HOW THOSE RECOVERING FROM ALCOHOLISM MAKE SENSE OF ALCOHOL MESSAGES IN MEDIA

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Chapter 1: Introduction

We were sitting in the living room watching TV and folding the laundry. My partner’s mom, Theresa, had an uneasy look on her face. “What’s wrong?” I asked. “Nothing...I am going to go outside and smoke a cigarette.” I glanced up at the TV screen to see that the show we were watching had a bunch of people drinking alcohol. We were always looking for good shows to watch on Netflix, but it seemed like every show that we watched included alcohol in some way, shape, or form. Since Theresa is a person recovering from alcoholism, I was certain it was hard on her. She often talked about how she never wanted to leave the house because it made her want to drink. She told me about how she itched constantly when she was watching her favorite television shows, because most of the time it showed people having a good time while drinking — something that she was trying not to do anymore. She said that most nights, she can’t even sleep because she breaks out in sweats from her body craving the alcohol so badly. I couldn’t even imagine what that would be like.

There are a couple of members in my family who have suffered from alcoholism. I have experienced how alcohol can change people by being around them occasionally, but never knew how hard it really could be to quit. Once my partner’s mother needed to move in with us for a little bit because of her drinking problems, I saw first-hand the effects that alcohol has on the body and how hard recovery is. On top of seeing the physical agony that Theresa’s body went through from the drinking, I also saw the emotional agony that she went through. I never realized

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1 Pseudonyms are used throughout the study.
2 Language has the power to affect how we perceive those who struggle with alcoholism. It can perpetuate stigma and de-humanize people. Consistent with the call of Broyles et al. (2014), I am, in this thesis, using “people-first language,” which places one’s personhood above the condition from which they are suffering. The only exceptions in this format will be direct quotations from cited literature and from participants’ comments.
how much media contributes to our drinking culture and how much it affects those who are trying to recover from alcoholism.

Theresa’s stay at our apartment had many significant impacts on me. In particular, it impacted the way that I view the recovery process that those recovering from alcoholism must go through. Theresa’s story motivated me to learn more about how those who are recovering from alcoholism make sense of alcohol messages that they see in the media.

**Rationale**

This study is important for a number of reasons. First, although alcoholism has been studied in various contexts, there are few studies in the communication field focused specifically on those recovering from alcoholism. For example, alcoholism has been studied as it relates to universities (Croom et al., 2015), women (Foster, Hicks, Iacono, & McGue, 2014), general and religious coping (Martin, Ellingsen, Tzilos & Rohsenow, 2015), sexual assault survivors (Sigurvinsdottir & Ullman, 2015), treatment programs (Chapman, Slade, Hunt & Teesson, 2015; Hitschfeld et al., 2015; Sugarman, Kaufman, Trucco, Brown & Greenfield, 2014), and self-identity throughout the recovery process (Hill & Leeming, 2014; Kelly & Greene, 2014).

Communication literature has focused on recovery as it relates to religion or social support (Cunningham, van Mierlo, & Fournier, 2008; Seibold & Thomas, 1994; Thatcher, 2011) and social networks and support (Cook, Heather & McCambridge, 2015; Litt, Kadden, & Tennen, 2015; Mowbray, 2014).

Second, there hasn’t been a lot of research conducted in the communication field that explores how those recovering from alcoholism are impacted by alcohol messages in media. Recent literature has examined how alcohol cues in media impact drinkers (Laude & Fillmore, 2015; Weaver & Fillmore, 2015), college students’ drinking habits (Ramirez, Monti, & Colwill,
2015), adolescents (Anderson, de Bruijn, Angus, Gordon, & Hastings, 2009; Brumback et al., 2015) and smokers (Courtney, Ghahremani, London, & Ray, 2014; McGrath, Peloquin, Ferdinand, & Barrett, 2015; Peloquin, McGrath, Telbis, & Barrett, 2014). However, to the best of my knowledge, only one research study has been conducted as it pertains to how people recovering from alcohol addiction make sense of alcohol cues that they see within the media. Specifically, Treise, Taylor, and Wells (1994) investigated how recovering alcoholics make sense of alcohol representations in advertisements. However, Treise et al. only examined the effects of print and TV advertisements on women recovering from alcoholism. Thus, I propose to extend Treise et al.’s research by updating the existing literature on alcohol depictions within various forms of 21st century media and examining how people recovering from alcoholism make sense of these media messages.

Lastly, there is growing evidence to support the claim that alcoholism is becoming more prevalent among adults in the United States. The National Council on Alcoholism and Drug Dependence (NCADD) estimated that 17.6 million people, or 1 in every 12 adults, suffer from alcohol abuse or dependence (Alcohol and drug information, n.d). This number has dramatically increased since 1994, when 14 million people suffered from alcohol abuse or dependency (Grant et al, 1994). The Substance Abuse and Mental Health Administration (SAMHSA, 2012) reported that 16.6 million adults received treatment for Alcohol Use Disorder (AUD) in 2013. According to the National Highway Traffic Administration data reported by the National Center for Statistics and Analysis, 28 people die each day in America due to car crashes from drunk driving (Alcohol impaired driving, 2014). Onset of problem drinking typically occurs in one’s early to mid-20s and patients undergoing specialty treatment are typically in their early to mid-40s (Tucker, Murphy, & Kerstez, 2010).
Alcoholism not only affects individuals who drink excessively, but the people around them. Research has shown that approximately 10% of children live with a parent with alcohol problems (SAMHSA, 2012). Those children may blame themselves for their parent’s drinking problems and may experience low self-esteem, loneliness, guilt, feelings of helplessness, fears of abandonment, and depression (Berger, 1993). Children of parents suffering from alcoholism are four times more likely than other children to develop alcoholism (Children of alcoholics, 2011). Additionally, parents who are suffering from alcoholism risk giving their unborn children Fetal Alcohol Syndrome (FAS) (Heffner, 2003). In addition, married couples who are both heavy drinkers have a higher risk for divorce than those who drink lightly (Torvik, Roysamb, Gustavson, Istdad, & Tambs, 2013). It is clear that alcoholism can tear families apart, and can have a major impact on children.

The National Council on Alcoholism and Drug Dependence (NCADD) estimates that approximately 20 million individuals and family members are living life in long-term recovery (In recovery, n.d.). Research shows that only about a third of individuals who are abstinent from alcohol use for less than a year will remain abstinent, and for those who make it to a year of sobriety, less than half will relapse (Manejwala, 2014).

Clearly, alcohol is a serious problem in our culture and merits further study. Although alcohol advertisements are prevalent in media, alcohol depictions within media may be more subtle. These depictions of alcohol, such as actors in a movie drinking alcohol, could have a large impact on people recovering from alcoholism. Thus, the present study explores how people who are recovering from alcoholism make sense of alcohol messages that they see in media. These findings could help people recovering from alcoholism to better understand how the media could impact their recovery process. The research garnered from this study could open gates for
discussion on how people recovering from alcoholism could prevent relapse. Finally, this research allows those recovering from alcoholism to have a voice in how the media has impacted their recovery process.

**Overview**

This study explores how those who are recovering from alcoholism make sense of alcohol messages that they see in media. To provide context for the study, I will provide a thorough review of the literature to examine alcohol addiction, recovery, treatment programs, media, and its potential impact on those recovering from alcoholism. I will then explain the methodological approach that I will take towards answering my research questions. Next, I will share the results of my study. I will conclude with a discussion of the results, implications, strengths, and future directions for scholars wishing to pursue this topic.
Chapter 2: Literature Review

Alcohol Addictions: Defining Alcoholism, Alcohol Use Disorder, and Alcohol Abuse

The definition of alcoholism varies between different organizations. However, a summative definition from Mayo Clinic (Alcoholism, n.d.), American Psychological Association (n.d.), and the American Society of Addiction Medicine (n.d.) is that alcoholism is a chronic medical condition in which someone frequently drinks too much and loses control over their alcohol use, causing problems within their daily life.

The National Institute for Alcohol Abuse and Alcoholism (NIAAA) has defined an alcohol use disorder (AUD) as, “A medical condition that doctors diagnose when a patient’s drinking causes distress or harm” (Treatment for alcohol problems, n.d., para. 1). The NIAAA provides questions/scenarios that serve as criteria for whether or not an individual could be diagnosed with AUD, such as the amount of time spent drinking, drinking longer than intended, cravings to drink, and whether or not drinking causes interference with obligations and responsibilities.

Alcohol abuse is defined by the Betty Ford Center as “continuing to drink despite the recurring problems that are caused due to drinking” (Alcohol abuse versus alcohol dependence, 2010, para. 1). This definition is similar to the Betty Ford Center’s definition of alcohol dependence, but has further criteria including drinking a specific brand of alcohol, seeking out social events that could involve drinking, alcohol tolerance, or drinking to relieve symptoms of stress.

Effects of Alcoholism

Physical effects. When an individual drinks, alcohol is absorbed into the bloodstream and distributed throughout the body. How quickly the alcohol is metabolized depends on the
individual’s size, sex, amount of alcohol consumed, how fast the alcohol was consumed, how much food was consumed, and if drugs were taken (Pietrangelo, 2014; Size matters, n.d.). Apart from the immediate effects of binge drinking, such as alcohol poisoning which could lead to vomiting, seizures, difficulty breathing and slow heart rate (Alcohol overdose: The dangers of drinking too much, 2015), there are more serious, long-term effects that binge drinking and alcohol dependence can cause.

Binge drinking, defined by the NIAAA (2004) as adult consumption of five or more drinks in about two hours for men, and about four or more drinks for women, can cause blackouts, loss of memory, cirrhosis, nerve damage and damage of the heart muscle. In addition, it can lead to anemia, cancer, cardiovascular disease, dementia, seizures, gout, high blood pressure, sexually transmitted diseases, nerve damage and pancreatitis (Freeman, n.d.). Older adults who abuse alcohol are likely to experience an increased risk of diabetes, sleep deprivation, hypertension, and cognitive impairment (Blow & Barry, 2012; Canham, Christopher, Mauro, Mojtabai, & Spira, 2015; Choi & DiNitto, 2011; Sabia et al., 2014; Sacco, Bucholz, & Spitznagel, 2009).

