, and Police emerge from the

interpretative analysis of this theme. There were sixty-four examples of drinking and driving contained in the articles from the *Chicago Tribune*.

Most cases displayed the negative consequences of drunk driving. In many instances, the blood-alcohol content (BAC) was above the legal limit. In most states, the legal limit is 0.08. Some states have zero-tolerance, which means the legal limit is 0.00.

Jessica Savin's blood alcohol content was 0.184 percent when she crashed through a rooftop skylight and fell to her death, according to a toxicology report. That level is invariably described as "more than twice the legal limit," a reference to the 0.08 benchmark above which a person is presumed too drunk to drive. The more appropriate benchmark, of course, is zero ("The legal limit," 2007, p. 1.14).

Blood-alcohol level factors into the charges that an individual suspected of drunk driving faces. Since the police issue field sobriety tests, BAC confirms if a person is intoxicated.

Prosecutors said 24-year-old Carlos Magana's blood-alcohol content was .14 when he broadsided another car near Halsted and 163rd Streets at 1 a.m. Monday. Phyllis Murphy, 67, and her granddaughter, Keanna Noble, 13, were killed. The state's legal limit is .08 ("\$1 million," 2004, p. 3).

Because police can test for the level of intoxication, BAC is crucial evidence for law enforcement. The legal limit in most states is 0.08 for blood-alcohol content. Since Magana had a BAC of almost twice the legal limit, his BAC confirmed his level of intoxication. Drinking and driving endangers the lives of many people. Hence, BAC is important legal evidence. Legal issues arise once the BAC exceeds the legal limit. In this situation, the driver's BAC surpassed the legal limit. Because alcohol alters one's ability to operate a vehicle, an accident occurred.

Accidents are commonly associated with drinking and driving.

Phillips, who police said had a .22 blood alcohol level, nearly three times the legal limit of .08, was pronounced dead at 1:16 a.m. Police said they have not determined if Woods had been drinking (Maxwell, 2006, p. 3).

Accidents and fatalities from drunk driving are newsworthy events. Although not all drunk driving episodes result in an arrest, the media can only report on the events that do. Because drinking and driving is against the law, criminal charges are the predictable outcome.

A Des Plaines man was charged with drunken driving after he and a passenger escaped from a car early Tuesday shortly before it was hit by a freight train in Wheeling (“2 charged,” 2008, p. 3).

In this instance, there were no fatalities resulting from drunk driving. Nonetheless, a freight train collided with the car. In addition, a person incurs legal charges for law violations. Depending on the severity of the accident, drunk driving affects a person’s legal status. “A Hoffman Estates woman charged with killing a Chicago man while driving drunk was held in lieu of \$100,000 bail Monday,” (“Driver charged,” 2008, p. 14). Once an arrest occurs, charges for drunk driving lead to sentencing. If injuries occur from drinking and driving, sentences are more severe.

A McHenry man was sentenced Thursday to 8 years in prison after he pleaded guilty to drunken-driving charges stemming from a crash in April that killed a 22-year-old woman and her unborn child, officials said (“Man gets 8 years,” 2007, p. 3).

Because fatalities occur frequently in drunk-driving accidents, the punishment results in significant jail time as opposed to probation and mandated treatment. Although one’s ability to afford legal representation can influence sentencing, if a victim dies, then the perpetrator of the drunk-driving accidents is usually incarcerated.

Not every car accident is the outcome of drunk driving. When car accidents occur, there is a suspicion of alcohol abuse. Even though alcohol may not be a factor, one must satisfy the boundaries of the law.

The consequences of drinking and driving are a matter of public safety and morality. To combat this problem, legal standards developed to enforce this social concern. Fatalities and criminal charges were among the most common outcomes. Because of the injuries resulting from drunk driving and the sentence imposed on the drivers, moral undertones exist within this theme. The process of proving one's innocence reinforces the link between drunk driving and morality. Therefore, drunk driving encompasses public health risks, morality, and reactive policies

Binge Drinking

Consistent with the coding process, binge drinking is another theme. Binge drinking comprised 22.2% of the texts. Alcohol-related deaths, risky behaviors, and drinking games are associated with binge drinking.

Binge drinking is a standard practice among students during spring break. Because individuals consume large quantities of alcohol in a short period, the effects that alcohol has on the body can lead to risky behaviors. For example, unprotected sex with multiple partners is a risky behavior because of the health threats. "Are women less likely than men to get 'sick from drinking' and black out and engage "in unprotected sex or sex with more than one partner?" (Petro, 2006, p. 20). Because heavy alcohol consumption affects the body, blackouts can occur. Blackouts are periods of time in which the person simply cannot remember what they have been doing.

In addition to unprotected sex, binge drinking leads to alcohol-related deaths. Because binge drinking places a large concentration of alcohol in the body, alcohol poisoning can develop and lead to death.

An Associated Press analysis of federal records found that 157 college-age people, 18 to 23, drank themselves to death from 1999 through 2005, the most

recent year for which figures are available. The number of alcohol-poisoning deaths per year rose from 18 in 1999 to 35 in 2005 (“Deadly drinking,” 2008, p. 3).

Since binge drinking is becoming more commonplace, there is an increase in the number of deaths related to alcohol consumption. A culture has developed around binge drinking. Engaging in drinking games is part of the process of binge drinking. Moreover, drinking games contribute to alcohol-related deaths.

With a difficult exam behind or a weekend ahead, a college student goes drinking. After the youth ties one -- or make that several -- on, he or she is noticeably drunk, but friends simply put the inebriated to bed to ‘sleep it off.’ Instead of passing out, the student passes away -- and becomes another troubling statistic of alcohol poisoning. Drinking games play a deadly role, which explains the flat reception for a video game called “Beer Pong” (“Drinking to destruction,” 2008, p. 2).

With the popularity of drinking games, alcohol-related deaths have risen. “Beer Pong” exacerbates the rise of binge drinking practices. In addition, more people die from alcohol poisoning because it is acceptable to consume large amounts of alcohol while playing the game.

Because binge drinking has dire consequences, it has become a social concern as well as a health concern. Binge drinking adversely impacts health and personal safety. With alcohol-related deaths, unprotected sex, blackouts, and drinking games, binge drinking is a social problem.

Effects on Health from Alcohol Consumption

Effects on health from alcohol consumption is a theme found through interpretive coding. This theme runs through 14.2% of the articles from the *Chicago Tribune*. In addition to articles discussing health in previous themes, fifteen articles discuss health problems caused by alcohol consumption. Characteristics included physical illness,

mental illness, signs of dependence, social responsibility, disease, and lifestyle.

Since alcohol consumption affects overall health, alcohol has damaging effects on major organs in the body. In one case, a study examines the effects of alcohol on the brain. Physical harm to the body is one aspect of health. “A Russian study suggests alcohol damages the brain of a woman faster than that of a man,” (Ebersole, 2007, p. 39). Not only is alcohol harmful to the body, but people in active addiction do not obtain regular physical examinations and seek medical attention at the first sign of illness. Because of the physical illness caused by alcohol consumption, healthcare costs rise.

On average, 9 percent of U.S. workers drink in ways that contribute to absenteeism, higher health-care costs and lost productivity, but researchers found some industry sectors to be more likely to abuse alcohol (“Alcohol Relations,” 2008, p. 3).

In order to treat illnesses caused by alcoholism, physicians and patients use more resources. In addition to physical illness associated with alcoholism, there is mental illness. “Then she got an idea: ‘I felt that if I put these failure stories together, people would not be as depressed and do as much drinking as I did,’” (Carlozo, 2007, p.3). Depression is a mental illness that links to substance abuse. In this case, depression impacts on alcohol consumption and alcohol is a depressant. A cycle of feeling depressed followed by ingesting a depressant results in depression. With regular alcohol consumption, the body becomes dependent upon alcohol.

Moral undercurrents seem to attach to individual health. Social responsibility plays a role with regard to preventive health. Social responsibility is a reflection of social values. Since protecting children is a social value, preventable diseases like fetal alcohol syndrome have a moral implication.

The Gravelles deny abusing the children and have said they had to keep the youngsters in enclosed beds to protect them. The children suffered from problems such as fetal alcohol syndrome and a disorder that involves eating non-food items (Neighbor testifies," 2006, p. 20).

When addressing alcoholism, social responsibility suggests that there is a choice.

Because a mother's alcohol consumption harms the fetus, the mother has a responsibility to abstain from alcohol consumption. Is alcoholism a disease?

Only four articles within this data set refer to alcoholism as a disease. A new treatment for alcoholism is a pill that fosters smoking cessation. This is significant because the articles containing the disease concept of addiction either are by academics or people living with alcoholism.

