

# AUTONOMY AND PROTECTION IN THE WELFARE STATE

## Finnish social workers' views on alcohol problems

### ABSTRACT

*Since the establishment of the state alcohol monopoly in 1932, alcohol policy in Finland has shifted from a paternalistic towards a more liberal stance. Tensions between individual autonomy, on the one hand, and the protection of the innocent, on the other, have become a conflict zone for the handling of alcohol problems. How, then, do social workers in Finland negotiate the two contrasting ideals in the case of alcohol problems?*

*We used a stimulated focus group method, Reception Analytical Group Interview RAGI, to interview eight groups of Finnish social workers who did not specialize in addiction. In our inquiries we employed the Greimasian actantial model for narrative analysis. We identified the actors and values expressed by our interviewees as associated with the process of becoming addicted and recovery.*

*The social workers considered heavy drinking as a wrong way of coping with family dysfunctions and with life in modern society. Heavy drinkers were not held responsible for their drinking, but rather as subjects of the solution. The social worker took the role of facilitating recovery. Alcoholism is the end point of heavy drinking, discussable only by referring to risks and harm, but no longer explainable and understandable by taking the position of the alcoholic. In this story of the alcoholic, the social worker occupied the position of subject in protecting the innocent harmed ones.*

*This study shows a) the importance of the institutional and cultural context in understanding alcoholism and b) that social workers are keen to respect their clients' autonomy, but prefer patriarchal measures when innocent citizens are at risk.*

**KEYWORDS:** Alcoholism, social work, focus group, actantial model, Finland

## Introduction

The Nordic welfare state has been under pressure from many directions for decades. In recent times, state-based social service and security institutions have been undermined by globalization and European integration. There has also been a conceptual shift in the role of the welfare state in relation to individual consumer freedom, which aroused from within the system (e.g. Esping-Andersen, 1996; Huber, 1998; Kvist, 1999; Timonen, 2001). Sulkunen (2009) has pointed out that the contemporary welfare state is commonly characterized by a philosophy ‘of not taking a stand’ and respecting the individual’s autonomy. Foucault’s metaphor of pastoral power, with the good shepherd leading the lost sheep back to the flock, can be applied for understanding the welfare state in its formative decades. Nowadays, social work and other state institutions use ‘epistolary’ power instead (*ibid.*). They provide guidelines for achieving agency and maintaining self-control, but rarely take a strong normative stand on what a good life should look like. However epistolary power is also a means of social control, as the right to autonomy is at once an obligation to autonomous decision-making and choices (e.g. Elias, 2005; Rose, 1999). Decision-making agency has become a key factor for social inclusion, and the risk of losing that agency is a constant companion to every member of society. Finnish alcohol control policy is a good example of this change: consumer-friendly availability has been the leading star since the country’s EU membership in 1995, even beyond the requirements of EU harmonization (Sulkunen et al., 2000; Hellman & Karlsson, 2012). The governance of drinking has given way to the individual drinker’s autonomous responsibility. Over a longer time perspective, the care of alcoholics has moved from rehabilitation camps or prisons to empowerment in outpatient treatment (e.g. Mäkelä & Säilä, 1986; Takala & Lehto, 1992).

People in Finland consider alcohol problems to represent one of the main threats to society (Hirschovits-Gerz & Koski-Jännes, 2010). The social aspects of these problems have traditionally been viewed as an important part of the alcohol question and have lain at the heart of the country’s alcohol policy (Bruun, 1971). The Finnish alcohol treatment system has relied heavily on the non-medical approach and the rejection of the disease model (Takala & Lehto, 1992). In the non-medical approach, alcohol problems are considered to form part of the broader society. The problems are handled by nurses and social workers; medical doctors only care for the physical consequences of heavy drinking.

---

## Acknowledgements

This research was funded by the Academy of Finland and the Finnish Ministry of Social Affairs and Health (grant 6302455). We would like to thank Varpu Rantala and Aino Manninen, who helped with recruiting the interviewees and conducting the interviews.

Recent research (Pennonen & Koski-Jännes, 2010; Koski-Jännes et al., 2012) into how alcoholism is viewed by Finnish addiction treatment professionals has shown that social workers in the field of addiction treatment (whom we refer to here as ‘social caseworkers’; see Satka, 1995) largely follow a moral and enlightenment model of helping and coping (see Brickman et al., 1982). They understand substance dependence mainly as a learned means of coping, a dysfunction of emotional life and to some extent as a socially conditioned lifestyle (Pennonen & Koski-Jännes, 2010). There is, however, only limited knowledge about how alcohol problems are conceptualized by social workers in the ‘non-substance-abuse-practice-setting’ (Bliss & Pecukonis, 2009), here referred to as ‘welfare workers’ (following Satka, 1995). Finnish welfare workers have to deal with problems caused by drinking on a daily basis. Working closely with schools, the police and other authorities, their assignments include following up the state of the problems, assessing the need for support in families of alcoholics and for taking children into custody, and organizing and executing the required measures (Gasslander & Östergren, 1982; Hall et al., 2000; Kallinen-Kräkin, 2001).

This paper aims to show how professionals working at the heart of the welfare state, namely welfare workers, handle the conflict between the principle of affording autonomy to their clients and, on the other hand, protecting the victims of alcohol misuse. This will shed light on the measures they consider acceptable in the case of different alcohol problems in their daily practice.

In line with role theory (see e.g. Biddle, 1986), we expect that welfare workers’ reactions to alcoholism and alcohol problems are influenced by their perceptions of their professional role in the welfare state, by their being part of the Finnish ‘dry’ drinking culture, but also by their daily experiences in social welfare offices.