**Psychological effects.** Drinking often distorts reality and may cause alcoholics to misread situations, potentially making them paranoid (Shively, 2015). Drinking also causes individuals to misperceive risks associated with behaviors, so drinking in situations that could be dangerous and acting out in violent or dangerous ways are potential effects of drinking (Alcohol abuse, 2014). In addition, alcoholism can cause signs and symptoms of depression, anxiety, antisocial behaviors, and psychosis, both during intoxication and during withdrawal (Shivani, Goldsmith, & Anthenelli, 2002). Drinking alone poses several other problems. Solitary drinkers often experience significantly higher depression, hopelessness, and suicidal thoughts than do
heavy social drinkers (Gonzalez & Skewes, 2013). Essentially, addiction is an “untruth” that individuals experience, covering up the reality of their existence (Kemp & Butler, 2014). This “untruth” involves the addict often altering their mood in order to fit their need for the drug they are craving, as well as living in the “untruth” of deciding not to face negative emotional experiences that could be underlying their cause for drinking. Overall, alcoholism could be seen as a serious “wanting” problem that can occur even if the individual doesn’t “like” the drug that they are craving (Robinson, Robinson, & Berridge, 2013).

**Social implications.** Often, alcoholism causes social conflict, which leads to an unhealthy cycle of excessive drinking behavior (Rogers, Boardman, Pendergast, & Lawrence, 2015). Children of alcoholics are often deeply affected by their parent’s drinking behaviors, causing their relationship with their parent(s) to suffer and their relationships with others to be strained (Haverfield & Theiss, 2014). Warmth and control, two things that are required from parents as children are finding their own identity, may be lacking from parents who are alcoholics (Peterson & Hann, 1999). Ohannessian (2012) found that adolescent children whose parents were excessive drinkers encountered more problematic communication with their parents, and were more likely themselves to engage in substance abuse. Individuals who are children of alcoholic parents are likely to be more anxious and have more avoidant attachment behaviors towards their romantic partners (Kelley et al., 2010). Kearns-Bodkin and Leonard (2008) found that husbands who had a history of paternal alcoholism typically had less positive views of themselves in regards to being worthy of love and support, and also had less positive views about others as being trustworthy and available.
Recovery

The number of individuals who do not go to treatment for their alcohol addiction is staggering. Of the 17.3 million people aged 12 or older with past-year alcohol dependence or abuse in 2013, 90.6% of those individuals did not receive treatment and did not perceive a need for it (Substance Abuse and Mental Health Services Administration, [SAMHSA], 2015). Most do not believe that they need treatment because they do not perceive a need for change (Lieberman & Massey, 2008). Often, alcoholics do not go into treatment until court-ordered to do so. DiCenso and Paull (1999) found that court orders mandating treatment were the most significant factor in getting individuals to complete treatment for DWI offenses, with Alcoholics Anonymous (AA) being a component of the mandate.

Defining recovery. The definition of recovery is highly controversial due to the subjective nature of what “recovery” means. The Alcohol Research Group at the Public Health Institute defines recovery as, “….a goal of alcohol treatment. Alcoholics who no longer drink and are trying to pursue an improved way of living/being, say that they are in ‘recovery’”(National Council on Alcoholism and Drug Dependence, [NCADD], n.d.). Kaskutas et al. (2015) found that individuals connected with two particular elements of recovery, which they identified as “essential recovery” and “enriched recovery.” Essential recovery includes factors such as being honest with oneself, being able to handle the negative feelings associated with not using alcohol or drugs, and being able to simply enjoy life without using them. Enriched recovery involves understanding recovery as growth and development, reacting to the unbalanced nature of life in a more controlled and reasonable way, and taking responsibility for things that the individual can change. Although these are only a few of the elements that pertain
to alcohol recovery, they emphasize that the complexities of enduring recovery are more than simply quitting a bad habit.

**The Recovery Process and Treatment**

**Detoxification.** When an individual is addicted to alcohol, they typically need detoxification before they can start treatment (Substance abuse and addiction – treatment overview, n.d). The goals of detoxification are to reduce withdrawal symptoms, prevent physical complications, initiate abstinence, and successfully refer those patients to treatment facilities post-detoxification (Blondell, Amadasu, Servoss & Smith, 2006). Detoxification is not considered a stand-alone treatment (Fydrych, Greene, Blondell, & Purdy, 2009) and can take up to 28 days as an inpatient, and up to 12 weeks within the community (Diaper, Law, & Melichar, 2014). For individuals who may experience severe withdrawal symptoms and whose circumstances may put them at high risk for relapse and withdrawal, in-patient or residential detoxification may be the best option (Silins, Sannibale, Larney, Wodak, & Mattick, 2008).

**Abstinence.** Many treatment facilities’ core objective is geared towards abstinence. Research has shown that abstinence is the most stable form of recovery, and that motivation to change is positively associated with being abstinent or non-problematic in drinking behavior for nine months after treatment has ended (Cook, Heather, & McCambridge, 2015; Dawson, Goldstein, & Grant, 2007). As Vaillant stated, “the only outcome that makes a lasting difference in the devastating disease called alcoholism is lifelong abstinence” (2014, p. 215). Some recovering alcoholics may wish to abstain from alcohol altogether, but may have a lack of self-belief or perceived self-efficacy to achieve that goal (Maisto, Clifford, Stout, & Davis, 2008). While programs like AA typically promote abstinence recovery, others may choose to engage in non-abstinent forms of treatment (Tucker & Simpson, 2011). Subbaraman and Witbrodt (2014)
provide evidence that younger individuals are likely to assimilate non-abstinent recovery options (such as still drinking occasionally but not drinking and driving anymore), while those who are older and have been in the recovery program longer are more likely to strive for abstinence. Subbaraman and Witbrodt also found that those who chose to engage in abstinent recovery experienced higher quality of life (QOL) than those who engaged in non-abstinent treatments. QOL has been a very important topic in research as it relates to alcoholism and treatment programs, and is an important factor in the life of a person recovering from alcoholism (Frischknecht, Sabo, & Mann, 2013; Laudet, 2011).

**Relapse.** Alcoholism is considered a lifelong disease, and even those recovering from alcoholism with a lot of support may have relapses (Enoch & Goldman, 2002; Saaristo, 2009). However, it is important to note that relapses are simply “mistakes” or “slip-ups” – a single act of error of which the individual has the power to control from that point forward (Marlatt & George, 1984). Those individuals who have self-efficacy and are able to cope with the negative effects of recovery are less likely to experience relapse (Britton et al., 2010; Rogojanski, Vettese, & Antony, 2011). For those recovering from alcoholism, relapse can mean mental and physical dependency, as well as damage to their emotional quality of life (EQL) (VanLear, 2006). Three main reasons for relapse include: Drug euphoria, over-learning of habits or predictions, and withdrawal escape (Robinson, Robinson, & Berridge, 2014). *Drug euphoria* happens when the addict goes back to taking the drug in order to experience the intense pleasure that they remember from when they took it before. *Over-learning* occurs when the addict’s habit becomes so embedded into their behavior that they subconsciously continue to engage and repeat the addicting behavior. An addict experiences *withdrawal escape* when symptoms such as insomnia and sleep disturbances are so unpleasant that they go back to taking the drug because they feel
they would do anything to stop the unpleasant symptoms (Brower & Perron, 2010; Maffina, Deane, Lyons, Crowe and Kelly, 2013). This is echoed by Witkiewitz et al. (2015) who found that pain and alcohol outcomes were mediated by negative effects and could influence relapse.

There are also many environmental and emotional factors that could trigger an individual recovering from alcoholism to relapse. Loud noises and social events are examples of environmental stressors (Recovering drug and alcoholism relapse triggers for you and your loved ones, n.d.). Emotional factors, such as stress, fear, frustration, depression and anxiety, can cause a person to want to relapse (Sinha, 2008; What are the common relapse triggers in addiction? n.d). Individuals may relapse if they begin to self-pity, or experience negative emotions and want to “numb” the pain as they may have done previously (McKee, 2015). For those recovering from alcoholism, it is important to consider the environment they are in, as well as the emotions that they are experiencing, in order to stay aware of the effect their surroundings may have on them in terms of relapse (Rubio, 2015).

**Treatment Options**

There are various treatment options from which individuals recovering from alcoholism can choose. Prior research has shown that patient preferences should be taken into consideration when choosing a treatment intervention because it may provide higher satisfaction rates, increased treatment completion rates, and improved clinical outcomes (Chewning et al., 2012; Lindhiem, Bennett, Trentacosta, & McLear, 2014). By providing choices to the patient, they may have higher motivation to commit to and follow through with treatment (McKay et al., 2015). Self-determination theory (Ryan & Deci, 2000) posits that self-motivation and personal well-being require feelings of competence, social relatedness, and autonomy. Holistically, options could include inpatient treatment, outpatient treatment, and residential treatment.
Medicine. Pharmacological treatment, in addition to psychosocial treatment, can be very helpful for individuals attempting to fully recover from alcoholism (Johnson, 2010). Medical treatment can help manage withdrawal symptoms of recovery, can help people stay in treatment by gradually getting the body used to the absence of the drug, and can help prevent relapse by assisting with stress cues that the addict may experience (National Institute on Drug Abuse, 2014). Antabuse, a drug that creates very negative side effects when the individual drinks alcohol, is one of the oldest medications that recovering alcoholics may be prescribed in order to slow down or quit drinking (Osterweil, n.d.). Naltrexone assists in reducing the pleasure that the individual recovering from alcoholism may experience when drinking alcohol, and can help reduce cravings for drinking as well (Osterweil, n.d.). Additionally, Campral is a drug that helps reduce the symptoms of withdrawal that one may experience (Osterweil, n.d.). These are only a couple of medications that may be used in order to relieve or reduce symptoms associated with alcohol, but it is important to note that there is not a “one size fits all” that a person recovering from alcoholism can take to resolve all issues associated with recovery.

Support Groups

Alcoholics Anonymous. One widely known support group is Alcoholics Anonymous (AA). In AA, there are 12 steps that serve as cornerstones that the members work through in order to reach abstinence from alcohol. There is evidence that shows increased abstinence after an individual continues to attend the AA meetings (Kelly, Stout, Magill, Tonigan & Pagano, 2011; Tonigan & Beatty, 2011). AA has been shown to provide many benefits such as freedom from craving/addiction, increased feelings of meaning/purpose, feelings of gratitude, and elimination of past regrets (Kelly & Greene, 2013). AA often provides a spiritual element through which recovering alcoholics can connect to a higher power (Thatcher, 2011). Ferrell
(2015) explained the concept of a higher power that recovering alcoholics may find through AA in the following way:

The ego faces the abjection of the addicted state, finally acknowledges it cannot free itself from the power alcohol has over the ego, and opens to a “Higher Power” to heal and empower the defeated ego to move slowly and painfully towards sobriety (p.1138).

