

ON ADDICTION: LAY CONCEPTIONS OF ALCOHOLISM

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Anthony Giddens sees addiction, or dependence, as a symptom of the individualism of the post-traditional culture. "The fact that we can today become addicted to anything – any aspect of lifestyle – shows how comprehensive the rupture of tradition has been. The increase of addiction as such is a significant feature of the postmodern social world but it is also 'a negative index' of the detraditionalisation of society" (1994, 71). Giddens's conception is both constructive and causal. The expert systems in the postmodern society label certain behaviours as problems, and treat them as dependence; on the other hand, postmodern individualism gives rise to compulsively repetitive behaviour which is not controlled by tradition, nor by appropriateness. Nor can the layman conceive such behaviour in any other way than individual personality disturbance, or dependence.

This paper will look into Giddens's postulate about the interconnection between addictions and postmodern individualism by studying the social construction of alcoholism in present-day Finnish lay thinking. In a group interview of political decision makers in Lahti, Finland, video extracts of international films and information programmes (Törrönen & Sulkunen 1997) were used to stimulate a debate on the social significance of alcohol, on the alcohol-related problems and on alcohol policy. The purpose of the entire study was to find out how general conceptions about the relationship between the individual and society are reflected in the conceptions of alcohol, alcohol policy and alcohol-related problems, and what is

their impact on the latter. Alcohol problems were discussed from various perspectives, but this paper will focus on definitions which specifically characterize alcoholism as a dependence.

Post-traditional and postmodern compulsive repetition

According to Giddens, repetition is needed both in the traditional and in the modern societies. Tradition means doing the same things the way they used to be done under the control of rituals, stereotyped information and the authority of the guardians of tradition. Modern compulsive repetition is connected to the disciplinary accumulative tendency of industrial and capitalistic society. Postmodern addiction has lost both the ritual continuity maintained by the traditional community and the positive motivational basis explaining modern compulsive accumulation. Even if anorexia and puritan entrepreneurship both represent denial, and they share the compulsive character, anorexia is entirely self-centred, and lacking an accumulative positive aim; its final and extreme consequence is death.

From a historical point of view, the conception of an increasing number of new addictive phenomena is problematic. It does seem that some behavioural disturbances with addictive character do occur more frequently in the western countries. Anorexia and bulimia are surely such disturbances, as are gambling and playing of various entertainment games (Kingma 1997; Bordo 1988). On the other hand, alcoholism has not become more frequent in the western world; on the contrary, the trend has taken a downward turn. Smoking may be a form of addiction that is disappearing entirely from the western countries. Furthermore, it is not easy to agree on what kind of dependence is behavioural disturbance and what is just a habit, custom or affection which makes part of our way of life. In fact we are dependent on our family, work, colleagues, hobbies, the media, nutrition, sleep and many other things. From the society's perspective or in the context of the individual's lifestyle, any of these may sometimes be harmful, but only some of them are defined as addictions. This, in turn, has certain ramifications of control policy

nature. The fact that alcohol-related problems are defined as addiction easily leads to understatement of the impact of alcohol availability, and to an excessive focus on problem user control. In Kettil Bruun's mind dependency was such an ambiguous and problematic concept from social policy point of view that it finally led him to abandon the entire concept of alcoholism, preferring to speak only about the adverse effects of alcohol in general (Bruun 1971, 101-103).

The problems related to the concept of addiction partly derive from the fact that various forms of expert discourse and lay thinking get confused in them. In different contexts, various problem definitions have different meanings. The therapist, looking at the etiology of alcoholism and the mechanisms of addiction, wants to understand them in order to help the patient and to liberate him from the addiction. The experts responsible for the alcoholism treatment and control systems see dependency only as one form of alcohol-related problems. From the preventive public health point of view, individual factors are even less important: the focus is on environmental factors and cognitive stimuli that cause alcoholism to increase or to decrease among the population. In lay thinking, i.e., from the point of view of the citizen, problem definition is related to personal and the intimate circle's experience but also to the conceptions as to how to draw the line between acceptable use, addictive use and otherwise problematic use of alcohol.

Disease of the will

According to Harry Levine (1978), alcohol problems were first defined as an addiction in the United States (as late as) about two centuries ago. In colonial times, not even abundant consumption of alcohol was disapproved of, and if criticized, it was called simply drunkenness caused by sin or excessive fondness of alcohol.

It was not until the late 18th century that the first writings by Benjamin Rush, the founder of the American temperance movement, or by other physicians started to be published, describing alcoholism as compulsive drinking with no other cure than

total abstinence. In the early days, many people thought that it was a physical disease caused by alcohol which destroyed the stricken person's will. Right from its early days, the American temperance movement thus adopted the notion of alcoholism being an addictive disease.

