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ABSTRACT

This study identifies social representations in interviews about alcohol and substance use in the discourse of 129 young adults, who were interviewed for 2.5 to 3.5 hours each for their life histories and use or non-use of alcoholic beverages and drugs. Respondents spontaneously delineated their substance use boundaries, creating a continuum of behaviors with boundary points separating acceptable from unacceptable behaviors. They used signaling expressions to indicate go and stop signs and movement along the substance use continuum and reported negotiating substance use boundaries both internally and with peers. A ubiquitous narrative element was the cautionary tale, in which a negative exemplar goes too far with alcohol and/or drugs, providing an example of the possible negative outcomes of transgressing boundaries. In general, the narratives revealed complex relationships to alcohol and other drugs that may be useful in refining messages for more effective communication in prevention and intervention programs.

INTRODUCTION

Scholars in different disciplines have developed techniques to study discourse--how people speak, frame messages and structure narratives, and how speech reflects attitudes, beliefs and values.

Folklorists, rhetoricians, linguists and anthropologists were among the early scholars to listen carefully and systematically to what people say, followed later by social and cognitive psychologists, sociologists, and most recently by survey researchers. An inventory of the extensive theoretical and methodological vocabulary of discourse analysis might begin with the term *discourse* itself (Foucault, 1971, 1972) and go on to include such other terms as *deconstruction* (Derrida, 1981), *hermeneutics* (Geertz, 1993, 2000), *frames* (Lakoff, 1990, 2002, 2004; Lakoff & Johnson, 2003; Lakoff & Turner, 1989), *scripts* (Steiner, 1974), and *schemata* (Casson, 1983), among others. As the field of discourse analysis has developed, approaches have been devised which are specific to different kinds of narratives (Alasuutari, 1995).

In this study we draw particularly on the approach of Serge Moscovici (1984), a French social psychologist whose central concept of *social representations* extends Durkheim's idea of *collective representations* (Durkheim, 1964) to include biases, predispositions, distortions, common sense ideas and the like, through which people understand the world and structure their behavior. The concept of social representations provides a useful framework for understanding the interaction between cognitive processes, social context, and behavior as well as the role of communication in both conveying and constructing meaning (Jodelet, 2008; Markova, 2008). Although social representations may be explored with different methodologies (Markova, 2008), the approach suggests that we listen to (or read) interviews with particular attention to identifying the social representations in the discourse of our informants (Jodelet, 2008), such as exploring key words and expressions informants use to frame their experience, how people negotiate personal and interpersonal order to arrive at the rules that are generative of their behaviors, and how they maintain and modify these rules

Lederman and colleagues (2003) give examples that illustrate the kinds of problems that can arise if one does not pay sufficient attention to the expressions used in substance use interventions with college students. The first example is *binge*, which in the alcohol research field has come to mean the

consumption of five or more drinks on an occasion. The researchers found that eighty percent of the students who typically consumed five or more drinks on an occasion answered *no* when asked if they considered themselves *binge drinkers*. This may be because in common parlance *binge* can also mean the consumption of a large quantity of alcohol over a multi-day time frame, as in *he went on a three-day binge*. A second example of misunderstandings identified by the authors is the expression *risky drinking*. Many college students like to think of themselves as *risk takers* and so *risky drinking* may thus frame excessive alcohol consumption positively rather than negatively (Lederman, Stewart, Goodhart, & Laitman, 2003). These examples show how lack of attention to language risks miscommunication and even inadvertent reinforcement of the wrong behaviors.

Social representations may be particularly useful for understanding the dynamic relationship between the individual and their social world in relation to health (Foster, 2003; Howarth, Foster, & Dorrer, 2004). While it would seem natural to study the constructs that respondents use in interviews about substance use, there has been surprisingly little work of this kind. Although social representations have been used in research on tobacco use (Echabe, Guede, & Castro, 1994; Stjerna, Lauritzen, & Tillgren, 2004) and to explore perceptions of drug or alcohol use among specific populations such as adolescents (da Silva & Padilha, 2011), parents of drug-using adolescents (Nuño-Gutiérrez, Álvarez-Nemegyei, & Rodriguez-Cerda, 2008), university students (Cabral, Da Cruz Farate, & Duarte, 2007), teachers (Martini & Furegato, 2008), alcoholics (Alvarez, 2004; Dias da Silva & de Souza, 2005), or pregnant women (April, Audet, Guyon, & Gagnon, 2010), few studies using this framework have been conducted in North America with a general population sample. One notable exception is a study by Demers and colleagues (1996), which involved examining the relationship of drinking patterns with eight social representations, which were operationalized into survey items based on a series of focus groups. Findings suggested that specific representation, such as drinking to compensate for difficulties or as a reward for efforts, were associated with heavier consumption (Demers, Kishchuk, Bourgault, & Bisson, 1996). Although this study offers valuable insights, the author notes that there are limitations to creating universal representations that are disconnected from the social context and lived experience of

participants. This study also excluded non-drinkers. There remains a need to analyze the narratives of more mainstream drinkers and the full range of abstaining to substance abuse. This is the focus of the analysis we present here.

The data for this study are a set of over a hundred interviews drawn from a household probability sample of adults in their twenties and thirties. They were asked, as part of a qualitative life history interview, to talk about their use or non-use of alcoholic beverages or drugs. Following Moscovici, we analyze the narratives of the respondents to identify social representations—key recurring words, expressions and themes in these drinking and drug narratives--in order to understand how people organize and store information, construct norms, and generate behavior relating to drinking and substance abuse.