By attending AA, recovering alcoholics can build a shared sense of community through the telling of narratives (Galanter, 2013; Jodlowski, Sharf, Nguyen, Haidet, & Woodard, 2007). Additionally, through sharing narratives of addiction with one another, addicts are able to essentially “hear themselves” and confront the reality of their condition (Lederman, 2015). The notion of self-redemption is important for recovering alcoholics to voice within their narratives, and could potentially impact long term behavioral change (Dunlop & Tracy, 2013).

**Additional Face-to-Face Support Groups.** Other face-to-face support groups are *Women for Sobriety, SMART Recovery, Secular Organizations for Sobriety, LifeRing Secular Recovery,* and *Celebrate Recovery* (Fletcher, 2014). *Women for Sobriety* is a non-profit organization that uses humility, positivity, and self-empowerment to help women recovering from alcoholism and other addictions. It encourages emotional and spiritual growth, and allows women within the group to support one another through their recovery process (About WFS, n.d.). *Women for Sobriety* hosts a “New Life” program that fosters self-value and self-worth for women through nurture and support (About WFS, n.d.). *LifeRing Secular Recovery* is an abstinence-based non-profit organization that allows individuals to share stories and methods for being drug or alcohol-free (Discover LifeRing, 2014). It is self-directed and has meetings worldwide. *Celebrate Recovery* is a biblical program that guides those recovering from alcoholism and drug addiction through the lessons of the Bible (About us, n.d.). The website
provides information about the meetings, which are very structured. Some of these programs, in addition to provide face-to-face meetings, provide online components as well.

**Online support groups.** About 25% of adults have read others’ comments and experiences regarding a health issue on an online group, website, or blog (Pew Research Center, 2011). Computer-mediated social support groups provide an opportunity for individuals to share similar experiences and share emotion with others in similar situations who might not be nearby (Lin & Anol, 2008). With online support groups, individuals may feel as though they can disclose personal information without the fear of judgment often experienced in face-to-face interactions (Tanis, 2008). Additionally, online support groups provide anonymity and allow the user to decide when and where to access the group forum (Green-Hamann, Eichhorn, & Sherblom, 2011). Those who engage in support groups value the information, relationships, and overall sense of togetherness that such groups provide (Pfeil, Zaphiris, & Wilson, 2010).

Online interventions and programs such as *SMART Recovery* and *Overcoming Addictions* engage in cognitive-behavioral and motivational strategies to help reduce the appeal of various addictions and motivate individuals to engage in a path of recovery (Hester, Lenberg, Campbell, & Delaney, 2013). *Secular Organizations for Sobriety, Women for Sobriety,* and *Moderation Management* (Humphreys et al., 2004) serve as self-help groups (non-professional, peer operated organizations that do not charge membership fees) and are individualized based on their membership and overall goal. Humphreys et al. (2004) argue that online support groups, paired with acute care interventions, provide optimal support for recovering alcoholics.
Implications of Recovery

Physical challenges of recovery. If people addicted to alcohol decide to abruptly stop drinking, they could experience nausea, tremors, and, in severe cases, seizures (Pietrangelo, 2014). Insomnia is another common symptom that can challenge the efforts of a person recovering from alcoholism to maintain sobriety (Krystal, Thakur, & Roth, 2008). In fact, symptoms of insomnia may persist for six months or more, regardless of reduction or cessation of drinking (Brower, Krentzman, & Robinson, 2011).

Psychological hardships of recovery. Many people recovering from alcoholism describe starting from a crisis point in which they call “rock bottom,” or as Kemp (2013) terms it, a “moment of truth” in which the individual recovering from alcoholism cannot deny their addiction any longer. There are several challenges that those recovering from alcoholism must face, including understanding the causes behind the alcohol addiction (e.g., negative childhood experiences, emotional maltreatment, etc.), identifying self-identity and worth, seeking a supportive environment, and maintaining a mindset of abstinence towards drinking (Gubi & Marsden-Hughes, 2013; Potthast, Neuner & Catani, 2015). They could also experience anxiety, nervousness, confusion and hallucinations (Pietrangelo, 2014).

Social implications of recovery. During the recovery period, weakened relationships from the addiction have the potential to be revived (Szabo & Gerevich, 2013). These relationships are very important, and may be with intimate partners, extended family members, and friends (Robbins, 2015). General social support from friends has shown to be a critical component to the success of the individual’s recovery (Groh, Jason, Davis, Olson & Ferrari, 2007). However, those recovering from alcoholism will have challenges as they attempt to maintain a sober identity in social situations. Due to the persistent stigmatization of alcoholics
those who are in recovery face challenges in the workplace when they disclose their identity as a recovering alcoholic (Gedro, Mercer, & Iodice, 2012). For example, as these individuals try to maintain a sober identity within the workplace, they may have to negotiate with employees about after-work activities that may involve drinking.

**Drinking Culture, Mass Media, and Alcoholism**

**Drinking culture.** A part of the United States culture, alcohol is used widely and is recognized as a mode to make social connections, celebrate, and relieve stress (Castro, Barrera Jr., Mena, & Aguirre, 2013; Littlefield, Sher, & Wood, 2010; O’Hara, Armeli, & Tennen, 2014; Strahan, Panayiotou, Clements, & Scott, 2011; Tan, 2012). Various contexts in which alcohol is central include college football games (Woodyard & Hallam, 2010), “holidays” such as spring break, St. Patrick’s Day, and Halloween (Glindemann, Wiegand, & Geller, 2007; Lefkowitz, Patrick, Morgan, Bezemer, Vasilenko, 2012), and military celebrations, where it is often viewed as a reward for hard work (Bray, Brown, & Williams, 2013).

**Mass Media.** In the United States, mass media is pervasive. From television to radio, magazines to the internet, and billboards to video games, media is an integral part of life. Callejo (2013) found that people between the ages of 16-34 spend roughly three hours a day consuming some form of media. Because individuals are spending a large portion of their time using media, the question of the media’s influence becomes important to consider. Previous research has shown the effects of media persuasion as it relates to physical beauty and steroid usage (Melki, Hitti, Oghia, & Mufarrij, 2015), sexual promiscuity (Eyal & Kunkel, 2008), attitudes towards race (Dixon, 2008), social change (Kumar, 2011), food consumption (Beaudoin, 2014) and political participation (Kim & Johnson, 2006; Zhang & Chia, 2006). Thus, it is clear that media has an impact on human perception and behavior.
**Alcohol in Broadcast Media.** Adults within the United States consume approximately 2.7 hours of television every day (U.S. Department of Labor, 2011). From 2001 to 2006, alcohol advertisements increased on television by 176% (Chung et al., 2010). In addition, cable now shows 96% of all alcohol advertisements on major television networks (Chung et al., 2010). Zwarun, Linz, Metzger, and Kunkel (2006) found that television commercials increased college students’ alcohol use because it normalized drinking behaviors. Reality television has also been shown to promote negative behaviors related to alcohol consumption (Riddle & Simone, 2013). Ferris, Smith, Greenberg and Smith (2007) and Parades, Cantu, and Graf (2013) concluded that alcohol consumption and its use on dates may be influenced by reality television shows.

**Alcohol in Film.** Approximately 80-95% of Hollywood films depict use of alcohol, and most use it in a positive light (Cin et al., 2009; Clark, 2011). When individuals see alcohol depictions in movies, they are often experiencing indirect messaging (Portrayal of alcohol consumption in films – does it influence? 2008). Koordeman, Anschutz, and Engels (2012) concluded that imitation processes could explain the reasoning for portrayal and consumption of alcohol, and that men seem to be more receptive to this process. Koordeman, Anschutz, and Engels (2010) found that among heavy weekly drinkers, alcohol consumption during a movie was higher when alcohol commercials were shown prior to the movie. The emotional state that movies create might provide an opportunity for the alcohol cues in people to be strengthened (Engels & Koordeman, 2011).

**Alcohol in Video Games.** According to Nielson Media Research (The Nielson Company, 2009), nearly two-thirds of all men in television households aged 18-34 have access to video games in their home. Sports video games are extremely popular for their life-like characteristics (Kim & McClung, 2010), and are a great mechanism for product placement because sports video
gamers cannot skip or control the placement ads (Lefton, 2004). Products placed in video game ads could include guns, alcohol, and cigarettes, which are labeled as “ethically charged products” (Gupta & Gould, 1997). “Neutral products” could be soft drinks, healthy food, cameras, and stereos (Kim & McClung, 2010). Product placement ads are generally accepted by consumers because they add realism to the games consumers are playing (Sung, de Gregorio, & Jung, 2009). World of Warcraft has been shown to include alcohol not in a central role, but as something that characters can consume without any negative consequences (Thorens, Khan, Khazaal, & Zullino, 2012).

**Alcohol in Music.** Listening to music is one of the most popular leisure activities in which individuals engage (Roberts & Foehr, 2008). Music that is played at stores is often more passive for its listeners – they aren’t really listening to the lyrics. However, at home, individuals play music deliberately – usually to achieve a particular psychological state (Hardcastle, Hughes, Sharples, & Bellis, 2015). When individuals go out, songs that are played in bars and other drinking locations may include priming words, which could impact the person’s subsequent behavior (Dijksterhuis, Smith, & Van Baaren, 2005). The lyrics played within the songs could evoke a state of mind related to previous memories or associations with alcohol (Engels, Slettenhaar, Bogt, & Scholte, 2011). Primack, Nuzzo, Rice, and Sargent (2012), found that one in five of the U.S. popular songs sampled made explicit references to alcohol, and one quarter of those songs mentioned a specific alcohol brand. The reference to alcohol in music is popular because a lot of songs are centered on partying. Research has shown that the genre of music also has an impact on references to alcohol, with urban songs being 2.47 times more likely than genres of country, pop, and rock to mention alcohol (Siegel et al., 2013). In addition, both fast
and slow paced music has been shown to increase one’s rate of drinking (Stafford & Dodd, 2013).