This notion had a link with the prohibitionist ideas in the sense that alcohol itself was seen as the cause of the disease of the will; it was not until later, shortly before World War II, that the idea of alcoholism as something caused by man himself emerged among the AA movement (it's in the man, not in the bottle). As compared to the objectives of the temperance movement, the disease theory adopted by the AA had opposite alcohol political consequences but the excessively medical emphasis was avoided by using the term "malady" instead of "disease" (Mäkelä et al. 1996, 126). In the United States, the AA ideology advocating absolute abstinence constitutes the theoretical basis for a considerable alcoholism treatment industry. The first actual medical theory, developed by the group lead by E.M. Jellinek of the Yale Centre of Alcohol Research, was influenced by both notions (Jellinek 1960).

The disease concept has spread to Europe both through the AA and the World Health Organization where Jellinek exercised a considerable influence. However, in the Nordic countries also the protestant temperance movement has promoted the impression of the disease notion in lay conceptions (Mäkelä et al. 1996, 239).

The constructivist argumentation of Harry Levine is based on Foucault's "Birth of a Clinic" and "The History of Madness": it tries to show that addiction defined in a certain way is a historical phenomenon related to modern middle-class individualism – the opposite of the necessary self-control and therefore something horrible. Alcoholism is a problem which presupposes that the environment notices it, defines it as deviant, gives it a contextual content, reacts to it and tries to prevent it.

Levine does not analyse more closely what kind of "disease of the will" was referred to with the first definitions of alcoholism in terms of addiction. Usually, the medical disease models and the sociological construction theories, or the deviation theories, as Jim Orford (1985, 219–225) calls them, are seen as contrary to each other. Disease is something beyond man and independent on the reactions of the environment. Deviance, on the other hand, is a result of social definitions which can only partly be dependent on the person's behaviour and not at all on his internal experience. According to the labelling theory (Lemert 1951; Cohen 1971; Rubington & Weinberg 1968), behaviour is also influenced, and not only classified, by the reactions of the environment, and therefore they actually produce deviance. Orford's own theory – or model, as he himself emphasizes – combines both factors: the influence of social definitions and the environmental factors, such as the availability of the substances, yet underlining that addiction also involves psychological factors, most important among them being change of personality. Depending on the object of addiction, also biological factors make it increasingly difficult to give up the repetitive behaviour as addiction develops. According to this model, the difficulty of change and the risk of a relapse are caused by the fact that the addiction is psychologically and socially so comprehensive; addiction is therefore not caused by lack of will but by the fact that the object of will – the change of life – is growing as the addiction is prolonged.

The traditional disease-of-the-will theory, the constructivist or stigmatizing model, and also the Orford multidimensional process model underline the dependence of addictions on the cultural and social environment; yet none of them explains why certain forms of repetitive behaviour are considered as addiction while others are not. They also fail to explain why precisely the deviation defined as addiction causes such strong social reactions that they alone may make it impossible to overcome dependency.

Our interviews show that in lay thinking, addiction really is the most difficult and most unexplainable level of the alcohol problem. They also demonstrate that not

only will but modal relationships in general play a central role in the definition of addiction, and thereby the phenomenon itself is collocated in the obscure and fearful part of human life where the encounter of nature and culture is symbolised, and thereby risen into semiosis.

Knowing how

It is quite common that the definition of the alcohol problem takes place through a projection to another group outside the one we feel part of. Discussing the effects of alcohol policy, the projection (Sulkunen & Törrönen 1997b) is often formulated so that "we" are not affected by it but, for example, easier availability would increase the consumption among the young or among other people not in control of their drinking (Sulkunen 1992; Sulkunen 1997). The difference between "us" and the others is often seen precisely in the form of competence: those who know how to enjoy the consumption of alcohol and to keep it in control. This was how the problem was also seen in our interview material (the symbol L01 refers to the Lahti material, group n. 1):

L01 Harri (M) lower social classes do not know how to drink as well the upper classes do

L01 PS what do you mean by that

L01 Harri (M) so that the poor people do not know how to drink so well as the little richer and more civilized people... knowing how to drink, well it means that let's say a working man he will drink and drink his two bottles of spirits or vodka until he is totally pissed and he'll continue the following day but this executive director he will drink his evening cognac with the coffee in the company of his wife in a little more sophisticated way so that it is really a question of quantity.

Likewise, the consumption of alcohol by the young is also an object of concern because it lacks the social ability to enjoy. The alleged incompetence to enjoy alcohol of the Finns, the Lapps, the Russians, the working men, the unemployed, the males, the immigrants and many other groups was associated with alcoholism. The alcoholics do not enjoy drinking but cannot do without it, while "our" ability is characterized both by the pleasure provided by drinking and by the pleasure of abstaining from alcohol when the situation so demands.

