**Talking about Alcohol Use: The Attitudes of Social Work Professionals and their
Clients**

Elina Renko, PhD

University of Helsinki

Social Psychology, Faculty of Social Sciences

P.O. Box 54, Unioninkatu 37

00014 University of Helsinki, Finland

+358 44 525 8884 / Fax +358-2941 24835

elina.renko@helsinki.fi

ORCID: 0000-0002-1647-5639

Abstract

Aims: Social work professionals play an important role in identifying and assessing alcohol-related problems. One method for obtaining necessary information for this assessment is to talk about the topic directly with the client. However, social work professionals often do not feel ready to work with alcohol-related problems. This paper explores social work professionals and their clients attitudes toward talking about alcohol use.

Methods: The interviews with Finnish social work professionals (N = 14) and their clients (N = 14) were conducted and analyzed using a qualitative attitude approach. The interviewees commented on the statement: 'For me, talking about alcohol use is as easy as talking about other aspects of life'. The analysis focuses on how the professionals and their clients commented on this statement and whether the two parties did this in a same way.

Results: Both professionals and their clients regard a discussion about alcohol use as a self-disclosure: an act of sharing personal information with another individual. The attitudes varied depending on whether self-disclosures were considered a threat to agency. The stances the interviewees took while commenting on the statement were connected to the expectations regarding consequences for agency; both the professionals

and the clients invoked “the collective client” as the principal of their skeptical evaluations.

Conclusions: This study put attitudes in their interactional context, and show how consequences for agency are shaped and crafted in the attitudes. The results highlight the importance of recognizing the potential agency-threatening aspects of talking about alcohol use, and can be used to develop social work practices for early identification of hazardous and harmful drinking.

Keywords: Attitudes, Agency, Noncommunication, Communication, Social Work, Alcohol

Introduction

Social work professionals who are employed outside of substance abuse practice settings frequently meet clients who engage in hazardous or harmful drinking (Egerer, 2014; Galvani, Dance, & Hutchinson, 2014). In social work, a discussion of alcohol use is influenced by the conflicting goals and power relations inherent in social work practices. As agents of the welfare state, professionals' decisions have an immediate and profound impact on clients' lives. However, social work professionals also have an empowering role to support their clients. This conflict between care and support versus social control is present in all social work communication. (Adams, 1996; Törrönen, Borodkina, Samoylova, & Heino, 2013.)

Previous research has suggested that social work professionals generally do not feel ready to work with alcohol-related issues (Galvani & Forrester, 2011; Galvani & Hughes, 2010). Studies have identified that additional support, training, and focused curriculum content are required to ensure social work professionals feel confident in their ability, knowledge, and legitimacy to intervene in alcohol-related problems (Galvani et al., 2014; Galvani & Hughes, 2010; Loughran & Livingstone, 2014; Shaw, Cartwright, Spratley, & Harwin, 1978). However, it has also been recognized that the process of social work knowledge creation often takes place outside the classroom or training setting and incorporates personal, academic, and social work practice considerations (Livingstone, 2014; Osmond, 2005).

In this paper, I will explore the attitudes toward talking about alcohol use in social work, with a specific focus on contexts that are outside of substance abuse practice settings. This study is unique in its inclusion of attitudes from both social work professionals and their clients. To explore the attitudes further, I use concepts that are at the core of social work interaction: self-disclosure, non-communication, and agency. It is important to note that these concepts I use to organize the findings do not form a pre-defined framework; instead they have turned out to be useful tools to analyze and interpret the plurality of attitudes identified in this study. Next, I will discuss identifying and assessing alcohol-related problems in social work and show how the concepts of self-disclosure, non-communication, and agency are at the heart of social work interaction.

Social work professionals assess their clients (Galvani et al., 2014) and therefore require information about their clients' lives. Alcohol consumption can be entrenched in many facets of life, and it is important to discuss this topic during a social work meeting. Alcohol-related problems affect employment, housing, income, family, the fulfilment of responsibilities, and the ability to function effectively. Alcohol-related problems are also connected to social networks, identities, and statuses, and they not only affect the individual, but also the people around them. (Author, 2018.) Therefore, alcohol-related problems should be considered a social issue as well as a health issue. To assess if alcohol use affects multiple areas of a client's life, the social worker should build a

relationship that ensures confidentiality and encourages the clients to talk about themselves—to self-disclose.

Self-disclosure has been widely researched (see Derlega, Metts, Petronio, & Margulis, 1993; Hargie, Saunders, & Dickson, 1994) and can be defined as a process of communicating personal information to another individual, both verbally and non-verbally. This definition is very broad, and it can be added that shared information should be new for the recipient and not widely known. Self-disclosure is a tool that can be used in social interaction and it can be characterized as a social skill. Depending on the context and nature of the interaction, acts of self-disclosure can serve several purposes and have different functions. However, even if the self-disclosure functions in multiple ways, it may not always be positive or appropriate. (Hargie et al., 1994.) It is not possible to define exact rules to govern when to self-disclose or the appropriate dimension of self-disclosure; instead, the suitability of self-disclosure is always dependent on the context, and the roles and expectations of the individuals interacting (Vesala, 1998).