**Alcohol in Print.** While a lot of research has been primarily focused on how alcohol advertisements in magazines impact youth (MacGill, 2014; Frydlewicz, Gray, & Siegel, n.d; King et al., 2009; Smith, 2015), there is no doubt that alcohol advertisements are heavy in print media, such as magazines. In 2011, alcohol advertisers spent more than 250 million dollars on magazine advertising in the United States (Underage drinkers heavily exposed to magazine ads for alcohol brands they consume, 2014). Between the years of 1971 and 2011, alcohol advertising in magazines has increased more than 400 percent (Richards, 2015). Alcohol advertisements in magazines typically gear more towards the beverage choice of their audience (Lehman, 2014).

**Alcohol on the Internet.** There has been a 257% increase of internet users between 2000 and 2012 (Li, O’Brien, Snyder, & Howard, 2015). Ninety percent of adult internet users aged 18-29 use social media networking sites, with 78% aged 30-49 years old using it and 65% aged 50-64 using it (Social networking fact sheet, n.d.). Social media sites allow users to connect with their network, share their thoughts, pictures of their activities, videos, news stories, and engage in other interactions (Kietzmann, Hermkens, McCarthy, & Silvestre, 2011). Social media can also be used by businesses and organizations to share their products. Alcohol distribution companies are now using Facebook to advertise their brands, which receive their value from interaction with Facebook users (via “likes,” “comments,” “shares,” and “being mentioned”) (Carah, Brodmerkel, Hernandez, 2014). In this sense, Facebook serves as a means for people to not only interact with alcohol companies, but also to share their own stories and memories with alcohol in a positive light. Alhabash, McAlistier, Quilliam, Richards, and Lou (2015) explored
the marketing status of alcohol on Facebook and the intentions that its users have on consuming alcohol after viewing and interacting with the ads displayed. Their research indicated that young adults who had a more positive interaction with the alcohol ads on Facebook had higher intentions to consume alcoholic beverages.

**Recovery, Alcohol Use and Media**

**Drug/Alcohol cues.** Those recovering from alcoholism may encounter frequent exposure to alcohol retail outlets, alcohol use from those around them, and other environmental cues that could elicit cravings to drink (Heslin et al., 2013). Research has shown that increased exposure to alcohol-related incidents is linked to increased cravings for alcohol (Field & Cox, 2008; Field, Munafo, & Franken, 2009; Ramirez & Miranda, 2014). Further, drug and alcohol related cues inhibit the necessary functions that a person recovering from alcoholism needs to abstain from the addictive behavior (Weafer & Fillmore, 2015). A relapse trigger is defined as, “an experience that may stimulate cravings, bringing back thoughts, feelings, and memories about drug or alcohol use and can affect any individual in recovery who encounters people, situations, or settings associated with past substance abuse” (Gustafson et al., 2011, p.109).

Classical conditioning theory, coined by Marlatt (1990), posits that when people are exposed to cues (external stimuli) in the environments where they previously used or bought the drug, they will experience physiological responses that could lead to relapse. Those suffering from alcoholism often have difficulty controlling their inhibitions, which can make it hard for them to control their drinking, especially when faced with a situation that offers them the opportunity to drink when they are trying to abstain from drinking as part of the recovery process (Henges & Marczinski, 2012; Lawrence, Luty, Bogdan, Sahakian, & Clark, 2009). When a person recovering from alcoholism experiences a negative effect (something that often accompanies
recovery), they typically experience higher levels of hot information processing (i.e., emotional responses) and lower levels of cool information processing (i.e., cognitive ability to control their desire to drink), which could hinder the process of regulating the negative effects being experienced (Metcalfe & Mischel, 1999). Enhanced attention to alcohol cues are primed by stress, cravings for alcohol, and alcohol consumption (Field & Eastwood, 2005; Field, Munafo, & Franken, 2009; Field & Powell, 2007). Incentive-sensitization theory offers that drug cues become associated with taking the drug and experiencing the rewarding effects of the drug, therefore making the cues very salient for the person who suffers from alcoholism (Robinson & Berridge, 2001). An extension of this theory (the attentional bias model) explains that when individuals initially pay attention to those cues, they start to crave the drug more, leading them to exert drug-seeking behavior (Franken, 2003; Garland, Boettiger, Gaylord, Chanon & Howard, 2013). However, greater disengagement from attention to alcohol cues is found in individuals who are seeking treatment for their alcoholism (Townshend & Duka, 2007), which ultimately predicts successful treatment outcomes (Schoenmakers et al., 2010).

**Responses to persuasive messaging in the media.** Each year, the alcohol industry spends over $1 billion promoting alcohol consumption and alcohol-related products (Federal Trade Commission, 2007). These alcohol advertisements can be very persuasive, using implicit and explicit messaging (Zerback, Koch, & Kramer, 2015). Media often depicts alcohol as a positive activity that enhances one’s lifestyle, thus perpetuating alcohol consumption (Casswell, 1995; DeMartino, Rice & Saltz, 2015). Treise et al. (1994) found that individuals at the onset of recovery typically experience more harsh effects from alcohol depictions in the media than they do later on in the recovery process. These conflicting response possibilities about whether or not to drink after seeing alcohol messages in the media are based on the individual’s restraint
towards drinking (Bailey, Bartholow, Saults & Lust, 2014). Good self-control is identified as being able to focus attention, linking behaviors and consequences over time, and considering other alternatives (Wills et al., 2007). Individuals who are exposed to various media platforms may also be exposed to different types of alcoholic advertisements, and may connect more with certain drinks over others given the media they consume (i.e., magazines, television shows, celebrity endorsements) (Borzekowski, Ross, Jernigan, DeJong, & Siegel, 2015).

There are two types of responses that those who battle addiction typically have in regard to drug cues: approach responses and avoidance responses. Approach responses involve proactive efforts to address the problem such as seeking out social support or restructuring thoughts about threats (Gifford, Ritsher, McKellar, & Moos, 2006). Avoidance responses may include no longer accepting the cues or distancing themselves from the possibility of being exposed to threats, or engaging in “avoidance coping” in which the individual stays away from any locations that could lead them to encounter alcohol cues (Heslin et al., 2013). Previous research has shown that approach responses are more effective than avoidance responses in assisting those recovering from alcoholism to maintain abstinence from substances (Brennan, Schutte, Moos & Moos, 2011; Schutte, Brennan & Moos, 2009).

To the best of my knowledge, there has been one study found that specifically examines alcohol cues within the media and their impact on those recovering from alcoholism. Treise et al.’s (1994) qualitative study found that recovering alcoholics can be triggered by a variety of factors, including print and television alcohol advertisements. Treise et al. also found that certain advertising techniques have an impact on recovering alcoholics, and if a technique relates to or reminds the recovering alcoholic of a particular scene when they used to drink, their desire to drink is strengthened. Treise et al. concluded that often, recovering alcoholics will attempt to
avoid advertising or will reinterpret the messaging of the advertisement if they notice that they are being affected by it. Moreover, their study concluded that the influence of advertising seemed to diminish with the length of the individual’s recovery. This study differs from Treise et al.’s study because it casts a broader net, examining alcohol depictions within many forms of media. As the media landscape has widened over time, more forms of media are available for consumption. Within these forms of media, alcohol is often shown as a fun activity — something that is not necessarily being advertised as a product for consumers to buy. The advertising landscape has widened as well, and has grown more in-depth and more sophisticated. For example, as mentioned earlier, alcohol advertisements are shown realistically in video games (Sung, de Gregorio, & Jung, 2009). Thus, this study seeks to understand how those recovering from alcoholism make sense of alcohol messages that they see in media.

**Purpose of the Study**

The purpose of this study is to examine how those recovering from alcoholism make sense of alcohol depictions that they see in the media. In this chapter, I have defined alcoholism and its neighboring terms and discussed the implications of alcoholism at the physical, psychological, and social levels. I have then defined recovery and the elements of recovery. I have also explored different types of support groups for those recovering from alcoholism. I have examined the implications of recovery, at the physical, psychological, and social levels. I have also reviewed literature on the drinking culture in the United States and the media’s impact on society through various channels: broadcast, film, video games, music, and internet. Finally, I have discussed alcohol cues within media and its potential impact on people recovering from alcoholism, as well as potential responses that people recovering from alcoholism may have to those cues.
As discussed in the literature review, individuals recovering from alcoholism may be exposed to alcohol advertisements through media and other environmental cues (Heslin et al., 2013). Although Treise, Taylor, and Wells (1994) found that those recovering from alcoholism can be triggered by alcohol advertising, they did not explore the perceptions that those recovering from alcoholism have on the alcohol messages that they see in the media. This led me to my first research question:

RQ1: What perceptions do those recovering from alcoholism have about alcohol messages within the media?

As mentioned earlier in the literature review, throughout the process of recovery, there are unpredictable factors that are outside one’s control (Richards & Nelson, 2012). People recovering from alcoholism may encounter frequent exposure to alcohol retail outlets, outdoor alcohol advertisements, alcohol use from those around them, and other environmental cues that could elicit cravings to drink (Heslin et al., 2013). I argue that Treise et al. (1994) did not explore the ways in which those recovering from alcoholism are impacted by alcohol messages in the media, and how they make sense of those messages. This led me to my second research question:

RQ2: In what ways, if any, are individuals who are recovering from alcoholism impacted by alcohol messages in the media?

Approach and avoidance responses are often used by people recovering from alcoholism to reduce the persuasive effects of alcohol messages in the media (Gifford, Ritsher, McKellar, & Moos, 2006; Heslin et al., 2013). Although it is clear the various behavioral responses that an individual may have to persuasive messaging, I argue that more depth is needed to explore the types of approach and avoidance responses that individuals in the 21st century utilize to cope
with alcohol messages that they see in the media. As discussed earlier, the media landscape has widened since Treise, Taylor and Wells (1994) study, warranting my third research question:

RQ3: How do those recovering from alcoholism cope with the presence of alcohol messages in the media?
Chapter Three: Method

Data Recruitment and Participants

In order to recruit participants for the study, I used the criterion-sampling technique. In criterion sampling, the researchers select participants for the study based on the criteria that he or she creates (Lindlof & Taylor, 2011). In order to meet the criteria for this study, participants had to: 1) be 21 years or older; and 2) consider themselves as an individual recovering from alcoholism. This allowed me to cast a broad net in obtaining participants from differing recovery backgrounds, and differs from Treise et al. (1994), who recruited volunteers through a specific treatment facility.