L04 Marketta (F) in some way alcohol is like a reward, when you have performed your lines well or played your instrument well, there— after you get rewarded by this good feeling, relaxation which always comes, if you ask what is not appropriate, well it is inappropriate that before a concert or the show or before a work performance or whatever

L04 Lauri (M) I don't find it as a reward but it is a relaxant

L04 Minna (F) yes but you yourself have earned it

L04 Lauri (M) of course I have earned the money I use for it, except when the City Philharmonic offers, then (laughter)

L04 Marketta (F) in other words you have earned that good feeling that comes with it is, it not so much the alcohol you have earned but its influence

The projection can be analyzed as a classification where the object of value, or the pleasure of alcohol consumption or the lack of it, is regulated by the modal opposition of ability and disability. The following four-field table is an analysis of this modal semiotic square:

		COMPETENCE	
		+ (we)	- (others)
DRINKING	+	pleasure	drunkenness
	-	self-constraint	alcoholism

Competence was characterized by giving a functional rationale for the use of alcohol. It accompanies the meal and social discussions or is relaxing, and it can be consumed in various situations, provided that one can appreciate and control it.

L06 Liisa (F) well at least I find it like positive so that for me personally, I find that when it is under control, when it is associated like being in company, when you are, and especially when there is a good meal, I often take a glass of wine even when I am alone at home, with the meal, I might even drink a glass of wine for lunch, even if it is a working day and these situations and I can also drink all alone at home a glass of wine, for example after a hard day at work, like it is relaxing, it is surely more relaxing than some drug and it is less harmful to me once it does not get to be such that it creates problems

Alcoholism means that one is not able to enjoy alcohol, but is not able to abstain from it either when the circumstances would require that. The lack of competence is, on one hand, characterised by the adverse consequences of consumption (violence, poverty), on the other hand by the fact that the person is not able to experience the positive effects of alcohol in a correct way nor feel saturated by it.

L06 Tiina (F) what is it that one is not able to stop and then one gets to be dependent on it, why is it that another person then is able to fully control it, like it is quite the same that I am not stuffing myself with food and eating continuously but I get this feeling that now I have had enough.

Will, desire and lust

The distinction between will and desire was one of the cornerstones of John Locke's enlightenment philosophy. In the early stages, this modern idea adopted by the American temperance movement aroused opposition. In his pamphlet *Freedom of the Will*, Jonathan Edwards found it absurd to think that anyone would want something that was against his or her will (Levine 1978, 149). If a person uses alcohol, we must deduce that he or she has a desire to do so. And vice versa, if the person has the will not to use it, this must also be based on some desire.

The desire to drink of the alcoholics was described very little by our interviewees. Occasionally, yet very rarely, even physical or psychological euphoria caused by intoxication was considered to be important:

L01 Harri (M) ... I must say boozing is fun and getting drunk is one of the nicest things in the world, and if you really get attached to it, the drinking goes on and on even when you have no more problems, I mean the pleasure of drinking

L01 Pauli (M) some people like it when you for example take a parachute jump, feel you are floating

L01 Harri (M) this gives the same floating feeling, just getting drunk, that is really a fine feeling at the summer cottage to take the first shot of whisky, after having driven 200 kilometres to the country, and the cork seems to be squeaking in the car already 50 kilometres before being there at the cottage

The table in appendix 1 summarizes the themes dealt when discussing alcohol-related problems. The table figures indicate how rarely the positive effects of alcohol – pleasure (3 addresses) or euphoria (5 comments) – were touched in connection with the alcohol-related problems. In contrast, competence was emphasized, either so that people do not know how to use alcohol correctly (28 comments) or in the form of cultural differences (117 comments). The latter mainly referred to the opinions where either the Finnish culture's or some social group's drinking habits were seen as the underlying reason for alcohol-related problems. Having fun and many forms of being social were, of course, also mentioned. However, this was generally associated with the notion that alcohol as such is not harmful but the problems are caused by other factors (43 comments). To some extent, the aesthetic experience related to alcoholic beverages (taste, brands, dining) were also mentioned. However, Otto's cynical remark summarizes the opinion of many:

L02 Otto (M) ... even though many other things are nicely talked about, tasting wines or identifying them and so on, or people thinking whether the beer is foreign or domestic or whether it is medium or strong beer, all this giving a sort of scientific flavour to boozing and all this, but the thing is that alcohol is alcohol and people use it to get drunk

It is necessary to make a distinction between not only two but three different concepts related to willing and desiring (Sulkunen & Törrönen 1997c, Chapter 3). Affect is defined as a protosemiotic emotional state which has not risen to discourse or it has not been given conscious definitions whereas emotion has already been given an expression in some speech or text. When oriented towards an object, I will use the word *lust* for affect-like wanting and the words *desire* or *want* for emotion-like wanting whereby also "need" is included. A need is specifically articulated as a lack and the means to eliminate it. Desire or want (and need) is directed towards an object of value with modal definitions, such as the ability to provide pleasure, to eliminate lack or to symbolize social status, whereas *lust* is a mere *feeling* of lack, the object of which cannot be modalised in any way. Desiring, wanting and *lust* are directed towards an object, whereas willing is the subject's modal relationship to *doing*. Willing therefore always calls for a counter subject or counter forces, and to overcome these, effort and performance is needed.