'Is this going to be a cure-all? No, not for smoking or alcoholism because both diseases are more complicated than a single target or single genetic issue,' said Allan Collins, a professor of pharmacology at the University of Colorado who was not connected to the study ("Could one pill," 2007, p. 3).

The majority of people in academia and the field of addiction already subscribe to the disease model of addiction (Bride and Nackerud, 2002). By comparison, the four articles in the *Chicago Tribune*, four articles that mention alcoholism as a disease is small.

Although there is wide agreement that alcoholism affects health, there is a lack of consensus as to whether alcoholism itself is a disease or a moral failure that causes diseases. Because alcohol is not part of a healthy lifestyle, there is a moral implication.

The evolution of our attitudes toward smoking has been one of the lifestyle revolutions of my lifetime, right up there with understanding that drunken driving isn't just a lark and seat belts really do save lives (Schmich, 2005, p. 2C.1).

Lifestyle implies choice as well as trend. Smoking and drinking were in fashion at some point in American history. Currently, healthcare costs are increasing as well as alcohol-

related deaths and illnesses (Center for Disease Control, 2010). It is in the best interest of the public to limit alcohol consumption as one way of promoting health.

Religious Beliefs towards Alcohol Consumption

Religious beliefs emerge as theme from the data found in *the Chicago Tribune*. This theme represents 4.3% of the analyzed data. Policy on alcohol, culture, sin, spirituality, morality, and law comprise this theme. Twenty-four articles highlighted the connection between religion, morality, and alcohol consumption.

The Amish population is an example of how culture and religion influence alcohol consumption. Traditionally, people who are Amish abstain from alcohol consumption as part of their beliefs. These values drive acceptable behavior within this community. During rumspringa, youths abandon their traditions to explore the dominant culture.

When they turn 16, the Amish go through "rumspringa," a Pennsylvania Dutch term that means "running around." They often date, drink, drive cars and even move away from home, but most return to their faith ("Amish," 2004, p. 40).

Because alcohol consumption is not part of the culture, rumspringa provides the opportunity to engage in acts that transgress the Amish faith. When one acts contrary to one's beliefs, those acts constitute immoral behavior. Therefore, alcohol consumption is a sinful behavior.

Sin contradicts the disease model of addiction. If alcoholism is an issue of morality, then people who imbibe alcohol are of weak character. Alcoholism is a personal failure instead of a chronic disease. Sin and redemption have nearly become requirements for presidential candidates. Former president George W. Bush has practically admitted to having been an alcoholic (Kinsley, 2008, p. 14). Not only is the

president labeled as an alcoholic, regular alcohol consumption is stated to be sinful. If drinking is a sin, then abstaining from alcohol qualifies as redemption. With this notion of sin and religion, spirituality comes into play.

Spirituality is a belief in a higher power. When addressing alcoholism, a belief in a higher power plays a role in the recovery process. Many people turn to faith for hope and strength.

His resolution to overcome his alcoholism came 50 years ago. ‘There was a moment in the chapel when he told the Lord, “I can't do this by myself. You're going to have to do that,” Gavin Quinn said (Working, 2007, p. 2C.6).

A lack of belief in a higher power can be an act of immorality itself. Without spirituality and hope, recovering from alcoholism is difficult. Acting morally includes belief in a higher power and conforming to prescribed moral behaviors.

The Vatican issued commandments regarding safer driving practices. Drunk driving is sinful and the Vatican decreed that drivers use a moral compass when operating a vehicle. “It urged motorists to obey traffic regulations, drive with a moral sense, and to pray when behind the wheel,” (“Vatican,” 2007, p. 3). Moral behavior does not endanger one’s own life or the lives of others. Religion acts as a guide for moral behavior, which provides a template for the public.

Policies on alcohol develop from social values as well as religious beliefs. For example, people who practice Islam abstain from alcohol consumption. In Islamic states, there are beliefs that inhibit the sale and consumption of alcohol. Although currently, the sale and consumption of alcohol is legal in many places, religious beliefs impinge on the alcohol industry.

Al-Mahdi militia members in Baghdad's Sadr City slum have passed out fliers equating selling alcohol to crimes such as kidnapping and prostitution, acts punishable by death. The Koran forbids consumption of alcohol by Muslims (Madhani, 2004, p. 1.1).

Religious beliefs prohibit the sale and consumption of alcohol. Because devout Muslims do not drink alcohol, violence often has occurred to stop the distribution of alcohol in predominantly Muslim states (Madhani, 2004).

Religious beliefs invest alcoholism with immorality. Consequently, public policies evolve that reflect these beliefs and thus maintain the moral model of addiction.

Treatment for Alcoholism

Treatment options for alcoholism are another theme and comprise 6.8% of the data. Several articles expound on the treatment provided for alcoholism. Programs, stigma, withdrawal symptoms, lack of coping skills, sobriety, and self-medicating form this pattern coding matrix.

The military creates policies to combat chronic alcohol consumption. The Naval Academy implements policies and programs to address alcoholism. Because alcohol consumption has adverse consequences, the Navy attempts to address the problem internally.

Academy officials will give random breath tests to hundreds of students on weekends. Those who fail will be referred to the school's substance abuse counseling program. Second-time offenders and those who register a blood alcohol level of .15 or above will be disciplined through the academy's conduct system, with punishments that could include expulsion (Olson, 2006, p. 9).

Treatment via counseling is the first consequence of intoxication. The second offense results in expulsion. Since counseling services and expulsion are the consequence for intoxication, alcohol consumption stigmatizes the individual as well as the treatment.

Naval students are not the only population subjected to the stigma of treatment. If stigma associates with treatment for alcoholism, it deters individuals from seeking help.

Additionally, stigma stymies the acceptance of the disease model of addiction.

He has said he wants to end the stigma of mental health problems, and he has been praised by mental health professionals for being open about his struggles with depression, alcoholism and substance abuse (Miga, 2006, p. 3).

Stigmas hinder the treatment of alcoholism as well as other addictions. Although stigmas exist, other factors contribute to the treatment process. An individual must meet certain criteria in order to attend a treatment program. Depending on the specifics of the case, an intake interview determines the appropriate level of care. Withdrawal symptoms generally are the criteria for entering a detox program.

He just started chemotherapy and has become very ill. In addition, he's going through alcohol withdrawal. (He started drinking heavily after the diagnosis.) He's in an in-patient detox program. I don't know how many people have dealt with someone going through detox, but it's no fun (Lavin, 2006, p. 2).

A person who experiences withdrawal symptoms receives a diagnosis of alcohol dependence. In this case, a diagnosis of cancer led to heavy alcohol consumption. Alcohol is a negative coping mechanism used to escape the reality of one's problems (Knack, 2009).

Because alcohol is a negative coping skill, treatment provides new ways to address one's feelings and problems. Alcohol acts as an anesthetic for the temporary elimination of one's dilemmas and responsibilities. "While some prefer to drink their troubles away, the holiday has proved sobering for others," ("Get over it," 2007, p. 10). Drinking to forget one's problems is a sign that alcohol is becoming an issue. Coping skills are learned behaviors. Treatment offers an opportunity to learn healthy coping skills to remain abstinent from alcohol and live a sober life.

Because treatment options are dependent upon funding sources, perceptions towards alcoholism influence the availability of resources. The need for treatment is evident given the number of articles that report on alcoholism and the negative consequences of alcohol consumption.

Underage Alcohol Consumption

Underage drinking is a prevalent theme discovered through the coding process. This theme emerged in 15.6% of the articles. Police and risky behaviors are associated with this theme. In addition, peer pressure, legal drinking age, and policy on alcohol link to this theme. Social responsibility and sexual assault connect as well.

Sexual assault appears in several examples related to underage drinking. Because alcohol consumption often precipitates sexual assault, blaming the victim becomes the point.

The girl said she had been drinking with the others on the 5200 block of West Argyle Street, police spokeswoman Robin Mohr said. Her cousin left around 10:30 p.m., and the two men took her into a gangway, hit her in the head and sexually assaulted her (Masterson, 2005, p. 7).

Underage alcohol consumption acts as a justification for sexual assault. If alcohol was not present, the crime committed would still be as atrocious. The legal system needs to process the crime because it is a violation of the law. There are federal, state, and organization policies regarding alcohol consumption, and underage drinking.

Since underage drinking is illegal, the consequences for these policy violations are the focus of most of the articles. Alcohol consumption by minors would not be newsworthy if there were positive outcomes.

Tennessee junior wide receiver James Banks remains suspended and will miss the season's first three games because he was cited for underage drinking after

defying police orders to turn down his radio, said coach Phillip Fulmer, who had suspended Banks in March for violating team rules (“Another Florida,” 2004, p. 9).

Police involvement is part of the scenario; however, more consequences came as a result of team policy violations for underage drinking. The legal drinking age is twenty-one years of age. Although there may not be a public consensus on this age, the legal drinking age remains the same.

