

Calling the shots: young professional women's relationship with alcohol

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Abstract

Alcohol consumption by young professional women is increasing. Whilst the media and public health campaigns have condemned this increase, societal attitudes and advertising discourses frame it as a display of 'power femininity'. This qualitative study explored young professional women's 'relationship with alcohol': why they drank, and how they felt about it. Twelve young professional women who reported drinking over official limits and had not sought professional help were recruited via UK public houses (drinking establishments, usually called pubs) and later interviewed. Transcripts were analyzed thematically. Participants used alcohol to gain power; they saw drinking as a masculine ability demonstrating stamina, valued professionally and socially. However, women were also ashamed of their drinking; they felt criticized by health professionals and the media. Rather than perpetuating a blaming and shaming discourse, it may be important to counteract social norms associating alcohol use with power and sobriety with weakness.

Key words: alcohol, drinking, young professional women, thematic analysis

Calling the Shots: Young Professional Women's Relationship with Alcohol

Whereas drinking amongst British men has been relatively stable over time, women's drinking has risen sharply, particularly in the 1990s (Plant, 1997). British men still consume alcohol more heavily and more often than women, but the gap is closing (Nyack & Kaskutas, 2004; Plant, 1997; Wilsnack, Wilsnack, & Hiller-Sturmhofel, 1994). Historically, public houses (UK drinking establishments, usually called pubs) were a male preserve until the first world war, at which time women's entry to the public drinking domain caused moral outrage and calls for a legal ban. Indignation at women's drinking has continued: Jackson and Tinkler (2007) discuss the parallels in media outbursts in response to the 'modern girl' of the 1920s, and the 'ladette' of the 2000s, both defined by youth, boisterously assertive behavior, and drinking.

Media outrage at women's drinking has focused on the figure of the ladette, the bedraggled and scantily clad young working-class woman who stumbles drunkenly through city centre streets, and has been the figurehead of the British tabloid newspaper portrayal of the so-called binge drinking epidemic. She is displayed as lacking self-control and self-esteem (Day, 2004; Gill, 2007; Jackson & Tinkler, 2007). Public health campaigns have taken a similar stance. An advert (Home Office, 2008) shows an attractive young female in her bedroom, who covers herself in vomit and urine, rips her clothes, and smudges her makeup, with the message 'you wouldn't start the night this way so don't end it this way'. The shaming of ladettes as a tactic for addressing the UK binge drinking crisis was also adopted by a BBC Radio broadcast (*Drunk Again: Ann Widdecombe Investigates, 2012*) in which an eminent politician trailed and harangued a group of young women as they embarked on a drunken night out. She concluded that a 'naming and shaming policy' to deter such behavior was necessary.

Gender double standards in the press are striking, with women as the focus for societal anxiety about changing patterns of alcohol consumption (Measham & Ostergaard, 2009). Public female drinking behavior violates social norms about women as mothers (restrained, nurturing, at home), and Day (2004) suggests that widespread transgression of this norm has sparked moral panic, and a consequent media discourse that blames and shames women when they drink as much as men.

However, media representations of the binge drinking crisis may have chosen the wrong poster-girl, since surveys have shown that young professional women drink more than working-class women (Huerta & Borgonovi, 2010; Jefferis, Manor, & Power, 2007; Maggs, Patrick, & Feinstein, 2008). Young professional women have more expendable income, are situated in the workplace culture with its drinking rituals, and are more likely to postpone childbirth; Huerta & Borgonovi (2010) suggest that alcohol use and abuse is more socially acceptable amongst the middle class. For young professional women specifically, it seems that certain aspects of masculinity, such as drinking in pubs, are newly accessible.