Given the social stigma often associated with alcoholism, the participants needed for this study fell into the category of hidden populations, or “hard-to-reach populations,” because they tend to be “difficult for researchers to access” (Sydor, 2013, p.35). Because those recovering from alcoholism may have felt uncomfortable directly responding to invitations for participation in a research study, I employed the network sampling technique (Sirken, 2005). In network sampling, I contacted individuals whom I know and asked if they in turn know anyone who might be interested in being interviewed for the study. From there, potential participants contacted me if they were interested in participating in the study. Thus, network sampling allowed participants to feel more comfortable participating in the study because they were recruited through someone they trust, rather than by me.

Once I received a sufficient number of participants who were interested in being interviewed, I scheduled a day and time that worked best for each of them. I also interviewed participants at a location that was convenient for each of them, one that provided them with a sense of privacy and one that was quiet. Tracy (2013) notes that good locations for interviews are
those that have adequate privacy and comfort. This was important for my both me and my participants so that the interview process ran smoothly and so that we experienced no interruptions.

I recruited nine individuals, each of whom considered themselves to be recovering from alcoholism. Participants included three men and six women, and ranged in age from 21 years old to over 40 years old. Individual participants, who range in sobriety, are described in detail in Table 1.

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age$^3$</th>
<th>Years of Sobriety</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Derek</td>
<td>40 years old</td>
<td>14 years</td>
<td>Active in AA community</td>
</tr>
<tr>
<td>Brian</td>
<td>40 years old</td>
<td>40 years</td>
<td>AA Sponsor to Derek</td>
</tr>
<tr>
<td>Raine</td>
<td>27 years old</td>
<td>3 years</td>
<td>Grew up around addiction</td>
</tr>
<tr>
<td>Lindsey</td>
<td>30 years old</td>
<td>2 years</td>
<td>Has attended 2 treatment centers</td>
</tr>
<tr>
<td>Phillip</td>
<td>43 years old</td>
<td>4 years</td>
<td>Was a marine; sponsor in AA community</td>
</tr>
<tr>
<td>Lydia</td>
<td>50 years old</td>
<td>6 months</td>
<td>Member of AA</td>
</tr>
<tr>
<td>Brittany</td>
<td>21 years old</td>
<td>&lt; 1 year</td>
<td>Stopped drinking when she became pregnant</td>
</tr>
<tr>
<td>Jean</td>
<td>Undetermined</td>
<td>35 years</td>
<td>God fully healed her from her addiction</td>
</tr>
<tr>
<td>Dana</td>
<td>Undetermined</td>
<td>1 year</td>
<td>Member of AA</td>
</tr>
</tbody>
</table>

$^3$ I did not ask participants to report their age. These descriptions are based on my observations or participants’ comments.
Data Gathering

**Interviews.** After obtaining necessary Institutional Review Board approval and participant informed consent (see Appendix A), I conducted interviews with my participants. Tracy (2013) stated that, “interviews are guided question-answer conversations” (p.131). Seidman (2006) noted that, “at the root of in-depth interviewing is an interest in understanding the lived experience of other people and the meaning they make of that experience” (p.9). I interviewed my participants in order to hear their stories and allow them to share their experiences. “Because there is a natural storytelling urge and ability in all human beings, even just a little nurturing of this impulse can bring about astonishing and delightful results” (Mellon, 1998, p. 174). Interviews were important for my study, as they uncovered how those recovering from alcoholism make sense of alcohol messages that they see within the media.

Previous research has used interviews to explore the lived experiences of recovering alcoholics as they have experienced stigmatization (Hill & Leeming, 2014; Suprina & Lingle, 2008), homelessness (Rayburn & Wright, 2010), spiritual transformation (Watts, 2012), maintenance of recovery (Klingermann, 2012) and Catholic Mass as a tool for recovery (Wade, 2013). For the purpose of this study I conducted *semi-structured interviews*, which can be described as interviews, “…with the purpose of obtaining descriptions of the life world of the interviewee in order to interpret the meaning of the described phenomena” (Kvale & Brinkmann, 2008, p.3) Using semi-structured interviews provided enough latitude in the conversation so that my interviewees were able to discuss topics relevant to their lives in their own words, yet allowed me as the researcher to obtain information pertinent to my study.

I interviewed nine participants, with the interviews lasting from around six minutes to ninety minutes long. I started each interview by informing the participant why they were
valuable to the study, my goals for the study, and how the interview would be conducted. This allowed me to establish rapport with my participants (Lindlof & Taylor, 2011), and allowed participants to learn my motivation for the study and what they could expect during the interview. As my goal was to make my participants as comfortable as possible, allowing them to get to know me a little at the beginning of the interview assisted in that process. I then asked broad questions so that my participants could begin sharing their experiences with alcoholism and how they began their journey to recovery. Other questions explored their experiences with recovery, how they have been impacted by alcohol messages they have seen in the media, as well as how they have made sense of those messages (see Appendix B for interview questions).

Throughout the interview, I included probes such as, “What are some specific examples of the experience you are describing?” or “Why do you think that is?” These probing questions allowed me to gain more depth in the interview. I recorded the interviews, with the participants’ permission, on an audio recorder in order to “capture and preserve all of the interview discourse” (Lindlof & Taylor, 2011, p.192). This process allowed me to be fully attentive to the conversation. Once the interviews were completed, I coded the recordings and stored the recordings and transcriptions on a flash drive, which I kept locked in a drawer at Ball State University. Once the study is completed, I will delete all files.

Data Analysis

Data analysis is an important component of research because it allows the researcher to examine the data they have gathered and attempt to “make sense” of the data. Braun and Clarke (2006) identified six main steps to conducting a thematic analysis: familiarizing oneself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.
Transcription is identified as a key component to familiarizing oneself with the data, and is the first step I took in the data analysis. As Oliver, Serovich, and Mason (2005) observe, transcribing is a pivotal component to qualitative research, because the ways in which the researcher transcribes heavily affects their research outcomes. Additionally, Lindlof and Taylor (2011) suggested that transcription helps a researcher “provide focus and shape to the body of material gathered during a project” (p. 244). I transcribed in a way that captured my participants’ stories verbatim – while also taking note of long pauses or nonverbal cues that could impact their message. I compared my transcriptions to the audio recordings to ensure accuracy. In total, I transcribed 128 pages.

In terms of the coding process, I employed a “grounded theory approach” to the transcribed materials. As Tracy (2013) observed, this provides a “systematic and rigorous framework for researchers who desire an inductive, emic approach to data analysis” (p. 184). I then coded manually, printing my transcriptions on paper with wide margins, so that I could write down important details and highlight data that were of particular interest. As I was reading my transcriptions, I took note of particular quotations and pieces of data that were of interest, and dissected and categorized those bits of data into codes. I worked through all transcriptions methodically; dissecting and categorizing information into codes.

I started sorting the codes into groups of potential themes (Braun & Clarke, 2006). As I was grouping the codes, overarching themes, as well as subthemes arose. Some codes were discarded. Throughout this process, I was able to start thinking about the relationships between the data set and the research questions I was seeking to answer in my study. As I was creating themes, I used the constant comparative method (Charmaz, 2006) to compare data within and
between transcriptions to determine if the themes created were still coherent with the data examined, which left me with an overall set of “candidate” themes.

I then began reviewing the “candidate” themes I created to determine if the codes originally created still fit within those themes. Braun and Clarke (2006) stated that the first phase of this process requires the researcher to ensure that a consistent pattern is found within each theme. If certain codes within a given theme did not seem to fit, data were then extracted from that particular theme and were “reworked” into another theme, set aside to create a potential new theme, or were discarded. The second phase ensured that the final themes accurately represented the data set and informed each of my research questions.

In order to define and refine data themes, I considered how each over-arching theme contributed to my research questions. I reflected on what aspect of my study each theme covered — and what story each theme had to tell. I examined each theme individually, as well as with each other, in order to capture an overall “picture” of my data set. Once I finalized my themes, I incorporated them concisely into the results section and considered potential theoretical frameworks that would help me interpret the results.
Chapter Four: Results

The purpose of the study was to examine how those recovering from alcoholism make sense of alcohol messages that they see in media. In this chapter, I will discuss findings that emerged in the analysis, many of which were consistent with existing mass communication theories. I arranged these findings into themes based on the research questions.

RQ1: What perceptions do those recovering from alcoholism have about alcohol messages within the media?

Alcohol Messages are Ubiquitous

A number of participants perceived that alcohol messages are very prevalent in media. For example, Derek observed that commercials contain many alcohol messages. As he mentioned, “I take my phone and iPad, but those commercials are going to pop up. I can go to google a song and there’s a Smirnoff girl and I have to accept that.” Derek also noted that alcohol messages are ever-present on television, noting that, “you can’t put on any channel without seeing alcohol.” Similarly, Lydia stated, “When I see commercials with alcohol and beer it seems like it’s every channel.” Throughout the interviews, it seemed as though TV is a major source for alcohol messages. Jean perceived that “billboards and television are always advertising different beers and drinks.” Lindsey also noted:

[Alcohol advertisements are] everywhere, you know. It’s everywhere. You can’t leave your house without being infiltrated by alcohol advertisements or people talking about alcohol specifically. . . It’s everywhere. I would say more often than not, it’s on TV.

The participants’ responses are reflected in the findings of Chung et al. (2010), who found that 96% of all alcohol advertisements occur on major television networks. Although my participants are likely sensitized to alcohol messages because they are actively trying to refrain
from drinking alcohol, it is also possible that they may be viewing more media messages about alcohol by virtue of the fact that they are consuming so many hours of media. As mentioned earlier, Callejo (2013) found that on average, adults spend roughly three hours a day consuming some form of media.

**Media are Unethical in their Messages about Alcohol**

Participants perceived media as being unethical in the production and delivery of alcohol messages. Two sub-themes were derived from my participants’ responses: 1) the unethicality of alcohol messages in media; and 2) the unethical portrayal of alcoholism and those recovering from it.

**Unethical crafting of alcohol messages.** Participants perceived that media are unethical in crafting alcohol messages. First, Brittany claimed, “...there’s a lot of things that go into the media and I fear more for our youth than myself because at least I have the maturity and mindset that is very assertive to know that’s not right. That’s not okay.” Brittany perceives that media often opens a gateway for people to consider risky behaviors that they hadn’t previously considered. Brittany’s comment is reflective of previous research, which has explored the strong effects of media persuasion on other behaviors as well, such as physical beauty and steroid usage (Melki, Hitti, Oghia, & Mufarrij, 2015), sexual promiscuity (Eyal & Kunkel, 2008), attitudes towards race (Dixon, 2008), social change (Kumar, 2011), food consumption (Beaudoin, 2014) and political participation (Kim & Johnson, 2006; Zhang & Chia, 2006).

