**Journal Article**

# Learning about Alcohol: Personal Experiences Taken into Social Work Practice

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The acquisition and use of non-codified knowledge by social workers – alcohol, a case study.

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## Abstract

This article explores social workers' knowledge of alcohol, as acquired through their experiences of familial and personal drinking. In doing so, it explores how non-codified knowledge acquisition complements that of the classroom, policy guidance and textbooks. It does so by presenting a data subset which is an extraction from a more comprehensive study of social workers' knowledge of alcohol. The overall study adopted a predominantly qualitative methods approach: in particular biographically structured interviews with fifteen qualified social workers. The contextual considerations are presented first, before abundance of illustrative data which demonstrate how social workers' knowledge of alcohol is significantly contributed to through familial and personal experiences. The detailed exploration is set within a number of distinct themes; learning from family drinking, accounts of personal drinking, explorations of defining drinking through language and social workers' individual relationships with alcohol. Discussion is set within the data presentation and highlights how these moments of learning strongly influence understanding of alcohol: a topic which is an increasingly significant element in most social work practice. The discourse is set within a context which explores how working within more inclusive typologies and frameworks for social work knowledge has potential implications for accepting that social work practice is additionally informed by understanding acquired beyond the classroom or office setting.

## Context

The prevalence of problems associated with excessive levels of alcohol use within the general population and specific social work client groups is well-evidenced (Livingston and Galvani 2014). These accounts include an increasing range of specific users of social work services: including children and families, mental health and older people (Bartels et al 2006: Forrester and Harwin 2011; Wadd et al 2011). Significant alcohol use is thus a factor in all areas of social work practice. Social workers, through their roles, knowledge and skills are well-placed to respond to these circumstances. The seminal work of Shaw et al (1978) in identifying and evidencing social workers' perceived lack of training and role-confidence in this aspect of their practice, continues to be reinforced in research (Galvani and Forrester 2011; Galvani and Hughes 2010; Loughran et al 2010, Richardson 2008). The traditional social work response to this role insecurity has been to suggest it refers to an unmet educational (pre and post qualifying) need and the requirement for the adoption of more focused curriculum content (Loughran and Livingston 2014).

This situation raises the question of what, in the context of social work and specifically alcohol, is considered to be 'knowledge' and how it is being learnt and adopted by social workers. The discourse about the nature of social work knowledge and the evidence for practice features regularly in the list of one hundred most cited articles in disciplinary journals (Hodge et al 2012). It is possible to identify literature which has sought to develop more cohesive typologies of social work knowledge (Drury-Hudson 1997; Meemeduma 2001; Gordon and Cooper 2012; Gould 2006; Osmond 2005, 2006; Trevithick 2012). These frameworks explore some of the perceived divides between theory and practice (knowledge and skills); and align the theoretical, factual, organisational, empirical and personal into

singular typologies of social work knowledge, with overlapping and interwoven considerations. Perhaps the most comprehensive of these is Osmond's (2005) *'knowledge spectrum'* model, which is concerned with describing the process of social work knowledge creation, and incorporates: theoretical, conceptual, research, personalised, emotive, action, service user, situational, and organisational knowledge. She suggests that these can be summarised as three interconnected knowledge categories; received/accepted, action and interactional-contextual. All the typologies are set within the context of social workers' knowledge, and as such do not explicitly incorporate service user and carer knowledge, and its capacity to help explore wider knowledge considerations (Fenge 2010; Philips and Shaw 2011). Finally, Livingston (2014) has developed these considerations into a singular comprehensive typology focusing on specific considerations of knowledge about alcohol.

The data extracts presented here explore some of these considerations of types of knowledge and ways of learning. It is done so with any integrated discussion considering a) what understandings of alcohol are formulated by social workers within their personal and familial life experiences and b) how these inform their wider practice related considerations.

**Design, methodological and data analysis considerations**

The research was a mixed method study which explored contextual complexities and potentially numerous variables from an informed theoretical perspective. This was done through the adoption of a mixed methodological approach to data collection. A self–administered questionnaire established initial demographic and baseline quantitative data. This was followed by the use of the semi-structured interview schedule which explored themes, timelines and process reflections through open ended questioning within a

biographically structured approach. A summative schedule was used to ensure a consistency of approach and any follow-up questions used only material offered by the respondents rather than new researcher-led considerations. The final phase of data collection involved the use of a single detailed vignette, in which social workers were invited to explore their understanding of the scenario and any courses of action they might suggest. The research received university ethics approval.