In certain situations, it is preferable, or even necessary, to withhold information and avoid communication. This type of non-communication can protect an individual and his or her experiences, and thus can be viewed positively (Vesala, 1998). G. Bateson and Bateson (1987) defined the concept of *non-communication* as the act of not communicating something that could be communicated under certain conditions. Non-

communication is an important communication strategy that can be used, for example, to protect or preserve something that communication would change. In other situations, non-communication is used to protect feelings: individuals can abstain from self-disclosure when it would evoke negative feelings or cause insult. On the other hand, non-communication can be a precondition of open communication; this is particularly important when establishing a professional bond of confidentiality, which presumes a mutual trust that what is being discussed will not be communicated to other parties. (Vesala, 1998.)

Encouraging clients to self-disclose is a major objective for social work professionals when identifying and assessing alcohol-related problems. On the other hand, the importance of a client's autonomy is highlighted in social work (Banks, 1995); it is widely accepted that professionals should respect a client's privacy and only seek the information required to fulfill their role and meet the client's needs. Generally, institutions in a contemporary welfare state rarely take a stand on how people should manage their lives; instead, they concentrate on supporting individual agency (Sulkunen, 2009).

Agency is a key concept in the social sciences and has been discussed extensively in the literature (Campbell, 2009; Fuchs, 2001; Munford & Sanders, 2015; Niska, 2015). It is closely associated with the agency-structure debate, which generally focuses on the degree of autonomy that should be attributed to individual actors as opposed to the

constraining power of social structures (Campbell, 2009). Some scholars work to bridge the agency/structure gap by using the concept of social embeddedness (Fuchs, 2001). According to this view, the agency is a socially situated and embedded phenomenon that is defined and constructed via transactions that take place between individuals and their environments (Emirbayer, 1997). Ideally, social work professionals have a role in activating and supporting the agency of their clients. Social work literature has often used concepts such as empowerment (Adams, 1996; Törrönen, Borodkina, Samoylova, & Heino, 2013) or emancipatory practice (Tew, 2006) to refer to this process of activating and supporting. Agency is closely connected to a person's social status, and it plays a central role in social inclusion; the loss of agency often results in a loss of autonomy (Egerer, Hellman, & Sulkunen, 2012).

As social sciences generally, social work research deals with complex dynamic systems, which can be best understood in their historical and social-spatial contexts (Liebersohn & Lynn, 2002). The context of this study is intertwined with local social work practices but also with alcohol policy and culture in Finland. Finnish alcohol policy is characterized by a particular non-medical model of addiction. The state alcohol monopoly was established in 1932, and since then alcohol policy has taken a more liberal stance. However, alcohol problems are still regarded as a primary social concern in Finland (Hirschovits-Gerz & Koski-Jännes, 2010), and tensions remain over the governance of alcohol and individual autonomy. These institutional and contextual

factors are important when considering the context of the empirical data used in this study.

Materials and Methods

This study employed the qualitative attitude approach (Vesala & Rantanen, 2007), which is informed by rhetorical social psychology (Billig, 1996) and parallels a variety of approaches that conceptualize attitudes as communicative and social phenomena (see Burr, 2015; Lalljee, Brown, & Ginsburg, 1984); specifically, attitudes are communicative acts (Thomas & Znaniecki, 1974 [1918]; Wiggins & Potter, 2003). The communicative understanding of the attitudes contrasts with the dispositional definition favoured by mainstream attitude research. The dispositional attitude conceptualization defines attitudes as internal predispositions or physical states with long-term consistency (Eagly & Chaiken, 1993).

The qualitative attitude approach highlights evaluative and communicative readings of the attitude concept and suggests that attitudes are constructed and can be recognized in social interactions. Following rhetorical social psychology (Billig, 1996), attitudes are understood as inherently argumentative phenomena that are developed when people take a stand on a subject and support their viewpoint with justifications. Attitudes are analytical abstractions: argumentative positions on a controversial issue in a particular

social context. In addition, they are contextually sensitive and flexible because individuals adjust their attitude expressions according to each situation; an attitude toward an issue is rarely fixed or retained as an unambiguous position that is applied across different contexts (Pyysiäinen, 2010). Taking a stand is an evaluative act that contextualizes and constructs an attitude object in a particular way. Furthermore, people can take different positions when justifying their stance. Therefore, both the subject and the object of an attitude should be analyzed. (Vesala & Rantanen, 2007.)