METHODS

The 129 respondents were recruited from a larger sample of individuals who had completed a one-hour, telephone-based household probability survey, conducted in three counties in the San Francisco Bay Area. In the original telephone survey, 1,563 people in the 18-40 age group were contacted, of whom 1047 agreed to participate (a completion rate of 67 percent). The in-depth portion of the study dealt with sexual risk taking and bar-going and therefore had a higher than average proportion of unmarried people reflecting the bar-going population. Stratified cells were created to insure that the smaller sample included adequate numbers of men and women, young and old, gay and straight, and members of diverse ethnic groups.

Sixty-four percent of those asked to participate agreed to do so. A non-response analysis of refusals to take part in the in-depth study showed no differences between the completers and the refusers/no-shows in gender, age, ethnicity, marital status, sexual orientation or employment, although those who agreed to participate were somewhat better educated.

Both qualitative and quantitative data were collected during the in-depth interviews. About ninety percent of the in-depth respondents were interviewed in two data collection sessions and the remaining ten percent were interviewed in a single session (e.g. for the most part they could not be

rescheduled for another session before the data collection phase ended). All the respondents had previously answered the larger quantitative survey over the telephone. Each respondent was paid from \$75 to \$100 per interview session, depending on distance traveled and whether childcare was necessary. Each session ranged from 2.5 to 3.5 hours, with a total average interview time per respondent of about six hours.

The qualitative data used for this analysis were drawn from a 1.5 to 2 hour portion of the interview, focusing on life histories and thirteen follow-up topics. Each interview began with an elicitation of the respondent's life history, using the prompt: In this interview we are trying to learn more about how people handle social relationships. We are asking people to tell us their life story, their history.... You can start your story wherever you want and you can include whatever you want. Interviewers were instructed to avoid directing the interview, in order to allow as natural a voice as possible to emerge. Occasionally an interviewer would ask for a definition or clarification, but such interruptions were rarely necessary. The life history prompt elicited responses of 30 to 45 minutes. This was followed by prompts to elicit narratives on thirteen topics, although most respondents did not finish all thirteen. These were prioritized so that all respondents discussed substance use/abuse through the life story section or the specific substance use topic. The data discussed in this paper consist of the resulting long, uninterrupted blocks of narrative, especially the question on substance use, for which the prompt was: 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?

The in-depth interview sample was chosen from the regional population-based sample to over-represent bar-goers, for the purposes of an analysis unrelated to the study presented here. Half of the interviewees were frequent bar-goers, and the other half were non-bar-goers matched as control cases. The bar-goer group was different from the larger sample in that about 80 percent of them were unmarried. They were less likely to have children and, due to the deliberate oversampling, somewhat more likely to be African American or gay/lesbian/bisexual. However, they were otherwise similar in most respects to the larger sample.

In other regards, respondents who participated in the in-depth interviews were reflective of the population-based sample of individuals in their twenties and thirties who live in the San Francisco Bay Area. Comparing the 99 unmarried respondents in the in-depth sample with the 594 unmarried respondents in the larger sample found that the mean age of both groups was 29.4. There were slightly more males in the in-depth sample (56%, vs. 49% of the larger sample), and the in-depth sample was slightly better educated (14% high school diploma or less, vs. 20% of the larger sample). There was surprisingly little difference between the groups with respect to heavy alcohol consumption: of the in-depth sample, 14.5 percent drank five or more drinks at least once a week, compared to 12 percent of the unmarried general population sub-sample.

RESULTS

Below are the primary social representations that emerged from the interviews, illustrated with representative quotations. All the names of the respondents and of the people to whom they refer are pseudonyms. Table 1 provides a summary overview of the social representations with brief descriptions of commonalities in how they were constructed and communicated.

THE LANGUAGE OF BOUNDARIES

An immediate pattern we observed was that people spontaneously began their substance use narratives by laying out their boundaries in a few quick sentences, such as “I use alcohol, I sometimes use marijuana but I would never use any harder drugs.” Virtually all of the respondents did this, regardless of their level of substance use, describing what they used (if anything), their frequency of use, and often something about their motivations.

Each respondent implicitly created a continuum of behaviors, a line from *good* to *bad* practice with regard to substance use, with a boundary point separating them. In most cases they placed their own behaviors on one side of the normative boundary point, marking them with positive, approving terms, and placed the behaviors of which they disapproved on the opposite side, marking them with negative, disapproving terms. They minimized potentially negative interpretations of their substance use behaviors

with such terms as: “just; actually;” “all I’ve ever done is;” “not excessive;” “normal behavior;” “better than that kind of;” and they negatively marked unacceptable behaviors with such term as: “that’s bad;” “harsh; stuff;” “that’s crazy; crazy, crazy;” and “won’t touch that shit.” In setting out boundaries, respondents tended to repeat particular words or phrases, especially negatives and pejoratives, such as: “no, no, no, no;” “never, never” (or “never, ever);” “just snorting it, snorting it;” “I’m not going to do this, I’m not going to do this;” or “not crack, not crack.” Respondents added a dynamic element to the model with language that implied mobility along the behavioral continuum, distancing themselves from undesirable behaviors through the use of movement and location terms such as: “I stay away from it;” and “I don’t go there”