Fifteen social workers were interviewed (thirteen responded to the biographically structured interview, of whom four were then subsequently re-interviewed using the vignette. An additional two social workers responded to the vignette only). Sampling was purposeful, theoretical and non-statistical (Bryman 2008). A three-tiered approach was adopted; geographical and organisational clusters within the overall social work population; self-selection by individuals to volunteer and purposeful selection for interviews and vignettes based on upon individual characteristics. Data was analysed with a close adherence to the principles of grounded theory. In particular the study adopted two core principles of the approach: emergent theory and iterative process (Bryman 2008; Corbin and Strauss 1990).

The roles attributed to alcohol differed greatly among the social workers and can be summarised in three ways: some choose to focus on alcohol as a consistent and regular part of the telling; others discussed alcohol as an element that drifted in and out of focus; and for some alcohol was only explored with more direct questioning. Despite these different approaches, all the respondents showed a depth of knowledge about alcohol. This included the non-codified knowledge that is the focus of this paper. The presence of alcohol, normative and problematic, in social workers' familial and personal lives is not surprising given the ingrained nature of alcohol use within wider society (Plant and Plant 2006). This

exposure appeared to be formative and informative. The space afforded in this article does not allow the use of repeated lengthy data exemplars from all the respondents in the original study. Consequently only exemplars of each of the approaches adopted by the respondents; Gareth and Julie (alcohol consistent throughout), Michelle and Rosemary (dispersed throughout) and Al and Eleri (alcohol only when prompted) are illustrated. The exemplars use a range of language to describe drinkers and drinking, this aspect of knowledge creation is explored further on.

## Accounts of drinking and drinkers

### *Familial drinking*

In relation to familial drinking, Gareth's father's violent behaviour related to drinking appears pivotal to his experiential learning- '*I saw*', '*I thought*', '*I can understand*' and '*I had learnt*'- of acquiring knowledge about alcohol.

> …it was what I saw my dad become. My dad was a lovely guy, he'd go out on the weekend and play darts with his mates, he'd get drunk, come home and he'd be like that to my mother and be quite physical with her and, but a different bloke in the week …. I saw what it does to people… I saw it at first-hand what alcohol can do to people…

He reinforces his reference to going out at weekends and drinking as a social norm;

> …the social culture in (town) was, at the weekends the men would go out and drink and the mother would be in the house looking after the children.

Many of the social workers also had similar exposure to heavy parental alcohol use, including those who described their parents as; '*two bottles a day man*', '*alchy*', and *alcoholic*'. References to such parental alcohol use were not confined to the narratives, so one social

worker who was only interviewed for the vignette, indicates that her father has experienced some *'alcohol misuse'*: (It is interesting to note here, the suggestion that even in a practice-based discussion such as the vignette, exploration of alcohol triggers reflections of personal experiences). Other direct but non-parental familial exposure to heavy alcohol consumption also occurs in the data: with references to an *'alcoholic* 'grandfather, an ex-partner who *'had an alcohol problem'* and a drinking uncle.

For some of the other respondents, however, childhood familial exposure is described as more normative and social. Thus Michelle recounts a family life where alcohol is present but is taken or left accordingly, and no one appears to excesively consume or maintain abstinence:

> Like whenever, at home I could have always had a glass of wine if I wanted one with a Sunday meal, but I never did, because I didn't like it. But that's my family's culture and then my parents will have a drink in the evening, like a drink with – while they're watching TV in the evening, a bottle of wine, not a bottle of wine, a bottle of beer or whatever and I guess that's the same for all my family members really... none of them are particularly big drinkers, but no one is a non-drinker either.

She immediately qualifies, very consciously, the bottle of wine to be available rather than consumed in its entirety, and thus highlighting an accepted moderate use. (Michelle's subsequent narrative and vignette exploration continue this theme of distinguishing between big drinkers and normal drinking experiences). For other respondents, there was very little early childhood exposure to familial consumption of alcohol. So for Rosemary *'the sherry trifle was about the nearest you got to alcohol'.* Even those who do not mention alcohol as an overt element within immediate family life make reference to alcohol consumption and problematic alcohol drinkers in the wider family.