The first step in making sense of attitudes toward talking about alcohol use in social work is to understand the multiple viewpoints on the issue. The qualitative attitude approach provides a specific empirical procedure to explore the construction of attitudes in argumentative talk. Disputable questions, most often in the form of statements, work as prompts to produce argumentation about the issue being discussed. (Vesala & Rantanen, 2007.) During the interviews conducted for this study, I followed the guidelines of the qualitative attitude approach and presented eight uniform statements to the social work professionals (N = 14) and their clients (N = 14), with the explicit request that they should comment on them freely. All the statements concerned the early identification of alcohol-related problems (see Appendix 1). Of special interest here is argumentative talk stimulated by one specific statement that was presented to the interviewees: 'For me, talking about alcohol use is as easy as talking about other aspects of life'. The analysis for this paper focuses on how the two parties commented on this

statement and whether the professionals and their clients do this in the same way or whether there are differences between them. This focus is interesting because the topic required the participants to take a stand and assume a particular subject position in an argumentative context. By focusing on the differences between the professionals and their clients, I have interpreted the social categories or roles that provided the contexts for their comments on the statement (i.e., the subject of the attitude).

I chose to focus on this specific statement because it prompted a range of evaluative stances and justifications that relate to the discussion of alcohol use and are central to social work interaction (the other statements have been analyzed in Author, 2018). The interviews were recorded and transcribed verbatim, and the statement analyzed for this paper covered approximately 50 pages of the transcribed material.

The professionals I interviewed were all women. Their ages ranged from 26 to 58 years (average age 39 years), and their experience in the field of social work ranged from 4 months to 30 years (average 7.5 years). I conducted each interview at the interviewee's place of work during work hours. All the professionals were employed outside substance abuse practice settings and in the area of adult social work within the Department of Social Services and Health Care of the City of xx. In this context, the core objective of adult social work is to help clients address concerns regarding, for example, employment, family life, and income.

Half of the professionals interviewed had recently participated in a course that focused on how to discuss alcohol in social work contexts. The course was organized by a city's Department of Social Services and Health Care. I sent an email to each participant and asked whether they were willing to be interviewed for this study. As the course was voluntary, I assumed that the professionals were attending because of a particular interest in the topic. Therefore, I also interviewed professionals who did not take part in the course. This selection was achieved by snowball sampling: the professionals who were interviewed then asked their colleagues if they would also participate in the study.

The clients were recruited using contacts provided by professionals; the professionals who participated in the study were asked to inquire whether their clients would also like to be interviewed. I emphasized to the professionals that any client could participate and alcohol-related problems were not a prerequisite. In addition, three clients were selected by snowball sampling: the clients who were interviewed could ask their friends, who were also social work clients, if they would like to be interviewed.

For the client sample, I interviewed an equal number of women and men, ranging in age from 18 to 58 years (average age 41 years). I conducted the client interviews either at the Department of Social Services and Health Care (8 interviews) or at the University of xx, (6 interviews) depending on the preference of each interviewee. The clients' personal experiences of alcohol-related problems and social work interactions varied. I did not request this background information from the interviewees directly but many

brought it up during the interview. Some clients revealed that they consumed no alcohol at all while others reported long-term consumption that had caused problems. Some of the participants had been clients of social work only for a couple of months, others for years.

Following the principles of the qualitative attitude approach, I performed the analysis in two stages. The classifying analysis was the first stage, and I completed a literal reading of the research material and categorized the argumentative talk. The categorization identified the different stands toward each attitude statement as well as the specific arguments and rhetorical resources used to reason and justify these stands (Vesala & Rantanen, 2007). I identified different types of stands within the same interview, and I then classified the different stands into categories: first, by the type of stand, and second, by the types of justifications that were presented for each stand.

In the second stage, an interpretative analysis created a conceptual dialogue for the classified categories, with theoretical concepts and discussions relevant to this study. I aimed to identify the general patterns of argumentation that were evident among the detailed categories of stands and justifications. I articulated these patterns as qualitatively different attitudes and shaped them on three dimensions. I analyzed the dimensions further and linked it to concepts of self-disclosure, non-communication, and agency. Besides, I connected the dimensions with the stances taken on the statement by the professionals and their clients.

The research proposal was approved by Ethics Committee of the Department of Social Services and Health Care and written informed consent was obtained from each interviewee. To protect the anonymity of the participants, I removed their legal names and any references to their localities in the data. In this paper, *p* indicates that the excerpt was provided by a professional, and *c* indicates a client.

Results

The interviewees generally commented on the statement in a social work context and constructed the context of talking about alcohol use between social work professionals and their clients. The participants regarded alcohol use as an issue that can be addressed through self-disclosure, and they also considered that talking about alcohol use is a form of self-disclosure, as evidenced in the following excerpt:

cK: For me, it is not difficult at all. I can talk about it, but there are some other things that I do not necessarily talk about; those I keep inside.