This dynamic of representing their own behavior as on the “good” or normative side of their boundary was consistent even among respondents with very different patterns of alcohol or drug use. For example, the following quote from Dale, an occasional drinker who was among the respondents describing a lower level of substance use comments (*italics added*):

You know, and to this day I'm still very much anti-drug and I don't like smoking. It wasn't until I was like twenty-six or twenty-seven I finally broke down. ... Finally I said alright, alright, I'm really thirsty, you know. And then I ended up having a beer here and there and then I ended up liking how, you know, the feeling of just getting a good buzz. ...I just want to like be yeah, party down, I like to have some beers ... *But, you know, I'm not addicted to it. You know, I'm a million miles away from being an alcoholic.*

Another respondent, Darcy, a woman who was a severe drug user but identified as in recovery at the time of the interview points to her past boundaries that placed her heavy drug use on the acceptable end of her continuum as long as she maintained other behaviors she deemed healthy (*italics added*):

. ...And I basically, between thirteen and seventeen used every drug except for heroin, many of them on a regular basis. ...And I stuck with that for quite a while, until I did ecstasy. And once I did ecstasy...I ended up traveling the path from ecstasy to heroin. ...I

was like the Dr. Jekyll and Mr. Hyde, you know, running-- running my little life... then also being the addict. And so I thought everything was fine. I was also vegetarian. You know, my, my--my, you know, thing was, oh, I'm healthy, I'm vegetarian, I eat vitamins, I could use drugs and I'll be fine. It-- it made sense to me. *You know, if you were eating junk food and using heroin, then it would be bad...*

GOING, STOPPING AND MOVING

Certain words indicated *go* and *stop* signs, or green and red lights, along the substance use continuum. The two most common words associated with *go* were *curiosity* and *experiment*, often used together. Examples of the use of “curious” are: “...And I started smoking pot in college because you just want to experiment, and you're curious... 'cause, I mean, I just have that curiosity which kills me sometimes... literally” (Monte); “I've always been very curious to try new drugs” (Selena); “...Because I'm a curious person, I... that's why I do it [try drugs like ecstasy]” (Meg,); “I'm just kind of a very curious type person. Anything that I haven't done, I try once (Leon); I tried mushrooms once... and I just wanted--I wanted to see what it would do to my mind. It was cool. ... I'm kind of curious about ecstasy, but... I'm probably not going to do it because I fear losing control” (Sakti); “The first drug I ever tried was marijuana...and I took one puff, and that's all I did...and I was curious as to what it would do” (Charity); “Like cigarettes. Yeah. When I was little, maybe like seven, six, seven years old. Like kind of curious. That's the only time I smoked. Just learn how, after that I never tried” (Dale); “...But, at the same time, people are curious about stuff and I think that's why...that's one of the only reasons why I...I did it that night is 'cause I was just curious about what everyone – I always heard “Oh, you feel so good and la-la-la-la.” I just tried it – just to end the curiosity.” (Toby) The terms *curious* and *curiosity* were used mostly to explain motivations for substance use and sexual activities. In a search of our approximately 5000 pages of interviews, we found that nearly a third of the respondents (40 of 129) used the term *curious* and that 42 percent of these usages referenced alcohol and/or drugs and 24 percent referenced sex.

For stop signs, the commonly used words were *whoa*, *control*, and occasionally *limits*. The term “whoa” occurred in 12 percent of the interview. This use of “whoa” is illustrated in a quote from Bay in describing his decision to not use cocaine with friends in high school: “But ... then he was telling me when he actually like did the cocaine he said he can't like sleep at night. I'm like, whoa, that's kind of crazy...That wasn't for me.” Similarly, Jared uses “whoa” to describe a stopping point in his heavy drug use with a “subgroup of those people who were tweakers:”

The summer turned into one long drug experience for me until fall rolled around and my brain was Swiss cheese.... So we kind of modeled ourselves loosely after several other groups of people and dove headfirst into the abyss, until -- to the point of where the keyword was ‘tolerance.’ And letting people do what they wanted to do in their exploration to the point of tolerance.... If you questioned someone going totally overboard, you were considered to be intolerant. I watched several of my friends lose girlfriends, jobs, drop out of school, to where by the new year I had realized ‘whoa, this may be going a little far.’

In all but one instance, *whoa* referred to either sex or alcohol. The term *limit* was less frequently used, with about 20 mentions in reference to substance use or alcohol.

THE IMPORTANCE OF CONTROL

The word *control* appeared over 400 times across interviews, not including a question at the end of the survey that focused on a specific aspect of control. A third of these usages had to do with the respondent’s own substance use/abuse or substance use by others in the respondent’s immediate environment. Monte and Sal, who both describe themselves as heavy drinkers, spoke of friends who were even more extreme substance users as being “out of control”. Monte describes his roommate Clay’s spiral into crack and heroin addiction, repeatedly using the term “control:”

[In our shared apartment I found] a bunch of people arguing, like some people sitting there looking all drugged out, some prostitutes. Then there was like – then there were some prostitutes that started turning tricks in Clay’s room so what was happening is Clay had completely lost

control of the apartment, had no control whatsoever over anything and was completely letting these people in just 'cause they were giving him drugs. And he was like – It was weird, he had no control.