There seems to be an issue of maturity associated with drinking. It is difficult to determine what age is appropriate for alcohol consumption. Because people can abuse alcohol at any age, the intended message is to drink responsibly.

In his letter to the editor (“Keep the drinking age at 21,” *Voice of the People*, March 21), George Ruebenson, president of Allstate Protection, uses auto fatality statistics to justify his opinion that the legal age for purchasing and consuming alcohol should not be lowered. By that logic, why not raise the age requirement to 30? Why not return to the days of Prohibition? The roads would become safer still, no? It is my position that an adult is an adult and should be treated as such. What’s good for an 18-year-old is good for a 21-year-old and vice versa (Hayes, 2008, p. 20).

If the government lowered the legal drinking age, there is no guarantee that there would be an increase in illegal behavior. Conversely, if the law raised the legal drinking age, there would probably be an increase in underage drinking. During Prohibition, people continued to sell and consume alcohol despite the law. If the law reflects social values, then moderate drinking is a facet of American culture. “Experimenting with drinking and other so-called vices is just a part of growing up for many teens. Not all of them experiment, but many of them do,” (Carberry, 2004, p. 2). A vice is a moral weakness. Therefore, teenagers who drink are grappling with morality. The teenagers who abstain from alcohol have a stronger moral character than those who drink alcohol. With teenage rites of passage, alcohol consumption can result from peer pressure. Peer pressure can

lead to the coercion of underage drinking. On the contrary, some teenagers struggle with issues of morality regarding alcohol consumption.

Dear Coach, A bunch of my friends from the office go drinking every Friday night. I like these people a lot and am happy to be invited. But I don't drink. They look at me kind of strangely when I order a soda. It almost tempts me to start drinking again. What should I do? (Kleiman, 2006, p. 5).

Seeking approval and acceptance from peers compromises personal values and leads to destructive behaviors. Adults have a social responsibility to educate children about alcohol consumption.

Never forget that you are molding and shaping our children into better people; studies show that kids who participate in sports tend to have higher self-esteem, better academic performance, less involvement with undesirable behavior (i.e., drugs, alcohol, etc.) and more community involvement (Scouts, etc.) (Majewski, 2004, p. 18).

This is an example of alcohol consumption described as undesirable. A social consciousness that arises encourages teenagers to abstain from alcohol. It is the responsibility of society to raise children to be productive and law abiding citizens.

Underage drinking is a manifestation of the lack of sound moral judgment in American youths. The outcome of underage alcohol consumption is destructive. Therefore, social mores should focus on the prevention of underage drinking and the consequences that accompany it.

Analyst-constructed Typologies

The themes presented above form the analyst-constructed typologies. The typologies emerged as a result of the relationships among the themes. They are as follows:

- I. Negative outcomes of drunk driving
- II. Unacceptable Drinking Practices

III. Physical and emotional results of alcohol consumption

IV. Cultural perceptions of alcoholism

I. Negative Outcomes of Alcohol Consumption

Drunk driving is a dominant feature within print media. Despite the number of articles that discuss drunk driving, the legal consequences do not deter individuals from engaging in this dangerous action. Although the reported outcomes of drunk driving are negative, it continues to occur.

Drinking and driving accidents affect the driver's freedom and the public's safety. Because alcohol impairs one's ability to operate a vehicle, fatalities are a common outcome.

Police said Michael Penachio, who was freed after posting \$30,000 bond, had a blood alcohol level that was double the legal limit. He is charged with aggravated driving under the influence resulting in a fatality (Fitzsimmons, 2007, p. 2C.1).

There are legal consequences for drinking and driving based on one's blood alcohol level.

The moral implications for drinking and driving are apparent. Because an individual chooses to drink and then drive, the individual carries the onus of responsibility.

II. Unacceptable Drinking Practices

Binge drinking and underage drinking characterize unacceptable drinking practices. Because these behaviors are generally destructive, there are social values and public policies surrounding binge drinking and underage drinking. The prolific nature of these drinking rituals requires further attention.

The opportunity for policy development and implementation arise from the prevalence of binge drinking and underage drinking. As a way to combat these problems, police are relying on teenagers to report underage drinking in exchange for cash.

In November, the DuPage County-based Illinois State Crime Commission offered a \$100 reward to anyone who reported underage drinking parties to police. The group produced posters for schools with a picture of a rat and the words “Show me the money” (Greenfield, 2004, p. 10).

In order to be proactive, police offer incentives to stop illegal drinking practices. Since underage drinking can happen anywhere at any time, it is difficult for police to prevent underage drinking. Therefore, the police can only catch individuals once the law is broken.

Binge drinking and underage drinking defy acceptable drinking practices. Not only do these behaviors comprise moral failings, they are part of the systemic alcohol abuse problem. Because underage drinking and binge drinking have similar consequences, these themes relate to one another and offer the prospect for new social policies.

III. Physical and emotional consequences of alcohol consumption

Through the coding process, health and treatment form a connection to one another. Because alcohol impacts on health, treatment for alcoholism is a means to improve overall health through abstinence. Accurate information regarding health concerns and treatment options are not clearly explained and thus convey conflicting messages.

Although some research credits moderate drinking with health benefits, further research accounts for the rescinding of alcohol-related benefits. “The government Tuesday warned that a few drinks a day may not protect against strokes and heart attacks

after all,” (“U.S. scotches,” 2005, p. 11). Because of the contradictory messages, it is difficult to discern what is true. Rather, individuals may use the information to justify unhealthy drinking practices. Due to the damage of alcohol on the body as well as society, there is a need for treatment.

Oklahoma State basketball coach Eddie Sutton acknowledged Wednesday night that he drank alcohol after taking medication for chronic back pain shortly before he was involved in a car accident. The 69-year-old Sutton, who announced Monday that he would take a medical leave of absence, said that during his leave he would seek treatment for alcohol (Evans, 2006, p. 3).

Understanding alcoholism may lead to individuals to seek treatment before there are legal consequences. Unfortunately, print media’s depiction of health and treatment focus on response rather than prevention.

IV. Cultural perceptions of alcoholism

The use of language symbolizes the meaning created by a society. When people addicted to alcohol wear the label “alcoholics,” they wear the associated stigma as well. Religious beliefs act similarly in creating a consensus of acceptable behavior and immorality.

Based on the data, being an “alcoholic” is to carry a stigma. “I spent seven years with a guy who was an alcoholic and so religious that he made his crazy ideas and idiosyncrasies into his own doctrine,” (Lavin, 2008, p.2).

Different religions have different beliefs towards alcohol consumption. While Islam prohibits the use of alcohol, Scientology does not.

What is Scientology's position on drugs? Scientology is strongly opposed to drugs, including prescribed antidepressants or painkillers. They believe drugs harm people spiritually and physically and mask problems rather than solving them. Scientologists do not forbid drinking or smoking (What is Scientology,” 2005, p. 53).

Although alcohol is often used as a means of self-medicating (Rothschild, 2010), Scientology categorizes alcohol as acceptable. It negates medication prescribed by a physician and minimizes the effects of alcohol.

Summary and Conclusion

The analysis of articles from the *Chicago Tribune* shows the negative attributes associated with people addicted to alcohol. The *Chicago Tribune* only has four articles that mentioned the disease model of alcoholism. Clearly, this is not enough evidence to support the disease model of addiction. Throughout the themes, there is an emphasis on punishments for the misuse of alcohol. However, punishments can take many different forms.

The *Chicago Tribune* highlights the negative health consequences from chronic alcohol consumption. Although the texts offer accurate information on how alcohol damages the human body, there is emphasis on the social consequences as well. By describing the cost of healthcare and loss of productivity, the articles portray people addicted to alcohol as burdens to society. Individuals who drink are “bad” and unworthy of social services, which has been the systemic problem with public policies.

The themes and typologies carry the idea that people with alcoholism are unproductive burdens on the social systems. Drunk driving increases healthcare costs, court fees, taxes for incarceration, and lost income. Binge drinking and underage drinking lead to risky behaviors, which endangers people’s lives. Punishment does not cure alcoholism. What is lacking in the texts is how treatment can help reduce the negative consequences of alcohol use. The following chapter presents a cross-regional analysis and discussion of the major results.

Chapter VIII

Cross-Regional Analysis

After analyzing each newspaper separately, I performed a cross-regional analysis. In order to achieve a higher level of analysis, I used a meta-matrix to compare the data across regions. Diesner and Carley (2005, p. 81) state that a meta-matrix allows the researcher to describe "...connections among people, organizations, knowledge, resources, tasks and so on." The purpose of a cross-regional analysis is to establish the connections that are present between newspapers. "The features of the textual data that are relevant to the analyst can then be represented as a network structure of the meta-matrix entity classes and the connections between these classes," (Diesner & Carley, 2005, p. 88). By organizing the themes according to their relevance and pervasiveness not only demonstrates the commonalities, but discrepancies between regions as well.