Both the clients and the professionals commented on the statement based on the consequences self-disclosures might have for agency. The interviewees thus related self-disclosures of alcohol use to maintaining or losing agency. They considered the possible consequences of self-disclosure, and contemplated how much information could be disclosed and to whom without a negative impact on agency. I grouped the

attitudes into three dimensions: problem orientation, privacy, and role expectations.

Although these dimensions are intertwined, they can be conceptually distinguished from each other.

The Dimension of Problem Orientation

The interviewees accepted the statement (i.e., they agreed that for them, talking about alcohol use is as easy as talking about other aspects of life) if a discussion addresses alcohol use that is not problem-related, or if a discussion sets problems aside. In contrast, the interviewees disagreed with the statement if a discussion focuses on alcohol-related problems. This dimension of problem orientation was common in the clients' comments. The clients emphasized that their own alcohol use is unproblematic, and therefore talking about the topic is easier for them than talking about other problem-related aspects of their lives.

cO: Well, personally I would say that talking about alcohol is easy. For me, it is easier than talking about many other aspects of life (laugh) because it is not a problem for me.

The professionals also provided comments on the dimension of problem orientation, and they speculated how clients with alcohol-related problems would comment on the statement.

pF: It might be a different story if one has a problem with alcohol if one has something to hide. If I were in that kind of situation myself, then talking could be more difficult.

The interviewees claimed that talking about problem-related alcohol use is difficult because an acknowledgement of a problem will generally lead to intervention.

According to the clients, the fear of consequences makes it difficult for other clients to talk about alcohol use at work or with public authorities. Participants themselves had experienced the similar difficulty with family members.

cL: If you get an impression that there is yet one more public authority who wants to intervene in your life in some way...then you would think, “If I tell this and that, does it affect my social security benefits?”

cB: The only one with whom I don’t talk that much, well, that is my twin sister [laugh] because she complains so much.

Additionally, the clients noted that if conversations become difficult, people can use their employment as evidence to prove that they do not have alcohol-related problems:

cE: That simply means that there is no problem; I am a bus driver—I am working every day. I know many, hundreds of people, who are like that. When they get out of work, they immediately go to a bar, and then they stay there until closing time, and the next morning they go back to work.

However, the interviewees remarked that a discussion on problem-related alcohol use does not always have consequences. According to the clients, it is easy to discuss drinking with friends because generally they will not intervene. The professionals agreed with this statement and provided the same reason when commenting on alcohol use beyond the social work context: the professionals stated that they do not need to detect other people's alcohol use outside of their work.

cF: Often it is just a mention that we indeed had a few...someone says that he/she drinks one or two glasses of red wine per night—fine. Others do not—someone [else] gets drunk on weekends.

pN: It might be that in this context [social work] the problem-oriented approach is inside one's head all the time, pondering all the time whether this is a problem. But in private life, you do not have to keep an eye on whether it is a problem for someone.

Altogether, the interviewees appeared to argue that discussing alcohol use is difficult if the consumption is problematic and if the discussion has consequences. The common issue relating to the consequences was the potential for someone to question the client's agency and cast doubt on the client's ability to make decisions about his or her alcohol use. The participants agreed that having a job can infer that a person's drinking is under control and that they can maintain agency over alcohol use.

The Dimension of Privacy

The interviewees commented on the statement differently depending on whether a request to self-disclose raised privacy concerns. This issue of self-disclosure relates to safeguarding the boundaries or limits of privacy. If a request to self-disclose impinges on privacy, the interviewees disagreed with the statement (i.e., they stated that for themselves, talking about alcohol use is *not* as easy as talking about other aspects of life) and vice versa.

The professionals remarked that requesting self-disclosures of alcohol use is difficult because clients appear to regard these requests as particularly sensitive or difficult. The reason for these requests is often not made clear; therefore the professionals also noted that, if they were the client, they might experience the similar feelings. The clients, on the other hand, assumed that other clients would interpret these requests for self-disclosure as a suspicion of heavy drinking.

pO: It might be that I would react in the same way myself, that I would not understand what this has to do with my situation anyway. If I were a client, I would not love these discussions because they are indeed connected to the feeling of being controlled.

Notably, the interviewees stated that people differ in their perceptions of when a request to self-disclose crosses the line of privacy. The professionals suggested that the line is

crossed more often when a client has a high social status or if they are unfamiliar with the social work context.

pB: If there is a client who has earned thousands of euros per month and then he or she suddenly must apply for social benefits...if a client used to have a high social status, he or she might feel that our questions are invading his or her territory.

The professionals noted that at times they can misinterpret a client and mistakenly believe that they have crossed the line of privacy. For many clients, alcohol use is not the first topic to cross this line after all.

pD: No one has ever been angry with me when I have asked. It is just my own imagination that now I will ruin something.

