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# Alcohol in the life narratives of women: Commonalities and differences by sexual orientation

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**Title:**

Alcohol in the life narratives of women: Differences by sexual orientation

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## Alcohol in the life narratives of women: Differences by sexual orientation

## ABSTRACT

**Aim:** The aim of this study was to explore social representations of alcohol use among women, with a special focus on possible differences between sexual minority and heterosexual women.

**Methods:** This qualitative study was designed as a component of a larger study examining mediators of heavier drinking among sexual minority women (lesbian identified, bisexual identified, and heterosexual identified with same sex partners) compared to heterosexual women based on the National Alcohol Survey. Qualitative in-depth life history interviews were conducted over the telephone with 48 women who had participated in the National Alcohol Survey in 2009-2010 National Alcohol Survey representing each of the sexual orientation groups described above. Questions explored the lives and experiences of women, and how use of alcohol may connect to those experiences. **Findings:** Representations about normative and risky use included social use, addictive use, self-medication, and community connection. Other representations common across groups included articulation of boundaries that were defined by negative exemplars, marked by indicators of loss of control, and maintained through selective engagement of social networks. Although representations across groups were similar, some representations, such as alcohol use in fostering community connection, appeared to be more salient for sexual minority women. The findings of the study underscore the importance of considering potential differences among women by sexual orientation in meanings and perceived risks associated with alcohol use in future research and intervention efforts.

**Key Words:** Women, sexual minorities, alcohol consumption, qualitative methodology, social representations theory

## INTRODUCTION

Research from national population-based studies in the United States have generally found that risks of hazardous drinking, alcohol dependence, or other alcohol-related problems are greater among sexual minority women compared to heterosexual women (Cochran, Ackerman, Mays, & Ross, 2004; Cochran, Keenan, Schober, & Mays, 2000; Cochran & Mays, 2000; Drabble, Trocki, & Midanik; McCabe, Hughes, Bostwick, West, & Boyd, 2009; Midanik, Drabble, Trocki, & Sell, 2006). Although many studies combine lesbians and bisexuals in analyses of hazardous drinking or other drug use because of small sample sizes, patterns of use appear to vary between subgroups. For example, several studies found that risk of alcohol-related problems were particularly high bisexual women (Drabble et al., 2005; McCabe, Hughes, & Boyd, 2004; Wilsnack et al., 2008). Women who self-identify as ‘mostly heterosexual’ have also found to be at elevated risk for hazardous drinking or other health risks compared to exclusively heterosexual women in the few studies that have examined this sub-group (Austin, Roberts, Corliss, & Molnar, 2008; Hughes, Szalacha, & McNair, 2010; Wilsnack et al., 2008; Ziyadeh et al., 2007).

Minority stress is emerging as a theory to explain disparities in risk for hazardous drinking and other mental health problems among sexual minorities. Minority stress includes objective indicators of discrimination, internalization of negative societal attitudes, and the impact of remaining vigilant in response to possible threats, such as concealing one’s sexual orientation (Meyer, 2003). Epidemiologic studies suggest that minority stress may be particularly salient in predicting alcohol problems for sexual minority populations (Keyes, Hatzenbuehler, & Hasin, 2011). For example, variables related to minority stress found to be significant predictors of substance use among sexual minority women in other studies include

internalized homophobia (Lehavot & Simoni, 2011), rejecting reactions to disclosure of sexual minority identity (Rosario, Schrimshaw, & Hunter, 2009), multiple types of discrimination (sexual minority, gender and race) (McCabe, Bostwick, Hughes, West, & Boyd, 2010), and living in social contexts with lower support (e.g., states with lower concentrations of same-sex couples and states without protection against hate crimes and employment discrimination) (Hatzenbuehler, Keyes, & Hasin, 2009; Hatzenbuehler, Keyes, & McLaughlin, 2011).