Although there are several different types of meta-matrices, Onwuegbuzie and Dickinson (2008) describe using a thematic conceptual matrix to reflect how different themes relate to the different models. Similar to a pattern-coding matrix, a thematic conceptual matrix maps the relationships of the themes across newspapers. The different models act as a guide for the development of the matrix.

The Disease Model, the Moral Model, and the Public Health Model

When first inquiring into print media's representation of alcoholism, I was seeking to discover the prevalence of the disease model or the moral model. The disease model of alcoholism takes the stances that alcoholism is based on pathology.

Alcoholism, like any other disease, has genetic properties. In addition to biological

properties, there are environmental triggers that contribute to alcoholism. Out of the four newspapers included in this study, none of them strongly represented the disease model of addiction. Only seven articles refer to alcoholism as a disease. Some of the articles questioned the legitimacy of the disease model of addiction. Therefore, the disease model was not dominant.

The moral model defines alcoholism as character flaw. Under the auspices of this mode, alcoholism is rooted in sin. A person who chronically consumes alcohol does so by choice and can stop drinking at any time. The moral model depicts alcoholism as a defect of the morally corrupt.

However, an unexpected model emerged: the public health model. Consequently, I included the public health model along with the moral model as the main points of interest. “More general conceptual themes can be the ordering principle,” (Miles and Huberman, 1994, p. 131). The themes then stem from the different models based on how they relate to each other across newspapers as well as how they relate to the different models.

Themes’ Relationships to Different Models

Upon examining the public health model, several themes related to this model. The public health model is a contributing factor to understand alcoholism as represented by print media. From the meta-matrix, alcohol’s affect on health is in direct relation to the public health model because individual health impacts on the greater society. Alcohol-related illnesses strain healthcare resources raising premiums and co-payments for the insured group. When individuals are unable to work due to alcoholism, more stress is placed on social services where funding is already limited. There is a shift

towards individual responsibility as part of the overall social responsibility towards maintaining the optimal level of health.

Because of the negative consequences on health from alcohol consumption, there is the concept to “drink responsibly.” To “drink responsibly” means having little to no adverse consequences as a result of drinking. It is a theme carried over into the alcohol industry. The idea is to purchase the alcohol industry’s products without causing social problems. *The Wall Street Journal* is the quintessential business newspaper and was the only data source to include this theme.

Stemming from the alcohol industry are advertisements for alcohol consumption. Again, only the *Wall Street Journal* has alcohol advertisements as a theme. However, controversy over when and where alcohol advertisements should appear raises the issue of social responsibility minimizing especially with regard to the effect of alcohol advertisements on children.

When people do not drink responsibly, it leads to the abuse of alcohol. Any adversity stemming from alcohol consumption could be interpreted as irresponsible drinking. Although the *Wall Street Journal* had the abuse of alcohol as a theme, attending treatment for alcoholism is a theme that presents in all the newspapers except for the *Wall Street Journal*.

While treatment services for alcoholism appear in several data sets, lack of coping skills is only in *The New York Times*. Mental illness is a disease that can lead to alcoholism as a way of minimizing psychiatric symptoms. Co-occurring disorders refers

to mental illness and substance abuse standing as independent diagnoses on Axis I.⁷ However, only the *Los Angeles Times* represents mental illness as a theme.

Under the public health model, pregnancy and alcoholism only appeared within *The New York Times*. Although this is a public health issue, it is also a moral issue. Because the mother's actions affect the health of the fetus, there are moral judgments associated with her behavior. The health risks posed for mother and baby incorporate both models.

Another facet of the public health model is illegal activity resulting from alcohol consumption. The criminal consequences of drinking can endanger public safety. Violent acts resulting from drinking are crimes. Hence, drunk driving is present in all sources except the *Wall Street Journal*. Because drunk driving jeopardizes public safety, it is part of the public health model. Based on one's choice to drink and drive, fatalities of innocent bystanders have moral implications.

As themes pertain to the public health model, themes also link to the moral model. Social responsibility encompasses collective social values. Morality forms the foundation for social values. This theme materializes in *The New York Times* and the *Wall Street Journal*. Social responsibility defines the expectation for individual responsibility. Therefore, underage drinking relates to social responsibility and the moral model. A social value is protecting children, which was evident throughout this theme.

⁷ *Diagnostic and Statistical Manual of Mental Disorders IV* (DSM IV) uses five levels for diagnosing known as Axis I, II, III, IV, and V. Axis I is used for clinical disorders. Co-Occurring Disorders refer to a mental illness and a substance abuse diagnosis on Axis I.

Additionally, the legal drinking age is twenty-one as a reflection of social values.

Underage drinking is a violation of this law. It is a theme present in the *Los Angeles Times* and the *Chicago Tribune*.

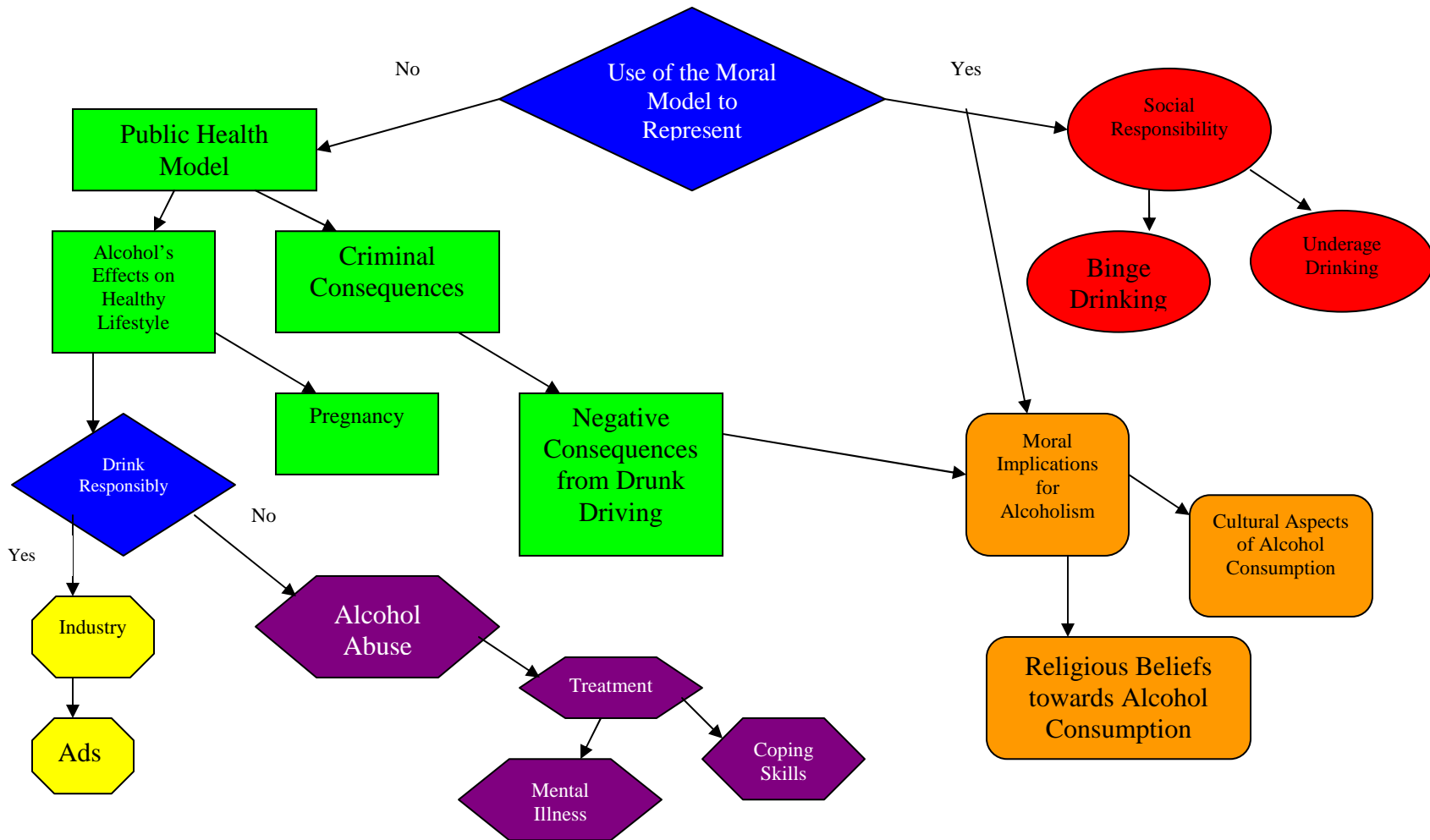
The *Los Angeles Times* and the *Chicago Tribune* contain binge drinking as a theme. There is a social responsibility to address binge drinking. Because of a lack of education regarding the use of alcohol, binge drinking occurs. The current analysis shows that the overconsumption of alcohol leads to risky behaviors. Such behaviors contravene morality and lead to social problems.