The excerpts above exemplify how requesting self-disclosures of alcohol use may have consequences that affect agency. These requests can cross the line of privacy and are associated with feeling of being controlled. In these situations, a basic request to self-disclose can appear to question whether the client has the agency to make decisions about alcohol use. It is notable, however, that the clients in this study emphasized that the other clients could interpret a request to self-disclose in this way: however, they stated that they would not view a request for self-disclosure from this perspective. Similarly, some professionals noted that they have never met a client who would interpret a request this way. Therefore, it appears that the consequences for agency

produced by these requests are primarily hypothetical constructs: potential issues that may happen to someone else.

The Dimension of Role Expectations

Agreement or disagreement with the statement was also dependent on whether the interviewees argued that the role of the social work professional justifies the requests for self-disclosures from clients. Comments at this dimension were mainly presented by the professionals. They agreed with the statement if they claimed that their working role provided a justification (i.e., they agreed that, for them, talking about alcohol is as easy as talking about other aspects of life) and vice versa. The professionals noted that raising the topic of alcohol use becomes easier once people are established in a role as a social work professional.

The professionals claimed that a discussion about alcohol use is essential when the aim is to assess and understand a client's life. From this perspective, the process of identifying and assessing alcohol-related problems is a necessary component of social work, even if it crosses the line of privacy. The professionals argued that clients generally share this understanding, and if they are not aware of the reason behind the discussion, then it can be explained.

pJ: Clients have certain expectations about social work professionals in their mind when they come. Somehow, they might be able to orientate themselves already in a way that they know that we do talk about certain things when they come here, that it is no small talk we have here.

The professionals often commented on the statement differently when they discussed either their working context or their private life. They claimed that outside of their profession, talking about alcohol use is more difficult than talking about other aspects of life—it is difficult to explain why the topic should be discussed when they are not performing their working role.

pN: It is the role of the social work professional with which that kind of a responsibility is associated, if you can call it responsibility, but anyway this assumption that you have to bring up this topic as well.... When it comes to a private life, there might be a similar responsibility to take care of other people close to you...and then if you happen to notice that there might be a problem, then it is indeed, it indeed is difficult, and even more difficult than here because there is no way to explain why you are bringing up the topic. You cannot say, “Because of your situation [laugh], could we talk a little bit about the fact that you are drinking too much?”

The analysis shows that role expectations have significant consequences for talking about alcohol use. A discussion about the topic is considered a part of social work

practice when the role of the social work professional provides a justification to request a self-disclosure of alcohol use. Requesting self-disclosures thus becomes a routine method within social work practice. In this context, the discussion also lacks a personal focus; therefore, talking about the topic does not appear to raise questions regarding the client's agency to make decisions about his or her alcohol use. Similarly, the clients stated that it became easier to discuss their own alcohol use once they were accustomed to talking about the topic in a social work setting.

cl: It hasn't always been this easy. Now it has started to be because I have been in so many places where I have talked about myself, blah, blah, blah, so I am already used to it.

The Three Dimensions

In this section, I use the concepts of self-disclosure, non-communication, and agency to deepen the interpretive reading of three dimensions. I also connect the dimensions with the stances taken on the statement by the professionals and their clients. The interviewees' attitudes toward self-disclosure of alcohol use varied. This variation was linked to concerns relating to the agency and the perceived consequences of a self-disclosure, or a request to self-disclose. The comments concentrated on finding the right balance between communication and non-communication; how much should a person

self-disclose and to whom, and who could request self-disclosures without threatening agency? Besides, it is also important to note that the two groups, the professionals and the clients, took different stances while when commenting on the statement. Table 1 summarizes the three-dimension framework and the stances taken.

(Table 1 near here).

On the dimension of problem orientation, the interviewees noted that self-disclosures of problem-related alcohol use often cast doubt on a person's agency to control his or her drinking habits. However, if problems were set aside or discussed with someone who would not intervene then self-disclosures of problem-related alcohol use were not seen as agency-threatening. At this dimension, the professionals commented on the statement from their own perspective as well as on behalf of their clients and other professionals in general. In contrast, the clients took a stance that expressed their own views or the potential views of other clients.

On the dimension of privacy, the interviewees argued that a request to self-disclose can have agency-threatening consequences if the request crosses the line of privacy. The interviewees suggested that this would happen when a request to self-disclose is interpreted as doubt about the client's ability to control alcohol use. Their statements focused on anticipating a client's thoughts about a request for self-disclosures.

Generally, the interviewees emphasized that they do not regard requests to self-disclose

as intrusive; however, they claimed that other clients may consider that a request crosses the line of privacy. On this dimension, the professionals commented on the statement on behalf of themselves and the clients, whereas the clients only commented on behalf of other clients.