Defined in these terms, drinking was very poorly described in this material as concerns desiring. Only in some comments (cf. appendix 1) the onset of alcoholism was considered to have derived from the pleasure or fun. It was much more common to find that the dependence on alcohol originates because drinking has never been a pleasure or a joy but a means of killing pain or anxiety. According to Simo's own experience, this is a true image of reality:

L01 Simo (M) in my mind, the cases I know, the majority is so that it is caused by some problem, economic or mental or other so that very rarely these full-time or professional drunks whom I know are such that they would have started to do it because it is fun, like these people I know in this city, there is this one guy who continued after the school-leaving party and kept drinking as long as his liver could take it, the father having this big property right there, and this is like a smaller group but the majority, those who have already drunk enough to lose their jobs or something, they have had some problem that has

caused this, like some economic problem, divorce or something, xxx somehow not having it all up here

Addictive drinking was explained by various external reasons: unemployment, divorce, jealousy, change of life or generally "dire straits" (appendix 1). As such, they do not lead to alcoholism, nor do all the unemployed or divorced end up like that. On the other hand, also persons with everything in their life in order can risk alcoholism, especially if they do not have to suffer from a scarce standard of living. It was emphasized in the discussions that even when the background of dependence is a problem-free and social way of using alcohol, the use becomes poorer in its content when controlled by compulsive repetition - "habit" and then self-destructive lust:

L05 Mauri (M) well doctors still underline that the others, these constant minimal-sip drinkers, that it doesn't lead anywhere, but it can be extremely dangerous this sipping because it can lead to larger doses without you noticing it, and it does not require anything, for example difficulties in our life or some significant turning point, it is a habit just like smoke.

L05 Reijo (M) ... even if the person concerned would not necessarily be any alcoholic yet, I mean not a classified one, that person might become, and then this spiral might start that there really might be some reason to drink more and then there come, well there are examples of this self-destruction boozing and this type of thing

In order for the minimal-amount constant drinking not to lead to alcoholism, also good life needs self-control. But even among those who have gone through rough times, only some "become pathetic losers", "the one fall who are built to fall". The decisive factor is one's own will to overcome the difficulties:

L03 Susanna (F) it is more like believing in oneself that we all have these mighty resources inside us, it does no good that all the time there should be some more patronizing

The development of alcoholism is thus mainly linked on the lack of will-power. Those with a strong will resist even great difficulties while those with lacking will can collapse even for being too well-off in life. This can be presented by the following modal square in which the use of alcohol either is connected or is not connected with adversities. However, the dominant modal value is willing:

		WILLING	
		+ (we)	- (others)
DRINKING FOR PROBLEMS	+	disciplined relief	losers
	-	disciplined pleasure	creeping alcoholism

Alcohol can be used as temporary relief when the adversities make life hard but it depends on the will-power whether it leads to a spiral in which the alcohol itself adds to the difficulties. On the other hand, if alcohol is used when everything is fine, lack of will-power and self-discipline may lead to insidious alcoholism.

We here find a similar projection as we did in the case of drinking competence. Place of living, age or general underprivileged status were often associated with the lack of will. For example, unemployment can cause alcoholism among those with limited means unless they are controlled but "we", people who are provided with

strong will, can manage it, for example by cutting down on our drinking, like one of our interviewees, a former heavy alcohol user, reported to have done after becoming unemployed. On the other hand, also sensitive personalities risk falling, unless they lack will-power.

*L03 PS (M) so you see yourself as a hard person?

L03 Kristiina (F) in that sense that I am one of those who make it, I don't give up somebody else gives up, like if you think of me and some other, the very same start in life and all the same things, why does that other one fall and I don't

The same aspect was underlined by the members of the male journalist group when they were discussing their falls during a feedback discussion:

L01 Harri (M) I was thinking that this group who we all were I know these people well enough to say that we were really talking about our own experience there, we do not start to put the blame on others, the responsibility is ours only, sometimes you can say that the wife was complaining so that you had to go out for a pint but in reality we all carry our own sins

Will is one of the modal relations that define a person as a subject, an active operator who resists difficulties and controls his desires. It also involves the responsibility for others. Overcoming the risk caused by excessive use is especially important when it is threatening the safety or living conditions of others. Even if the family economy would allow it, the excessive consumption of alcohol by a responsible employer might jeopardize jobs. Likewise, colleagues and family might suffer, even if the alcoholic him/herself would not be aware of it.