Gill (2007) notes that, because women became professionals and developed spending power, the advertising industry has had to respond: depicting a car with a woman draped over it is counterproductive if you are trying to sell the car to a woman. Advertisers no longer benefit from portraying women as objects; they have become subjects: active agents seeking fun, who should buy products that will prove their liberation, empowerment, and work-hard play-hard lifestyle. Postfeminist consumer culture has shaped this new discourse of 'power femininity' (Lazar, 2006) or 'commodity feminism' (Dobson, 2013; Gill, 2007; Lazar, 2006) which invites young women to enjoy freedom and fun, with alcohol as a key ingredient and reference point. One recent UK magazine advert for an Italian beer displayed a headshot of a young attractive woman. Her facial expression and positioning of brand logo were exactly the same as a handbag advert on the previous page. The beer is not itself depicted: they are selling an image, establishing a product previously marketed to

men as now synonymous with 'power-femininity'. Dobson (2013) explored the impact of commodity feminism on young women's self-portrayals on social networking profiles, finding that alcohol consumption is a primary focus of text and images which convey an 'up for it' persona, or what Jackson, Vares & Gill (2012) refer to as the 'playboy mansion image'.

Feminist clinicians (which the current authors would described themselves as) are therefore faced with a dilemma: on the one hand, do we disregard the media hype around increased female drinking as mere sexism, and assert women's rights to enjoy traditionally masculine privileges? Or, on the other hand, do we decide that encouraging drinking behavior does not make sense when a quarter of people in the UK drink at what are considered by medical authorities as 'hazardous' levels (over 14 units per week for women, 21 for men), with huge costs to individuals, communities and the health care system (National Institute of Clinical Excellence, 2010). Although we might question the validity of these definitions of hazardous drinking (as socially constructed, gendered, and changeable), there is a substantial body of medical evidence to suggest that indeed men and women are likely to suffer harms if they drink above these limits (Davies, 2012).

There is little feminist empirical research to help us resolve this dilemma. Most empirical studies on this topic take an epidemiological perspective, and lack a focus on women's own voices. One exception is Lyons and Wilott's (2008) qualitative study in New Zealand, exploring the motivations and outcomes of binge drinking in mixed gender focus groups. Both female and male participants were found to use alcohol to 'enact masculinity': women expressed positive views about the role of alcohol in their life, but were highly critical towards some other demographic groups of women who drink. This could be seen as a displacement of shame similar to the scapegoating of the ladette that has happened in the UK.

The present qualitative study explored the relationship with alcohol amongst young UK professional women who drank at medically defined 'hazardous' levels. The term

'relationship with alcohol' is used here to describe a person's thoughts and feelings about the role alcohol plays in her life, and her drinking behavior. The central research question was 'what kinds of relationship with alcohol are described by young professional women who drink at a clinically defined hazardous level?' The research was conducted from a phenomenological perspective, using a thematic analysis approach (Braun & Clarke, 2006): the semi-structured interview protocol was open and exploratory, so that women's own stories could emerge.

Method

Participants

Women were eligible to participate if they were between 21 and 35 years old, reported drinking more than 14 units per week, and were defined as professional (educated to at least degree level with further training).

Recruitment took place in public houses ('pubs') on a convenience sampling basis, by the first author. Six pubs in central London locations known for academia, publishing, media, and finance were selected (in Bloomsbury, Soho, Old Street and Canary Wharf). Women drinking in the pubs were approached at random if they appeared to be aged between 21 and 35. This cohort were teenagers during the 1990s, and thus likely to have been influenced by the rise in female drinking in this time, and also the consequent media backlash.

The researcher explained that the study was about women who generally drink 'hazardously' (more than 14 units a week), and asked if they would be eligible. She then showed interested women the information sheet and asked for permission to telephone them the next day to arrange an appointment. Of 18 women approached, only three said they did not drink more than 14 units per week. No eligible women declined at this stage, but of the 15 contacted, two did not respond to email, and one cancelled her appointment. The final sample therefore consisted of 12 women.

Procedures

The *semi-structured interview* consisted of a series of questions tracking attitudes to alcohol from childhood to the present day. 1) When you were young, was alcohol around? What do you remember seeing? 2) When did you start drinking regularly? (What / where / when / with whom?) 3) From the first phase of drinking regularly, until now, can you describe how your drinking has developed/changed? 4) How do you view your relationship with alcohol now? What do others say about your drinking? 5) Do you talk about your alcohol use, if so, to whom? Follow-up questions were used to encourage elaboration. Interviews lasted about an hour, and were recorded and transcribed. Theoretical saturation, whereby no new thematic material emerged, was achieved by the twelfth interview.