Both the clients and the professionals approached the statement on the dimension of privacy and on the dimension of problem orientation. However, the clients provided more comments on problem orientation while the professionals were more concerned about privacy. This difference in focus is better understood when the dimensions are viewed in relation to the different positions from which the professionals and clients commented on the statement. The professionals positioned themselves primarily as the recipients of the disclosures. At the dimension of privacy, the comments were generally constructed from this position and concerned *intervening in the agency of someone else*. The clients, on the other hand, positioned themselves as the person disclosing information, and they did not consider the perspective of a professional. The comments that approached the statement from this position were generally formed on the dimension of problem orientation and focused on *interventions in one's own agency*.

On the dimension of role expectations, communicating the role of the social work professional was presented as a method to avoid potential threats to agency posed by problem-oriented self-disclosures or privacy-threatening requests to self-disclosure. The comments that approached the statement on this dimension were mainly presented by

the professionals. Addressing problem-related topics and requesting information on private issues were regarded as core elements of social work. These requests for information were considered legitimate when they were presented by a professional in the context of social work. A request to self-disclose alcohol use was described as an important component of a professional's work when assessing clients. The role of social work professional was thus seen as justification to discuss problem-related topics and cross the line of privacy. At this dimension, the professionals also considered the perspectives of other professionals and clients, as well as themselves. Clients commented on the statement only from their own perspective, and they argued that clients can feel that self-disclosure is an obligation of the social work process.

The results highlight the argumentative interpretation of the attitude concept (Billig, 1996) and the contextually sensitive nature of attitudes (Vesala & Rantanen, 2007). Interpreting the argumentative talk revealed that the interviewees did not express a single fixed attitude. Instead, they advocated for more than one attitude during the discussions of the issue. The interviewees regarded a discussion about alcohol use as a form of self-disclosure; however, the construction of this attitude object varied on the different dimensions. First, when an attitude was constructed on the dimension of problem orientation, the consequences for agency of a client's self-disclosure played a central role. Second, when an attitude was constructed on the dimension of privacy, the emphasis was on the consequences for agency that are generated by a request to self-

disclose. Finally, when an attitude was constructed on the dimension of role expectations, the requirements innate to social work were presented as a resolution to the agency-threatening consequences described above.

All three dimensions were constructed by both the professionals and the clients; however, the two participant groups took a variety of stances when commenting on the same statement (see Table 1). By adopting different stances or footings (Goffman 1979), interviewees can regulate the degree of personal or institutional accountability and commitment for their asserted positions. The speaker may communicate a stance (animator) that has been scripted by a different actor (author). Furthermore, often there is also a person whose position is thereby established (cf. Goffman, 1979, 17), whose beliefs or knowledge are expressed, and whose commitment to the claim is asserted (principal). The statement, 'For me, talking about alcohol use is as easy as talking about other aspects of life,' places 'me' as the subject of the sentence and thereby announces the close and personal footings. Moreover, I invited the interviewees for interviews explicitly as professionals and clients. Therefore, one can assume that they would comment the statement mainly from these positions (Potter & Hepburn, 2005). However, the interviewees not only stated their own claims but also assigned accountability to others and distanced themselves from the reported claims.

When taking an affirmative stance, the professionals often drew on their role as a public authority, and thereby invoked the collective category of “social work professional” as

the principal behind their chosen position. The professionals aligned themselves with this common principal, but they also committed themselves to moderate concerns that were justified using their own experiences, frequently drawn from personal feelings and emotions (see Table 1; professional 2.2 & 2.3). However, the degree of commitment to these stances was diminished by acknowledging that the perceived threat to agency was based on personal assumptions. The clients, on the other hand, generally relied on their own experiences and used a personal footing when they took an affirmative stance. From this perspective, the clients only expressed a few moderate reservations with their affirmative positions (see Table 1; client 2.1).

Notably, both the professionals and the clients invoked “the collective client” as the principal of their sceptical evaluations: a discussion of alcohol use between professionals and their clients is challenging because “clients” think the subject is sensitive; they may believe they have to hide information to avoid intervention because “other clients” interpret a request to self-disclose as suspicion of hazardous or harmful drinking. An interesting expectation identified in this study involved professionals describing clients who understood the role dynamics of social work: they anticipated requests to self-disclose because it had become a routine of being a social work client (see Table 1; professional 3.3). The clients also described a similar self-disclosure routine that was drawn from their own experiences as clients who had become accustomed to talking about the topic (see Table 1; client 2.2).

From the perspective of face-work (Goffman 1967, 5–45), the talk about “other clients” can be interpreted as face saving. Displayed *face* is an image of self which is delineated in terms of the positive social value and approved social attributes. Questioning the face that the participants claim for themselves in social interaction is typically avoided. It is possible that clients were careful not to reveal any sensitive information about themselves and preferred to talk about “other clients” when presenting negative evaluations that have a potential threat to the faces of the participants. For example, comments that state *I am not worried, but other clients may be* invoke “the collective client” as the principal of negative evaluations and diminish the risk of losing face.