These mixed experiences all help to shape an early understanding of what alcohol is and does. In this example, Rosemary, of the childhood trifle, reflects perceived past and current familial norms. For example, in considering her grandmother's distaste for alcohol, she has to qualify which grandmother, as though the (researcher) assumption might be that it would be her Irish rather than Welsh grandmother who tolerated alcohol:

> ….my gran used to call it the demon drink, not my Welsh grandma, my Irish one, and I can still remember that now. I can hear her saying it. She hated alcohol.

Yet despite this early familial frown, she offers an example of recent heavier drinking in describing a recent holiday with her siblings;

> So I said to [brother], well how many bottles do you need? I said one for every night and he goes oh no, at least two. I thought what? Well he goes, [brother's wife] will drink half and I'll drink one and a half and I was like oh right, okay then, so we went across with a whole car full of clunking alcohol.

The contrast between her childhood and later family experiences is further echoed in her changed drinking behaviour, where she suggests as a young adult she *'never really done the pub thing'* but would now describe her own consumption as *'more binge drinking probably'*. Childhood, wider or more recent familial experiences, all appear to have a strong influence on Rosemary's understanding of alcohol.

Familial and personal alcohol experiences appear also to shape interpretation of the functions of alcohol use, and what constitutes inappropriate alcohol use. This is explored in more detail below, but it is worth noting here an example of how this familial exposure shapes such understanding. So Rosemary, consistent with the account of her brother's daily drinking, suggest that she knows many people who drink with that frequency but that in itself, is not a

problem:

> …you have to be careful really, because you know they might say oh yes, they drink every night. Well, hang on, I know lots of people drink every night. It doesn't mean they're abusing their children.

Alcohol problems, even within the familial context, are seen to extend beyond issues of consumption and are often perceived in terms of some other behaviour. These various familial contexts provide direct learning opportunities about alcohol, its functions, uses and problems. This significant learning about alcohol from parents and other family members is present in the literature. Valentine et al (2010) identified parents as the most important influence on young children's attitudes to alcohol. This is reinforced by Talbot and Crabbe (2008) who identify parents and other family members' drinking as very influential for young people's subsequent drinking attitudes and behaviour.

Another lesson learnt from these familial exposures, is that of alcohol as a coping strategy. Al suggests that he learnt how alcohol was used by his father as a coping method, and that the way to avoid such levels of drinking, was not to avoid alcohol rather to avoid a stressful occupation:

> …and I think what – the message I got from that was, you know, not don't drink, don't be a doctor, 'cause I mean the pressure's on him.

This understanding about others (and their own) use of alcohol as a means to cope with the pressures of social work is well illustrated in the wider data set (Livingston 2013).

*Personal experiences*

The data augment these accounts of learning through familial drinking experiences with those of direct personal drinking. All the social workers described drinking alcohol as teenagers and young adults. Some described substantive youthful drinking, and all are still currently active consumers of alcohol. For most, their current drinking is at levels they would consciously describe as very moderate, the exception to this being one social worker who identifies herself as having a current drink problem. Only three social workers indicated histories of other drug use, without any suggesting they were current users of illicit drugs.

Accounts of teenage drinking are consistently strong and detailed, which is likely to be indicative of these experiences being especially key learning moments. There is a strong sense of condoned cultural rites of passage, and of drunkenness being a normative experience. More than one social worker identifies a first instance of drinking, often supporting in this a role for well-remembered brands of alcohol and learning to get drunk. This drunkenness (extended to oblivion) is portrayed by Rosemary:

> I can remember the first time I was ever drunk and I was about 13, on a bottle of Pomagne…

and

> Yeah, we used to get hammered on cider and whatever we could get our hands on really.

This use of *'hammered'* appears to allude to some wider cultural terminology and societal acceptance. In telling the story of her first drink, Julie showed an equally detailed recall of the specifics of the quantity and which brand. She also hints at the norms of the rite of passage, through suggesting that her generation did this at a later age.

> …in fact my first drink was Cherry B [11.5% proof cherry wine], with a girl called [name], in my bedroom and I think we had three little bottles each and we probably

thought we were very decadent and I was probably sick. I would have been about fourteen, fifteen, so in today's – what I work in – in today's society that's quite old.