In addition, some researchers posit that sexual minority women may be less likely to experience some social roles that appear to be protective for alcohol-related problems among women, such as child-rearing or having support and sanctions for partnered relationships. (Hughes & Eliason, 2002)

Alternatively, sexual minority women may be more likely to be impacted by negative risk factors such as underemployment or stressors related to family conflict (Hughes, Haas, Razzano, Cassidy, & Matthews, 2000; McKirnan & Peterson, 1989; Nawyn, Richman, Rospenda, & Hughes, 1999; Wilsnack et al., 2008). Sexual minority women appear to be at greater risk for victimization in both childhood and adulthood, which may contribute to hazardous drinking among sexual minority women (Hughes, McCabe, Wilsnack, West, & Boyd, 2010; Hughes, Szalacha, Johnson et al., 2010). The reliance on bars and other alcohol-centered social contexts as a focal point for developing social networks and entrée into LGBT communities has also been explored as a factor that may contribute to differential risk for heavier drinking and alcohol-related problems (Gruskin, Byrne, Kools, & Altschuler, 2006; Heffernan, 1998; McKirnan & Peterson, 1989; Parks, 1999; Talley, Sher, & Littlefield, 2010; Trocki, Drabble, & Midanik, 2005). Furthermore, using bars to elevate mood or cope with negative

affect may increase risk of hazardous drinking among sexual minority women (Gruskin et al., 2006; Trocki & Drabble, 2008).

Although rates of substance use and risks for substance use disorders appears to be higher among sexual minority women compared to heterosexuals, research has not adequately explored how risk factors emerge and what ways these factors may link uniquely to the social structure and experiences of sexual minority women. To date, a few qualitative studies have explored the experiences of sexual minorities and how they perceive the role of alcohol in relation to their lives, identities, and social contexts have been conducted and are helpful in understanding both normative use of alcohol and disparities in risk for alcohol problems among sexual minority women. Qualitative studies of sexual minority women and the role of alcohol in their lives point to the importance of drinking contexts in providing safety and community support (Gruskin et al., 2006) and self-acceptance (Parks, 1999). Parks (1999) found that lesbian women were most likely to describe heavier use of alcohol or drugs in two time periods: when they were becoming aware of their attraction to women, but had not yet become involved in the lesbian community and when they began to immerse themselves in the lesbian community. Although these studies provide useful insights, most of these studies focus on lesbian identified women, excluding other sexual minorities, and do not include comparative data from exclusively heterosexual women. To address these gaps, we use qualitative interviews with sexual minority women as well as exclusively heterosexual women to explore the meaning and role of alcohol in their histories and social lives.

Our approach, in this research, will be the use of social representation theory to structure our analyses. The theory of *social representations* (Moscovici, 2001) is helpful in understanding the biases, predispositions, and common sense ideas through which people, in the

context of their social networks, understand the world and structure their behavior. Social representation theory brings to the fore the realization that people are not individuals who create their reality out of nothingness; instead, all thoughts, actions, behaviors, perceptions arise from the individual in interaction with the family, the group and the society (Moscovici, 1984; 2001). Across the life cycle, people are constantly appreciated, rewarded, punished, humiliated for doing or not doing or thinking or not thinking certain thoughts. Out of these social interactions there emerges the normative cognitive structure and perceptions of the individual intermixed with the person's own emotional responses, genetic propensities, and so on since humans are by no means a simple product of their social environment. Social representations allow individuals and groups to construct shared reality. These social representations, which develop over time, emerge from the "alchemy which transmutes the base metal of our ideas into the gold of reality" (Moscovici, 1984, p. 19) and ultimately become "capable of influencing the behavior of the individual participant in a collectivity" (Moscovici, 1984, p. 12). Social representations "which are stored in our language and which were created in a complex human milieu" (Moscovici, 1984, p. 67) are amenable to discovery through qualitative methods. In qualitative interviews, how people use language and metaphor to describe how and why they engage in certain behaviors is the streaming of the social exposure of a lifetime. By carefully attending to the stream of information an individual conveys in qualitative, life history interviews, it is possible to peer into the substrata of language and emerge with new knowledge of how behavior comes about, which ultimately may inform strategies for helping people avoid mental and physical harm.