Discussion

The attitudes of social work professionals and their clients presented in this study should be understood within the context of Finnish social work and the local alcohol policy and culture. In contemporary Western society, individuals are generally considered responsible for their own lives (Sulkunen, 2009). Additionally the importance of a client’s autonomy is widely recognized in social work. However, the social work system can also implement disciplinary processes for clients who are unable to manage their lives because they have experienced a loss of control, and thus a loss of agency (Juhila, Hall, & Raitakari, 2010). Agency is at the heart of social work practice,

and its significance can be identified in the interviewees' comments: it is essential to understand the consequences that self-disclosures, or requests for self-disclosures have for agency. Maintaining agency has become a cornerstone for social inclusion (Egerer et al., 2012), and people will generally work hard to preserve agency when it is threatened (Brehm & Brehm, 1981; Munford & Sanders, 2015).

Besides agency, open and free communication is another important and highly valued principle in contemporary Western society (Hofstede, 1991; Vesala, 1998).

Accordingly, the interviewees regarded communication that includes self-disclosure as a prerequisite for successful assessments—a core function and skill of social work practice (Galvani et al., 2014). Encouraging clients to provide the necessary information for an effective assessment is a major objective for social work practice. However, the interviewees noted that this very same communication can also threaten the agency of an individual. Self-disclosures of alcohol use, as well as requests to self-disclose about the topic, may cast doubt on a person's agency to control his or her drinking habits.

Agency can be left unaffected if this doubt is not communicated; however, these discussions may fail to address the topic of alcohol use, and possible alcohol-related problems will be left unresolved. The challenge of balancing self-disclosure and non-communication provides an interesting perspective to discuss the results of this study.

The appropriateness of either self-disclosure or non-communication always depends on the context and the roles and role expectations of the interactors (Vesala, 1998). Even if

the main objectives of social work are rather uniform (Kananoja 2016, 27-29), social work practice is always bound to local context and embedded in a particular ideological and institutional landscape. The results of this study highlight the conflicts between the empowering and supporting roles of social work professionals and the tensions between the governance of drinking and individual autonomy. In the context of social work, the role of the professional is to gather the necessary information to assess clients and then use the assessment to provide the appropriate support and advice. The need for relevant information must be managed alongside a respect for the client's privacy; thus, professionals and clients must find a balance between communication and non-communication. The role of the social work professional can be used to protect the client's agency, but it can also affect the professional's agency; certain types of communication or non-communication become appropriate within the professional's working role.

Constructing interpretations about the subject of the attitude adds an interesting dimension when answering the question: Do professionals and their clients comment on the statement in the same way? In terms of footing (Goffman, 1979), a notable pattern emerged. When taking a sceptical stance toward the statement, the principal was often the general category of "(other) clients". When taking an affirmative stance, professionals invoked the "collective professional", whereas clients drew on their own experiences and adopted a close and personal footing. For professionals the "collective

professional” appeared to be “we rather than I”—emphasising a social category instead of risking a personal identity (cf. Pyysiäinen, 2010). In contrast, clients appeared to distance themselves from the general category of “(other) clients”; individual clients did not identify with a general category or a collective, and instead regarded themselves as an exception.

The results of this study have implications for social work practice. They demonstrate well the complexity of talking about alcohol use in the context of social work. Thus, they contribute to social, cultural and historical knowledge concerning this phenomenon. It is important to recognize the potential agency-threatening aspects of both making self-disclosures and requesting them. This recognition enables us to question if these threats can be overcome, and if so, how? The results suggest that, for instance, communicating the role of the social work professional could diminish the agency-threatening features of self-disclosure (see also Shaw et al., 1978). Additionally, building mutual trust and ensuring confidentiality could play important roles in preserving agency by removing the perception of agency-threatening consequences that accompany self-disclosures or requests to self-disclose.

The attitudes reveal the dimensions of consensus and controversy surrounding the self-disclosure of alcohol use. However, it is also important to identify the limitations of this study. First, it is important to note that even if the findings are intertwined with interaction, I did not analyze interaction between professionals and clients. Instead

different attitudes concerning talking about alcohol use (interaction) were constructed during the argumentative talk (interaction). The attitudes were expressed in an interview, which is an interactional relationship, where the agency of the interviewee and the agency of the interviewees were constructed. In the future, attitudes toward talking about alcohol use should be studied in other contexts. Besides, future research should broaden the scope of this topic by comparing the results of this study with the attitudes toward talking about other sensitive subjects, such as domestic violence, mental health, and drug abuse. Second, the interviews for this study were conducted in Finnish and excerpts were translated into English for this paper. Translating documents and scripts is always an imperfect process (Nikander, 2008). However, the aim for this paper was to present the original meanings of the excerpts as accurately as possible. A third point of reflection is that the clients interviewed for this study were selected with the help of the professionals, and it is important to note that this selection occurred within the roles and power dynamics of social work practice.