Julie's observation about generational differences is then reinforced a bit later on when she suggests:

You know, my generation we all started off with like cider and stuff like that, this generation it's neat vodka, it's just everything is neat.

What is really interesting here is the dissonance between the personalised account and some of the factual reality: in that she did not start off with cider, but rather Cherry B, and this in turn, whilst not a spirit, is a fortified wine: signifying a deliberate attempt at drunkenness. Finally, there is no suggestion of her and her friend drinking the Cherry B with lemonade, which was perhaps the norm, but rather doing so *' neat.'*

For Eleri, one of the younger respondents, this normative adolescent drinking has extended into her adult peer group which she describes as having limited opportunities to drink because of work and childcare commitments, and subsequently now go out with the intention of drinking excessively.

So even though when I see them, when we actually get to go out, we do tend to drink a lot because it's the only chance a lot of us get. So as soon as you're out, we'll drink as much as we can.

The extent, to which she has accepted this as normal *('the usual'),* is reflected in an almost embarrassed explanation of visiting Accident and Emergency hospital departments as an expected consequence.

Quite a few times actually, just – this is going to sound really bad now, it's just, like I say, when we drink, I say, 'we' collectively, as in me and my friends, someone always tends to fall over or something happens or you know the usual, and then the next

morning, I don't know how many times we've been – but you know, to casualty...So things like that I mean, injury 'cause of intoxication rather than me actually hurting them or them actually hurting, you know, I haven't actually got into fights or anything like that when I've been drinking,

It is interesting that demanding services of the health provider is an acceptable notion but getting involved in violence and with possible criminal justice consequences is not.

A number, like these examples from Michelle and Rosemary respectively, continue to demonstrate a theme of rites of passages and excess, through accounts of university life:

> So kind of drank what now I would think was probably excessive, but I guess an average amount for a student...sometimes in the week you'd drink too much and then be sick and that was all part of the student experience.

> I'd never really done the pub thing really...I never had that student life.

More detailed reflections on how this self-drinking compounds work -based decision-making is reported elsewhere (Livingston 2013), however it is worth noting two examples that illustrate this process. Firstly, the social worker with self-proclaimed drinking concerns, reflects parental responsibilities when she and her partner plan a night's socialising including drinking. She is very conscious about looking at her own possible incapacity through alcohol and how that might compare to judgements made in relation to child protection concerns in her workload, and the possibility of having 'double standards', between her own drinking habits and that of service users. Another specifically suggests it is the nature of social work that makes him reflect on his own drinking, informing his perceptions of what is a drink problem or not, and that alcohol can be used by social workers as a means of coping with the pressures of their job.

There is in all of these accounts of personal drinking a predominant theme of drinking as providing positive experiences and outcomes. So many examples of drinking alcohol are described in this light, both as pleasurable: '*I thoroughly enjoyed that, lots of excesses, which is how university life should be I think*' (Al), '*but it was a fab and a really sociable thing*' (Julie), and with good consequences. Even within such tiny fragments of personal experiences, we can see the contribution to understanding of the functions of alcohol and any definitions of problem drinking. It is often not the consumption but the consequence of drinking that shapes an understanding of acceptable use of alcohol. It is this transformation of familial and personal experiences into an understanding of the acceptable and unacceptable through the use of some very specific language that the article now explores.

## *Defining drinking: the use of drinking (and drug) language*

We might expect any social worker experiencing alcohol awareness sessions to be exposed to the idea that the term *alcoholic* is a label associated with stigma and that practitioners should consider using alternative descriptors (i.e. dependency or dependent drinker) as the more appropriate and accurate way to describe a distinct pattern of drinking (Mason 1989). We might consider the exploration of diverse drinking types and problems to be particularly important to social workers, where the understanding of stigmatisation as a component in models of service user oppression is at the core of social work values and practice models (Thompson 2012). This linguistic reinforcement of oppression equally applies to the use of the term *addiction* (Collins and Keene 2000). We might expect social workers to reflect complex sensitivity to these considerations and the avoidance of such labels, yet the majority of respondents use the terms *alcoholic* and *alcoholism* with regularity, and only three of the

social workers consistently hold onto specific descriptions of drinking that consciously avoids the use of the labels like *alcoholic*.