Brian perceives that media are often unethical in their advertising. He expressed, “...that’s the kind of thing the advertisements are into. And you see it all the time, there’s no ethics in advertising. It’s a money ethic. You get it how you can — it’s not principled.” Brian perceived
that only people who are driven by the need for money would publicize the alcohol industry.

This is exuded in his observations of two celebrities:

Orson Wells [was] reduced to making commercials like this. . . . I supposed he needed the money. . . . I mean, if you’re going to give somebody a million dollars for doing one of these commercials, I mean it’s tempting, I suppose.

Brain also stated, “I remember watching Troy Aikman, it was a beer commercial . . . and here [he is], you know; giving support.” Brian later emphasized, “You know, I mean [those who advertise alcohol are] scam artists. They have no conscience in what they do.”

Derek perceives that alcohol advertisements are very specific in how they target certain audiences. He stated:

[Alcohol advertising] is very calculated. Um, and I know this. Uh, the way they package it, it’s specific. You know . . . if you want a man’s attention, you put a beautiful woman with a drink. If you want a woman’s attention, you put a guy with his shirt off. And [alcohol companies] mastered it. They make billions, but they spend millions . . . they’ve figured us out.

Brian expressed his perceptions of the subconscious element of advertising, indicating that alcohol companies have professionals who are there specifically to assist those companies with “getting in the mind” of their intended consumers. He posited:

[I]t’s all subconscious. All of this stuff. All of it. Much of it has subconscious value to it. Not that anybody believes in the subconscious concept except for the people on Madison Avenue – who have all kind of psychologists that work there (laughs) . . . I mean, its behaviorism mixed with Freud. And that’s what they use in their commercials.
Brian also perceives that there are subtle targeting methods that are used in alcohol commercials:

[The alcohol advertisement] makes it look very innocent . . . so [alcohol companies] are appealing to the cleaner, wholesome type. So instead of the kids who were born on the wrong side of the tracks, or something — I mean, we have messages that are targeting different populations.

A number of participants noted their perception of risqué techniques for advertising alcohol in media. For example, Derek mentioned, “[Alcohol companies] have people that sit around in these think tanks and it all comes down to – they know how high a woman’s skirt can be during a commercial. They take it right to the edge.” Brian, when discussing his perceptions of commercials, reflected on an older commercial that he viewed as more straightforward than commercials now are:

[And that stuff was innocent back then. Pabst Blue Rivers and stuff. It was straightforward, and it seemed like there wasn’t any [unethical trickery from the media], but I guess they could put something in there. But that was pretty mild compared to what [alcohol companies] are doing now.

Brittany also discussed her perceptions that risqué content is much more widespread than it used to be. She explained her concern for younger generations, and the fact that they might not have the knowledge or mindset to decipher what information they should adopt into their lifestyle. She stated:

[Because you see things in the media now that you would have never seen ten years ago. From polygamy, to drug abuse, to alcoholism, to intense sexual scenes, I mean, there’s a lot of things that go into the media.
Participants’ perceptions that media are unethical in their crafting of alcohol messages demonstrates a high level of critical awareness about the issue. This is consistent with uses, gratifications, and dependency theory (UGT) (Blumler & Katz, 1974), which postulates that audience members are active and critical consumers of media. According to the theory, audience members decide what media they use to meet their own needs, and they have the agency to determine how they let the media affect them. In this instance, my participants have chosen to perceive that media use unethical marketing tools to promote alcohol messages.

**Unethical portrayal of alcoholism and those recovering from it.** While participants viewed media as a vehicle for the construction of messages promoting alcohol, they also perceived that media were often used as a tool to portray alcoholism and those recovering from it in unethical ways. For instance, Phillip recalls seeing one particular infomercial that claimed to cure alcoholism. His perception of the commercial was that it provided fallacious information that could potentially derail an individual’s recovery process. He reflected on that particular commercial:

> I remember one time watching an infomercial about how you can recover and never drink again, all you got to do is call this number and they will . . . when I saw that infomercial it made me so mad, because I thought, “how many people are going to call that number and be fed a line of crap, and they’re not going to recover?”

Lindsey perceives media as unethical because it often doesn’t provide the full “story” about alcoholism or those recovering from alcoholism. As she explained:

> You know, there’s a lot of conflicting messages in the media about alcohol and alcoholics, and that sort of thing. And I find it all to just be — not the truth. Not the total truth. You know how sometimes when people say that there’s a little bit of truth in every
joke? I think that the media is the joke and when it comes to alcohol, and when it comes to recovery, when it comes to addicts, it is just all kind of a joke, and I think there is a truth in there somewhere, but there’s just a whole — it’s just the tip of the iceberg . . . I think that it’s just so irresponsible.

Although I could find no literature on how people recovering from alcoholism perceive the portrayal of alcoholism and recovery in media, my participants’ responses reveal that they perceive those portrayals in a negative light. Specifically, their negative perceptions of media are used as a type of approach response (particularly used by individuals who are recovering and come into contact with something that could potentially trigger them to want to drink) (Gifford, Ritsher, McKellar, & Moos, 2006).

I argue that the reason why those recovering from alcoholism often perceive media as unethical is because of their heightened sense of caution surrounding alcohol messages in media. As those who are recovering from alcoholism are exposed to more and more alcohol messages in the media, their thoughts likely become more negative towards it because the messages about alcohol (most often that alcohol is a fun activity) are discrepant with their goal of abstaining from it. Someone who consumes media more passively or is not recovering from alcoholism may view those messages in the media in a less negative light because they aren’t as vulnerable to media messages about alcohol, or may not need to be as critical of the alcohol messages they consume from the media.

RQ2: In what ways, if any, are individuals who are recovering from alcoholism impacted by media?
Responses to this research question were varied in terms of the types of messages that impacted those recovering from alcoholism, but fell into two main themes: 1) media with alcohol messages; and 2) media without alcohol messages.

**Media with alcohol messages.** Findings showed that those recovering from alcoholism are impacted by visual forms of media that explicitly show alcohol drinks that they used to consume. First, Lindsey reflected on a specific moment around the beginning of her recovery, and remembered thinking to herself, “[I] don’t understand how I am supposed to stay sober when there is a billboard across the street for a Crown Royal advertisement.” Phillip also discussed a time when simply watching alcohol being consumed in a movie prompted his craving for it. As he described, “I drank Whiskey... [the character] took a drink and I remember feeling it. I was like, ‘oh, that’s warm.’ I could taste it. I could feel it. I was like, ‘wow’... and I could still [be triggered by alcohol messages].” Dana expressed the similar impact that alcohol messages in media have had on her:

[The persuasiveness of alcohol messages in the media] are still in the same way as it was before, because I see the happiness or the joy, and I remember the good times, or what I think are good times, and I want to have that back... but my daughter is my biggest encourager to keep [recovery] for myself.

For Lydia, alcohol messages in media had the potential to lead her down a slippery slope. For example, she illustrated, “Your mind starts playing tricks on you, like, ‘oh, it’s just one drink, you can drink one drink.’ You know, ‘it won’t hurt you, just one drink to relax you a little bit.’” Lydia further described these thoughts by calling it “stinking thinking.” She explained it by stating, “It’s called stinking thinking because it has me thinking I can go out there and just have one drink.” Similarly, Dana recalled, “Oh, I can just numb this, oh there’s the liquor store, I can
just stop right there.” Brian described a time when he was impacted by a wine commercial. As he remembered, “[S]omething’s tapping in with me, and I had not had a craving for alcohol — what, I lost it early on, and here it was, eleven years later, and I was craving a drink (laughs).” Similarly, Phillip also recalled the temptation he experienced when flipping through a magazine one day and encountering an advertisement of:

[W]hiskey there in a glass that was sweaty with the clear brown and ice in it. Yeah. That was like, ‘oh yeah, that’s what I drank.’ Um, I don’t know how to describe it. I can’t think of the words – but I felt it, you know.

As noted previously in my literature review, Lehman (2014) found that alcohol advertisements in magazines typically gear more towards the beverage choice of underage readers of that particular magazine. I would argue that although Lehman’s research focused primarily on how alcohol advertisements reflect the beverage choices of youth, the alcohol industry likely uses this same tactic with all target audiences of magazines. If this were the case, this would explain why Phillip was impacted by the whiskey advertisement that he saw in that particular magazine.

Phillip later recalled a time in which he was watching television and an alcohol message had a strong effect on him. He stated, “I’m just humming along sitting down watching TV and then it’s like BAM, it was like, you know, it felt like someone had just smacked me or something.”

The findings showed that those recovering from alcoholism are impacted specifically by alcohol messages shown via media entertainment, particularly in the sports arena. Derek explained this by illustrating:
If you ever pay attention and watch an NFL football game, every time the net goes up after they kick a field goal or whatever, it’s Jack Daniels. Or, in other words, the alcohol companies are sponsoring football to the tune of a billion dollars a year.

Derek expressed that alcohol messages in media, particularly in the sports arena, are worldwide by stating, “You know, you can watch a soccer game from Mexico and see people drinking Coronas and Cuervo . . .” He posited the impact that TV has had on him by acknowledging, “. . . but TV, you kind of get the whole thing. TV is pretty much worldwide, now.” Phillip echoed this perspective by invoking Payton Manning’s declaration after the nationally televised Super Bowl that, “. . . [Payton Manning] just won the Super Bowl and said, ‘I’m going to drink a lot of Budweiser’.” Phillip had earlier described alcohol messages in the media as “glorifying.”

Borzekowski, Ross, Jernigan, DeJong, and Siegel (2015) found individuals who are exposed to alcohol messages in the media may be impacted by a variety of forms of advertising, with celebrity endorsement being one of them. Additionally, as stated earlier, cable now shows 96% of all alcohol advertisements on major television networks (Chung et al., 2010). Thus, for those recovering from alcoholism who enjoy watching sports on the television, alcohol advertisements are likely to have a heavy impact on them.

Media without alcohol messages. Some participants discussed the negative impact that representation of alcohol messages — no matter the type of media — has on them. In particular, Dana explained that music often brings back memories for her of when she used to drink. As she noted:
In that lifestyle, I listened to certain types of music. And now when I hear that music, I automatically go back to those memories [of drinking], and I guess, glorifying what I was doing, in a sense, when I talk about it.