Social representations are particularly useful for understanding the dynamic relationship between the individual and their social world in relation to 'survival', attention to risk and other

related health behaviors ( Joffe, 2003; Foster, 2003; Howarth, Foster, & Dorrer, 2004). Social representations theory has been used, to examine representations of drinking patterns of both women and men (da Silva & Padilha, 2011; Demers, Kishchuk, Bourgault, & Bisson, 1996; Dias da Silva & de Souza, 2005) and of risks that disproportionately impact sexual minorities primarily in regard to men and HIV/AIDS (Camargo & Bousfield, 2009; Goodwin et al., 2004; Joffe, 2003; Páez et al., 1991; Riley & Baah-Odoom, 2010). However, there is a lack of research that draws on social representations theory to explore meanings associated with alcohol use among women, including possible differences between sexual minority women and exclusively heterosexual women. In this study, we examine the following questions: What social representations of normative alcohol use, and risks related to drinking, emerge in the life narratives of women and, how might these differ by sexual orientation?

## METHODS

In-depth interviews were conducted with 48 women who were recruited as a follow-up interview sample from a larger national telephone-based quantitative household probability survey, the National Alcohol Survey in 2010 (n=3,825 women). Women who were classified as sexual minorities (identified as lesbian or bisexual and heterosexual-identified women who reported same-sex partners (n=122) in the National Alcohol Survey and a matched group of exclusively heterosexual women (n=16) were invited to participate in an in-depth, semi-structured interviews conducted by telephone. In conducting the follow-up (which occurred approximately 6-12 months after the original quantitative interview, approximately 27.9 percent (n=41) were wrong numbers or no longer operative. Two of the individuals initially contacted were men (and not eligible for participation) and seven were mono-lingual Spanish-speaking (interviews were conducted in English). Excluding disconnected/wrong numbers or ineligible



(e.g., male) respondents, the response rate was 50 percent (48 interviewed; 48 refusals, incomplete interviews, or no response).

The final sample included 32 sexual minority women (15 lesbians, 10 bisexuals, and 7 women who identified as heterosexual and reported same-sex partners) and 16 exclusively heterosexual women. The original intention was to interview 12 in each group but there were not enough cases in bisexual and same-sex partner groups so a few interviews were added to the lesbian and exclusively heterosexual groups. Age of participants ranged from 21 to 67 years of age. Approximately 64.6 percent (n=31) of the participants were White, 22.9 percent (n=11) were African American, and 12.5 percent (n=6) were Latino. Approximately 31.3 percent (n=15) were heavier drinkers at some point in their lives. Analysis comparing the final interview sample to non-respondents (individuals who did not respond, wrong numbers, or disconnected numbers; n=63) and refusals (were contacted but declined; n=26) found no differences in drinking measures (abstaining, drinking, heavier drinking, dependence, alcohol-related consequences, or past treatment) and few demographic differences. Non-respondents were younger and less educated than interviewees and refusals were less likely to be employed; no differences by ethnicity or relationship status were found.

Interviews were conducted by telephone using a semi-structured interview guide and ranged from 45 minutes to 1.5 hours. Women were asked open-ended questions using an interview guide with eight primary questions and follow up probes related to study participants' perception of alcohol and life experiences in several areas including family, friendships, identity, substance use, intimate relationships, trauma, and management of mood. Interviews were conducted between March and December of 2011. The data used for this paper were drawn primarily from responses to a question related to substance use: The use, or non-use, of alcohol

beverages or drugs is something that could be part of a life story. Could you tell me about how these things fit into your particular life story? Interviews were audio taped and transcribed verbatim. Each respondent was given a \$25 gift card. The protocols and interview materials were approved by two different IRBs, that of the Public Health Institute of which the Alcohol Research Group is a part and the San José State University IRB.

A content analysis of subsets of interviews (each of four groups) was conducted to identify key themes across interviews. Qualitative data were managed with the assistance of qualitative software program. Initial open coding to conceptualize, compare, and categorize data was followed by an iterative process to further define and identify social representations across and within groups. The authors used a consensus model in reviewing, revising and finalizing themes.

## RESULTS

Below are the primary social representations of alcohol and other drug use that emerged from the interviews, illustrated with representative quotations. Two general categories of representations were observed: Representations about normative and risky use of alcohol and representations about how boundaries related to use are negotiated or changed over time. The representations below were described across groups of narrative stories, however there were some differences in the degree to which representations were endorsed by sexual minority groups compared to exclusively heterosexual women. Notable differences are described in the context of each representation.