L08 Kaarina (F) is not able, is not even able to be interested about it, he sees this drinking so that it does not cause any harm to anyone, not even to himself, he is doing it for his own pleasure, does not understand that it will make also the family sick

Contrary to this, a health problem or loss of working capacity caused to oneself was not seen any kind of problem:

L01 Harri (M)³ this alcohol problem is a problem only when it starts to cause clear losses of working days or efficiency clearly decreases, or then health-related alcohol problems, and then diseases, but these are really no alcohol problems

L01 Pauli (M) yes, a problem is a problem when you no longer can look yourself in the mirror

It is a question of will of living, and its disappearing can be associated with death.

L03 Maria (F) a drunk is a slightly bully drinker of booze, or a gloomy person sitting alone who sits down and cleans himself and has this certain aim in the bottle, and the large-scale consumer is a person drinking eight beers or a bottle of wine to relax after work, and an alcoholic can no longer control his desire and the booze is an end in itself, coming before everything, even death which is the subconscious aim.

Horrible desire

Loosing the will-power is dreadful. Corresponding to the ideas of AA, many comments shared the conception that alcoholism is a physical problem, sometimes also seen as a psychological problem, based on the loss of control, and you can

never be cured from it. The only way to avoid destruction is a full abstinence from alcohol. A successful manager described this problem from his point of view:

L05 Reijo (M) these people know that I have been drinking, sometimes even heavily, and when I was a student I started this... thank God I have had no such health crisis or anything but... lately I have tried strongly to put myself back to the straight and narrow path, and in my mind I have been quite successful, and now it is very helpful that the situation at work has become so tight, that at this age one cannot simply drink, that is a good help in this sense, and for example this year I have been so that I haven't even drunk beer, I have no negative attitude towards alcohol, in this profession I get wine and cognac, but I have decided not to take, I know that much that spirits do not suit me, that is if I let go, it is extremely easy that I get carried away, I lose control, and therefore, I don't know if it is an old drunk's prudence, I prefer not to take any, and that has been a very positive thing.

The groups gave a lot of thought to the reasons for loss of control, and most found that they were hard-to-explain, subconscious genetic, physiological and, according to some, psychological factors. Only in one comment, alcohol dependence was compared to diabetes that can break out due to continuous overloading, so that alcohol itself is the actual cause of dependency. The general opinion of all groups seemed to follow the AA principle "It is in the man, not in the bottle". However, the desire which is out of the control of the will is unexplainable, and both the interviewees and the alcoholics they know are aware of the existence of this unexplainable force; cf. Kaarina telling about her father, an alcoholic:

L08 Kaarina (F) no, no, you can't find any... nothing to do with the life situation, none of those things, all family relationships are OK, job and all, there is nothing there, he himself cannot give the reasons either, but not a day passes where he wouldn't to the grocery store, he

will buy a few bottles of beer, and on weekends that quantity will double, I cannot say why

The nameless desire, or lust is a frightful force when it overcomes the will. There is nothing that can keep from satisfying it – not money, not limiting availability, nor the obvious damage done to the health or human relationships. Its only alternative – and also "subconscious aim" is death. Alcoholism was considered to be "extended suicide" because it is so painful for the nearest ones but it was also seen as the alternative of death.

L01 Juha (M) others solve this then in such a way, say up North in Finland, they have another culture there, they do not fool around with the booze, they take the rope to the barn there, I know some persons close to me who have been working there some years, like psychologists or so ... so they said it is quite rough there, they did not drink but they did not talk either, it was only the fifth time they started to answer the questions, and there was no sixth time, the stiff did not say anything any more.

Lust was seen as a painful state which had to be satisfied, even at the risk of death, but even when satisfied, it resembles insanity and nightmare:

L02 Otto (M) this is like the typical person who is almost delirious and is overcome by nightmares but who can still get some peace through alcohol ... alcohol has dual effects, it is a sedative and it is a substance that stimulates the body, and the sedative effect is the good one but of short duration and the stimulating effect is long-term ... and this is then the cause of this delirium when the sedative effect evaporates and the stimulating effect, it keeps just getting stronger all the time, he has driven his system to this circle, this accelerating circle, and this latter person had this phase just on that if he did not get any

spirits then his world started to fall apart into that image of delirium, and therefore he desperately ran after that bottle ... we cannot understand how people can see their lives as such a nightmare, that people feel awfully bad, somehow they cannot take this existence and that is one reason for this use of alcohol, because it relieves this desperate image of the world with no light anywhere.

These comments were inspired by John Huston's film "At the foot of the Volcano" and Claude Goretta's film "The Country Girl". To facilitate discussion, a scene was shown of both movies featuring an drinking alcoholic. The aversion related to the nameless lust for alcohol and to its destructive effect also emerged in the form of images of the dirtiness and disgusting looks of the alcoholic:

L08 Ari (M) there is not much one can add there, a drinking man will always get really drunk any time he drinks... and often he has quite neat appearance so that it is not so evident on the surface, and funny too, but an alcoholic is a bum, in other words obscure appearance that shows, smells, is asking for money, is all those unpleasant things, that is you can use the term meths drinker.