## **Theoretical frame**

One of the key basic principles of social work is ‘respect for the individual person as a self-determining being’ (Banks, 1995, p. 27). This aspect is highlighted by two principles in particular: a non-judgemental attitude and self-determination (Banks, 1995, pp. 27–30). The former entails that it is not the function of social work to assign guilt, and the latter involves an active acknowledgement of the user’s freedom to make their own choices and decisions. These principles express the importance of the client’s agency and autonomy. However, Leppo and Perälä (2009) have pointed out that there are cases where the client’s autonomy is not and cannot be the leading principle: for example, the autonomy of a pregnant woman is of secondary importance if the authorities think that the mother is endangering a foetus or child by continuing to drink. A mother who wants to demonstrate agency must acknowledge her obligation towards her (unborn) child, following the authorities’ instructions and refrain from drinking. Lacking

agency, these women will be considered by the authorities as non-autonomous individuals. The drinking mother has become a part of the 'others', a group of people who are perceived as unaccountable and dangerous and who have lost their ability to control their drinking (Sulkunen, 2007). This conversion has to be understood as a continuum where people lose more and more agency as they become more and more addicted. For the authorities, the loss of agency affords them the legitimacy to apply patriarchal means.

Given their common cultural background, one might expect welfare workers to share rather similar views with social caseworkers about heavy drinking (see Pennonen & Koski-Jännes, 2010). On the other hand, their views might also be influenced by their daily work in which they see these problems in the context of many different social relations. The decision to focus on the substance abuse problem may not have been explicitly made by the client, and many clients may even be living in total denial of their problems and may continuously cause social harm to their closest family (Rice, 1996).

Forming an integral part of their lived world, people's perceptions are not easily accessible. In order to encourage interviewees to reflect upon their taken for granted understanding of the world, it is necessary to apply a more projective approach. In this study we conducted eight Reception Analytical Group Interview (RAGI) (Sulkunen & Egerer, 2009) with 31 welfare workers, using short film clips showing different alcohol problems as discussion stimuli. Group discussions produce stories about the welfare workers themselves, explaining their professional positions and functions, and personal opinions on the matters under discussion. Narrative metaphors are a natural part of the daily work of welfare workers, as people organize human experiences into meaningful episodes (Polkinghorne, 1988). It has been pointed out that while such stories are imagined, they are also very real in that they structure problems in ways that have concrete effects (White & Epston, 1990; Freedman & Combs, 1996; Davies, 2000, p. 225). We are here mainly interested in the roles – or actants – that welfare workers assign themselves and others in their stories on alcoholism (Greimas, 1971; Sulkunen & Törrönen, 1997a; Sulkunen & Törrönen, 1997b).

## **Method and data**

The Reception Analytical Group Interview (RAGI) method (Sulkunen & Egerer, 2009) consists of focus group interviews in which short film clips are used as stimulus texts. The participants are explicitly told that the film clips are shown for the purpose of stimulating discussion, but they need not be the topic of discussion. In this study, three clips on alcohol problems were shown portraying three situations typical of alcoholism: i) loss of control and alienation, ii) neglect of the family and iii) relapse and cue dependency (Egerer, 2010).

Based on trial interviews with students, the three film clips were chosen by

**Table 1.** Themes of film clips.

FILM	THEME	PLOT
The Happy Alcoholic (1984)	loss of control	After a night of heavy drinking Alun's first walk leads him into the yard and to his hidden bottle. Heavy coughing and choking does not prevent him from taking a big draught from a bottle of spirits.
Once Were Warriors (1994)	neglect of duty	Jack spoils his family's Sunday outing by getting drunk in a bar. His wife and children sit and wait in the car, but he ignores them and continues drinking with his fellow drinkers.
16 Years of Alcohol (2003)	cue dependency	Frankie starts to drink again after his girlfriend has left him. While drinking he reflects on his struggle.

the three authors and colleagues out of a pool of over 150 fiction movies from various countries. The clips and their intentional thematic contribution in the study are briefly described in Table 1.

The interviews were filmed and transcribed verbatim. Each participant received a short questionnaire on biographical data, a description of the study and the interview procedure, and a list of questions to be discussed in the group. These questions were intended simply to engage the respondents and designate the narrative terrain (Holstein & Gubrium, 1995, p. 76). The interviewees were specifically instructed that they do not need to answer them, but that the topics are provided to help them start and keep up the discussion.

We interviewed eight groups of welfare workers, a total of 31 participants between May 2008 and May 2009.<sup>1</sup> Twelve of them worked in adult social work, four in family social work, three in child care and the rest in various other contexts. One interview was conducted in Tampere, the rest in the Helsinki metropolitan area. Only four of the interviewees were men, corresponding to the numerical dominance of women in Finnish social services (THL, 2009). Group size varied between five and two participants.<sup>2</sup>

All the interviewees came from urban areas where specialized addiction treatment is available. Social workers outside the major urban centres often perform all types of social work tasks – i.e. both social casework and welfare work – in their municipalities (Horsma & Jauhiainen, 2004), and dealing with alcohol problems might therefore appear in a broader repertoire of contexts.

<sup>1</sup> One social caseworker participated in focus group no. 4.

<sup>2</sup> Although an interview with only two participants is a problematic setting for a group discussion, the decision was made to conduct the interview rather than send the participants home. This interview lasted 94 minutes and was therefore not shorter than in the larger groups.

## Analysis

The transcribed interviews were coded in Atlas.ti software.<sup>3</sup> To gain an overview of the material it was categorized according to consequences of, reasons for and therapies of alcohol misuse. These basic categories were then further divided into biological, psychological and social aspects of consequences, reasons and therapy.

The frequency of different codes was calculated for each interview to gain an overview of the dominating topics. Table 2 shows the three most frequently discussed themes regarding the reasons, consequences and therapy of alcohol abuse. One quotation consists of one participant's uninterrupted statement. The length of quotations therefore varies. The number of quotations does not directly indicate what the participants thought, nor even how important each of the themes was for them, but it does demonstrate how much attention they paid to each theme: this we used as an indication of how they defined the locus of the problems for further qualitative analysis. The dominance of a societal framing, which is in line with the findings of an earlier study with social caseworkers (Penonen & Koski-Jännes, 2010), can perhaps be interpreted as a reflection of the Finnish non-medical model (Bruun, 1971).

**Table 2.** The top three most frequent discussion topics concerning alcohol problems (reasons, consequences and therapy) among welfare workers. Number of statements coded as the theme in question given in parentheses.