One could also ask, whether the interviewees were commenting the statement “truthfully”. However, within social constructionism, this question is not very relevant, as objectivity is impossible to achieve; people always approach the world from one point of view or another. We cannot capture the truth; we can only capture a particular and partial truth of a moment in time. (Burr, 2015.) While looking back at the results it is important to remember that the attitudes were constructed in the context of interviews

between me as a researcher and professionals/clients. When interviewees share their stories, they always construct them for a certain audience. In this research, I formed the audience for the interview situation. My own position as researcher undoubtedly had an influence on what the interviewees wanted to tell me. However, when examining the ways social reality is constructed, insincere, exaggerated, and uncertain argumentation is as valuable as “truth” — or what is considered true by the speaker himself/herself.

To conclude, the results highlight the inherently argumentative and contextual nature of attitudes. Taking a stand is connected to the process of weighing up the justifications and people can assume different subject positions while justifying their stance in argumentative contexts (Vesala and Rantanen, 2007; Billig 1987, 1988). Attitudes vary depending on the consequences for agency that are anticipated by an individual when providing or requesting a self-disclosure; self-disclosures serve important functions, but not all the consequences are desired (see Hargie et al., 1994; Vesala & Knuuttila, 2012). According to the results, questioning and interfering in the agency of an individual stood out as unwanted consequences that communication can have in the context of making self-disclosures of alcohol use in social work settings. In this context, non-communication is particularly meaningful because it can protect, preserve, and maintain the nature of some vital idea that is fundamental to the system: the agency of an individual (see G. Bateson & Bateson, 1987; Vesala & Knuuttila, 2012). Non-occurrence of communication becomes significant when a specific type of

communication (i.e., problem-related self-disclosures or privacy-threatening requests to self-disclose) would question the agency of an individual and “alter the nature of the ideas” (Bateson and Bateson, 1987, 80). The interviewees described how agency is built, maintained, and restored as part of the common processes between social work professionals and their clients. In the argumentation, social work interaction was constructed as an act of finding a balance between self-disclosure and non-communication to ensure that the agency of an individual is preserved.

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Table 1. The dimensions and the stances taken.

	Professional	Client
1 Taking the perspective of the (other) professional	<p>1.1 Problem (self-disclosure)</p> <ul style="list-style-type: none"> - <u>work</u>: problem-oriented approach as a routine ⇒ no threat to agency - <u>outside work</u>: no need for detection (non-communication) ⇒ no threat to agency <p>1.2 Role expectations:</p> <ul style="list-style-type: none"> - <u>work</u>: routine of social work practice ⇒ no threat to agency 	
2 Taking the perspective of self	<p>2.1 Problem (self-disclosure)</p> <ul style="list-style-type: none"> - <u>work</u>: problem-oriented approach as a routine ⇒ no threat to agency - <u>outside work</u>: no need for detection (non-communication) ⇒ no threat to agency <p>2.2 Privacy (request to self-disclose):</p> <ul style="list-style-type: none"> - <u>sensitive subject</u>: feels difficult because clients may think it is an issue ⇒ (possibly imagined) threat to agency <p>2.3 Role expectations:</p> <ul style="list-style-type: none"> - <u>work</u>: routine of social work practice ⇒ no threat to agency - <u>outside work</u>: difficult to explain reasons for raising the topic ⇒ (possibly imagined) threat to agency 	<p>2.1 Problem (self-disclosure):</p> <ul style="list-style-type: none"> - <u>not a problem</u>: an easier topic to address than many other aspects of life ⇒ no threat to agency - <u>with friends</u>: no need for detection (non-communication of problems) ⇒ no threat to agency - <u>with family</u>: family members present complaints ⇒ threat to agency <p>2.2 Role expectations:</p> <ul style="list-style-type: none"> - self-disclosure is part of the routine of being a social work client ⇒ no threat to agency

<p>3 Taking the perspective of the (other) client</p>	<p>3.1 Problem (self-disclosure):</p> <ul style="list-style-type: none"> - <u>problem</u>: something to hide ⇒ threat to agency <p>3.2 Privacy (request to self-disclose):</p> <ul style="list-style-type: none"> - <u>difficult subject</u>: a feeling of being controlled ⇒ threat to agency <p>3.3 Role expectations:</p> <ul style="list-style-type: none"> - a request to self-disclose is expected ⇒ no threat to agency 	<p>3.1 Problem (self-disclosure):</p> <ul style="list-style-type: none"> - <u>at work/with public authority</u>: fear of intervention ⇒ threat to agency <p>3.2 Privacy (request to self-disclose):</p> <ul style="list-style-type: none"> - <u>suspicion of hazardous or harmful drinking</u> ⇒ threat to agency
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