Representations about normative and risky use

### Social drinking

The term social drinking was commonly used by respondents across groups. The term was used as both a descriptor (*It is part of my social life*) and as an identification (*I am a social drinker*). Statements about social drinking were frequently following by spontaneous definitions based on the interviewee behavior. One interviewee described

*I will say, if I'm going to drink at all, I'm usually a social drinker. I cannot drink at home, anything in the world, it just doesn't sit right with me. Just sitting still drinking, that makes no sense. At least burn it off, you know? So, like, if I'm out at a bar with some friends, I'll have a drink and, you know, you get that buzz and that's enough, where everyone else is drinking three, four, five drinks or two drinks and some shots and stuff like that, no, not me. I have that one drink. Get that buzz and I'm done, you know?*  
[Bisexual respondent]

Another interviewees defined her social drinking, while elaborating on behavior consequences associated with “party animal” drinking.

*I'm literally a social drinker, and I really don't do that much, so I mean I don't even really hang out with my friends too much any more because they've all turned into party animals, and don't like drinking that much. It's not fun. It's boring, and you always end up doing something stupid, and I don't have to tell you how many times I've talked to girls, and, “There are some pictures on someone's phone somewhere of you doing this,” and I just refuse to drink because of that. Well, it's not refusing to drink, but I refuse to get sloshed. It's ridiculous.* [Bisexual respondent]

Lesbian respondents were more likely to add connecting linking comments about social the social context of coming out. One lesbian respondent talked about being socially awkward and having problems stuttering in childhood through the age of 18 when she described becoming “aware of my sexuality” and “bringing the girls home.” Stuttering was mitigated with alcohol use, “*It's the oil of conversation. It's what gets you going.*”

### Addiction

An equally common representation was use of alcohol or other drugs in an addictive manner, which emerged in three contexts. First, this representation was integrated into narratives of women who identified as having a past or current problem with addiction.

*I think AA is a wonderful, wonderful, wonderful organization who has helped millions and millions of people. I don't know that I'm particularly one of those people, however, the one thing AA says is that you're only a drink away from being off and running, and I just don't want to find out. I just don't want to go down that path again. I didn't like it when I was on it even though I was almost powerless to stop it. I didn't like it when I was on it, and I don't want to get on it again.....I mean, in my mind, I am an alcoholic. I hate to admit it, but, in my mind, I am indeed an alcoholic. [Heterosexual respondent]*

Second, this representation was equally common in the narratives of women who described their own use in contrast to addiction. For example, one respondent described both her alcohol and drug use in contrast to addiction:

*Well, I used to drink not really heavy or to excess. It was usually an occasional time when I would drink, but when I did it I would drink to get drunk, but I was never an alcoholic. I get into drugs as well. I never became addicted, but I did not like the way I was feeling. [Bisexual respondent]*

Third, several respondents described addiction in essentialist terms, referring to themselves or others as burdened by, or fortunate to be spared from, “addictive personalities.” Many respondents also described their behavior in terms of genetic predisposition, particularly if alcohol or drug problems were described among family members. One comment that exemplified this representation from a heterosexual woman whose parents were both alcoholic follows:

*I was fortunate in that I guess either I'm a strong willed person or maybe I caught it early enough or something that I was able to cut it off before I guess I would consider myself completely addicted. But obviously I have an addictive personality, I'm sure, genetically. [Heterosexual respondent]*

Several respondents described participating in Alcoholics Anonymous (and these narratives were more common among sexual minority interviewees). Some respondents described maintaining abstinence after participation in AA, while other described participating in AA in the past but currently “having a beer now and then.” Women who had partners and family members with current or past drinking problems expressed concern about options other than

abstinence, based on an addiction representation.