Participants also completed the Alcohol Use Disorders Identification Test Consumption (AUDIT-C; Bush, Kivlahan, McDonell, Finh, & Bradley, 1998), a brief screening tool. The AUDIT-C comprises three questions about typical alcohol consumption: 'How often do you have a drink containing alcohol?'; 'How many units of alcohol do you drink typically?'; and 'How often have you had 6 or more units on a single occasion in the last year?' Each question is scored from 0-4, with a total score of five or more indicating higher risk drinking. This allowed for immediate feedback to participants. The measure has been found to be reliable and valid (Saunders, Aasland, Babor, Fuente & Grant, 1993). Participants also completed a study-specific measure of alcohol consumption over the past week and also over a 'typically heavy drinking week'. These measures were included in order to ascertain the overall level of drinking in the sample.

Analysis

Thematic analysis (Braun & Clarke, 2006) was used to identify the central themes for each participant. These were then sent to participants to ascertain respondent validity. Data were analyzed sequentially by the first author, using a process of constant comparison (Corbin & Strauss, 2014). In accordance with good qualitative research practice guidelines

(e.g. Stiles, 1999), the other authors read transcripts to verify that the final themes were a fair representation of the data set.

Researcher background

At the time of the study, the first author was a clinical psychology graduate student. Her interest in alcohol arose from working clinically with women with high levels of drinking. The other authors are two male Clinical Psychologists and one female General Practitioner, all of whom have worked clinically with people with drinking concerns. The researchers attempted to set aside their preconceptions during the course of the study.

Results

Participants reported drinking on average more than 30 units in a 'normal week', and nearly half of the sample consumed more than 60 units in a 'typically heavy drinking week', placing them in an officially defined 'hazardous drinking' range. Sample demographics and alcohol consumption are shown in Table 1.

The thematic analysis generated two superordinate themes (see Table 2), reflecting the positive and negative aspects of participants' experiences: drinking as bringing power, and drinking as bringing criticism and shame. All names in the following section are pseudonyms.

Insert Tables 1 and 2 about here

1. Drinking as bringing power

Women described a number of inter-related reasons for their drinking, which can be linked to the idea of establishing power. They are presented here in approximate developmental sequence, from first adolescent experiences of alcohol through to current pressures of work.

1.1 Giving social status

Participants said that from an early age, being identified as a drinker was socially desirable. They described how in their teenage years, those allowed alcohol earlier than peers gained kudos, and daring acts of excessive drinking had been viewed with awe when relayed in school;

Emma: 'People saw you as more of a risk taker. Less uptight, not scared to flout the rules.'

In adulthood, having a reputation as a drinker was still desired:

Abby: 'It's seen as a healthy thing to do. You don't want to be the square who goes home.'

Drinking was seen unequivocally as 'cool'; a behavior practiced by those who wanted to be seen as '*leader of the pack*' (Rachel), '*popular*' (Sarah), '*daring*' and '*fun*' (Lara). The type of alcohol consumed was seen as a way of establishing social status. Most participants described champagne as their favorite drink, and many differentiated their drinking habits from those consuming cheap alcohol; '*skanky people drinking White Lightning* [cheap cider] *at the bus stop*' (Francesca)

1.2 Building friendships

Alcohol helped participants initiate, build, and belong to friendship groups, at school, university and beyond. Nights out with friends were depicted as '*tribal*' (Lara) events: the alcohol made people feel more closely bonded and connected. Most participants commented that their social lives currently were, as they had been since their teenage years, completely defined by drinking, as their main means of socializing.

Esther: 'Social activities all revolve around drink, when I tried to give up alcohol, it's like, zilch, your social life ends.'

As socializing took place almost exclusively in pubs and clubs, participants who were trying to cut down their drinking struggled with the lack of non-alcoholic drinks available. This was seen as a major stumbling block, which jeopardized their best intentions.

Sarah: 'You go to a bar and there aren't any nice non-alcoholic drinks, and they're expensive. So I think there is a gap in this country, either we need to have bars where you can go and it's non-alcoholic but you can still have fun, or like proper adult non-alcoholic drinks, we need an alternative. J20 is dire. And Coca Cola and lemonade is rubbish and full of sugar, who wants that.'