Theme	Top three discussion topics
Reasons for alcohol misuse (174)	* self-medication (51/174) * social reasons related to the micro level of life sphere (46/174) * social reasons related to the macro level of life sphere (34/174)
Consequences of alcohol misuse (288)	* harm to social environment of the drinker (126/288) * impairment of social standing and status (70/288) * health problems (69/288)
Therapy for alcohol misuse (165)	* social work, state, peers (72/165) * the wish and will of the heavy drinker (43/165) * finding another important thing in life (22/165)

<sup>3</sup> In order to test reliability the same two interviews were coded independently by two researchers. Only minor differences appeared.

We viewed the social workers' stories in two ways. On the one hand, the participants constructed narratives, explanations and classifications of the problem itself, as they believe they experienced them in the outside world. On the other hand, they positioned themselves as tellers of what they described, and in this way also evaluated their descriptions. In semiotic theory, the first aspect is called the dimension of utterance and the second the dimension of enunciation (Sulkunen & Törrönen, 1997b). The dimension of utterance tells the actual story, whereas the enunciative dimension tells about the speaker's image as the narrator of the story. In this case we were particularly interested in images of the speakers' own role in handling the problems. A social worker who says she would take the drinking father's children into protection (dimension of utterance) at once positions herself on the enunciative dimension as a subject who does the valuable thing, i.e. protects innocent children. In the same way all actors on the dimension of utterance can be 'reduced' towards actants on the dimension of enunciation (Greimas, 1971). The actantial model we used in this study is based on Greimas' structural semantics (*ibid.*) and has seven actants: a sender or dispatcher, who 'sends' the subject into the trajectory of action, the object of the action and the recipient for whose advantage the subject's action is destined. The subject encounters an anti-subject or the 'counter-hero', who may be helped by an opponent of the subject. Finally, the subject (the main actor) may have a helper who 'articulate[s] the nature of [the hero's exceptional] skills' (Sulkunen & Törrönen, 1997a, p. 47). This type of narrative analysis assumes a certain permanence of the role divisions themselves, even though the actors might change. By viewing the actantial distribution in different sets we can make comparisons between different story set-ups and discern differences between the stories.

In addition narratives the subject with problems may occupy many actantial roles at one and the same time. When quitting an addiction, the substance user can be the subject (wants to quit); the one motivating the effort (the dispatcher); and also the one benefiting from his or her success or suffering from possible failure. This kind of recovery story is very different from the story where the dispatcher is a friend or a society imposing a duty of loyalty. The recipient may be a family, and a higher power may be involved as a helper (Herman & Vervaeck, 2001, p. 53).

In this study we have evaluated different actors by identifying the propositions made by the participants. We have conceptualized these propositions as modalities (Sulkunen & Törrönen, 1997a). In the context of alcohol problems, the modalities of will, obligation, competence and ability are of importance as they are often used to explain and give meaning to action. The negative dimension (or absence) of these modalities, such as failing to meet one's obligation, indicates a growing meaninglessness of a behaviour in the eye of the observer, but also of the drinker (Sulkunen, 2007). The actants whose actions are assigned with such a failing of will, neglect of duty, lost competence or missing ability

lose their status as agents and therefore their social status in society (Sulkunen, 2009). By looking at the welfare workers' narratives from this perspective we can show what position they feel they and others have reached in the treatment of alcohol dependence and why they consider it valuable to take action there. Furthermore, the welfare workers' talk of alcohol problems and dependence situate the point at which abusive drinking turns into dependence.

## Results

### *Drawing a boundary line: alcohol problems and dependence*

The long-standing influence of the Finnish non-medical approach (Bruun, 1971) to alcohol problems and alcoholism is plainly to be seen in the welfare workers' talk. The social problems associated with heavy drinking are more pronounced than pathways to addiction (see Table 2). In fact, the interviewees seem to draw the boundary line between problematic alcohol consumption and alcoholism at a relatively late stage on the continuum of problem progression. Welfare workers do not conceptualize problematic drinking behaviour primarily as an addiction. Instead, the underlying cause of drinking is thought to lie in failure to be oneself in one's own life context. Alcohol use is the wrong, but nonetheless an excusable form of trying to cope with problems; in psychiatry it is referred to as self-medication (e.g. Khantzian, 2003). In their self-medication, drinkers remain rather active subjects in the welfare workers' stories. One interviewee talks of a 'you' who needs 'the medication' and not, for example, of a 'them', 'those' or 'others'. This designation means that the drinker clearly remains part of you and me, and of ordinary society.

I2: /.../ This feeling, when you need a smoke straightaway and soon a drink, that's the medication for the feeling, that's what comes to your mind immediately [when you see clip 1].

I5: For some reason the saying that comes to mind is that 'it takes three generations to make a gentleman'. I was wondering what could have been happening for three generations before him, what sort of stress and disappointments. Of course [...] these patterns of relief and easing anxiety have evolved over a long period of time and done away with or decreased these things that what would make you feel good in a positive way. They've remained unlearned.

I2: Yes, it's alcohol that is used as a means to cope with the anxiety and the bad feelings, rather than going for a run, for instance." (Focus group no. 3)

The quote above shows that the needs of self-medication are seen in a specific pattern of dealing with problems that run through generations of a family. This is a functional explanation: alcohol releases stress, disappointments and anxiety, which explains why some people drink. Drink is, if you like, a facilitating agent for the subject who is seeking relief. The only problem is that it helps in

the wrong way, which must be explained either by (family) tradition or adverse circumstances. The welfare workers are well aware of the negative impact of low parental economic status or mental problems on children's development (see e.g. Richman, 1977; Duncan & Brooks-Gunn, 1994). However, they do not consider an oppressive society as a source of such 'inherent' family dysfunctions or a deprivation of 'basic needs' (Rice, 1996). Instead they consider the absence of social control an indication of adverse circumstances, regarding an overly free society as the anti-subject in their story on alcohol problems and dependence.