*I mean, from what I can tell, both my brother and my friend [female name] seem to be able to do it, but I hold some nervousness around it. I mean, I try not to say anything or let on that I feel that way, but there's a part of me that wonders if it's possible to walk that line. I'd like to hope so. I just think that if you have-- because I still don't really understand how much is physiological, how much is personality around addiction and I just think if you've gotten addicted to drugs, can your relationship to alcohol be anything healthy and safe? Maybe, but I don't know. [Bisexual respondent]*

### Self-medication

Another representation involved use of alcohol and other drugs as a strategy for self-care, and, more specifically to mediate stress or to medicate symptoms associated with traumatic experiences. For example, one heterosexual respondent described using alcohol in a way that “people will refer to euphemistically as ‘medicinally’” when she feels “super stressed out or angry.” This representation was used several times by sexual minority women. For example, one respondent noted:

*Well I will say I barely drink, if any. Now as far as drug use, yeah, but it's normally due to trying to-- self medication is a way of coping with life, I want to say. So when you're feeling down and depressed, or even if you're feeling happy and ecstatic, you tend to take some sort of drugs. I'm not on-- I don't like prescription drugs, I hate pills, but smoke-- I smoke weed every day, every day, but it keeps me sane, I want to say. [Bisexual respondent]*

Grief over relationships, including loss of parents and break-ups with partners, was described as linked to heavier use. These issues were complicated by isolation or social disapproval targeted toward sexual minorities, which is illustrated by one interviewee description of her sister's heavy drinking:

*Embedded with her story was her being lesbian and having women that let her down, you know, relationships and then being in the closet and all this drama.... My sister ended up drinking too much and she ended up becoming alcoholic, or maybe always was or whatever, and going into AA. [Heterosexual respondent]*

Medicating symptoms of trauma with alcohol emerged in across interviews. For example, one heterosexual respondent noted:

*One thing, because of the molestation when I was young, I did for a long part of my life feel uncomfortable with the sexual part. It was at the back of my mind and so usually when we had relations, we would have a drink to relax, together. [Heterosexual identified, reporting same sex partners]*

Similarly, a lesbian interviewee noted “When I was a teenager I tended to abuse alcohol and I realize now that I was trying to drown out the pain of growing up as a survivor of molestation by a family member.” She went on to describe other dimensions of her coping with trauma, as a “catalyst that made me jump to the other side” and accept her attraction to women.

*“Well, the early part of my life-- my first introduction to sex was the molestation. And my last sexual experience with a man was also a rape. And that is what made me realize that I'd rather be with women. So that early sexual abuse and the later years abuse helped me make a decision that I always knew was there. It was just easier to do it at that point because I had given up on dealing with men because they represent hurt and pain as far as my mindset was.*

### Community connection

Another representation involved connecting with community, which linked to a larger context than socializing with family or friends. This representation appeared particularly salient to sexual minority women, even when the communities were not described in terms that were specific to sexual minority sub-cultures. For examples, one sexual minority woman noted that heavy drinking and drug use was a significant part of an “underground dance community” that she was part of, but less so in community groups with a political focus, such as board meetings, “because people are high powered and really focused on getting work done.” One lesbian respondent noted that she “drank heavily, partied hard” and that an observer would likely “call it abuse, possibly addictive.” She added:

*In our community there definitely was sort of a progression where you got to be a certain age and you got to be a certain wildness and then you sort of got it together and those of us who weren't addicted were fortunate enough to get our lives back and those of us who were addicted spent years trying to get that whole monster under control.*

Changing and negotiating boundaries over time

### Defining boundaries

Respondents generally described boundaries that defined their own current use, with explicit or implied descriptions of what would be unacceptable in relation to crossing their boundaries. For example, one respondent who described her use as dependent emphasized her ability to function at work:

*I believe that I have a dependency because when I don't drink, I sense that I want to have one, and so I know that there's a compulsion there, but I don't do anything about it. I just satisfy it. but I wouldn't say that I drink to the point where I get incapacitated where I know I don't drink to the point where I can't get up the next day and go to work and function each day. [Heterosexual respondent]*

Descriptions of boundaries were frequently accompanied by a cautionary tale about crossing that boundary. One respondent who is an infrequent drinker notes:

*Alcohol and drugs tend to make people do stupid things, so I don't like doing stupid things. I like keeping my head about me, and having that-- having that, I've kept my friends from doing stupid things. I have a friend, he wanted to go to Alabama and beat the crap out of his ex-boyfriend. Why would you do that? That's what drugs and alcohol do to you. That is what they do. It's pointless. [Bisexual respondent]*