Alcoholic is a term that has a particular codified context: that of 12-step philosophy, Alcoholic Anonymous, specific treatment perspectives and the Temperance movement (Kurtz 1991). It can also reflect a common parlance for 'problem drinking'. The social workers appear to use it in both senses. Thus one social worker with familial experiences of the Band of Hope, one (Michelle) who worked in a 12-step agency and another who attended Al-Anon use the terms and have direct experience of them in their codified context. Yet others use them without evidencing the same direct experiences. For example, Eleri refers to one drinker from her childhood village as being known by everyone, as an alcoholic:

> I know one person in the village who's an alcoholic, well he is an alcoholic, and he owns his own business and everyone knows he is, and it's this thing of, 'Oh, you know, it's a shame isn't it?' 'cause it's like every now and again he will go on a binge drink and it's funny you know that he walks home and falls into the hedge …

Her use of the term appears somewhat confused, suggesting possibly that he is in fact a functioning business man who goes on an occasional binge. Interestingly she describes this village alcoholic falling into the hedge, yet for her friends to fall into Accident and Emergency is all part of the normal social drinking. Julie describes her father as *'alchy dad, wife beater'*, within a narrative that makes no reference to any obvious codified knowledge acquisition. The use the social workers make of these terms to describe drinkers as a reflection of personal understanding rather than codified knowledge is perhaps best exemplified by descriptions of the vignette suggesting the; *parents are alcoholics*. This is despite the vignette being deliberately written to avoid any descriptors or indicators of the characters being dependent drinkers, let alone describing them as alcoholics.

In contrast some of the social workers are very deliberate in their use of language, and avoid many of the wider colloquial terms to describe drinkers and their drinking. For example one social worker considers her father as a *'drinker'* but *'certainly nowhere near having a dependency on alcohol'*. Gareth is very similar in his caution and deliberation. In this description of his first *'client'* with alcohol experiences, he is quick to establish a description that is of the drinking rather than the drinker.

> When I say a drink problem, it's...Not a dependency where they need to drink alcohol but if I do go out at the weekend I'm going to get leathered and I'm going to have a laugh and that's how he was and that's how he explained his alcohol use really.

What is particularly interesting here is that these are those social workers who are cautious as those who described themselves has having been very active users of illegal drugs in the past. They appear to have a very deliberate approach to alcohol which in part is also an understanding acquired through their drug using experiences. Their perspective is acutely non-judgemental, as though having used drugs themselves, they do not see those using drink as a distinct population but rather as individuals on a continuum of users (of all substances) (Mason 1989). Gareth suggests this is a very clear and obvious consequence of his direct experience. He goes onto suggest that possibly, compared to his colleagues, he sees chaotic and disruptive drinking for what it is, rather than over-ascribing to it a status of addiction or dependency. This suggests that his years of daily heroin use, and the destruction that it caused him led to a different understanding: *'My interpretation of dependency is different to others because of my past I suppose'*.

Whilst their deliberate use of language stands out, they are not alone in questioning the use of the colloquial. Rosemary, at one point in her recounting of a particular service user's

experience, expresses an uncertainty about what term should be used; *'I don't know, do you use the term alcoholic?  I don't know'.*  She shows an awareness of its potential for stigmatisation, and does ask in a self-conscious way, almost seeking reassurance, about the correctness of using it. But it does not stop her regularly using it. This sense of caution and doubt about whether the language they choose to use is appropriate or accurate can be seen in other respondents. For example, Al in recollecting some early experiences of working with alcohol uses the term *'misuse'* and then immediately questions its validity.

> I think in my early jobs in mental health work there were a lot of people who did use alcohol, misuse alcohol, I'm not sure if 'misuse' is necessarily the right word because I think they were actually getting the effect they wanted, it dulled the pain, so is that misuse or is that just using?

Interestingly, here he goes on to demonstrate an acquired understanding from experience about alcohol as an effective and possibly appropriate pain killer.