Aversion often gives rise to hatred. Kristiina expressed this in the following way:

L03 Kristiina (F) as for me... it was for a long time that we drank a lot and there was this gang that drank really unreasonable amounts, and now I have pulled myself out of that, it is soon a year ago, now in a way I am looking for a new way of drinking, and I detest it, it was awful and I have almost this hatred against the booze, even if I haven't given up totally

Thus it seems that when we speak about addictive lust, its object has no semiotic or social qualities, and precisely therefore it is so frightening and self-centred. It

is not directed towards an object of value, the desirability of which would be defined in a discourse, i.e., it would be somehow understandable, even if its value would not be incontestable. It is secret, private and (super)natural, a form of natural need satisfaction falling outside the cultural definition and regulation processes. The lust for alcohol represents the same what the bad connotation of 'individuality' meant to Durkheim: unreflected and savage emotion, being at the mercy of egoistic needs and desires, presocial experience of existence which becomes social along the process of and to the extent of a collective symbolisation (Durkheim 1980; Arppe 1995).

We all have such protosemiotic desires but being overcome by them resembles what Lévi-Strauss in his myth analyses refers to as regression; violating the social rules imposed by culture leads to the violator being shamefully returned back to nature, i.e., he loses his status as a subject and symbolically "rots"—turns back to earth, stinks, becomes an excrement, is transformed into an animal etc.

In the images of our interviewees, the shameful tension between interdiction and transgression is shown as secrecy, hiding of bottles or losing one's face when getting alcohol becomes more important than respectable sociality:

L08 Tapio (M) I remember, in my childhood in the summer-house, in the neighbourhood there was this lady, she was completely... her husband tried to watch her drinking, so she came in the evening to us begging that when my father left for work in town, about 20 kilometres, so she said bring her a bottle, and they were then hidden at each 50 metres in the woods between the two cottages, they had some place where the bottle was hidden, I know my father took them there

In fairy tales, the transgression against a prohibition is often a symbol of the child being a subject: the child's desire for something forbidden, for example a secret, places him/her in a decision-making situation; when opposing the will of the

forbidding creature, the child shows that it is neither controlled by its internal desires nor by external rules but makes its own decisions (Bettelheim 1977; Georges 1970). The transgression against the prohibition related to addiction, i.e., ignoring the disapproval of the environment, works as an image in the opposite way. According to Giddens (1994), addiction is something we try to hide. On the basis of the analysis here presented, the need to hide is due to the fact that trespassing the limit which our environment considers to be a sign of dependence, means shameful regression towards non-discourse, (super)natural desire, and therefore directed away from being a subject.

The difference between the prohibition in the fairy tale which defines the subject, and the prohibition which in the case of addiction makes the subject regressive, is not a consequence of the difference in will but in desire. In the first case the object of desire has risen into semiosis through various modalisations, such as the interdiction related to it: it is understandable. In the latter case, the desire is awful because it is not in semiosis, and it is not defined by any other modal relationship but the fact that following it will separate the person definitely from the circle of social life. This is the reason for the comparison of alcoholism and death, often recurring in our material. Addictive desire was considered to be awful because it hides in every one of us.

L05 Mauri (M) isn't it that an alcoholic, so quite a deal of suicidal instinct in a way, that we all have some of this suicidal instinct, we have a very strong suicidal instinct, quoting certain of the medical profession, it is after the sexual instinct one of the greatest instincts in a human, the suicidal instinct, death instinct in general, so that this could be one such way.

Disease

Among the medical profession, the idea of alcoholism as a disease was not very clear to start with. Jellinek himself pointed out that "in fact everything determined as disease by the medical community must be regarded as such" (Jellinek 1960, 12). On the basis of etiological research and treatment result measurements, alcoholism still makes part of that grey area of disease classifications where part of the symptoms are easily recognizable but the disease itself and its treatment remain permanently obscure (Fingarette 1989). The disease concept also incorporates two contradictions. Firstly, defining the problem as a disease does not only lower the threshold for seeking treatment but, on the contrary, it also takes the responsibility of the individual and his own will, assigning it to the inevitability of the disease. On the other hand, when the disease concept is combined with the AA ideology, the presupposition is that alcoholism, although a medical category, will not be cured even if it is treated. Both views were seen in the opinions of the lay persons interviewed by us.

The experts are widely and fully aware of this, but they also agree that the disease theory has other and more important functions than its clinical dimension, i.e. its moral and professional implication.