The moral model denotes the moral implications for alcoholism. Although the *Los Angeles Times* is the only newspaper that explicitly has morality as a theme, moral undertones existed in all four data sources. However, *The New York Times* highlighted religious beliefs towards alcohol consumption whereas the *Wall Street Journal* emphasized cultural aspects. The depiction of religion within the print media sources appeared to act as a guide for pious behavior. Similarly, culture dictates whether alcohol consumption is acceptable.

The cross-regional analysis shows how the themes transcend newspapers and how the models mapped the relationships to the themes. Moreover, it displays the themes that were exclusive to only one newspaper. The meta-matrix depicts how all four newspapers represent alcoholism with both the moral model as well as the public health model (See Figure 9). Moreover, the moral model connects to the public health model because of the moral implications attached to human behaviors. If American society views alcoholism as a choice, then public endangerment from alcohol consumption is common to both models, and the legal sanctions for unlawful behaviors are an effort to reduce the

fatalities and injuries that flow from alcohol consumption. Since laws reflect social values, violations of social values attach to morality. The cross-regional analysis clearly shows that the newspapers reinforce both the moral model and the public health model as well as how they are associated with one another.

Figure 9. Cross-Regional Comparison of Print Media's Representation of Alcoholism



Discussion

The findings from this study support the conclusion that each data set reinforces a particular version of the public health model. Moreover, moral undertones are incorporated in this message, through the language used to describe people addicted to alcohol and behaviors associated with alcoholism. Whether implicit or explicit, the print media frame and present alcoholism as a moral issue.

Rather than constructing messages that convey the disease model of addiction, print media frame alcoholism within a moral framework.

Public health problems, by their very nature, are not limited to individuals, but form a part of the social system in which all members of the community live and work (Holder, 2002, p. 907).

Since alcoholism is pervasive, American society as a whole experiences the consequences of alcoholism.

Because the consequences of individual alcohol consumption endanger the public's safety, the concentration is on public health. "Alcohol Dependence (AD) is a serious public health concern and contributes to 1.8 million deaths worldwide," (Agrawal, et al., 2009, p. 2047). The print media included in this study focused on alleviating the outcomes of alcohol consumption rather than preventing and treating the disease.

When examining how alcohol consumption imprints on the greater society, there are three components to the public health model.

Public health approaches to alcohol and other drug problems stress the importance of agent (the substance), host (individual characteristics), and environmental (social, economic, physical characteristics) variables in the manifestation of substance use and its attendant problems (Clapp & Shillington, 2001, p. 22).

For the purposes of this study, the agent represents alcohol. The host is the individual consuming alcohol. The environment includes the social and political climates.

Therefore, the combination of these three factors forms the basis for policy development regarding alcoholism as a public health concern.

A lack of individual responsibility to prevent alcoholism contributes to the greater social problem of alcoholism. Therefore, the moral model is present as an undercurrent in the public health model. As this study shows, it is difficult to detach one model from another because the foundation remains based on moral values.

Since drinking and driving affects the longevity of one's life and the lives of others, the public health model promotes protecting the interests of the greater society.

Alcohol and other drug abuse is the destructive or harmful use of alcohol and other drugs in any situation. Thus, alcohol and other drug abuse includes not only drinking by individuals who, because of their social, emotional, or genetic heritage, use alcohol and other drugs compulsively or without control, but also any drinking that potentially endangers the drinker or others (Holder, 2002, p. 906).

The findings of this study document the threat that drunk driving poses to public safety.

All four newspapers reported on the consequences of drinking and driving and the detriments to society. Drinking and driving is matter of public safety. Because alcohol impairs one's ability to operate a vehicle, drunk driving endangers lives. Moreover, moral judgments attach to individuals who drive drunk and hurt innocent bystanders.

Regular alcohol consumption impedes the maintenance of the optimal level of health. Hence, alcohol-related illnesses deplete healthcare resources and places additional strain on the healthcare system. Currently, there is a movement towards preventive health. "Misuse of alcohol and other drugs directly or indirectly affects all citizens in the community and is therefore a public health problem," (Holder, 2002, p.

907). Correspondingly, there is a moral judgment placed upon the individual because the perception fosters alcoholism as a choice. If a person refrained from drinking, then alcohol-related illnesses would not be present. Hence, alcoholism transforms into a moral issue rather than a medical issue. The moral perception does not account for alcoholism as a disease. Instead, people deserve alcohol-related illnesses because they chose to drink and have inflicted the disease upon themselves.

The linkage between criminality and alcohol consumption poses another threat to public safety. Crimes related to alcohol consumption are typically violent and jeopardize personal wellbeing (Madhani, 2004). In addition, the process of incarceration expends tax monies and further exhausts scarce resources. Anyone who violates the law incurs a moral judgment from society. Laws exist to delineate the moral expectations of a given society. Because policies reflect social values, then violating those policies is immoral. Hence, any crime, regardless of alcohol, is immoral. When the scenario features alcohol, the perception is that the crime may not have happened if alcohol was not present. The introduction of alcohol perpetuates the dichotomy between “good” people and “bad” people.

Because print media depicts alcoholism as a public danger, policies have developed in reaction to the consequences of alcohol consumption. In order to combat alcohol-related crimes, including drunk driving, reactive policies delineate the punishments for law violations.

Drug policy interventions occur at different levels (global, national, state, local); they target different sectors of our community (e.g. the drug user, the people in the drug user’s immediate circle, the community); they impact on different aspects of drug use and drug use harms (e.g. health, social and economic

functioning, safety and public order, criminal justice); and are measured by different outcomes (e.g. drug use, crime rate, arrest rate, number of initiations deferred, blood-borne virus transmission rate) (Ritter & McDonald, 2008, p. 16).

The majority of alcohol-related policies demarcate the punishments for the negative outcomes of alcohol consumption. And the punishments usually correlate with the quality of one's legal representation, where socioeconomic status generally factors into the determination of the punishment ("Inequality under law, *The Philadelphia Inquirer*, 2009), which are not standardized.

If the disease model of addiction was more widely accepted, then alcohol-related policies would focus on treatment as opposed to punishment. Usually, however, the morality of alcoholism guides policies. Instead of funding treatment, policies allocate resources for incarceration (Kurtz, 2002).

Social responsibility and morality dictate moderate drinking and abstinence-based treatment. Therefore, the individual is responsible for her or his alcohol consumption as well as any subsequent results.

In the United States, even the public health model's focus has often been on the environment and has been a "drug-free" one, where the philosophy is one which argues that the responsible drinking approach puts the public health burden excessively on the individual (Weisner, 1995, p. 1166).

Because the outcome of alcohol consumption results in both personal and social damages, the individual has the burden of conforming to social norms and drinking appropriately. In essence, alcohol consumption is permissible as long as one does not jeopardize the wellbeing of oneself and others. Furthermore, alcohol consumption does not place an economic burden on the greater society.

Social responsibility is the basis of acceptable behavior. Social identity theory provides a framework for this theme because it outlines the categorization of groups. When consuming alcohol, individuals who do not engage in risky behaviors constitute the in-group. The out-group consists of individuals who pose a public threat as a result of their excessive alcohol consumption.

Although treatment options for alcoholism are suggested in the data, the onus is clearly on the individual, which minimizes the social factors that contribute to alcoholism. Therefore, social responsibility does not parallel treatment. Rather, social responsibility corresponds to punishing people who cannot handle their liquor.

Reducing the incidence of alcohol and other drug-involved problems requires intervention not only in individual lives but also in the overall system that produces these problems (Holder, 2002, p. 907).

Social responsibility should be consistent with diminishing the mechanisms that promote alcoholism via treatment. The findings of this study reveal that social responsibility essentially means promoting drinking and punishing those who cannot dismiss responsibility.

Based on social responsibility, underage and binge drinking focus on the violation of social norms. Additionally, underage and binge drinking generate risks to society.

The findings categorize individuals who engage in these acts as immoral.

Alcohol and other drugs are mood-altering substances, and their inappropriate use entails high risk both to users and to others. Thus, alcohol and other drug use require special attention on behalf of the public's wellbeing and safety (Holder, 2002, p. 907).

This study demonstrates that the themes contained in the selected print media report on the negative outcomes of alcohol consumption. Through the interpretative

coding process, all the themes concentrate on the consequences that occur when people drink alcohol. The findings are consistent with the schema of the public health model and the moral model.