In the earlier quotes on curiosity, Sakti says she does not want to use ecstasy because she fears losing control. The linkage of alcohol and drug use with *control*, with reference to maintaining or crossing psychological boundary points, occurs repeatedly in the interviews: “I didn't use, really very many drugs.... I think it was, probably mostly a control issue” (Morris); “So it was a clear case of addicts who were out of control. So I basically woke up one morning and realized, I've had enough of this, I think it's clearly gotten out of hand.” (Jared)

Respondents often identified the boundary between substance use and abuse according to whether they felt “in control” or “out of control.” Like many of the respondents, Dwayne feels that he is in control of his drinking and drug use: “And I was just like wired up—just amped. I was just like: Uh-uh-uh-uh. But I wasn't like—I had no feelings of like—I didn't feel crazy.... I didn't feel like I was out of control or anything. I felt regular” (Dwayne). Dale reported: “I feel kind of bad that I finally went against my code and starting drinking alcohol. But I figure as long as you're in control of it, you know. And you know, it's okay for me to get a little out of control because I don't drive anyway.” Dale's tag line here pushes the limits of control a bit further: because he doesn't drive, he feels that he has permission to be a little more out of control than others. Keith, who developed problems with stimulant use as a result of chronic pain, says that well into adulthood he never had any problems with substance abuse:

Before the accident, well before the accident, I mean I was not, you know, I said, I didn't care for drugs at all. I was a social drinker at most. Never I mean, I was never the type that enjoyed the feeling of being drunk, so in fact, you know, when I'd start to get a little buzzed, the, for me to feel buzzed meant lack of control. And being a control freak, you know, that just wouldn't do, so I'd have to...stop drinking. And you know, I'd sober up really pretty quick.

Kendra, a young, single woman in her mid-twenties, explains how she drinks and what

substances she avoids. Her narrative reveals a complex relationship to alcohol and other substances and an acute awareness of how they enhance as well as take away control, helping her to have fun and relate better to strangers but putting her at risk. Kendra talks about her feelings of helplessness with regard to the drug use and drinking of her stepfather (her negative exemplar, to be discussed later), and her struggles with friends who have gone into drug use beyond her comfort zone. This is painful for her because she longs for strong friendships but senses that her refusal to participate in drug use prevents such ties.

...The reason why I really don't like people doing drugs is 'cause my stepdad Joe did drugs. He did cocaine when I-- and that was part of the reason for his crazy mood swings. And, you know, I saw how it affected my mom, how it affected our whole family life, how it just ruined everything. And it's just a miserable thing to get into. And I don't like to see my friends getting into it, but I don't want to be their parents either. I don't want to tell them what they should or shouldn't do. And I know that. And even though it makes me feel bad that they're doing it, I know that I can't tell them what to do. ... So I feel helpless. You know, I feel like I'm not under any control to do anything about it, and it's an uncomfortable situation for me nowadays when we hang out and go out together 'cause that's what they're always doing. And I mean I've tried speed before, and I mean but I tried so little 'cause I was so scared to do it because, you know, of what I've seen in my life, that it didn't even do anything. Like I mean-- and I just tried it 'cause I wanted to-- I just wanted them to think, "Oh, for once Kendra's doing something," you know, "she's not lame. Tonight she's going to have fun with us" or whatever. But it totally backfired. So now it's like they don't invite me out as much when they know that they're going to go to a place that is going to be mostly drugs, because they know I'm just

not going to have any fun, I'm just going to sit there and be bored while everybody else is like, 'whew.

Later in her interview Kendra describes how she uses alcohol in order to manage her tendencies toward social phobia. Each time she goes out, each party she attends, is a balancing act, an exercise in titrating the right amount of alcohol into her system so that she can have fun but not go over the line. The way she sets limits or controls on her drinking has less to do with the impact on her physical functioning than with her worries about being seen as foolish by friends and acquaintances. Her narrative is similar to those of many other respondents who struggle on the edge of being in and out of control. They counterbalance the desire to have fun and interact freely, which they see as enhanced by alcohol, with the fear of crossing the boundary into abuse. These and other quotes illustrate how substances have the power to give control as well as to take it away. They self-medicate to enhance control, while often at the same time enjoying and celebrating feelings of being out of control.

NEGOTIATION OF BOUNDARIES

The interviews suggest that there are multiple boundaries operating in each narrative—the narrator's boundary and the boundaries of friends or peers. Arguments and negotiation arise when these boundaries diverge, leading to peer pressure on the respondent to adjust his/her boundary closer to that of the peer group, and sometimes too by the respondent on the peers to adjust their boundary. The respondents tend to report peer pressure as toward heavier use, and describe themselves as pressing for lighter use.

Sometimes the argument is not so much between the respondent and his/her peers as an internal struggle against one's self, a questioning about whether one's own behavior is too extreme. An example is Noah, who said that after he had been interviewed on the telephone earlier, as a part of the National Alcohol Survey, he began to question his own behavior. It was as if the original telephone interview had become a brief intervention: "All these questions about alcohol, how many times do you drink and I was like, wait a minute. How many times do I drink? Like that's kind of a lot. I'm twenty-four now, almost

twenty- five. I shouldn't be doing that.” One of Noah’s constructs about substance use seems to be that it is all right to drink heavily while a young adult, but that once a person is on the threshold of real adulthood, he/she should taper off. At another point when Noah is talking about his daily marijuana use he says: “But I found that I had kind of -- I was like looking at myself going like what a -- why have I been doing this for the last seven years, you know?”

