

# Women's work-related use of alcohol. A qualitative study

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The purpose of the study is to examine the role of gender in work-related alcohol consumption. We found that gender was relevant for the informants' understanding of themselves and that this was linked to their care-giving tasks at home. Being relieved of this care burden was an absolute condition for their understanding of themselves as workers independent of gender.

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The purpose of the study is to examine the role of gender in work-related alcohol consumption. It is an exploring study where the main target is to generate new theoretical concepts concerning women's use of alcohol (Sagvaag in preparation). We want to focus on «the other gender» (Simone de Beauvoir 1949) - the female role - to see if the female and feministic perspective can enlighten some of the processes involved in work related alcohol consumption:

How should women perceive themselves when their alcohol consumption becomes an issue at work? Is women's self-understanding influenced by their alcohol consumption?

Drinking norms differ for men and women, and women have a more prejudiced view of drinking and they are not as enthusiastic as men about the benefits of alcohol (Gilbert & Collins 1997). It is therefore interesting to see if their drinking influences their self-understanding from a feminist perspective:

Is gender relevant in the women's understanding of themselves and in their relation to work or are other aspects more important?

By introducing this question we expand the study to incorporate a feministic perspective in order to examine how important gender is for the self-understanding and to see whether this brings in other aspects.

## Method

The data is based on qualitative in depth interviews with eight women from various occupations and levels of responsibility. The interviews lasted from 2 ½ to 3 hours. The questions were open, and followed several themes. The informants were recruited from an outpatient clinic and through the company medical service. The interviews were video taped or audio taped and all the interviews were transcribed. All the informants had experienced alcohol or substance abuse that had become an issue at work.

The analyses were phenomenological-hermeneutical, based on the narratives told by the informants and the narratives were understood and reflected from a feminist perspective

through our understanding of the personal as political and by considering unpaid work as work (Tronto 1993). The data were handled using NVivo 2.0 software for the analysis.

## Results

Care was a common experience for all the informants since they were in a treatment situation or receiving care. Many of them had other relations to care for and they told about heavy care burdens, either professional, private, or both. Some of them had mentally retarded children or children with other special needs, old parents, husbands that needed some kind of care, and some of them were professional carers (e.g. trained nurses, enrolled nurses, nursing staff). Nearly all of them had or had had some kind of caring tasks. The first understanding conveyed the impression that care was linked to the women's life situation in a way that made it impossible to leave out when we wanted to focus on how women understood themselves.

Three characteristics of care were linked to the women's understanding of themselves. These were: «A woman's life» with heavy care taking burdens; boundlessness; and feeling of humiliation, degradation and defeat.

All the women were in a care-receiving relationship during their treatment. None of them went into treatment because of a free choice made from their own appreciation and even though the care receiving process could turn into a good experience, it started with feelings of humiliation, degradation and defeat. They were in no position to decide for themselves; if they didn't go into treatment, they risked losing their jobs. All of them expressed that this was of vital significance for their decision to enter into treatment. When their drinking became an issue at work, it was combined with threat and they felt miserable and shameful. This was an understanding of self most of them had in relation to the treatment program, and all of them had in relation to work. This is in line with Tronto's opinion of the contents of care; a disdain for care-receivers (Tronto 1993). She claimed that when somebody has a need, this is a threat to their autonomy and it influences other people's social construction of them as pitiful, a construction that creates a «*distance between the needs of a «truly needy» and regular people who presume that they have no needs.*» (Tronto 1993:120). Alasuutari claims almost the same about drinking and says that abnormal drinking is seen, not as an extreme case of normal drinking, but as something altogether different, as a form of sickness (Alasuutari 1992). This means that it is not the activity that is characterised but the person. This is also a way of creating a distance between the person with problematic drinking and people with unproblematic drinking. The women are different because of their needs and because of their drinking. They become different from their colleagues because they risk losing their jobs. The women's feelings of shame are then linked to the feeling of being different from the others.

It was obvious that gender was relevant for the informants' understanding of themselves in their relation to work when they had care-giving tasks at home. When they were relieved of the care burden, all this changed and it was quite possible for them to understand themselves as workers independent of gender. They still had the «rationality of caring» (Wærness 1987), understood as a part of the caring; «caring about» and «taking care of». An absolute condition for this change, however, was that others took over the «care giving» task.

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