This has been influenced by public concerns encompassing a wide range of health and social problems increasingly attributed to alcohol, including violence and other crime, traffic accidents, neonatal defects, tuberculosis and risk-taking sexual behavior. The community response to these problems has involved environmental strategies, such as increased sanctions against drinking driving, restrictions on alcohol outlets in vulnerable neighborhoods, warning labels on beverages and decreases in the legal drinking age (Weisner, 1995, p. 1165).

Cultural lag theory is relevant to this study. Because the articles addressing the disease model were negative in outlook, the trends within the therapeutic community appear to have changed well before the trends in print media. Out of eight hundred and seventy-nine articles drawn from four major print outlets, only seven presented alcoholism as a disease. These seven cases support cultural lag theory. While the professional healthcare and therapeutic community accepts the disease model of addiction, clearly this is not reflected in the print media. Consequently, there is lag between the trends in relevant areas of academia and what is presented in the print media.

Theoretical Construct

According to Auerbach and Silverstein (2003, p. 67), “A theoretical construct is an abstract concept that organizes a group of themes by fitting them into a theoretical framework.” In essence, a theoretical construct organizes the themes and lifts them onto a more general plane. “Theoretical constructs move the analysis from the description of subjective experience found in repeating ideas and themes to a more abstract and theoretical level,” (Auerbach & Silverstein, 2003, p.67).

Auerbach and Silverstein (2003) outline how to form theoretical constructs. Name your theoretical constructs. When you were grouping the themes you had thoughts about the organizing principles that hold the themes in each group together. Now you have to draw on the literature and your general knowledge to find a theory or concept that explains this organizing principle. The name of the theoretical construct should use the language of the theory on which you draw (Auerbach & Silverstein, 2003, p. 71).

The theoretical construct that emerges from the current investigator and helps to explain the findings will be called “socio-moral continuity.” The following will explain how this theoretical construct was developed.

“Socio-moral continuity” suggests that social problems viewed through a moral lens do not respond to scientific advancements. This theoretical construct provides an explanation for why major American print media has not embraced and promoted the disease model of alcoholism. Durkheim proposed that social stability is created when members of a society pass on their moral codes from one generation to another (Brym & Lie, 2007). Society is constantly creating a shared reality and thereby reinforcing its traditions and norms. Such norms form the agenda of a particular society. The traditional social and cultural environment can stymie the infusion of scientific advancements into the popular culture. Hence, it is difficult to achieve cultural change, and the traditional nomenclature associated with alcoholism. As a result, culture reinforces alcoholism as rooted in morality rather than pathology.

Despite scientific, medical, and technological advances, the long moral history of alcoholism prevents change in its image. Society continues to perpetuates a moral basis for social problems. Through the creation and preservation of culture, there is a resistance to change. Since the disease model has been in extant for seventy years, its

lack of representation within print media suggests that more is at play than just cultural lag. Rather, there is a persistence of collective social morality as it functions to underpin social stability.

“Socio-moral continuity” accounts for the survival of the moral model.

Alcoholism is a phenomenon that goes against the majority’s consensus, but establishes a boundary that demarcates acceptable from unacceptable behavior. Despite empirical evidence that supports change, society perpetuates the moral values passed down from previous generations, which frame social problems. The agenda of a society typically includes the preservation of the culture and its collective moral values. A key question is: Who benefits from the particular moral narrative of alcohol so ingrained in American culture?

American culture endorses the sale and consumption of alcohol and major stakeholders benefit. From the American founding fathers who excelled as brew masters (Burns, 2004) to the present day, alcohol producers generate billions of dollars in revenue through sales and advertisements (Kesmodel, 2008). Sin taxes on alcohol provide government levies (Lorenzi, 2006). The alcohol industry seems to be a major player in the American economy. Beginning with the moral crusade of the Temperance Movement, there has been a failure to demonize and undermine alcohol as a legal commodity. By emphasizing personal moral responsibility rather than medical pathology, the alcohol industry continues to flourish and the disease model has languished.

Print media does not reflect the view of the scientific, medical, and therapeutic community, but reinforces the moral value of personal responsibility. “Socio-moral

continuity” offers a framework for understanding why even within the therapeutic community, which subscribe to the disease model, continues to bring individual moral judgments and choice into the dialogue. Like the Civil Rights Movement, Women’s Liberation, and Gay Rights Movement, change is an ongoing process achieved through social organization and advocacy.

When print media fails to adopt the most used model for understanding alcoholism, the status-quo is maintained. Many jobs depend on “sin.” Jobs are generated from alcoholism, such as journalists, lawyers, judges, court employees, probation/parole officers, corrections officers, etc. Continuing to view alcoholism as a character flaw that jeopardizes public health ensures job security for different professions.

There should be responsibility on the part of journalists and newspapers to convey accurate information. When researchers are interviewed and misquoted to suit the agenda of the journalist (or newspaper), there is less incentive for researchers to share their findings outside of academia. Misquoting researchers gives the public inaccurate information and skewed representation of the subject matter.

Because alcoholism is a chronic and persistent disease, there is a high rate of relapse (Glatt, 1976). Chronic alcohol consumption has social consequences. Just like diabetes, alcoholism can be maintained to minimize the effects of the disease. In contrary, when a person does not monitor her/his blood sugar, the adverse effects are not the basis for immediate stigmatization as they are with alcoholism. With alcoholism, the damage is immediate and reinforces old stereotypes about chronic alcohol consumption.

Science does not convey information to the public. Academic peer reviewed journals are read mostly by people within the academic community. The information

regarding the newest research trends do not reach a large public audience through print media. It becomes increasingly vital to science and the public at large that researchers become involved in policy development and implementation. Given the tenacity of an obsolete model, such as the moral model, the trends in the therapeutic community need to trickle up to the policy arena.

Implications for Social Policy

The findings from this study show that social policy continues to concentrate on punishment for alcohol consumption rather than treatment. Therefore, there needs to be a shift towards treatment. Social policies should support and enforce the treatment of alcoholism in order to improve public health. Although the Rockefeller Laws were repealed, they were seldom enforced. Currently, the Judicial Diversion Program is designed to place individuals with criminal charges for drugs and alcohol into treatment instead of jail. However, the program has multiple levels of criteria that act as obstacles to acceptance into the program. Mental illness and criminal history can be deterrents. Ideally, policies should ideally eliminate obstacles and support treatment efforts.

Media Reports

When HIV/AIDS became a widespread public health concern with massive amounts of media attention, there was a paradigm shift in the way people infected by the disease were thought of. Since a person can contract HIV from unprotected sex and intravenous drug use, immorality is associated with these behaviors. The catchphrase became “a person living with HIV/AIDS.” By recognizing the person before the disease, it reduced the stigma attached to the diagnosis.

The same rationale should apply to people addicted to alcohol and other drugs. If the media recognizes the person before the addiction, it minimizes the stigma attached to addiction. With fewer stigmas, people may be more apt to seek treatment and society might embrace the disease model of addiction. Because media messages contribute to the stigmatization of people addicted to alcohol, they need to be replaced by scientifically more accurate information and socially more responsible programs.

This letter to the editor expressed an aversion to associating morality and addiction in newspaper articles.

I was surprised and disappointed to find in your article on the Betty Ford Center the term ‘reformed drinker’ [‘12 Steps and 22 Years Later,’ by Mimi Avins, March 28]. I had thought that by now it was common knowledge that alcoholism is a disease, not a moral failing. Alcoholics do not ‘reform’; with luck, hard work and support such as that of the Ford Center, they recover (Easton, 2005, p. E4).

Although the article clearly states that alcoholism is a disease, using the term “alcoholics” is counterproductive. When referring to alcohol addiction, the media needs to modify its messages. If media acknowledge the person first, the disease model may have a chance of taking root beyond academia.

Policy Development

Because social policies are reactive, they need to address the disease etiology of the social issue instead of the behavioral and social symptomatology. If alcoholism is a public health concern because it is a disease, then all the laws against drunk driving, public intoxication, and other alcohol-related crimes will not reduce alcoholism and alcohol consumption. Moreover, research documenting the detriments to health as a result of alcohol abuse does not deter people from consuming alcohol (Hershon, 1974). Rather than be punitive, policies should endorse treatment modalities. Punishment for

crime does not deal with the formative issues. It is important to recognize that punishment does not eliminate the health problem.

The lack of funding for adequate treatment results in more recidivism. When federal and state governments cut funding, treatment facilities cannibalize each other in the struggle for remaining resources. Few facilities service disenfranchised populations. And quality healthcare professionals do not earn enough in salaries to keep them in clinics. Because there is an overabundance of funding that encourages abstinence from alcohol, collaborative programs that provide treatment are rare.