Brian expressed a similar feeling:

[I] had to get away from rock music, different forms of music that triggered — that I liked to listen to when I was drinking . . . . I can listen to most forms of music as long as it can’t relate any how to any period of time when I was drinking.

The experiences of Dana and Brian are reflected in the findings of Engels, Slettenhaar, Bogt, and Scholte (2011) who claimed that lyrics played within songs could evoke a state of mind related to previous memories or associations with alcohol. Also recall from my review of the literature that Gustafson et al. (2011) define relapse triggers as, “an experience that may stimulate cravings, bringing back thoughts, feelings, and memories about drug or alcohol use and can affect any individual in recovery who encounters people, situations, or settings associated with past substance abuse” (p. 109). For Dana and Brian, certain music, even without explicit alcohol messaging, impacts them because it reminds them of times they used to drink.

Phillip remembered a time when Facebook had an impact on him. Specifically, he recalled scrolling through Facebook and receiving a message from one of his friends from his recovery group, who asked him about an alcohol advertisement that Phillip had ostensibly “liked.” Phillip was immediately shocked, wondering how it would impact his sober, recovering friends who were connected with him through Facebook. He described his experience:

[I] had to look through all of my “likes” and I found [the alcohol advertisement that he had “liked”]. It was in there. And I was like, ‘how did that get in there?’ I don’t know.
It bothered me because I have a lot of people in recovery that I’m friends with on Facebook and if they see me, and it posts that I like that, how is that going to affect them?

In this case, Phillip was impacted by knowing that he must be cautious of his actions on Facebook (e.g., “liking” alcohol advertisements) that could have negative effects on sober friends who are trying to recover from alcoholism. Phillip’s caution is well-justified, for as Carah, Brodmerkel, and Hernandez (2014) note, alcohol distribution companies are now using Facebook to advertise their brands, which receive their value from interaction with Facebook users (via “likes,” “comments,” “shares,” and “being mentioned”).

RQ3: How do those recovering from alcoholism cope with the presence of alcohol message in media?

Separating “self” from “media drinking culture”

Media often depicts alcohol as a positive activity and suggests that it is a desirable cultural norm, which may make it difficult for individuals to see otherwise (DeMartino, Rice & Saltz, 2015). In this manner, I argue that while media has the propensity to shape the mind frame of how society really lives and behaves, those recovering from alcoholism must constantly reconcile their own sober realities from those portrayed in media, which present alcohol consumption in a much brighter light.

Participants revealed that when exposed to alcohol messages in the media, those recovering from alcoholism often cope by separating themselves from the culture of drinking that is often portrayed in media. For example, when Lindsey sees an alcohol message in the media, she often views it as, “this magical, wonderful elixir that takes you to the netherlands.” She mentioned that to cope, she has to remind herself that she is powerless over alcohol, and that her life becomes unmanageable when she drinks. As she explained:
Because for me, the fun stuff in the media, or the sexy women that are portrayed in the videos, or the silly girls on Youtube . . . they are free people . . . that’s not true of me. What happens to me is I become homeless, and I sleep with men that I don’t want to sleep with.

Specifically, Lindsey makes her thoughts shift from the visions of escape that alcohol promises to visions of negative outcomes that will result if she indulges. Lindsey described that when she sees alcohol messages in the media, that she copes by trying to view herself differently. She explained that she has to remind herself of the lessons she has learned in AA. She explained:

This might sound kind of silly but I try to imagine that I’m like a horse with blinders on . . . So I just try to remind myself, and this is the first step [in AA], you know, we’re powerless over alcohol and our lives are unmanageable. So when I see those things I have to remember, that drinking does not make me a sexy woman; I become powerless and my life becomes unmanageable.

Phillip imagines the consequences of potential actions he could take as a coping strategy when he is considering taking a drink. He noted:

If I go get one drink, my world is going to be screwed . . . So when those thoughts do come in, that’s immediately what I think of. Well, okay, two things: 1) how did you get here? So I think. I go back to my very first meeting – that hopelessness that I was talking about before…and I know if I drink again, I am going to get that feeling . . . so that deters me [laughs].

Other participants mentioned specific coping mechanisms they use when they feel influenced by alcohol messages in media. For example, Dana described a coping tool that she
learned in one of her treatment programs. She explained that the “half smile” helps her to re-focus on what is most important to her – her daughter. She alluded to this by stating:

[To cope with triggers from alcohol messages in media, I use a] half smile. It’s when you think of someone or something that will always make you smile. When you’re at that particular moment in life where no matter what if you talk about this thing or this person, you are going to smile. So I just use that, and I put my daughter’s picture in my mind, and I think about when she was a baby.

These types of thinking are prime example of approach responses, which have been identified as proactive efforts to address the problem such as seeking out social support or restructuring thoughts about threats (Gifford, Ritsher, McKellar, & Moos, 2006). Restructuring of thoughts is a major component of Alcoholics Anonymous, a formal recovery group that Dana, Lindsey, and Phillip are involved in. Thus, I argue that AA has assisted my participants with developing strategies that allow them to cope with the persuasiveness of alcohol messages in media.

Participants are able to cope by being well aware of how their brain works and how they are impacted by alcohol messages in the media. Lindsey, in particular, feels that she has learned more about the impact of media since she has gotten older. As she reflects:

I think the awareness of [alcohol messages in the media] has changed, but I think the intensity has always been the same. When I was younger, I was dumb, and I wasn’t aware of what – how it affected me and what it could do.

Derek put this very simply, “I look at [alcohol messages in the media] differently because I am more aware of it now.” My participants’ responses differ from the findings of Treise et al. (1994) who concluded that the influence of advertising seemed to diminish with the length of the
individual’s recovery. Instead, my own findings reveal that the length of recovery doesn’t itself necessarily alter the persuasiveness of alcohol messages in media. Rather, those recovering from alcoholism typically cope by becoming more aware of media’s influence and their own vulnerability to it, making them more conscientious of its potential impact on them. In turn, those recovering from alcoholism are more likely to take more proactive measures, such as practicing self-control, to defend themselves from such messages.

**They Rely on Spirituality to Keep Them Clean.**

Spirituality is a major coping mechanism used by those recovering from alcoholism to understand their recovery process and to deal with alcohol messages in the media. Participants mentioned how exposure to alcohol messages in the media allowed them to understand the strength that spirituality has on their recovery process. Lindsey reflected on her experience to vulnerability of media messages:

> So for example, when I relapsed, I was watching MTV and there were people drinking. My boundaries were down, and I was fragile and weak, and I was not in contact with my higher power, so [the relapse] was an easy choice to make.

To provide some context for the reader, Lindsey had previously mentioned that the day she relapsed after watching MTV, she had had an argument with her boyfriend. The context of Lindsey’s situation and her statement regarding her vulnerability to media messages reflect the findings of Field, Munafo, and Franken (2009), who claim that enhanced attention to alcohol cues are primed by stress, cravings for alcohol, and alcohol consumption. As discussed in the literature review, individuals may relapse if they begin to self-pity, or experience negative emotions and want to “numb” the pain as they may have done previously (McKee, 2015).
Lindsey described the importance of spirituality by stating, “... the difference between having a drink and not having a drink are how involved we are with our spiritual life and our higher power.” When later asked about her vulnerability to media messages about alcohol, she responded, “Well, when I’m spiritually fit, it’s not an issue at all.” Lindsey expressed that being spiritually fit means to be connected with a higher power, and aware of one’s place in the world and their effect on others. Her definition is consistent with comments made by other participants in the study.

Derek explained that he usually has daily readings and prays often in order to cope with alcohol messages in media. When asked how she copes with the thoughts she has when she sees alcohol messages in the media, Lydia replied, “[I] call my prayer partner, I get in my scriptures with them — that’s what helps me stay sober. Without that, without them, my sponsor and my prayer, I couldn’t do it. I’m weak. I’m very weak.” Similarly, Phillip described his spirituality and his understanding of his recovery process:

I can see the commercial and I can feel it, but I’m not going to go drink ... The obsession was lifted. I couldn’t lift it. No one could lift it for me. That was something that was done by my higher power; by working the steps.

To cope, Jean described alcohol messages in media as a spiritual battle. She stated:

When I see [alcohol messages] on billboards ... taverns and stuff like that, or over the liquor stores where they say that they have ‘spirits,’ that’s one thing that I recognize – it’s a spiritual battle. And what impacted me in looking at it, is that alcohol is a spirit. They say it on bottles, they say it on billboards, and [the signs] say ‘spirits,’ and when you open up that bottle and consume it, you are indulging in the spirit of alcoholism. And
when I kept looking at it I was like, ‘wow.’ It’s a spiritual battle, not a battle that I can fight in a natural sense. And I knew that I had to ask for my higher power, which is God. I argue that most of my participants’ connection with a higher power as a coping mechanism has largely been part of their involvement with Alcoholics Anonymous, which often provides a spiritual element through which recovering alcoholics can connect to a higher power (Thatcher, 2011; Watts, 2012). As shown from previous comments from my participants, individuals recovering from alcoholism often learn that they cannot recover alone; that they must give control to a higher power who will lead them to recovery.

**They Cope by Avoiding Some Forms of Media Altogether**

Multiple participants indicated that in order to cope with alcohol messages that they see in media, they avoid some forms of media altogether. This was similar to the findings of Treise et al. (1994), who concluded that often, individuals recovering from alcoholism will attempt to avoid advertising or will reinterpret the messaging of the advertisement if they notice that they are being affected by it. Various participants stated that they turned off the TV, or turned the channel if alcohol messages came on. For example, Derek mentioned staying away from certain movies that he knew would have alcohol messages, and Lydia stated that she “doesn’t watch television.” Dana expressed that when she is exposed to alcohol messages in the media, she often copes by trying to “take any action she can” in order to avoid it. She claimed:

If I see [alcohol messages in media] now, I just try to change my focus. Change the channels, change the song, and change the movie, whatever it takes so that I don’t have to think about doing it.
Dana mentioned a time in which she coped with alcohol messages in media by explaining that she had to ask her friend to turn off a documentary because it showed people drinking and using drugs. She remembered:

Like, there was a documentary that um, I was with somebody the other day and they were watching a documentary and I was like, ‘Look, I can’t watch this.’ So they had to turn it. I am not going to sit here and watch somebody get high or get drunk because I can’t do that anymore. Because then it triggers me to want to do it. It brings that temptation to me. Similarly, Lindsey has observed her vulnerability by noting, “[B]eing around alcohol or watching alcohol-based videos are not safe things for me so I try to be aware of that right now.”