The welfare workers even consider themselves to be similar to heavy drinkers in that it is only human to have weaknesses that have to be medicated by alcohol:

I1: We all have some weak spot so that it's easier for us to cope with some things and harder with others. That was clear from what he said before, that in everyone's life there may be situations where you cannot perform. It's something very human. (Focus group no. 6)

In the Finnish context work is typically and very strongly connected to alcohol problems (Egerer, 2011). Losing one's job is considered a particularly valid reason for using alcohol as a way of handling the associated frustration.

I4: It has probably increased slowly over time. At first he's probably just been to the pub after work, but then at some point it's just got out of control.

I2: Yeah, if he's been made redundant then he's had more time on his hands. (Focus group no. 8)

In the two quotes above it is obvious how all of us can suddenly find ourselves in a situation where we lack the competence to cope with our daily life and the demands of modern society. It has been suggested that in modernity, the locus of control has shifted to within the individual instead of residing in oppressive structures from the outside (Elias, 2005). The right to be free implies at once the obligation to be free, and the individual has to assume responsibility for many decisions. For some the pressures can become unbearable, forcing them to medicate their uncertainty by substances, or become depressed (Ehrenberg, 2004). In the semiotic terms described earlier, substance use gives the individual subject the ability to cope with complicated circumstances, i.e. the subject does not possess the necessary competence him/herself. If the enabling agent is missing, the dysfunction of depression is likely to follow. If anything, welfare workers call for more external control and restrictions, which would exempt the individual from the pressure of making choices and protect them from making the wrong choices. This is how the welfare workers hope to be able to prevent alcohol problems.

I1: I think these slot machines, and alcohol as well, are too readily available in Finland. What part could availability play in dependence? And to what extent could one influence this dependence problem in general? (Focus group no. 5)

Another adverse circumstance is Finnish drinking culture, i.e. the welfare workers' own drinking culture, which is viewed in contrast to 'superior' European drinking habits.

I5: But in some European countries alcohol is nevertheless part of culture; there's nothing strange about having a glass of wine there.

I3: The culture of consumption is so different. (Focus group no. 6)

This follows the long-lived Nordic 'dream of alcohol without harm', as epitomized by the wine drinking cultures of Southern Europe (e.g. Olsson, 1990, p. 193) where alcohol is part of everyday life without intoxication and violence. In the mid 1980s, Sulkunen (1992) found this vision of a positive change in drinking patterns when interviewing middle-class people in Finland.

Even when drinking patterns are less 'civilized' than the Finnish middle class would acknowledge as acceptable social drinking, welfare workers still conceptualize even extreme heavy drinking as acceptable as long as they can identify the motivation of coping and self-medication behind these drinking habits. In fact, they also include these people in possible welfare work interventions:

I4: If we go back to the starting point, that he has already gone so far that there's nothing left but the loss of family and everything else, then it's really a horrible place for the individual to be in. And of course there may be underlying traumas that cause the drinking so that the person can talk to someone, that someone would listen to him and so on. It can also increase the drinking and it's a good way of escaping the problem of having lost one's family. It's easy to escape into the bottle, a minute's relief so to say. I'm of the opinion that if the social worker does a professional and ethically strong job, then they can see beyond the alcoholic person, in spite of the odour. (Focus group no. 2)

The end point of the harm caused by alcohol to the drinker is addiction. At this point alcohol no longer serves its function as a source of relief, and the individual's behaviour becomes meaningless to outsiders and empty of sense even for the alcoholic himself (Sulkunen, 2007). In the following excerpt the interviewee is confused because she can see the scene from *The Happy Alcoholic* neither as a cure for a hangover after a sociable evening nor as a relief from more deep-rooted depression:

I5: There [in clip 1] you don't really get to see inside him, into his own world, as there is first of all the hangover in the morning. It would be interesting

to know how it started, did he join a group of friends for a drink, or did he [drink] alone with his own sorrows at home? That would tell us a bit more about his level of happiness. Some drunkards are in enviably happy moods [...] But you don't get that impression in this case. But some go then to get medication for their depression; so I wonder which case we have here?

(Focus group no. 1)

The consequence is that the drinker experiences a loss of agency. He acts and drinks for no reason whatsoever, which means that his most relevant social bonds are severed as well. This also presents a risk to other people close to the alcoholic. As drinking is not governed by individual agency defined by will or intention, all obligations to the family, such as keeping a promise or looking after their welfare, are lost. For example, in response to the clip where the man is neglecting his family who are waiting for him in the car, one interviewee had the following comment:

I5: [...] Yes, this can become dangerous, even more dangerous.

I2: Yes, this becomes a risky situation and together with the children she'll run away, go to a women's shelter and friends. And perhaps it turns into co-dependency, if they are afraid of their lives. Or her life is just unpredictable in that way and she's in an inferior position, it gets worse, because their ways of coping and their communication just are like that [as shown in clip 2].

(Focus group no. 3)

Alcoholism can be considered the dead end of heavy drinking, a state no longer governed in terms of modal agency, but described in terms of risks and harms. The interviewees include alcohol dependence in their speech by applying the perspective of the people closest to the alcoholic and by talking about the risks involved for them and the alcoholic himself.

### *The story of recovery*

For persons who have drinking problems but who are still part of a competent *us*, i.e. normal citizens, rather than *others* or alcoholics, the interviewees feel there is still hope.

Typically, the participants tended to focus more on the possible trajectories of recovery rather than the potential narratives of becoming an addict. The stimulus clips did not in fact show any recovery story either explicitly or implicitly, but it is possible that the welfare workers are solution-focused due to the nature of their job.

Participants mentioned often peers and family as dispatchers, who initiate the path to a better life and recovery. The encouragement towards recovery comes a lot from the spouse (most often the wife). Other possible and important dispatchers to the recovery process, which we found in the welfare workers' discus-

sions, are workmates and employers; talking about work issues in connection to alcoholism has been shown to be a Finnish peculiarity in comparison with a French material (Egerer, 2011).