Another interviewee (bisexual) describes nearly crossing her own boundaries: “*My brother became an alcoholic. I almost became one, but I realized early enough what I was doing wrong and I stopped. So, I did not let myself become an alcoholic*”. Similarly, another interviewee notes:

*I liked mixed drinks and I've grown to like beer and wine, I like all of that. But since especially on my mom's side there was the grandfather who was an alcoholic and died and I had uncles, my mother's brothers who I remember as a kid they were vibrant and*

*good looking guys and by the time I got out of college, they were like a shell of their former selves. So I just really am very careful, I enjoy a drink, but I don't over indulge because I just know what that can do. [Lesbian respondent]*

### Defending boundaries

Respondents defined specific strategies for monitoring and defending the boundaries they established. Remaining alert to indicators for loss of control emerged as a common theme in relation to maintaining defined boundaries. Loss of control was generally described in negative terms and, as illustrated by the following quote (from a heterosexual respondent), as a marker for a boundary that should not be crossed: *I get a little lit from two glasses of wine and quite frankly I don't like being any more out of control than that. So I stop.* Another interviewee (lesbian) states: *So drugs are out of the question, because I just would freak out if I ever tried anything that made me not completely in control of my wits.*

Respondents across groups described mediating their own use through selective engagement with their own social networks. One bisexual respondent articulated explicitly the perceived influence of immediate friends. *I guess I can say like you pick up things from people you hang out with. Like I'm sure if I still hung out with some of my friends from when I was younger that got really heavy into the drinking maybe I might have fell into that.* Similarly, one respondent who stopped using drugs notes, *"I don't want to be around anybody that does drugs because I'm still weak to it and I don't want to fall off the wagon so to speak...and I tend to sway to other people."* Other respondents described keeping social groups separate or, in more extreme cases, eliminating contact with specific circles of friends.

*I have several groups of friends, and some of them will never meet. I have a group of friends who wouldn't do anything more than drink some spiced cider, and then I have those who drink a whole bottle of bourbon. But usually those groups don't run into each other. And it's not like I go out and party with either one of them all the time. When the*



*time is right I go hang out with whoever, and then I hang out with the other. [Bisexual respondent]*

*I think I've been scared to death of alcohol because of my parents. But that did not curb me from trying one particular drug which I liked a lot and recognized that I liked it a lot so I kind of cut it completely out of my life. Meaning that I cut the people that I knew played with it or any access to it completely out of my life. [Heterosexual respondent]*

### Developmental changes over time

Another common representation is that of changes that occur over time. Many interviewees described a trajectory of use that was heavier in adolescence or early adulthood, which lessened over time and was framed in relation to development over the life course. Several women (primarily heterosexual but some sexual minority women) mentioned changing priorities associated with having children. The following quotes illustrate similar perspectives (from sexual minority and heterosexual interviewees).

*I do less. I still smoke weed, but I do it less. The desire and availability of many of the drugs I used as, you know, younger, has disappeared. It's nice to sit back and remember those times, but I couldn't see me going through them again. What if-- it's changed by availability, finance and desire. [Bisexual respondent]*

*I just got tired of that kind of thing, not that it was a conscious choice to leave it behind, I probably just grew out of it as things got more important to me; other things got more important. Returning to school, working full time, all those kinds of things and just got into different types of friends and relationships where we did other things besides drugs, you know, or alcohol. Do things like go to plays or concerts; go to a baseball game, things like that so it hasn't been a conscious choice it's sort of grew out of it. [Heterosexual respondent]*

There were added dimensions to this representation in descriptions of developmental changes for some sexual minority women. The following reflection by one sexual minority respondent about a friend illustrates ways that acceptance of self and by family were intertwined with changes in alcohol and drug use:

*I don't think she's drinking excessively like she did, but I knew here when she was in high school and in college and oh, and she was coming out as gay in that period. So a lot has sort of shifted, I think, and maybe now that she's out to her whole family and I think is more comfortable in her sexuality, I don't think the things that were driving her to use are there in the same way. [Bisexual respondent]*

Milestones in these developmental changes were not always perceived as gradual.