Some women felt like they would soon have to curtail their social life completely, because going out was so synonymous with drinking.

Kate: 'I start off with Diet Coke, but then it's like a sign saying 'buy two glasses of wine get the rest of the bottle free' and it makes sense. It's cheaper... and your friends are all sharing the bottle of wine, you don't want to be left out.'

Peer pressure from their friends was another major factor in participants' drinking. Some described outraged reactions when they announced that they would not be drinking, as if they were undermining the social occasion. A number of women had experienced having a soft drink 'spiked' by a friend; therefore successful abstaining required convincing excuses, such as being on antibiotics.

1.3 Establishing masculine power

Participants categorized themselves and others into three main drinking subtypes: those who engage in and can tolerate heavy drinking; those who attempt but cannot tolerate drinking; those who abstain. The first subtype, those who can tolerate heavy drinking, was viewed positively as pertaining to culturally validated masculine ideals about stamina and strength: Melissa: 'seasoned drinker'; Natalie: 'hardcore'; Lara: '.can keep up', 'one of the lads.' Those with low tolerance were seen less positively, with associations to weakness that was gendered as feminine: Melissa: 'lightweight'; Natalie: 'girly drinkers'; Rachel: 'bad drinker.' The most negatively viewed group was the abstainers, who were seen as highly strung, which was also associated with femininity: Melissa: 'goody two shoes'; Francesca: 'old prudes', 'pious Annie'; Abby: 'drama queen', 'soft', 'silly'.

The language used to describe drinking suggested that it was an 'ability', and that not being able to 'handle' alcohol well was a type of weakness. Furthermore, the ability to drink was gendered as male, whilst abstaining was female. These associations seemed to begin in childhood. Most of the participants described growing up with mothers who were perceived as non-drinking, anti-drinking, and bad at drinking; and fathers who were seen as heavy drinkers, pro drinking, and good at drinking;

Francesca: 'Mum doesn't drink, well she does but she can't.'

Natalie: 'My dad used to like a drink, my mum can't drink to save her life, she has a glass of wine and she falls over.'

For some participants, their first sip of alcohol was given to them by their fathers, and they enjoyed the sense of prestige, as if they were joining an exclusive club;

Abby (remembering being aged 7): 'I remember dad giving me a wine glass with Ribena in, I wanted to be involved.'

Abby (remembering being a teenager): 'I wanted to be perceived by my friends of my dad offering it to me, letting me have it.'

Some participants described occasions where they had seen their mothers drunk and found this 'uncomfortable', in contrast to seeing fathers drunk which was seen as 'funny.'

Abby: 'It's only in later life that I can see that mum gets pissed [drunk], I can see and it's not very nice, but that never came across when I was younger. Once when I was 15 my dad got really pissed and I had to walk him round the town but that wasn't uncomfortable, it was funny.'

These associations were maintained into adulthood. Participants expressed pride about their feats of drinking heavily, and continued to invest in culturally validated masculine ideals about stamina and strength;

Natalie: 'I could drink 7, 8 or 9 pints and I did once drink more. I wasn't a very sort of girly drinker at all. I don't go on those, sort of, male nights any more.'

Esther: 'I can put quite a lot away before I feel drunk.'

Melissa: 'I'm not a bad drinker: I can drink shit loads. But it's never, it's rare, people don't have to take me home. I could get the night bus even if I'm wasted.'

1.4 Fitting in with workplace norms

All participants described drinking as vital in work contexts: it was imperative to uphold norms about workplace drinking, and these norms were often set by male bosses;

Francesca: 'If my boss has a G&T, everyone has to have a drink, it sets a cue.'

Melissa: 'It's the culture; the director of the company will order the drinks. You're kind of over a barrel. I'll say a small glass of wine, he will say "come on, it's Friday" and order me a large. It's unbelievable. He calls the shots when the drinks come in.'

Some participants described being interrogated by colleagues if they declined a drink at a work event, and a number of women expected that abstaining would lead to queries about pregnancy.