Possible helpers in solving the actual alcohol problem, we could identify are peers and in particular women. The magical healer that is love seems to be present in the welfare workers' images of ways to recovery, often accompanied with the functional explanation of drinking as a substitute for needs that were not adequately fulfilled in childhood.

I2: Yes, the woman was his whole life. That is what they are, aren't they?

I5: Love is what keeps men on the right track. (Focus group no. 3)

Religion, described as the 'better addiction', is also mentioned as an acceptable way of coping with the problem of being 'true' and being oneself than instead of turning to the bottle.

I1: And these psychological things, my cousin's an ex-alcoholic and an ex-gambler, he says he experienced much insecurity or an insufficient childhood and that he always escaped into something. First it was a sports addiction, then he was a workaholic and then it was alcoholism, then it was a gambling addiction. And now it's God, which of course is the best of these addictions. But on the other hand he came through, that was good for him psychologically; he had the experience of being normal and accepted. (Focus group no. 4)

The welfare workers saw themselves as helpers in the recovery story, but not directly in the process of escaping alcoholism. Their role centred on the adverse circumstances causing the problem. One target for their help can be the drinker's appearance and social standing:

I4: At least you can offer something to these people. I haven't yet lost all my hope with these drunkards, there is some hope. [...] you can offer something to them, suggest different things. He can hold on to these things and in a good mood find something different. I also heard that you can get your dentures under public health care. He's got very bad teeth, but he would recognize in the mirror that [this was the case]. (Focus group no. 5)

To sum up, all the helpers in the narratives, including the welfare workers themselves, empower drinkers to cope with their problems in the right way rather than having to medicate their shortcomings in 'being oneself' (Ehrenberg, 2004) by drinking. Nonetheless the drinker in this story still has a certain degree of agency left. Therefore, throughout the story, its subject – the person who has to beat the drinking habit – is the drinker him/herself.

### *The drinker: subject of the (recovery) story*

Loss of control is known to be a defining element in the concept of alcoholism, and it is also recognized as such in the criteria of alcohol dependence (Valverde, 1998; American Psychological Association, 2000; WHO, 1992). In their talk about problem drinkers, however, welfare workers consider the will and wish of the drinkers themselves an important actant for solving their problems: it is they who have to do something about it. At the very least, one's own wish and determination to sober up is necessary in order to set recovery in motion, i.e. getting information and helping drinkers be themselves. However, will-power is more than a sender in the narrative set-up; it is also viewed as the subject in overcoming the alcohol problem, and it is portrayed as necessary besides the help and guidance from others.

I3: Of course there can be help and guidance, but you cannot exercise discipline on behalf of another [person]. (Focus group no. 2)

On the other hand, this will of course limit the possibilities open to alcoholics who have lost their will power to recover from their addiction. Instead, these alcoholics are discussed in terms of the risks they present to other people who are close to them.

### *The welfare worker: the subject in the story of protecting others*

While the welfare workers we interviewed were modest about their role in the recovery story of the drinker, they spent a lot of time on the suffering of the alcoholics' families. Discussing the clip about the husband who leaves his family waiting in the car, one interviewee wonders about the wife's behaviour:

I4: Why didn't she leave, I don't get it. They must have been very young when they got together and grew into this [pattern]. She's dependent on her man in the same way as he's dependent on alcohol; such a chain of dependencies. (Focus group no. 7)

Given their role as everyday experts in welfare issues in a country where the alcohol problem is traditionally organized as a matter of social welfare, it is not surprising that the participants emphasize the perspective of social harms to others and the social 'heredity' of dependencies. Here, they saw a clear task and calling for themselves. They can care for the alcoholic's children, family and financial problems and so prevent the development of possible addiction in the next generation. Theoretically at least, the welfare worker is in the position to ensure that family members lead a proper everyday life, despite the alcohol and violence. Children should have the possibility to grow up in safe homes. Referring to the same clip, three other interviewees discuss how they would achieve such a task

and even would use coercive measures, limiting the father's and mother's individual freedom:

I4: Well, all I have to say is that this family portrayal is a clear case for the child protection service – a family that is a typical client of the child protection service and in this case its private integrity will be broken, and [that will be done] exactly in the name of child protection. And in this case it is not a matter of asking the mother whether she wants to stay with her husband or not. Instead, she would be asked whether she wants to choose her husband or her kids. She'd be asked that question because these children are at constant risk in a home where people are drinking and being beaten up, both the children and the wife. In these kinds of cases, when kids are involved, then in Finland at least the integrity of privacy rights will be taken away.

I2: But that's also a good thing.

I4: It is, and it's in the child's interests. But there are different ways of doing that.

I3: But even in those cases it's good to reach an agreement. It's impossible to achieve results if the welfare worker has to.... (unclear)

I4: Yes. But did you get the impression that this man, when he's sober he's cooperative and so on. But in a way this cooperation is aimed at creating a dialogue and at figuring out the child's interests, where it would be safe for the child to live.

I2: But at some point you just have to put an end to it and say that this just has to end now.