Several respondents, all heavier drinkers, described critical incidents in their lives that triggered changes in their use. Sexual minority women had a greater number of heavier drinkers in their subsample, so these types of representations were more apparent in this group. Specific incidents included recognition of “nearly dying” because of drinking and driving, feeling suicidal, and engaging in behaviors that alienated friends or lovers. The description below typified the upheaval and radical change that characterized these more sudden shifts.

*What happened was I got so drunk one time that I lashed out at everyone that I was around and I kept passing out and waking up and passing out and waking up. I just could barely remember the entire evening and I made up my mind then, no, I'm not ever doing that again. Ever. That was the moment that I actually changed from drinking all the time to I just don't want any at all. [Bisexual respondent]*

### Discussion

The aim of this study was to explore social representations of alcohol use among women, with a special focus on possible differences between sexual minority and heterosexual women. Representations about normative and risky use included social use, addictive use, self-medication, and community connection. Other representations common across groups included articulation of boundaries that were defined by negative exemplars, marked by indicators of loss of control, and maintained through selective engagement of social networks. Although representations across groups were similar, some representations, such as alcohol use in fostering community connection, appeared to be particularly salient for sexual minority women.

Social representations offers a framework for understanding the biases and common sense ideas that inform health behaviors illuminating how people make meaning of health risks. The respondents were acutely aware of the perceptions of those around them and themselves made very strong, emotionally charged comments about the people in their lives who drank or used alcohol too much. Social representations of alcohol use were dominated by the linked ideas of social and addictive use. It was notable, however, that the social use was defined differently and respondents tended to describe their behavior in relatively normative terms, with the exception of individuals who identified as in recovery.

Social representations related to the dynamic ways in which respondents defined and defended boundaries may be particularly useful to practice contexts. The degree to which these boundaries might be articulated differently or “defended” with greater skill among women at risk for problematic use may be worth further exploration. Alcohol is a substance with a wide-ranging normative response since on the one hand it can produce joy, spontaneity, conviviality and social bonding while on the other hand excessive use can lead to injury, poor decision-making, cravings and general negative unhealthy outcomes. It is worth noting that a majority of respondents tend not frame their use as problematic, even with heavier consumption. It has been suggested that research in the United States, as a “dry” culture, is inclined to focus on problem use rather than recognize pleasures or other positive functions of alcohol and other drugs among women (Campbell & Ettore, 2011).

Social representations are influenced not only by individual perception, but by the contexts in which individuals construct meaning and develop emotional responses (Moscovici, 1984; 2001). Therefore, future research might examine how representations differ among subgroups of women (including by sexual orientation) in different cultures. Given research

pointing to the influence of discrimination alcohol use among sexual minorities in the U.S. (Hatzenbuehler et al., 2009), it may also be of interest to explore how representations may differ in cultures with more affirming policies and social norms. There is some indication that differences in hazardous drinking among sexual minority populations compared to heterosexuals appear to be more pronounced in North American contexts compared to other countries (Bloomfield, Wicki, Wilsnack, Hughes, & Gmel, 2011), but this question requires further research.

Although this study was based on interviews with a follow up sample of respondents from a national survey and, as such, may be less biased than some regional or convenience samples, there are nonetheless limitations. The current sample (like the original sample that it is drawn from) has limited representation from heavier drinkers. Therefore, the ability to extrapolate findings to treatment and early intervention settings are limited. Representation from women who identify as heterosexual and who report same-sex partners is notably weak ( $n=7$ ). Separate review of narrative data (not described) suggests that this group is quite heterogeneous and future research will be required to better understand risks and perspectives of this population. Interviews were conducted in English and perspectives from monolingual Spanish speaking respondents who were included in the original national survey are not represented. Furthermore, the interview guide for this project was designed to explore in an open-ended manner the perspectives and experiences of women. Although this approach was consistent with the intent of the study, it is possible that detailed questions that may have provided greater insight into specific differences between groups. Finally, the interviews were conducted by telephone and, although there is an emerging literature pointing to the comparable quality of qualitative interviews conducted in person and by phone including a pilot study specific to this project (see Condit et al, 2011), it is possible that in-person interviews may have generated richer

data. In spite of these limitations, the findings of the study provide insights about potential differences among women by sexual orientation in meanings and perceived risks associated with alcohol use in future research and intervention efforts.

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