The respondents' accounts provide a rich array of description of types of drinking as well as drinkers. The respondents frequently use colloquial language that is associated with describing acts of drinking and drunkenness, for example: *hanging, necking, leathered, like a fish, plastered, rat arsed, sizzled, the usual, trolleyed,* and *wrecked.* This is very consistent with the *'drunk talk'* identified by Loughran (2010), the embedded and familiar nature of which may ameliorate perceptions of the dangers of such excessive drinking. In addition to Eleri's use of 'the *usual'*, it is possible to highlight other examples of understanding drinking as a cultural phenomenon. Thus, Gareth identifies a localised rugby and drinking culture where he grew up; *'in (town) alcohol was, it is part and part of everyday culture really'.* Rosemary also identifies with the notion of a normalised culture, in this example that of young people: *'I think that's normal for the youngsters to be in a car park, swigging out of a bottle'.* All three respondents who spent time in the armed forces identified a specific

drinking culture, as typified by this example from Julie: *'in the forces it's a big drinking culture...a huge drinking culture'*. Finally, Michelle ascribes her parents' regular evening glass of wine as *'my family's culture'*.

Many of the respondents utilise a current cultural understanding of binge drinking. This is often understood as a modern description for an age old phenomena. Thus Al suggests that binge drinking has been around for a long time, and that the modern preoccupation would imply there were no teenagers or heavy sessional drinking in other eras:

> ...it's almost the problems of the thirties of binge drinking teenagers or binge drinking in young people, as they were, there were no teenagers in the thirties. I mean, you know, we've read reports about problems with cheap booze and alcohol going back to 1935, so it's always been there

This use of *binge drinking* by the social workers is consistent with the idea of a very heavy drinking single occasion, and the construction of a definition of a culture of binge drinking (Loughran 2010). This concept has received particular media attention during the first years of the new millennium, and is associated with debates about increases to licensing hours and an epidemic of binge drinking amongst young people (Plant and Plant 2006). The social workers do not appear to be utilising it in its alternative meaning: that of a prolonged episode (more than one day) of excessive and damaging drinking, which has been in longer and wider use by academic and psychiatry writers (Plant and Plant 2006).

Understanding alcohol use as having a role in social, psychological and physical functioning is frequently cited through direct experiential knowledge rather than with regard to one of the models or approaches that might be suggested from the literature (Livingston and Galvani

2014). As Al suggests, it is his experience that has led him to understand that alcohol can be deliberately consumed for a specific period in order to provide a specific function.

> …that is my experience really is that people use it for a period, it serves a function for them…as a lot of people using alcohol to dull pain and their experiences there as well.

He goes on to clarify this understanding of alcohol use to relieve physical and psychological discomfort through another explicit example. When I suggest this is a very functionalist approach, he replies by agreeing with this understanding and comparing alcohol to drugs.

> Well I think so, yes, it's like drugs, you know, drugs do fulfil a purpose and it's the purpose that they're fulfilling we need to – the reason, the root cause behind it we need to attack, not necessarily the drinking or the drug taking, but why are people actually doing it.

This understanding of alcohol fulfilling functions drawn from personal experience is echoed by others. In particular an understanding of alcohol as a form of self-medication, thus, Eleri identifies functional use of alcohol (*'a reason'*) in this example of some young men's drinking.

> But just this one lad, it was just after a while it just became obvious he was drinking for a reason, self-medicating basically.

The data has also illustrated that the respondents' understanding of drinking, and what is acceptable or not, is more likely to be framed by the consequences of drinking rather than levels of consumption: for example Gareth's framing around violence. Thus Rosemary's reference to normality of youthful car park drinking is justified in terms of *'nothing untoward going on'* consequences. We have seen earlier that Eleri seemed to regard attendance at Accident and Emergency (A&E) unit as the *'usual'* consequence of drinking. Other

respondents have used this A&E marker as a way to distinguish normative and unacceptable drinking. Al also distinguishes inappropriateness according to violence and non-violence in this reference to his own drinking: '*I've never been arrested or got into trouble or have been moved on*'. Social workers' language used to express their understanding of drinkers and drinking appears to be strongly influenced by the specifics and diversity of their individual experience.