Monte also debates with himself and his roommates who have begun smoking crack and heroin: “Are you sure you guys know what you're doing? ...Like is this getting out of control? Like am I doing -- am I getting too far into this?” Jared says: “Just got to the point where I'm like Why -- why am I doing this every day? ...Okay, I'm done. It's there. It's a tool. I know I can do it when I want to.” Sal says: I keep telling them, Hey, we got to stop. Let's not do any today. Oh, no, no, go get some. I'm like: Oh, fine. I can't help it.” Before Darcy succumbs to heroin use, she reproaches her friends: “And I'm like: You guys can't be doing that. That's really horrible. This is, this is not like your scene, you know. This is-- you shouldn't be doing this. It's really bad.”

Some of the foregoing narratives emphasize argument/negotiation between the respondent and the peer group—Sal and Darcy, in others the argument is more internal to the respondent—Noah, Jared -- and in still others there are elements of both—Monte. The outcome of the argument/negotiation is sometimes that the group prevails. At other times the respondent prevails by convincing the group to accept his/her boundary, although more often the respondent simply maintains a personal boundary distinct from that of the group. The narratives suggest there is constant movement along the substance use continuum as the individual, the peer group and the larger society adjust boundaries.

PERCEPTIONS OF PHYSICAL EFFECTS

DOES IT MAKE YOU FEEL GOOD? The narratives of substance use typically include comments about the physical effects of substances, often with vivid descriptions of how it made the respondent feel. Again, this was an element that emerged naturally in the course of the narratives. As Kirk so concisely describes, a positive experience with a drug is a doorway which can lead to greater use and/or use of other drugs: “And then after that it's just like: Oh, this feels pretty good, I wonder if

anything else will feel better. So you start trying other things.” In the previous section, Dwayne described his physical feelings after using marijuana as being *wired up* and *amped* but not crazy or out of control; he felt “regular”--apparently referring to a heightened, pleasant feeling.

Other examples include: “It felt so good I couldn't – I couldn't stop thinking about it, I thought: Oh, I'll just try it. I didn't think anything could make you feel that good so that you couldn't stop thinking about it like that” (Andy); “So when I took the ecstasy I must admit I thought [laughs] it was very cool. And it makes you feel pretty good (Drew); then I ended up liking how, you know, the feeling of just getting a good buzz” (Dale, talking about starting to finally drink beer in his mid-twenties); “And, so I, you know, I got, the good stuff. And I got the good experience of the good stuff, but it also led me to like a real euphoric feeling, so I ended up traveling the path from ecstasy to heroin” (Darcy). Both Bay and Morris talk about liking the effects of alcohol but not the taste, so each uses alcohol rarely and only when heavily sweetened in a margarita or other sugary cocktail.

For Darcy and several others the physical effects of a substance signaled the point at which they had gone “over the line,” moving beyond a self-imposed limit and through a transition into heavier use. Darcy says that the feeling that ecstasy gave her eventually led her to use heroin, but Darcy was at high risk of moving on to heroin because she had used everything except heroin even before she had gotten out of her teens. Keith, on the other hand, hated losing control but ended up addicted to stimulant use because it helped him to alleviate chronic pain, get his life under control, and deal with his everyday needs:

But within the first month, I was turned on to crystal meth, which was so not me. I had spent my entire adult life snubbing [my brother] for being a pothead. And I was not a very drug friendly person. And the only reason I caved on the crystal is because I had been avoiding painkillers. And that was just because I didn't want to get hooked. And this one particular night I was just a physical and emotional wreck, and I was really on the verge of cracking I think that night... friends, the acquaintances at the time said: Say look, just do it once. You need it. It will get you through the night. And at that point, I don't care what they would have given me, I would have

done it, because I was just that miserable.

In this description Keith talks about his self-imposed limits, that drugs were “so not me,” that he was “not a drug friendly person.” Yet, as he describes, he was quickly drawn into heavy use. It is notable that Monte’s description of his experience with black tar heroin—“like I smoked heroin once, and tried it and it was okay”--is very lukewarm. In contrast, in other parts of his interview, Monte describes his college life of nightly beer drinking and pot use:

By that time I was just a pretty hard-core drunk. And I’d say like, you know, every night, this is what was great about college is-- I’m-- and I’m not exaggerating-- but every night-- six nights, I’ll say to be fair, six nights a week were the kind of nice, where in the morning you would wake up, and you’re like: Oh, my God, I can’t believe how fun that was last night, I cannot believe how fun that was, this is so great.

Misty’s experience with a prescription medication also gives important details about the physical feelings brought on by the drug:

[The doctor prescribed] a serious narcotic drug, painkiller. ...You ever read *Cat On A Hot Tin Roof*? The character, Britt? Like: I just drink until I feel the click. You know, he’s like waiting for the click. And I remember rationing them out, and being like...like I can remember one day I had a job interview the next morning. And I was really nervous about it the night before. And I was like maybe I should take one you know, and that will calm me down. And what happened was I took it, and the click came, and I felt calm.