In our interviews, the notion of alcoholism seen as a disease was recurrent (appendix 1), and the interviewers made some direct questions about it. Contingency analysis shows that the disease theme was not associated with addiction: they were associated only in four comments while disease was mentioned in a total of 94 comments. However, the disease concept recurred often when the reasons of alcoholism were discussed (43 comments), and the most frequently mentioned factor (16 comments) was its genetic nature. The professional function of the theory was manifested as the responsibility of the health care system to alleviate the problem; at least those in service of the system pointed it out. However, the medical grounds were not always primary:

L06 Katri (F) the health care personnel has a certain contact to the people, so that it should be taken into more consideration there, but today that is not the case, for example people go to see a doctor, and only some disease is treated, and even if it occurred to the doctor that it could be this kind of thing, he does not necessarily ask whether it could be a question of that, I think he would be one with a key role here

The moral function of the disease concept emerged when the groups discussed whether the treatment of alcoholics should be financed through public funds, even if the problem is at least partly self-imposed, cf. the following:

L04 Lauri (M) a contradiction because one tends to think that alcoholism is something you acquire yourself, and if someone gets a heart condition or some trouble with the kidneys, that is not your own fault, but this is a thing that makes you marginalize alcoholism so that is it right that you put so awfully much money to it, when it anyway is self-imposed, but then they explain that it is a disease and it is not caused by your own will but it is chemistry and physics so that I think it might be OK that government funds are used to take care of this.

Many critics of the disease concept, such as Fingarette (1988) or Orford (1985) have suggested that alcohol dependence should rather be seen as a problem of lifestyle or acquired personality, and repairing it would require "dislearning" with cognitive methods playing a central role. Pertti Alasuutari has elaborated this notion in an interesting manner by suggesting that heavy drinking repeats the traits of the "parent culture" in an exaggerated form. Defining it as a disease of the will, admitting to alcoholism only resolves the cognitive dissonance between drinking and the other life-related desires (Alasuutari 1990, 150).

From the treatment point of view, it is useful to see alcoholism as having become the central aspect of lifestyle which formulates the use of time and social relationships with the same determinant manner as would some other, more respectable hobby, such as reading, used as an example by Fingarette. The results of research seem to indicate that at least part of those with an alcohol problem will be able, either with the help of cognitively oriented treatment or alone, to change the structuration of their life to improve the control of the problem. The results are not fully consistent but it seems that in relapse prevention, this approach is more successful than the others in alleviating the consequences and seriousness of the relapses (Koski-Jännes 1992; 35-39; 139-141).

These notions, however, fail to recognize that the disease concept has also a third non-medical function, that is the cultural function. In lay thinking, the disease concept is not dependent on medical justifications or treatment result measurements. It is rather a way of conceptualising the horrifying asocial desire. The disease is a step towards death, which is frightening but it comes less frightful "when it is spoken of", i.e., it has a name, etiology and at least a potential treatment method. The disease of the will – or rather the unexplainable lust which cannot be controlled by will – acquires a less frightful character through this metaphor. The regression of the body back into nature causes shame, alleviated by the image of disease. But the alleviation is even more significant when it is the soul of the person who is regressive – his sociality. It is not insignificant that, besides disease, the AA also uses the expression 'demon' (Mäkelä et al. 1996, 125). The horror caused by the unexplainable, addictive desire arising from inside man cannot be eliminated entirely but the idea of recovery associated with the image of the disease, or at least of forcing the disease under the control of reason and will, makes it somehow more remote, isolates it, giving at least imaginary hope. The AA Big Book (1955, 53; quoted in Mäkelä et al. 1996, 125) formulates this in the following way: "One should not feel shame at being sick, one should only feel shame at not doing anything about it". This association of disease and shame emerged in our interviews:

L06 Tiina (F) but perhaps it will help that more is talked about this, without this shade of old temperance movement morality so that it has been hidden... disapproved, a taboo, so that the family has been hiding it, and the colleagues at work have been hiding it, so that one should not get a bad name in vain, well let's compare it for example with cancer, it used to be a disease people were ashamed of and they did not like talking about it but now that it has been a common topic, a person can say I have it, so I think one possibility would be that there would be nothing to be ashamed of in this, nothing to hide, and so in work communities, too, they would interfere more rapidly so that the person would understand that this disease can be cured like any heart condition

Frightful power of fear

Harry Levine must be right in maintaining that addiction is a modern invention, the reverse side of society getting more and more individualistic. How should we then react to the notion that in postmodern society, it is particularly common both as a phenomenon and as a problem construction?

Giddens's argument can be understood either causally or in a constructivist manner, but the central point is that the other-directedness (tradition, accumulation) of repetitive behaviour changes into inner compulsion. According to Giddens all compulsive repetition, be it anorexia, bulimia or alcoholism, are distorted forms of self-construction, supremacy of the unconscious emotional memory over conscious choices. When the external control systems, tradition and accumulation, become relaxed, the supremacy of emotional memory grows. Giddens's idea could be interpreted with Foucault's concepts so that in postmodern societies where individual's own well-being or self-image remain the only grounds for choices and decisions, addictions become techniques of the self turned into compulsions.