Workplace drinking gained participants respect from male co-workers. Sarah described how when she started at work, she would drink pints of Guinness, which marked her out from other women at work. She remembered a male co-worker saying '*you're alright, you're used to this*' during after work drinks, and feeling a sense of acceptance. Other participants commented on this possibility for establishing specialness at work via excessive alcohol consumption;

Fiona: 'Our work put on this thing where you had to get into teams and go to six pubs in an hour and come back, and you could only have a large glass of wine or a pint. We did it, I won it. I did it in 16 minutes! That was encouraged, that was paid for by my company'

Drinking was also seen as ubiquitous for networking, gaining promotions, and winning and keeping clients. For all these reasons, drinking was seen as offering job security; those who abstained were seen as 'odd' (Esther), 'different' (Rachel), and risking their career (Sarah).

1.5 *Being more relaxed and confident*

Alcohol was used by many participants to help them relax in situations in which they were anxious about living up to high expectations.

Lara: 'When I'm working at events, you're always expected to be super confident and walk into a room and just talk to anyone, but sometimes it shits me up, I do feel nervous, but you're always expected to be that type of person, so sometimes, I just, literally a few sips takes the edge off.'

The physiological effect of alcohol was often described as leading to inner comfort;

Francesca: 'A bit more comfortable: rather than feeling... agitated and anxious, I feel more relaxed, comfortable in my own skin.'

Drinking also made participants feel more confident and extrovert:

Abby: 'I guess I'm more forceful in my chat, talk about myself a bit more, more vocal about things.'

Kirsten: 'More lively, you end up doing things and saying things that people laugh at and are related back to you, you get a pat on the back.'

This extroversion, confidence and assertiveness were felt to be a sort of 'freedom' (Emma) that was also 'naughty' (Kirsten).

1.6 *Appearing attractive, sexy, and glamorous*

Drinking was described as a key part of dating, helping with nerves, and with conveying a 'fun' persona. Some participants thought that abstaining would seem unattractive to men. Francesca said that her online internet dating profile listed drinking as one of her interests, even though she was trying to cut down her drinking: even if she were to achieve her goal of abstaining, she would never tick the box that identified her as a non-

drinker as this would make her look '*boring*'. Particular drinks were described as '*sexy*' (*Kirsten*) and three of the participants referenced one particular advert, showing a glamorous woman in silk underwear holding a bottle of Amaretto DiSaronno liqueur. *Kate* said that alcohol had become 'glamorized':

There's the various vodka brands, Lady Gaga's videos, being in a bar with shiny cocktails, Cristal name-checked in songs, it's a status symbol. Once you've got those brands at the top of the tree, it becomes glamorous. I think it's more prolific now, much more so, the adverts, there's so much. It's omnipresent. And often you go and request a brand as opposed to a drink. Which is clever. That must be a shift. Like a 'DiSaronno on the rocks.'

2. Drinking bringing criticism and shame

Although women felt strongly influenced by pro-drinking cultural discourses, a sense of shame and criticism pervaded many accounts.

2.1 Criticism from media

Some participants described feeling guilt and shame linked to cultural stereotypes of women drinkers. They described recent negative media representations of 'Binge Britain', e.g. television programs about ladettes, which had influenced their self-perceptions;

Fiona: 'This is bad, why am I doing it? So you have guilt as well.....there's so much stuff in the media about binge drinking.'

There was also some awareness of a stereotypical image, propagated by celebrity gossip magazines, of the drunk female celebrity, such as Britney Spears, whose struggle with alcohol had been a mainstay of magazines and newspapers. *Francesca* described how a male friend who had become alcohol dependent and gone to rehab had been '*nick-named Britney*'.

Many participants emphasized that they were different from the stereotypical image of the out of control drunk woman;

Lara: 'I don't see myself as a woman kind of drinking a pint falling on the floor, I see myself in nice establishments drinking champagne, I feel like maybe somehow I'm better but actually I'm probably not.'

Esther: 'We're not like the ladettes, like the girls you see on the floor with their skirts and you can see their knickers, we're really not like that.'