*Relationships with alcohol*

Julie, who suggests herself as a safe and moderate drinker, also describes a life full of alcohol and, when asked if she still drinks now, replies '*Oh loads, loads and loads and loads*'. This discrepancy probably reflects her defining problem drinking in terms of violence or child protection rather, than as a health colleague might, in terms of physical consequences. Perhaps the best example of inconsistency between description of self as moderate drinker and detail within her narrative accounts is that of Rosemary. I left her interview with a sense of someone who drank frequently and excessively, where alcohol had been a regular part of her teenage and early adult experiences, and that her drinking now continued in familial, work and stress-related situations. She frames this in a more ambiguous perspective:

> I've never been a big drinker though, even though I do drink. I've never been you know a huge sort of quantities I suppose, more binge drinking probably…I don't know, but so, we were both quite young when we got married really, and alcohol was unfortunately quite a big element really. We used to fall out and fights and – not physical fights, but just…[verbal fights]…yeah, and it was always alcohol. Then we'd be hung over on the Sunday and that would lead to more fights and anyway.

Whilst she is keen to stress not having ever been a big drinker, she nevertheless

acknowledges binge drinking. She suggests that alcohol played a *'big element'* in domestic quarrels, fuelling fights, and hangovers. This sense of her underplaying her drinking is also reflected towards the end of the interview when she is asked if there is anything else she wants to say about alcohol. She identifies the conflict with alcohol in her own personal life not as one of her own drinking but that of her friends.

> No, I don't think so. I do – sometimes I do have a conflict with like my personal life, because a lot of my friends who drink, I think, like I said before, possibly too much.
>
> (me) And is that a conflict because it's the stuff that would cause you concern if it was a case?
>
> Yeah.
>
> (me) And how do you resolve the conflict?
>
> I don't know. Have a drink… I don't know, I suppose with the type of work we do, I suppose we're hearing it all day and you're thinking I just want to sit down now and have a glass of wine.

Yet her resolution to this problem is to drink alcohol.

Many of the social workers offer past and current experiences of using and being exposed to others' drinking. There seems to be a complex infusion of alcohol messages and understanding acquired through what several of the respondents choose to refer to as their *relationship with alcohol.* It is this personal journey, assimilating acquired non-codified knowledge about alcohol into other codified learning, frequently with an experiential emphasis which begins to encapsulate the sense of a personal knowledge trajectory. So Julie, offers a sense in which her relationship has been about acquiring an understanding of alcohol that is neither the dark perspectives of her childhood or the carefree drinking of current cultures.

> ...it has been really interesting because I've always known that I've had a relationship with booze, always, you know it's been a sort of standing joke in my family...Yeah, I'd not actually really thought about it in those terms, I knew that my booze was very different to my formative experiences, I knew that and I was very clear about that, but I'd not really made the connection between ...

There is also a sense here of how the nature of the reflective space provided by the interview has enabled her and others to make '*connections*' between their relationship with alcohol and current interpretations about working with alcohol.

## Concluding Remarks

This paper has highlighted that both the way language is being used without much prior reflective thought (with notable exceptions) and in the way useful knowledge acquired through experience but not being reflected upon very coherently (or without reference to a model or some means of developing an understanding), demonstrate how social workers acquire and translate non-codified understandings into practice formulations. Social workers exhibit a complexity of interweaving knowledge about alcohol, much of which is framed within highly personal perspectives. These include as illustrated above childhood, familial and personal encounters; the language used in connection with drinking and the existence of personal relationships with alcohol. There has, for this author, always been the question about to what extent this active experience of and interest in, alcohol (what Julie calls the *relationship* with alcohol) has led the respondents to volunteer to talk about alcohol. In this context, the question can be asked, to what extent is the data sample representative of social workers and the general population, rather than being representative of social workers with a specific interest in alcohol? Despite these qualitative constructionist musings, the data illustrates that *all* the respondents have familial and personal exposure to alcohol, not just those identifying themselves as having a relationship with alcohol, and these experiences

influence their current practice understanding. There is a clear cultural and social lens through others alcohol use is being perceived. It is the intrinsic nature of alcohol to British or even human life (Plant and Plant 2006), combined with the depth of the data, which suggests that all social workers probably have a well-established relationship with alcohol. This is influenced by and in turn influences understanding of alcohol in the context of the workplace and formulates a knowledge-base that is as much non-codified as it is codified (Livingston 2014). It is highly likely that very similar non-codified explorations can be had for other core social work considerations like: domestic abuse, mental health and older age.

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