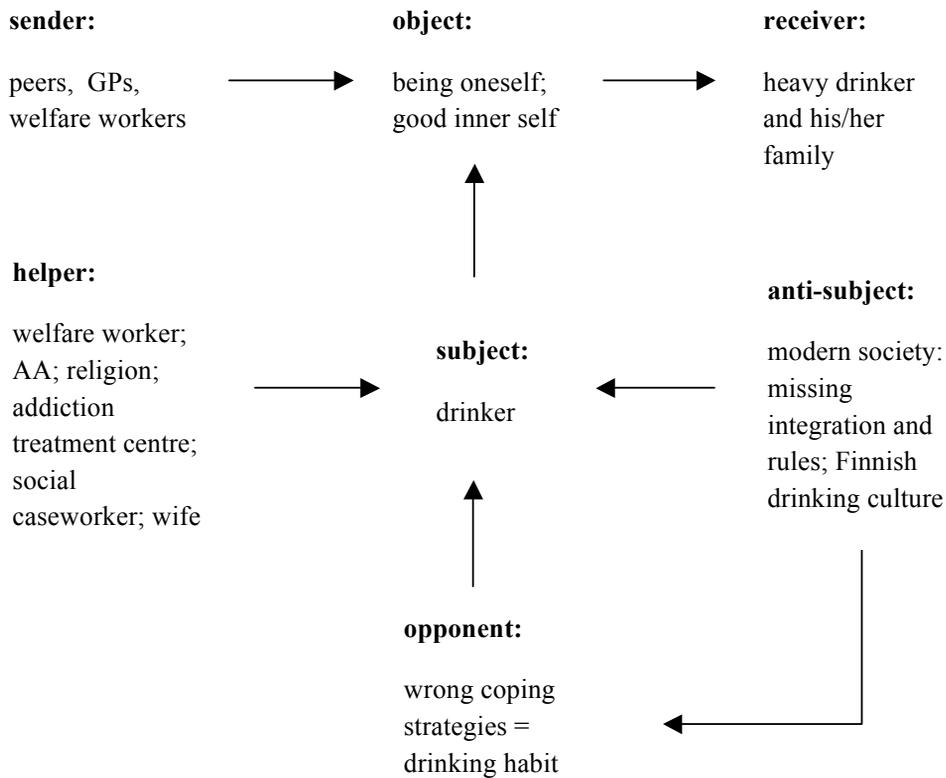
(Focus group no. 6)

## Conclusion

The welfare workers interviewed in this study articulate alcohol misuse within two paradigms of understanding. First, there is repetitive heavy drinking, a coping strategy described as a wrong but nevertheless understandable way of balancing earlier family dysfunctions and of being oneself in contemporary society. Second, there is alcoholism, excessive drinking, which cannot be explained by itself, but mainly by the articulation of the harms caused to the alcoholic's family and other people around. These two perspectives on alcohol problems are applied in the stories of welfare workers' own role in handling the problems.

In the first of these stories (Figure 1) the welfare worker is the facilitator, helping the heavy drinker discover a proper way of being oneself and meet his/her inner needs. The subject in the story is the heavy drinker him/herself, who has to beat his/her habit, i.e. find a new and accepted way of coping. In the explanatory background we do not find oppressive family structures (Rice, 1996), but rather the free modern society, which demands too much responsibility from the 'dislocated' individual (Alexander, 2000).

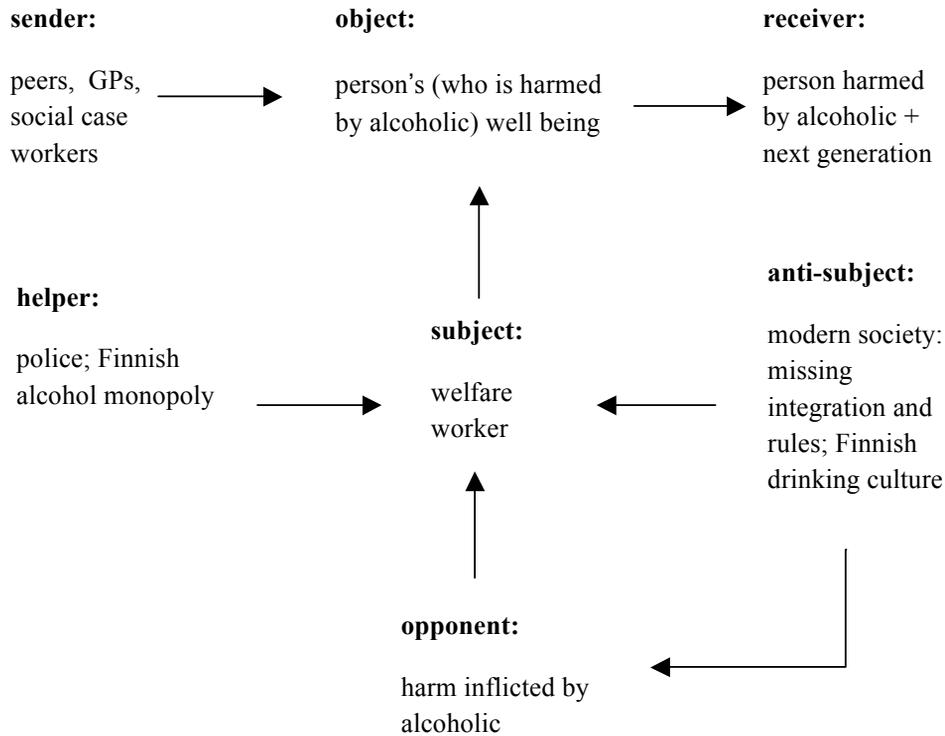
In the second story (Figure 2) the welfare worker takes up the position of



**Figure 1.** Welfare workers as helpers of the drinker (adapted from Sulkunen & Törrönen, 1997b).

subject. Aided by the state monopoly and the police, the welfare worker's role is to save the family members (or other persons harmed by the alcoholic) from the deprivation of their basic needs and the pressures of modern life and so prevent the addiction (or other problems) in the next generation. Here we can identify the opponent in the harm inflicted by the alcoholic upon people close to them.

The conclusion emerging from these two stories is that welfare workers seem to have a compensatory model of helping and coping (Brickman et al., 1982). They take the view that the heavy drinker and alcoholic are not responsible for their problems, but they are responsible for the solution. In this they differ from social caseworkers, who have a moral and to some degree enlightenment model of helping and coping and consequently do not consider the wrong way of coping as excusable by the circumstances (Pennonen & Koski-Jännes, 2010; Koski-Jännes et al., 2012). This implies that the context, which matters in conceptualizing alcoholism, is not limited to alcohol culture and policies. Furthermore, factors that at first sight seem to have no connection to the alcohol field, such as the organization of primary health care, can nevertheless impact the understanding



**Figure 2.** Welfare workers as the subject of protecting the innocent (adapted from Sulkunen & Törrönen, 1997b).

of alcoholism (Egerer, 2011). Such a non-alcoholism-related institutional context that could be seen as a factor influencing the understanding of alcoholism can be identified in the history of the professionalization of social work in Finland. Satka (1995) and Toikko (2005) draw attention to the depth of the split between social caseworkers and welfare workers. This split in the profession of social work not only reinforced the functional differentiation of responsibilities in addiction treatment, but also the identity of the two groups of social workers. Welfare workers have originally received their training in administration and law, and they work in welfare institutions. They seem to view guidance and control as a way of preventing alcohol problems and dependence. Welfare workers do not consider the source of the problem to lie in the drinker but in society, and thus primarily apply a 'social view' on the problems (Palm, 2004).