Health insurance companies do not operate under strict government regulations. For example, there needs to be a minimum cap on reimbursements for provided treatment services. Health insurance benefits should include substance abuse treatment. Moreover, those benefits should coincide with treatment efforts. When multiple treatment episodes are necessary, a person exhausts lifetime benefits quickly. Additionally, health insurance companies provide more obstacles to treatment by requiring pre-certifications and re-certifications. Pre-certifications require a qualified healthcare professional to contact the insurance company in order to present medical data to gain authorization for sessions. Without authorization, the clinic will not receive payment from the insurance company for services rendered. Re-certifications occur throughout treatment because insurance companies only approve a certain number of sessions per month. Although clinical judgment may indicate that a person meets the criteria for treatment, health insurance companies demand proof of medical necessity based on their own measures. The result is that health insurance companies can deny coverage contrary to the advice of the healthcare professional.

Current social policies foster stigmatization of substance abuse treatment and the people who seek it. There is an opportunity for social policies to improve public health by shifting the focus from punishment to treatment and other supplemental services.

Implications for Social Work Practice

The findings in this study underline the importance of the role of advocacy in social work. It is essential that social workers advocate for disenfranchised populations. Social workers should periodically attend trainings and remain current with the trends in research. Moreover, there should not be a fear of research. Social workers should take credit and be rewarded for the work that they perform. Research studies and program evaluations that demonstrate the effectiveness of social work practices would support the reallocation of funds and resources as well as social policies consistent with social work. The use of evidence-based practices legitimates social work.

The shift in emphasis from alcoholism as a unitary, biological disease to alcohol problems as a public health concern enables and requires individuals and society to be more involved in determining what types of alcohol problems are causes for concern and what levels of intervention are warranted for what types of problems (Kahler, 1995, p. 1170).

The tradition of one social worker treating a client's mental illness and another social worker treating the same client's substance abuse is changing. Social workers should abandon the antiquated tendency to treat mental illness and substance abuse separately by two different clinicians. Co-occurring mental illness and substance abuse disorders should be treated simultaneously by one clinician. In addition, social workers should acknowledge their own biases and counter-transference issues that impede successfully performing their job function. Counter-transference occurs when a client reminds the worker of someone in the worker's personal life and triggers biases.

New Model of Alcoholism

Given the lack of the representation of the disease model, there is an opportunity to develop a new model of intervention to explain, treat, and create policies for alcoholism. Since socio-moral continuity suggests that there is an inherent moral viewpoint of alcoholism. There is the perception that moral model tends to blame the victim whereas the disease model negates blame. Instead of polarizing the disease model and the moral model, there can be a new model for alcoholism. It will be called the “biosociogenic model.” The “biosociogenic model” of addiction recognizes the genetic properties of alcoholism that support the disease concept of addiction. In addition, it examines the social factors that bolster alcoholism. This model shifts from blame to responsibility. Just as someone with diabetes has the responsibility to maintain a healthy blood sugar level, someone with alcoholism has the responsibility to maintain her/his sobriety.

By recognizing that alcoholism has biogenetic origination, the “biosociogenic model” offers an opportunity to reduce the stigma attached to alcoholism. Moreover, this model addresses Axis IV diagnoses, which are the psychosocial and environmental factors that contribute to the continuation of alcohol use. Intensive case management can provide services to eliminate the psychosocial and environmental stressors that exacerbate alcoholism. The therapist would have smaller caseloads in order to provide therapy as well as case management services. Because there are obstacles to obtaining services, clients will have help filling out paperwork, obtaining transportation to appointments, finding housing, getting Medicaid, in addition to group and individual

therapy. When such services are offered in one facility by one clinician, clients can improve their overall situation.

Because the therapist spends the most time giving direct care to clients, the therapist is focused on the clients' needs. With smaller caseloads, the therapist will be able to facilitate not only counseling services, but also services to reduce environmental stressors. Such case management services are time consuming and are not always provided by the therapist in one agency. The biosociogenic model allows the therapist more time to address more of the clients' needs.

For example, if a client is homeless, stopping alcohol consumption may not be the person's priority despite adverse outcomes. Based on Maslow's hierarchy of needs, before the addiction can successfully be addressed, there are physiological needs that should be met (Saeednia, 2009). By combining intensive case management services with group and individual therapy, clients can simultaneously work on the social and environmental problems that contribute to their drinking.

The "biosociogenic" model addresses the problems with the current trend in treatment. By eliminating the fracture in service delivery, clients may be afforded a greater opportunity to sustain recovery by minimizing the social factors contributing to alcoholism.

Limitations of the Study

The limitations of this study are as follows:

1. It includes only four United States newspapers and only two are national newspapers.
2. The study is based on qualitative content analysis and necessitates further

- research to understand the impact of media messages on the general population.
3. Only one researcher coded the data. Multiple coders would have supported inter-rater reliability and enhanced the validity of the results.
 4. The data is based on a constructed, stratified sample.
 5. Qualitative studies do not allow for the generalization of findings.
 6. The study focused solely on alcohol and excluded all other drugs.

Future Research Recommendations

This study provides a background for future research opportunities. Newspapers from other countries should be examined using the methodology employed in this study. An international perspective would be interesting to compare to that of America.

Because this study identifies the themes from these print media sources, it serves as a basis for interviews with readers. Conducting interviews with readers of various print media might facilitate an assessment of the impact of the media messages on the public. Interviews might show how people view alcoholism and what informs that view.

Survey research is another means of collecting data on media messages. By surveying readers, research can gather and analyze quantitative data.

The “biosociogenic model” can be implemented as part of future research. Client results using the “biosociogenic model” can be compared with the current treatment in the field of addiction. If clients are more successful with the new model, there can be shift in the way services are delivered. Moreover, there will be more support for funding to be channeled into treatment and social welfare services.

If policies reflect social values, then understanding how issues become significant and gain support is worthwhile. In addition, changing the perceptions of alcoholism

should begin with what informs public opinion. There is a requisite for media to augment the manner in which information is distributed. Therefore, this topic warrants further research.

Conclusion

Via a qualitative content analysis, this study examined four major newspapers in the United States. Eight-hundred and eighty articles met criteria for inclusion in the study. This analysis of print media's representation of alcoholism offers insight into the messages conveyed to the readers of these newspapers. The results support the representation and reinforcement of both the moral model as well as the public health model. The findings clearly show that media does not advance the disease model of addiction. Regardless of whether the moral model or public health model dominates print media, only seven articles mention the disease model of alcoholism.

There is an overrepresentation of celebrity rehabilitation, which does not accurately portray treatment facilities, or their effectiveness, and undermines any credible justification for funding of treatment. The moral evaluations of alcoholism permit social policies to neglect treatment endeavors and the advancement of the field of addiction. The absence of the disease model of alcoholism in print media becomes problematic. Without psychoeducation accurately explaining the meaning of alcoholism, print media maintains stigmas. Moreover, social policies tend to reinforce punishment. Absence of the disease model suggests that alcoholism continues to be a character defect. There needs to be a paradigm shift from sin to sickness in print media and give rise to a new model that may be more effective in encompassing alcoholism such as the "biosociogenic model." Reframing alcoholism to mirror the changes within the scientific, medical, and

therapeutic community may well reduce the stigmas that create barriers to living productive lives. Social policies should be constructed based on the needs of the people, the evidence from research, and the expertise of the professionals in the field.

“Socio-moral continuity” offers an explanation for print media’s lack of representation of the disease model of alcoholism. In a society where technology continuously evolves, people have constant access to media information. That information requires skepticism by the reader and accuracy by the writer. Popular culture should reflect the trends in the professional therapeutic community and the field of addiction. In turn, social policy and resource allocations should support these endeavors. Without the backing of social policies, print media will continue to perpetuate alcoholism as a moral issue. Regardless of preventative efforts to curb the use of alcohol, public health will continue to be at risk.