DOES IT MAKE YOU FEEL BAD? Substance use can lead to or enhance positive feelings and emotions, but it can also be negative. Negative experiences with alcohol and drugs play a significant role in the narratives about why a person does not use a particular substance or try different drugs. Leon says that he doesn’t like the *feeling* that he gets from drugs: “We had been smoking weed or whatever.... I remember just thinking to myself: God, can I come down from this so I can get in control again? So I think that instance made me feel very vulnerable.... I don’t like anything to control me.” Jaban says that he “doesn’t like” pot and never inhaled; Regan says that pot makes her “head spin;” Toby says that using

marijuana was “not really that great of a feeling;” and Morris says: “I tried mushrooms once, but that was similar to the pot in that it tended to emphasize things that I didn't want to have emphasized.” Many people said that marijuana made them cough or had other negative physical effects. Meg says: “I do smoke every once in a while. But the thing is, I have... my lungs are very sensitive. Like, I don't smoke cigarettes, and I can't smoke too much weed because I cough, especially, like recently, so... so I don't go and seek it.” Dale had a bad experience when he unknowingly ate several pot brownies:

Woke up a couple hours later and my whole body felt like it was three feet thicker.... And like the room was just kind of like spinning... my head was just throbbing, when I woke up the next morning. I was like: Fuck, I feel like crap, my whole head was aching. ...And I just like lied on the couch all day, staring at the ceiling going: Never going to do that stuff again, uh-uh!

In the following two quotes, Judd vividly describes a bad experience while on acid and Keith (in contrast to the crystal methamphetamine experience described above) talks about his first experience with pot:

Oh, I had an extremely bad acid trip also when I was seventeen that was pretty traumatic at the time. Probably took about a month or two to recover from that fully. Oh God. I watched graffiti swirl for about ten hours.... And what seemed like four hours would be one minute passing on a clock in the car. (Judd)

And [my friend] brought out his bong and we started smoking. And I had no idea what that was going to do to me. Hell, I had not seen a bong before that night. ... I was beyond high, to the point, you know, nothing had any kind of texture, and nothing seemed particularly real...and that scared the hell out of me.... I don't know, that might have been a turning point, why I did stay away from it all for so, for so long... pot was always very readily available. And I just never liked the feeling. To me, to me a pot high was just miserable. (Keith)

CAUTIONARY TALES AND NEGATIVE EXEMPLARS

A ubiquitous element in the narratives is the cautionary tale, in which a negative exemplar goes

too far with alcohol and/or drugs and illustrates a bad outcome. For example, Reyna, a lifetime abstainer, spent part of her teenage years living with her grandmother and grandfather:

...My grandfather was, he was an alcoholic. And when my grandma was sick, my mom had to move in with them ... And in the middle of the night he would like, if he was drunk, he would knock on our door and come in And he would talk and talk and talk and he would play his music and want us to sing all night. ... And like if he like, would hold your hand, it was like always extra hard. He would squeeze extra hard. ... But when he was sober, it was like he didn't talk. He didn't say anything. (Reyna)

Reyna goes on to say that she stays away from alcohol because she doesn't like to use anything that changes your character.

The basic formula of the cautionary tale is as follows: a) There was a person, he/she used a lot of alcohol and/or drugs, b) there were severe negative consequences for that person and/or for those around him/her and, c) because of that, I am careful about my alcohol and drug use. The negative exemplar comes to a bad end or is left hanging, trapped forever, by the consequences of their actions. The story always ends with: *...and that is why I don't take any/that drug, or ...and that is why I am careful.*

Variations on the cautionary tale can be seen in the illustrations below.

Keith, quoted above about his use of methamphetamine, talked about the disdain in which he had held his brother, the protagonist of a cautionary tale that had originally been the anchor for his personal boundaries. He sees the irony of judging his brother's pot use in light of his own more extreme addiction. Another respondent, Rob, says:

When – I was about 17, there's a kid who was in our circle of friends who – he – he got a little– a little out there. He was the first person I saw who really, in retrospect, was a drug abuser, that – he couldn't stop. He – he was doing a lot of cocaine and to the point that he– he became a different person and he started stealing things and, ultimately, he ended up in jail.

Lara said that she had a few bad experiences with friends who got in trouble early in her high school

years. ... “And then my sophomore year of high school one of my friends came back from college and spent a night drinking too much and smoking pot too much and thought God told him to run in front of a locomotive and he killed himself that way.” She goes on to state that her parents did not really ever say much one way or the other about drugs, so that her opinions were developed based on observing the troubles her friends got into. Noah, who mentions a number of relatives who have alcohol problems, describes an incident where he and a friend almost by accident end up rescuing two acquaintances who overdosed on a club drug – “one friend was like five or ten minutes from dying and the other one was probably about fifteen minutes...so definitely...the only traumatic experience I've gone through and it was horrible.”

Grace is one of the many for whom an immediate family member was the negative exemplar:

...My mom was an alcoholic, and so she was drunk all of the time on the couch. And I saw how she was with us, and how she was with my Dad. She was very lazy and manipulative and selfish. And she didn't do anything for her family at all. I don't think that she should have had any kids, because she was a drunk. But... and so, I kind of saw that. And it was like: Oh, I don't want to be like that.

For Brenda, the example was her brother: “My brother got mixed up in drugs when he was really young, so, that's part of the reason why I never tried a lot of stuff. I got really sad watching what he was going through at a young age. And it really sat with me.” In Dale's case it was his stepfather:

I used to swear that I'd never smoke, drink or do drugs and my whole life I was always like that... [because of] my stepdad, from what alcohol did to him, I never wanted any part of that... He'd get really insane when he's drunk and tossing and throwing everything and just, you know, just being belligerent and ranting and raving about everything bad I've done my whole life.