Finally, Finnish welfare workers make a distinction between heavy drinkers and alcoholics. Such a categorization of already marginalized population groups is similar to that made by other welfare providers in Finland and elsewhere. One widely recognized negative trend is that the most excluded population group – i.e. the people most in need of help – become even more excluded, even though

the help provided might have been especially designed for them (e.g. Hänninen et al., 2007; Vomastkova, 2011). However, in the context of the functional differentiation of social work in Finland, where the welfare worker's role is outside the treatment of addiction, it is crucial to ask whether this exclusion jeopardizes the position of those who are most in need of help – the alcoholics.

## REFERENCES

- Alexander, B. K. (2000). The globalization of addiction. *Addiction Research*, 8(6), 501–526.
- American Psychologist Association (2000). *DSM-IV-TR diagnostic and statistical manual of mental disorders* (4th ed.). Washington, D.C.: American Psychiatric Association.
- Banks, S. (1995). *Ethics and Values in Social Work*. Basingstoke: MacMillan.
- Biddle, B. J. (1986). Recent Development in Role Theory. *Annual Review of Sociology*, 12, 67–92.
- Bliss, D. L., & Pecukonis, E. (2009). Screening and Brief Intervention Practice Model for Social Workers in Non-Substance-Abuse Practice Settings. *Journal of Social Work Practice in the Addictions*, 9(1), 21–40.
- Brickman, P., Rabinowitz, V. C., Karuza, J., Coates, D., Cohn, E., & Kidder, L. (1982). Models of helping and coping. *American Psychologists*, 37(4), 368–384.
- Bruun, K. (1971). Finland: The non-medical approach. In L. G. Kiloh & D. S. Bell (Eds.), *Proceedings of the 29th international congress on alcoholism & drug dependence* (pp. 545–559). Australia: Butterworth.
- Davies, M. (Ed.). (2000). *The Blackwell encyclopaedia of social work*. MA, USA: Blackwell Publishing.
- Duncan, G. J., & Brooks-Gunn, J. (1994). Economic deprivation and early childhood development. *Child Development*, 65(2), 296–318. doi:10.1111/1467-8624.ep9405315105.
- Egerer, M. (2010). *Gate keepers' images of addiction in Finland, France, and Germany. The film-clips in the group interviews*. University of Helsinki, Department of social research.
- Egerer, M. (2011). Alcoholism, brief intervention and the institutional context: a focus-group study with French and Finnish general practitioners. *Critical Public Health*. doi: 10.1080/09581596.2011.637901.
- Ehrenberg, A. (2004). *Das erschöpfte selbst. Depression und Gesellschaft in der Gegenwart* (German translation ed., original work published 1998). Frankfurt/M: Campus.
- Elias, N. (2005). *Über den Prozess der Zivilisation. Soziogenetische und psychogenetische Untersuchungen. Zweiter Band: Wandlungen der Gesellschaft. Entwurf zu einer Theorie der Zivilisation* [The civilizing process] (27th ed.) (Original work published 1939). Frankfurt/M: Suhrkamp.
- Esping-Andersen, G. (1996): After the Golden Age? Welfare State Dilemmas in a Global Economy. In G. Esping-Andersen (Ed.), *Welfare States in Transition* (pp. 1–31). London: SAGE.
- Francis, K. (Director). (1983). *The Happy Alcoholic* [Motion Picture]. Cine Cymru.
- Freedman, J., & Combs, G. (1996). *Narrative Therapy: The social construction of preferred realities*. New York, London: W.W. Norton & Company Ltd.
- Gasslander, L., & Östergren, S. (1982). *Samhällets vård av missbrukare*. [Society's care of substance misusers]. Stockholm: Almqvist & Wiksell Förlag AB.
- Greimas, A. J. (1971). *Strukturelle Semantik* [Structural Semantics] (1<sup>st</sup> German translation) (Original work published 1966). Braunschweig: Friedr. Vieweg + Sohn.
- Hall, M., Amodeo, M., Shaffer, H., & Bilt, J. V. (2000). Social Workers Employed in Substance Abuse Treatment Agencies: A Training Needs Assessment. *Social Work*, 45(2), 141–154.
- Hänninen, S., Karjalainen, J., & Lehtelä, K-M. (Eds.). (2007). *Pääsy kielletty! Poiskääntämisen politiikka ja sosiaaliturva* [No Entry! The Policy of Turning People Away and Social Security]. Helsinki: STAKES.
- Hellman, M., & Karlsson, T. (2012). In fear of a reversal back to the spirits drinking era – the 2004 decrease of Finnish alcohol taxes in public discourse. *Nordic Studies on Alcohol and Drugs*, 29(1), 57–78.
- Herman, L., & Vervaeck, B. (2001). *Handbook of narrative analysis*. Lincoln and London: University of Nebraska Press.