2.2 Criticism from others

One of the strongest themes throughout was the intense shame and paranoia women often felt the morning after drinking. Their main fears were around others' perceptions of them, and the possibility of peer rejection for being too 'lairy' (Natalie). Many women also described being criticized by their partners;

Natalie: 'he'd be disgusted with me and always tell me off basically.'

Esther: 'I get quite out of control, he doesn't know what to do with me.'

Some participants also admitted to criticizing other women who drank, and once again, the phrase 'out of control' was used.

Kate: 'She [friend] can get quite out of control, she doesn't know her limit.'

Emma described how in her early twenties she was critical of women who kept drinking into their thirties, as this seemed to challenge strongly held notions about feminine ideals of motherhood:

'When I was out I used to say to my friends, "look at those old women coming into the pub", a group of women on a night out, they were my age now. I would think "look at those losers, they should be at home with the kids".'

As well as feeling criticized by peers and partners, women also anticipated criticism from health professionals. This seemed to be partly influenced by health campaigns, for example wine bottles displaying images of pregnant women alongside an alcohol warning. One notable finding was that all participants felt judged when their family doctor asked about their weekly alcohol intake, and all admitted to 'lying' (under-reporting). Fiona said

that she felt that women were disproportionately targeted in alcohol campaigns. She thought that her boyfriend would not be 'lectured' as much as she was when talking to her family doctor about alcohol. This meant that participants were not accessing professional help or advice, despite having fears about the health impact of their drinking;

Sarah: 'I know it causes cancers and they aren't very nice, and women are more susceptible, but the last thing I want is for someone to preach at me. I registered at the doctors, the nurse saying how many units, I said 20, she said let's go through that. When we added it up it was 28 units, and she told me I was borderline alcoholic, I just thought this isn't helpful it just makes me want to lie to any health professional.'

2.3 Criticism from self

Some women seemed to have internalized these outer voices of judgment, and were very self-critical. Some described beating themselves up about drinking, calling themselves 'loony' (Francesca), 'stupid' (Kate), 'rubbish, a failure' (Lara), 'disgusting' (Melissa).

Natalie: 'Thinking 'God I'm disgusting, this is awful, I'm a disgrace, why don't I know my limits?' I literally never did anything that was bad, I never sort of, I'm careful, I didn't start acting like a complete raving slut or anything. I'm not an embarrassment.'

Natalie also described how, after a drunken night, she and a friend spent the next morning condemning themselves for their 'out of control' behavior, and for violating gender norms:

'We decided that we were never going to order pints again, only half pints if we drank beer at all, because that's what women were meant to drink.'

Overall, participants presented a combination of pride and shame about the amount of alcohol they consumed, oscillating between contradictory discourses. Fiona summed up this experience as a 'schizophrenic situation', which is perhaps fundamental to post-feminism more generally, with its 'articulation between feminist and anti-feminist ideas' (Gill, 2007).

The prevalence of pride and shame in these drinking narratives speaks of a culture which celebrates women as active, desiring subjects, whilst sexualizing the female body, and emphasizing self-surveillance and discipline.

Discussion

This sample of young UK professional women, who reported drinking on average 30-60 units per week (i.e. between double and quadruple the recommended limit) described using alcohol in order to gain power, but also experienced a pervasive sense of shame about their drinking. Feelings about abstaining as weakness and drinking as strength persisted from childhood into their adult lives as professional women, where they continued to gain respect for demonstrating stamina via 'hardcore' drinking. Like the participants in the Lyons and Willott (2008) study, women were using alcohol to enact power and privileges traditionally associated with masculinity. However, there was an awareness of limits to this power: glamorous sipping of champagne was permitted, whereas drinking pints of beer, drunkenness, or disinhibited sexual behavior were prohibited. Griffin, Szmigin, Bengry-Howell, Hackly, & Mistral. (2013) note that post-feminism calls on young women to appear 'agentically sexy' within a pornified night-time economy, whilst also differentiating themselves from the troubling figure of the 'drunken slut', and this dilemma was prevalent in narratives analyzed in the current study.