Like many of the respondents, Adam talked about several people who had been negative examples:

My mother did have a brother who died from alcoholism. And I have a friend, a close friend, who, you know, hasn't died from it, but he definitely has an alcohol problem. I-- I can't really see

myself going down that path just because I know what it does to a person, and what it does to the people ... It's just not worth it to me.

DISCUSSION

The survey elicited a rich variety of interview material about alcohol and drug use. The recurring patterns in the interview narratives constituted an arresting puzzle. Why did people give their substance use boundaries without any prompting? Why did they always include an anecdote about a friend, acquaintance, parent, uncle, sibling, etc. who had gone beyond the pale with respect to substance use? Why did they talk about being in and out of control and of having fun but being acutely aware of the edge of the abyss? Why did they describe in such detail their physical responses to different substances? Why does their language change from positive to negative when they discuss crossing boundary lines?

While the material could be analyzed in multiple ways, our focus has been to provide an example of one particular approach to discourse analysis. The patterns become more understandable in light of Moscovici's (1984) discussion of social representations. Moscovici suggests that in order to make sense of our world, people need to classify things. In the classification process we come up with sets of behaviors, characteristics, negative and positive effects, and rules for interaction. Two important aspects of social representations are *anchoring* and *objectifying*, both of which are important for storing and retrieving memories. *Anchoring* is the reduction of social phenomena to ordinary images and categories, and *objectifying* is turning something abstract into something concrete. Moscovici writes that "objectification saturates the idea of unfamiliarity with reality, turns it in to the very essence of reality...[so that] it appears before our eyes, physical and accessible" (p. 38). He explains that

...the main virtue of a class, that which makes it so easy to handle, is that it provides a suitable model or prototype ... a sort of photo-kit of all the individuals supposed to belong to it...[summing] up the features common to a number of related cases. ...To categorize someone or something amounts to choosing a paradigm from those stored in our memory and establishing a positive or a negative relation with it (p. 31).

The exemplars in the alcohol and substance narratives illustrate how Moscovician prototypes anchor social phenomena and serve both storage and retrieval functions. We note that the negative exemplars, the subjects of the cautionary tales, are all people with close connections to the respondents. None of the respondents mentioned fictional exemplars from movies, television or novels, nor was there mention of cautionary tales from the news or celebrities, although such figures are common currency in prevention programs. This raises questions that might be explored in future research. Must the exemplar always be a first-degree connection, someone directly known to the narrator? Do individuals accumulate multiple exemplars? Are there different exemplars for different categories of behavior? If one's substance use becomes more extreme, does one change exemplars? For example, Keith used his brother as a negative exemplar but once he started using methamphetamine he seems to have adopted a more generic exemplar consisting of people who shoot methamphetamine instead of snorting or smoking. What of positive exemplars, more commonly called role models? Can the same figure—a recovered substance abuser, for example—be both a negative and a positive exemplar?

Although media messages and advertising of alcohol, tobacco and pharmaceutical products are important targets for prevention of alcohol and drug problems (Council on Communications and the Media, 2010; Mart, 2011), our respondents emphasized the impact of exemplars and relational networks on substance use and perception of risk. These findings are congruent with other research suggesting that mass media messages and prevention communications related to drug and alcohol use may be interpreted and influenced by relational networks (Diamond, et al., 2009; Morton & Duck, 2006). Social representations develop through the interaction between the individual and their immediate and broader social environment. From this perspective it is not surprising that promising prevention strategies include those aimed at changing social norms on multiple levels, including individual, family, community, policy and media (Diamond, et al., 2009; Mart, 2011; Morton & Duck, 2006).

The case material on the good and bad feelings associated with substance use shows the importance of looking at variations in individual physical reactions to substances. Some theorists emphasize the motivations of tension reduction and self-medication in substance use: people feel bad and they use alcohol or drugs to feel better (Cappell & Herman, 1972; Greeley & Oei, 1999). However, our interview data clearly show that many people who use and abuse substances do not feel bad at all. Rather, they feel good, and they drink or use drugs because it makes them feel better still. Gateway theorists have recognized this pattern (Johnson, Boles, & Kleber, 2000; Kandel & Faust, 1975; Kandel & Yamaguchi, 1993; Mayet, Legleye, Falissard, & Chau, 2012), but they tend to overemphasize the external factors, such as peer pressure, that lead to it, and they do not accord sufficient recognition to internal factors, such as subjective physical reactions to substances, which can be either motivators or inhibitors.

Typically, being *in control* is positively valued and being *out of control* is negatively valued. Substance use, however, is anomalous, in that it both gives and takes away control. One of the supposed dangers of substance use is that it reduces one's ability to self-regulate, and risks a state of addiction in which the substance controls the individual. Paradoxically, however, as in Kendra's narrative, loss of control is sometimes a desired state. The conscious attempt to dampen self-control is a central theme in the narratives presented here and show the desire to occasionally be out of control or, at least, to relax and appreciate time out. These findings are consistent with the study by Demers et. al (1996), which found specific social representations were predictive of drinking, such as social representations related to conviviality (drinking as supportive of positive interactions or celebration) or to compensate for difficulties. These findings are also consistent with qualitative studies of how women and men perceive alcohol consumption as linked to permission to flirt or other positive facets of social interaction and courtship (Abrahamson, 2004; Ferris, 1997)

A limitation of Moscovici's approach is that, rather than generating behavior, social representations may be merely rhetorical devices to rationalize one's behavior after the fact--stylized ways of presenting information, arising from conventions of self-presentation and social desirability. Conscious of the listening other, perhaps the narrator raises boundary issues in order to demonstrate that

he/she is a good person. For example, it is suspicious that in the narratives of boundary negotiation the respondents invariably present themselves as advocates of less and lighter use and their peers as advocates of heavier use. More research is needed to verify that social representations relate predictably to behavior. It is also important to discover whether such cognitive constructs are limited to substance-related behaviors or are also associated with other types of behavior. For example, behaviors that cross social boundaries or incorporate elements of danger might also generate the structural elements found in these narratives.