- Hirschovits-Gerz, T., & Koski-Jännes, A. (2010). Suomalaisten käsityksiä riippuvuuksista: sukupuolen, iän sekä yhteiskunnallisen todellisuuden vaikutuksia mielikuviin [The influence of gender, age, and societal reality on social representations of different addictions]. *Sociologia*, 47(1), 3–23.
- Holstein, J. A., & Gubrium, J. F. (1995.). *The active interview*. Thousand Oaks, Calif: Sage.
- Horsma, T., & Jauhiainen, E. (Eds.). (2004). *Sosiaalihuollon tehtävä- ja ammattirakenteen kehittämissuunnitelman loppuraportti* [Final report of the project for developing the structure of tasks and professions in social care]. Helsinki: Ministry of Social Affairs and Health.
- Huber, E. (1998). Internationalization and the Social Democratic Model. Crisis and Future Prospects. *Comparative Political Studies*, 31(3), 353–397.
- Jobson, R. (Director). (2003). *16 Years of Alcohol* [Motion Picture]. Tartan Works Ltd.
- Kallinen-Kräkin, S. (2001). *Sosiaalityön luokituksen lähtökohdat* [Starting points for categorizing social work]. Helsinki: Sosiaali- ja terveysalan tutkimus- ja kehittämiskeskus.
- Khantzian, E. J. (2003). The self-medication hypothesis revisited: The dually diagnosed patient. *Primary Psychiatry*, 10, 47–48, 53–54.
- Koski-Jännes, A., Hirschovits-Gerz, T., & Pennonen, M. (2012). Population, Professional, and Client Support for Different Models of Managing Addictive Behaviors. *Substance Use & Misuse*, 47, 296–308.
- Kvist, J. (1999). Welfare Reform in the Nordic Countries in the 1990s: Using Fuzzy-Set Theory to Assess Conformity to Ideal Types. *Journal of European Social Policy*, 9(3), 231–252.
- Leppo, A. & Perälä, R. (2009). User involvement in Finland: the hybrid of control and emancipation. *Journal of Health Organization and Management*, 23(3), 359–371.
- Mäkelä, K. & Säilä, S. (1986). Alkoholiehtoisten majoitusten jakautuminen eri viranomaisten kesken vuosina 1960–1980 [The distribution of over night stays conditioned by alcohol between different authorities in the years 1960–1980]. *Sosiaalipolitiikka*, 1986, 67–76.
- Olsson, B. (1990). Alkoholpolitik och alkoholens fenomenologi. Uppfattningar som artikuleras i pressen. [Alcohol policy and the phenomenology of alcohol. Perceptions articulated in the press]. *Alkoholpolitik – Tidskrift för Nordisk Alkoholforskning*, 7, 184–194.
- Palm, J. (2004). The Nature of and Responsibility for Alcohol and Drug Problems: Views Among Treatment Staff. *Addiction Research and Theory*, 12(5), 413–431.
- Pennonen, M., & Anja Koski-Jännes. (2010). Päihdealan ammattilaisten käsityksiä aine-riippuvuuksista [Perceptions of addiction among substance abuse treatment professionals]. *Janus*, 18(3), 208–224.
- Polkinghorne, D. E. (1988). *Narrative knowing and the human sciences*. NY: State University of New York Press.
- Rice, J. S. (1996). *Psychotherapy, addiction, and the emergence of co-dependency. A disease of one's own*. New Brunswick: Transaction Publishers.
- Richman, N. (1977). Behaviour problems in pre-school children: Family and social factors. *The British Journal of Psychiatry*, 131(5), 523–527. doi:10.1192/bjp.131.5.523.
- Rose, N. (1999). *Powers of Freedom: Reframing Political Thought*. Cambridge: Cambridge University Press.
- Satka, M. (1995). *Making social citizenship. Conceptual practices from the Finnish poor law to professional social work*. Jyväskylä: SoPhi Publications of Social and Political Sciences and Philosophy University of Jyväskylä.
- Sulkunen, P. (1992). *The European new middle class. Individuality and Tribalism in Mass Society*. Aldershot: Avebury.
- Sulkunen, P. (2007). Images of addiction: Representations of addictions in films. *Addiction Research & Theory*, 15(6), 543–559.

- Sulkunen, P. (2009). *The Saturated Society: Governing risk and lifestyles in consumer culture*. Thousand Oaks, CA: Sage Publications.
- Sulkunen, P., & Egerer, M. (2009.). *Reception analytical group interview: A short introduction and manual*. Helsinki: University of Helsinki, Department of Social Research.
- Sulkunen, P., & Törrönen, J. (1997a). The production of values: The concept of modality in textual discourse analysis. *Semiotica*, 113(1–2), 43–69.
- Sulkunen, P., & Törrönen, J. (1997b). Constructing speaker images: The problem of enunciation in discourse analysis. *Semiotica*, 115 (1–2), 121–146.
- Takala, J-P., & Lehto, J. (1992). Finland: The Non-Medical Model Reconsidered. In H. Klingeman, J-P. Takala & G. Hunt (Eds.), *Cure, Care or Control. Alcoholism treatment in sixteen countries* (pp. 87–110). Albany: State University of New York Press.
- Tamahori, L. (Director). (1994). *Once were Warriors* [Motion Picture]. Communicado Productions.
- THL (2009). *Kuntien sosiaali- ja terveystalvelujen henkilöstö 2008* [Municipal social and health care personnel 2008]. Helsinki: THL.
- Sulkunen, P., Tigerstedt, C., Sutton, C., & Warpenius, K. (Eds.). (2000). *Broken Spirits. Power and Ideas in Nordic Alcohol Control*. NAD publication No.39. Helsinki: Hakapaino.
- Timonen, V. (2001). Earning Welfare Citizenship: Welfare State Reform in Finland and Sweden. In P. Taylor-Gooby (Ed.), *Welfare States Under Pressure* (pp. 29–51). London: SAGE.
- Toikko, T. (2005). *Sosiaalityön ideat. Johdatus sosiaalityön historiaan* [Ideas in Social Work. An Introduction to the History of Social Work]. Tampere: Vastapaino.
- Valverde, M. (1998). *Diseases of the Will: alcohol and the dilemma of freedom*. Cambridge: Cambridge University Press.
- Vomastkova, K. (2011). *Construction of Symbolic Boundaries: Marginalised Roma, Inclusion Policies and the (Local) State*. Paper presented at the ESA PhD workshop 2011, Geneva.
- White, M., & Epston, D. (1990). *Narrative means, therapeutic ends*. New York, London: W.W. Norton & Company Ltd.
- WHO (1992). *ICD-10 classification of mental and behavioural disorders. clinical descriptions and diagnostic guidelines*. Geneva: World Health Organization.