Although women presented themselves as powerful and independent consumers of high status drinks, and crucially, different from the ladettes, they were also affected by recent media discourses shaming women who drink to excess. Unlike the Lyons and Willott (2008) study, with its focus group format, participants in the current study were interviewed individually, allowing for a safer space in which to disclose shame. Women admitted to feeling too ashamed to report their true alcohol intake to their family doctor. Participants were at risk from developing alcohol-related harms, and although they had fears about what damage they might be doing, none of them had a clear idea about what that might be.

Participants seemed to be caught between several different and conflicting social scripts: on the one hand the pro-drinking norms of the professional and social domains, the temptations of the ever expanding deregulated night time economy, the glamorizing discourse of alcohol advertising, consumer capitalism / commodity feminism's promise of power for the 'up for it' girl; on the other hand the frightening but ambiguous alcohol warnings from medicine and science, the shaming lens of the tabloid press, and public health campaigns implying young women need to have more self-control.

Locating the alcohol problem at the level of personal choice of young people neglects the social, cultural and economic forces at play. Measham and Brain (2005) note that drunkenness is an unsurprising consequence of policies that otherwise encourage the expansion of the lucrative night-time economy, and the scapegoating of young women binge drinkers may serve to spare the alcohol industry and government from socially responsible action (Hackley Griffin, Szmigin, Mistral, & Bengry-Howell, 2008). Yet the widely held belief that heavy drinking is caused by poor self-control and self-esteem is challenged by the ubiquity of such practice: in this study 15 out of 18 women drinkers approached fell into the 'hazardous drinking' range.

This study was limited by a small sample size, and conclusions are therefore tentative. However, the method of recruitment enabled access to a sample of heavily drinking young professional women population who did not seek help for their drinking, and whose voices are consequently less likely to be heard in the clinical literature.

The results suggest that public health campaigns that criticize young women drinkers have not succeeded: participants were still consuming high levels of alcohol, in line with cultural norms; they just felt bad about it. It is perhaps time for health professionals, government, and other institutions to start using the carrot rather than the stick. The provision of appealing non-alcoholic drinks in bars, and the expansion of the 'conscious

clubbing' movement, which provides alcohol-free spaces to socialize and dance, seem promising contemporary initiatives.

Since participants had been influenced by both positive advertising images, and negative media representations, of women who drink, it is possible that promoting teetotal male and female celebrity role models would be effective at challenging social norms. It is a paradox that drinking is associated with power and strength, when in fact abstaining requires far more self-discipline, as the participants of the present study attested. Therefore, it would be possible to affirm a new cultural stereotype of a person so socially confident that they are able to prioritize their own health over fitting in with the crowd.

In conclusion, young professional women have benefited from the access to alcohol that men have enjoyed historically. However, high levels of alcohol consumption threaten the health of women and men. It is possible that counteracting societal norms whereby alcohol use is associated with power, and abstaining is associated with weakness, is the best way to tackle this problem.

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Table 1. Demographics and alcohol intake

	N
<i>Ethnicity</i>	
White British	10
Irish	1
Caribbean	1
<i>Marital status</i>	
Single	6
Cohabiting	6
<i>Age*</i>	
25-29	4
30-35	8
<i>Profession</i>	
Media/advertising	6
Creative	3
Finance	2
Teacher	1
<i>Audit-C score**</i>	
under 5	0
5 to 9	7
10 plus	5
<i>Average week drinking units***</i>	
11-20	1
21-30	3
31-40	5

41-50 3

Heavy week drinking units

11-20 1

21-30 0

31-40 1

41-50 4

51-60 1

61-70 5

*Mean age= 31

**Score of 5 and above on the AUDIT-C indicates higher risk drinking

***Sample mean drinks total for average week = 32.8 units.

Table 2. Overview of themes

1. Drinking as bringing power

- 1.1 Giving social status
- 1.2 Building friendships
- 1.3 Establishing masculine power
- 1.4 Fitting in with workplace norms
- 1.5 Being more relaxed and confident
- 1.6 Appearing attractive, sexy, and glamorous

2. Drinking bringing criticism and shame

- 2.1 Criticism from the media
 - 2.2 Criticism from others
 - 2.3 Criticism from self
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