So, how is it that one might potentially apply some of the findings from this study? It is evident that there seem to be certain 'natural' (and consistent) processes through which individuals 'control' their drinking and drug use (or prevent themselves from using alcohol and drugs at all). It is likely that a naturally occurring self-regulation processes, especially ones that are as ubiquitous as those described in these interviews, would be very strong exactly because they are naturally occurring patterns. Capitalizing on this phenomena could be a powerful tool when developing prevention, intervention, harm reduction and treatment programs. One approach could be the development of individually tailored strategies using knowledge gained about an individual's 'lines in the sand', and/or their 'cautionary takes' to become part of the data gathering process and incorporate into motivational interviewing, relapse prevention strategies or harm reduction approaches. For example, a counselor using motivation interviewing (MI), which has a strong evidence base (Miller & Rollnick, 2002), could support a client to examine boundaries or limits and have the person pay attention to when those are being transgressed (e.g., through specific MI strategies such as exploring ambivalence and developing discrepancy). The individual's own stories and experiences could become the anchors for establishing or changing boundaries.

In addition to the need to better understand how these natural processes work and whether or not they are reliably associated with individual behavior, there are several other limitations to this study. First, this is a relatively small sample (n=129) but large as far as qualitative samples go. Second, alcohol the sampling strategy was based on a random, telephone-based survey and more than two-thirds of the respondents at each level (telephone interview and in-person interview) agreed to participate, the in-depth

interview sample were generally better educated than the non-responders. Third, the people in the sample are all between the ages of 18-40 and disproportionately more of them were not currently married (unmarried chosen because of the research focus). These factors, along with the fact that we collected data from a limited geographic range could influence the generalizability of these data.

In spite of these limitations, we have tried to illustrate some general principles for how to analyze narratives and identify social representations. As survey researchers, we draw from a repertoire of elicitation and analysis techniques that has evolved over time. However, we need to continually question and renew our theories and practices. In this process, open-ended interviews offer a rich resource. In alcohol and drug studies and in other areas as well, expanding and refining our methodologies of discourse analysis can help us both to better understand our informants' narratives. More systematic attention to discourse can also help us refine our messages and communicate more effectively in prevention and intervention programs.

Most notably, insights from the substance use -related narratives of the interviewees and the illustrations from their life experiences may be useful in prevention and intervention programs. Specifically, the social representations that emerged from the corpus of narratives taken as a whole constitute the set of patterns which we identified and discussed, such as continuums of personal behavior with boundary points that are negotiated and periodically readjusted. The interviewees described a personal landscape, populated by a social network of family and peers, in which boundaries of use drawn like proverbial lines in the sand. These boundaries were defined by exemplars and made visible in their own "stop and go" language. These findings are intriguing in the context of research suggesting the problem-behaviors might be prevented or changed, at least in part, by changing drug related cognitions (Wiers, de Jong, Havermans, & Jelicic, 2004).

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Table 1: Summary of social representations from qualitative interviews about use of alcohol and other drugs

Social Representations	How social representations were constructed and communicated
The language of boundaries.	<ul style="list-style-type: none"> • A line from <i>good</i> to <i>bad</i> practice with regard to substance use, with a boundary point separating them • A dynamic element to the model with language that implied mobility along the behavioral continuum, distancing themselves from undesirable behaviors through the use of movement and location terms
Going, stopping and moving.	<ul style="list-style-type: none"> • Words indicated <i>go</i> and <i>stop</i> signs, or green and red lights, along the substance use continuum • The two most common words associated with <i>go</i> were <i>curiosity</i> and <i>experiment</i>, often used together. • For stop signs, the commonly used words were <i>whoa</i>, <i>control</i>, and occasionally <i>limits</i>
The importance of control.	<ul style="list-style-type: none"> • “Control” was generally described in relation to the respondent’s own substance use/abuse or substance use by others in the respondent’s immediate environment • The linkage of alcohol and drug use with <i>control</i>, with reference to maintaining or crossing psychological boundary points, • Often identified the boundary between substance use and abuse according to whether they felt “in control” or “out of control.”
Negotiation of boundaries.	<ul style="list-style-type: none"> • Multiple boundaries, including the narrator’s boundary and the boundaries of friends or peers, frequently described in relation to debates or negotiations with self or peers
Perceptions of physical effects	<ul style="list-style-type: none"> • “Feeling good” experiences linked to greater use and/or use of other drugs • Physical effects of a substance signaled the point at which they had gone <i>over the line</i>, moving beyond a self-imposed limit and through a transition into heavier use. • Negative experiences with alcohol and drugs play a significant role in the narratives about why a person does not use a particular substance or try different drugs.
Cautionary tales and negative exemplars.	<ul style="list-style-type: none"> • There was a person, he/she used a lot of alcohol and/or drugs, • There were severe negative consequences for that person and/or for those around him/her and, • Because of that, I am careful about my alcohol and drug use.