As concerns anorexia and other neurotic disturbances this may very well be true. Susan Bordo has pointed out that in anorexia the complete control of the body becomes the object of desire and the source of pleasure (1988). In addictions of excessive consumption, such as alcoholism or compulsive gambling, the direction is opposite. What provokes horror, anxiety and even hatred about them is not the repetition itself – not even compulsive repetition. The lack of will or the adverse effects of drinking do not alone explain the disgust associated with addiction. We can approvingly tap ourselves on the shoulder and understand that from time to time we "fall for" some pleasure or satisfaction of a need that we ourselves have forbidden or that is morally questionable if we can counterbalance the adverse effects by explaining why it is, after all, worthy of our desire. Eeva formulated this in the following way:

L03 Eeva (F) at least as far as I am concerned there are these certain therapeutic female friends with whom we drink through the night and make therapy and clear everything by talking, even if the following day there would be a headache, you feel really relieved, so that it is a means of getting a little closer to oneself and also to another person, and it takes perhaps place more efficiently when we drink a bottle or two of wine but I find it like a very unique experience

In conclusion, I am suggesting here that the repulsion and fear we feel for addiction are due to the fact that the desire leading to the violation of the prohibition is presocial and protosemiotic, egocentric and unnameable. It is nature in us, and horror is caused by its supremacy over the rational control of life, an ideal and objective of modern society which the individuals themselves on one hand and expert organizations on the other hand have been charged with. The conceptions of addiction constitute one type of the representation of the line between nature and culture in the regressive direction. Addiction is a phenomenon where this controllability falls apart, revealing itself as an illusion. Like other taboos, it is contagious, and therefore an awesome force.

From this point of view it is understandable that the postmodern individualisation both produces repetitive behaviour, which seems to be only dependent on personal dispositions, and conceptualises social problems as addictions, i.e., lack of conscious control – will. Also here, the critic of the mass society theory against the other-directedness of the postmodern "character" (Riesman, Mills) seems only partly justified. Many forms of deviant behaviour considered most problematic seem to be a consequence of inadequate self-directiveness. But even if the normal life of normal people is quite level and equal, regarding it as normal requires that in discourse it can be modalised in endotactic terms, that is in terms of competence and willing. Correspondingly, both the expert organizations and laymen tend to define deviations from the normality on the basis of endotactics.

In traditional collective societies there is no need to conceptualise deviant behaviour as an addiction emerging from the contradiction of will and desire because no special value is given to the subjectness of the individual. On the other hand, the modern individual's subjectness is usually seen as being bipolar: ability to will-powered self-discipline sticking to its responsibilities on one hand, and hedonistic genuineness on the other hand. Anorexia is the regressive and destructive exaggeration of the former and pleasure addiction of the latter. In both cases interfering modalised desire changes into non-modalised and lifeless lust. The commitment of the modern subjectness to responsibility could also explain why coercive means were applied so easily and commonly in the "treatment" of alcoholism still as late as the 1960s (Mäkelä et al. 1981).

Postmodern addiction is much more frightening because it is a breach or a leakage in the very symbolic structure of man's sociality. At least it emerges as such in a very naked form where neither tradition nor the responsibility to common good do not serve as the externally directed benchmark of sociality and subjectness. Addiction is the negative limit, cursed or shameful, in which the culture's fear of the regression to nature is directed in postmodern societies. As shown by Freud's theory of the neuroses, the mechanism of fear does not always direct us to avoid

the object of fear but also to impose it on ourselves. Postmodern addiction is therefore a social definition process producing its own object, not so much an exaggerated form of socially oriented self-centred individuality, but on the contrary, its regression into a natural, non-modalised lust. It evokes fear, and it is from this fear that it regains its compulsive force.

Appendix 1

Contingency analysis: themes dealt with in association with alcohol-related problems

Reasons for problems	Nature of problem	Consequences of problem
other problems 139	illness 94	pain, death 166
culture 117	total addiction 82	health 124
alcohol 115	alcohol does not harm 43	family problems 123
attitudes 63	compulsion 41	crime 118
genetic factors 52	does not know how to	work-related problems 116
personality 38	drink 28	economic difficulties 101
control 21	harmful to others 20	mental disease 97
self-esteem 20	lack of alcohol 8	self-destruction 72
profession 8	lust 8	fight, violence 42
standard of living 7	pleasure 3	marginalisation 24
euphoria 5	does not want to control 2	accidents 22
irresponsibility 2		appearance 19

The table shows how many times the person coding the comments has included an index describing the aspect in cases where the comment deals with alcohol as a problem, i.e., it also has the respective code.

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