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Appendix A. List of Codes and Operational Definition

Code	Operational Definition
Abstain from alcohol	Refrain from consuming alcoholic beverages
Abortion	Termination of pregnancy
Acceptance of wrongdoing	Admittance of guilt
Accusations	Attributing blame
Alcohol Ads	Advertisements for alcoholic beverages
Alcoholic	Someone who consumes alcohol on a regular basis and is referred to as an alcoholic
Alcohol in Title	The title of an article that makes reference to alcohol
Author	Person who wrote the newspaper article
Alcohol-related death	A fatality as a result of alcohol involvement
Cold Turkey	Stop drinking abruptly without treatment interventions
Consequences from drinking	Outcomes of situations with alcohol involvement
Criminal Charges	Legal violations
Bar	Establishment where alcohol is served
Culture	Beliefs, attitudes, and behaviors specific to a gathering of people who identify themselves as part of the same group
Date	Time an article was published in a newspaper
Drink Preferences	Alcoholic beverages that an individual values over other alcoholic beverages
Drink Responsibly	Use caution and judgment when consuming alcoholic beverages
Drinking and Driving	Driver of a vehicle is intoxicated
Drivers	Anyone who operates a vehicle

Drivers Ed	The education for operating a vehicle
Drugs	Illegal substances
Drunk	Someone who drinks alcohol regularly
Fans	People with an affinity for a particular person, place or thing
Fatality	Death
Funding	Money that supports the operation of a program or service
Gay	Homosexual
Grooming	Behaviors leading to sexual molestation
Health	Physical well-being
Heroin OD	Overdosing from the use of heroin
Hx of Alcohol Use	Past incidences when alcohol has been involved
Immoral	Unethical
Incarceration	Jail time
Jurors	People serving on a jury
Lack of coping skills	Devoid of ways to positive address stressful situations
Lack of support	Devoid of resources to promote endurance
Legal Options	Choices within the law
Marriage	The legal union of two people
Minimizing	To make less significant
Moral	In accordance to ethical code
Peer Pressure	To feel forced to behave in a manner that is accepted by cohort group
Physical Effects	Damage to the body
Police	Law enforcement officers

Policy on Alcohol	Formalized rules regarding the consumption of alcohol beverages
Poverty	Lack of financial resources
Prohibition	Period of time where alcohol was illegal
PTSD	Effects of traumatic situations on an individual
Sin	Acting in a way that is contraindicated to moral values
Stigma	Social shame associated with an undesirable characteristic
Suicide	Self-inflicted death
Vehicular Violation	Unlawful use of a vehicle
Title	Headline of an article that does not contain reference to alcohol, illegal activity and violence
Violence	An act of aggression towards another individual that results in injuries
Warning	Indicator of an undesirable act
Willpower	Self-control
Withdrawal Symptoms	Physical and emotional effects when one stops drinking alcohol
Triggers	People, places, and things that can cause an action to occur
Sexual Assault	Force someone to engage in a sexual act against that individual's will
Spokesperson	Someone who represents another individual or organization and speaks to the press on their behalf
Sentence	Punishment issued for committing a crime
Scram	Device worn on one's ankle to detect alcohol use
Research	Formal way of investigating phenomena
Survey	Form of data collection for analysis
Risky Behavior	Acting in a way that jeopardizes health and safety
Plea	A declaration in court made by an individual accused of a crime
Need for therapy	A condition requiring professional treatment

Custody Battle	Legal proceedings to determine guardianship for children
Honesty	Straightforwardness
Inappropriate sex after drinking	Ethical/Policy violation from two consenting people having sex after consuming alcohol
License Suspension	Temporary removal of a legal document giving permission to do something
Programs	Organized activities, services, and plans
Social Responsibility	Ethical obligations to society
Self-Medicating	Using alcohol and/or illegal drugs to improve feelings of well-being
Signs of Dependence	Symptoms indicating the continued consumption of alcohol
Rehab	Inpatient treatment for chemical dependency
Location	Place where an article refers
Lifestyle	Way of living that reflects one's values
Mental Illness	Disease that effects the mind resulting in emotional and/or behavioral problems
Side-Effects	Adverse symptoms resulting from alcohol and/or drugs
Disease	A condition with symptoms stemming from biological pathology
Event	Specific activities that occur within the article
Labeling	A descriptor used to identify someone by a single characteristic
Person	Characteristics describing an individual or individuals contained within the article
Binge Drinking	Heavy consumption of alcoholic beverages with the intention to become intoxicated in a short period of time
Diagnosis	Meeting DSM-IV criteria for Axis I
Drinker(s)	Label for person(s) who consume alcohol regularly
Paraphernalia	A collection of items that pertain to the consumption of alcohol or the use of drugs
Underage Drinking	Consuming alcoholic beverage under the age of 21
Taxation	Money charged by the government on a specific product

Religion	A set of beliefs that form a code of conduct
Recovery	Abstinence from alcohol by changing one's lifestyle
Alcohol	A drink that contains ethanol
Law	Rule of conduct that when violated results in a penalty
Beer Company	A corporation that manufactures alcoholic beverages from fermented hops and barley
Counselor	A person who facilitate group and individual therapy for substance abuse treatment
Profits	Revenue generated from the sale of alcoholic beverages and alcohol paraphernalia
Sober	Absence of the consumption of alcohol and other drugs
Military	Members of the armed forces
B.A.C.	Level of alcohol contained in blood
Jail	Lawful confinement of persons who have been convicted of a crime
Addiction	A physical and psychological dependence on a habit-forming substance
Spirituality	Belief in a higher power
Support	Emotional aid or courage
Relapse	To revert back into a former state
Education	A learning process to obtain a particular knowledge or skill
Industry	A specific category of business and manufacturing comprised of companies engaged in enterprise
Consumption	The process of ingesting alcoholic beverages
Intoxication	The effect of alcohol on the body inhibiting a person's ability to function at normal capacity
Inhibitions	The restriction of behaviors
Symptoms	Characteristics expressed by a certain disease
Legal Drinking Age	21 years old
Legal Limit	Blood alcohol content of 0.08 or less

Region	Area of America divided into East, Central, and West
Field Sobriety Test	Roadside exercises used by police to determine if a driver is intoxicated
SCRAM (Secure Continuous Remote Alcohol Monitor)	Ankle bracelet that measures blood alcohol content through perspiration
Breathalyzer	Device used to determine blood alcohol content
Vice	Moral weakness resulting in a bad habit
Drinking Game	Activity where alcohol is consumed at a particular time according to rules
MADD	Mothers Against Drunk Driving
Genetic Predisposition	Susceptibility from heredity to a specific disease
Medication	Something that alleviates the symptoms of a disease
Prescription	Directions for taking medication
Liquor Store	Place where alcohol is sold
Liquor License	Legal permission to sell alcohol

Appendix B

Figure 1

A Stratified Random Sample of Nine Constructed Weeks Over a Five Year Interval

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

6/12/2005	12/13/2004	12/16/2008	6/15/2005	2/16/2006	7/15/2005	4/2/2005
7/4/2004	3/13/2006	2/28/2006	6/11/2008	8/31/2006	8/1/2008	8/23/2008
7/29/2007	8/30/2004	7/10/2007	12/26/2007	11/22/2007	11/30/2007	12/11/2004
3/19/2006	1/30/2006	7/15/2008	7/21/2004	7/22/2004	1/23/2004	3/11/2006
8/14/2005	1/19/2004	7/8/2008	1/16/2008	12/7/2006	1/9/2004	7/2/2005
11/21/2004	3/27/2006	4/19/2005	8/29/2007	3/8/2007	8/31/2007	5/19/2007
12/16/2007	7/10/2006	2/12/2008	12/6/2006	6/24/2004	5/4/2007	10/15/2005
6/27/2004	3/8/2004	4/24/2007	3/26/2008	5/20/2004	1/5/2007	5/6/2006
12/24/2006	5/31/2004	1/8/2008	6/20/2007	10/25/2007	9/15/2006	6/17/2006

Appendix C

Figure 4

Frequency of the Public Health Model/Moral Model vs. the Disease Model in Four Major American Newspapers

	<i>New York Times</i>	<i>Los Angeles Times</i>	<i>Chicago Tribune</i>	<i>Wall Street Journal</i>	Total	%
Public Health	84	124	286	46	540	61.3%
Moral Model	116	113	66	39	334	37.9%
Disease Model	0	2	4	1	7	.8%
	200	239	356	86	881	100%

Appendix D. List of Articles Analyzed From Four Major American Newspapers

The New York Times

- Ackerman, F. (2005, April 19). Need an organ? On one condition. *The New York Times*, p. F4.
- “Ambien in the driver’s seat.” (2006, March 11). *The New York Times*, p. A14.
- Anderson, J. (2005, April 2). Roughing up 2nd bananas’ on Vaudeville’s shady side. *The New York Times*, p. B12.
- Annunziata, A.A. (2004, June 27). Let the city drink, let the county drive. *The New York Times*, p. WE13.
- “Asia.” (2004, January 9). *The New York Times*, p. A6.
- Associated Press. (2007, August 31). Centerreach: Not-guilty plea in driving death. *The New York Times*.
- Associated Press. (2005, October 15). Vikings to impose a code of conduct. *The New York Times*, p. D5.
- Aurthur, K. (2004, June 27). The real world in the real world. *The New York Times*, p. AR16.
- Bahney, A. (2004, January 9). Losing a daughter to drugs and gaining 3 children. *The New York Times*, p. B7.
- Bahney, A. (2004, June 27). When ‘the Love Boat’ meets Stoppard. *The New York Times*, p. LI12.
- Baker, A. (2004, December 11). Judge censured for conduct unbecoming his authority. *The New York Times*, p. B5.
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