Derek and Lydia both mentioned that when they do watch television, they typically only watch shows like the Discovery Channel, the History Channel, or the Weather Channel as a way to cope. These too seem to be avoidance responses to alcohol messages, because both Derek and Lydia are choosing to watch television shows that they feel they can safely watch without being exposed to alcohol messages. In the same manner, both Derek and Lydia also expressed that they like to read instead of watching television.

The coping mechanisms taken by Derek, Lydia, Dana and Lindsey are clear examples of avoidance responses, which were described earlier by Heslin et al., (2013), as happening when people no longer accept the cues or distance themselves from the possibility of being exposed to cues. While these coping actions can assist in helping the individual recovering from alcoholism to maintain their original goal of sobriety, research has shown that avoidance isn’t always the best approach. In fact, previous research has shown that approach responses are more effective than avoidance responses in assisting recovering alcoholics to maintain abstinence from substances (Brennan, Schutte, Moos & Moos, 2011; Schutte, Brennan & Moos, 2009).
They Cope by Reaching Out for Social Support

While avoidance responses are often used by those recovering from alcoholism, approach responses may be used as well. A key approach response includes reaching out to others for social support. Indeed, a number of participants within the study sought fellowship as a coping mechanism after being impacted by alcohol messages in the media. As expressed earlier, Brian described the time that he had been tempted to drink by an alcohol commercial. However, he described how social support helped keep him from succumbing to his temptation:

[A] good friend of mine — he had been in the program about 40 years at that time we talked about it, and he just said . . . “it will hit again,” so I kept doing what I was doing, and it took about a month, and [the craving for alcohol] left.

Lydia mentioned that her sponsor is somebody that she relies on to cope when she feels heavily impacted by alcohol messages in the media. She explained, “First of all, I call my sponsor, which is my alcoholic sponsor. My sponsor has helped me through [times when she felt triggered to drink].”

Dana indicated that she had multiple people on whom she could rely for social support:

I have a phone list of people that I can call in matters like that, you know. Like support. And then go to a meeting, you know. Talk to somebody on the phone, and go to a meeting. And talk about what you were going to do or what you were going through, or the triggers or temptations you were having.

Phillip, after feeling impacted by an alcohol message that he saw on the television, described the coping actions he took afterwards by observing:

And then I went to a meeting and talked about it. And then people were like, “oh yeah, I remember . . .” and then you hear other people’s stories, and then all of a sudden I
became kind of normal. I’m just like him, I’m just like her. And that’s why fellowship is so important, because you can’t do it alone.

Fellowship (especially in AA, in which Brian, Dana, Lydia, and Phillip are involved) is an important component of recovery, and allows those recovering from alcoholism to build a shared sense of community through the telling of narratives (Galanter, 2013; Jodlowski, Sharf, Nguyen, Haidet, & Woodard, 2007). This type of social support allows them to cope with alcohol messages in media, as well as feel connected to one another, while normalizing the feeling of temptation that they experience as an individual recovering from alcoholism.
Chapter Five: Discussion

The purpose of the study was to examine how those recovering from alcoholism make sense of alcohol messages in the media. The following contains a discussion of how the findings are related to each of the research questions.

**RQ1: What perceptions do those recovering from alcoholism have about alcohol messages within the media?**

This research question was addressed in terms of two themes: 1) alcohol messages are ubiquitous; and 2) the media are unethical in their messages about alcohol. Participants had very similar perceptions regarding the pervasiveness of alcohol messages in media. Participants listed commercials and billboards as the most prevalent forms of media showing alcohol messaging. Through the analysis, it seemed as though these alcohol messages were typically not sought out actively by participants, but rather appeared through spontaneous advertising as individuals attempted to watch television, sought out entertainment on their cell phone, or encountered other forms of media. A number of participants made comments indicating that television was a major source of alcohol messaging. This finding is consistent with Treise et al.’s (1994) study, who also found that alcohol advertisements on television were salient for their participants. My participants may have been pre-conditioned to pay more attention to these alcohol messages, particularly because they were abstaining from drinking altogether, which may have caused them to have cravings for alcohol (Field & Eastwood, 2005; Field, Munafo, & Franken, 2009; Field & Powell, 2007).

Participants indicated similar views of unethicality of the media, in two distinct ways: 1) unethical crafting of alcohol messages; and 2) unethical depictions of alcoholism and those recovering from it. Participants perceived that there are often unethical people who work “behind
the scenes” in the alcohol industry, often only working in the industry for the money.

Participants perceived celebrities as being supporters of unethical alcohol advertising, and mentioned that alcohol messaging is typically very calculated in its marketing tactics towards certain populations. Many participants discussed their views on the risqué tactics that alcohol companies use in order to try to “sell” their products, such as showing a man with his shirt off, or the shortness of a woman’s skirt in an alcohol commercial. Participants expressed their perception of the “subconscious” element to alcohol messaging — the implicit messages that psychologists help craft for the alcohol advertising sector of marketing, and the trickery used by alcohol companies. Participants’ perceptions indicated that they were critically aware of the media they consume, which can be explained using uses, gratifications, and dependency theory (Blumler & Katz, 1974).

Participants perceived that media are unethical in their portrayal of alcoholism and those recovering from it. A number of participants perceived the unethicality of messaging that occurs in commercials with medications claiming to “cure” alcoholism, an idea that participants perceived as a lie. Additionally, participants noted that media often do not provide the “full story” of alcoholism and the difficulties involved in recovering from it. Participants had a heightened sense of caution towards alcohol messages, which may be due to the fact that as they are exposed to more and more alcohol messages in the media, their thoughts likely become more negative towards it because the messages about alcohol (most often messages that depict alcohol as a fun activity) are discrepant with their goal of abstaining from it.
RQ2: In what ways, if any, are individuals who are recovering from alcoholism impacted by alcohol messages in the media?

This research question was explored in terms of two themes: 1) media with alcohol messages; and 2) media without alcohol messages. A number of participants stated that when they see alcohol messages, they are reminded of what it was like to drink. Participants recalled “tasting” the drink through the commercial. Participants also recollected specific thoughts that they have had when exposed to media with alcohol messages. A number of participants explained that when they are exposed to alcohol messages in the media, they often think about the reality of their own drinking. Participants are impacted by having to remind themselves that their life becomes unmanageable when they drink, and that their reality is not as glamorous as the depictions shown in media. This proves to be challenging for some participants, as media often depict drinking alcohol as a positive activity that contributes to a happy lifestyle and suggests it as a cultural norm (DeMartino, Rice & Saltz, 2015).

Some forms of media triggered memories of drinking for participants, even if there was no explicit alcohol messaging involved. A number of participants mentioned the memories that certain songs bring to them that remind them of a time when they used to drink. This is supported by the findings of Engels, Slettenhaar, Bogt, and Scholte (2011), who claimed that lyrics played within songs could evoke a state of mind related to previous memories or associations with alcohol. Unintended “liking” of an alcohol advertisement on Facebook concerned one participant, particularly the impact that the advertisement might have had on his “recovering friends” who are connected with him through the social media site. As stated in the literature review, companies are now using Facebook to advertise their brands, which gain value from interaction with Facebook users (via “likes,” “comments,” “shares,” etc.) (Carah,
Brodmerkel, & Hernandez, 2014). In this instance, the advertisement wasn’t directly shown, but impacted that participant in his concern for its effect on others.

Three participants who were interviewed for the study stated that they have not been impacted in any way by alcohol messages in the media. However, it is important to note that none of those participants were part of a formal recovery program. Specifically, one participant considered herself an individual recovering from alcoholism, but has chosen to slow down on her drinking instead of abstaining from it altogether. I argue that the reason she was not impacted by alcohol messages in the media was because it did not elicit a triggering response from her because she was not completely abstaining from it. Secondly, another participant considered herself an individual recovering from alcoholism, but has also not undergone any formal recovery program. At the time of the interview, she stated that she quit drinking due to recently finding out that she was pregnant. A potential reason for her not being impacted by alcohol messages in the media could be that although she decided to quit drinking, not enough time may have passed for her to start developing withdrawal symptoms. Lastly, a participant stated that she locked herself in her apartment for seven days, and on the seventh day, God cured her of her alcoholism. Because she feels that she has been “cured” from alcoholism, it would make sense, then, that alcohol messages in the media do not impact her because she no longer craves alcohol, and is thus impervious to the media’s persuasive attempts to get her to drink.

RQ3: How do those recovering from alcoholism cope with the presence of alcohol messages in media?

There were four main subthemes that were found regarding to how participants cope with the presence of alcohol messages in media: 1) separating “self” from the “media drinking culture”; 2) they rely on spirituality to keep them clean; 3) they avoid some forms of media
altogether; and 4) they reach out for social support. Participants mentioned that media often glamorizes drinking, and that they have to stay vigilant in recognizing the difference between the drinking shown in media and their own drinking reality. Participants cope by viewing themselves differently and thinking back to the negative experiences that they had when they drank, or thinking about people who “ground” them. These coping tactics are approach responses, which have been identified as proactive efforts to address the problem such as seeking out social support or restructuring thoughts about threats (Gifford, Ritsher, McKellar, & Moos, 2006). A number of participants mentioned a coping strategy of being aware of their own thoughts when they are exposed to alcohol messages. It seemed as though participants were able to better resist the desire to drink when they recognized and acknowledged the vulnerability that they had towards alcohol messages.

Spirituality was a major coping mechanism that my participants used to “protect” themselves from the harm of alcohol messages in the media. Several participants offered that they are reliant upon a higher power, and that when they are “spiritually fit” they are not impacted by alcohol messages in the media. This makes sense, given that many of my participants are active members of AA, which often provides a spiritual element through which those recovering from alcoholism can connect to a higher power (Thatcher, 2011). Participants coped by actively engaging in spiritual activities in order to stay “spiritually fit.” These activities included praying, reading the Bible or calling up a prayer partner. I argue that most of my participants’ connection with a higher power as a coping mechanism has largely been part of their involvement with Alcoholics Anonymous.

Avoidance responses, as discussed earlier, are no longer accepting cues, distancing oneself from the possibility of being exposed to threats from cues, or staying away from any
location that could lead the individual to encounter cues (Heslin et al., 2013). Participants listed several avoidance responses that they take in order to cope with the presence of alcohol messages in media. Specifically, participants listed the following ways of coping: changing their focus, asking a friend to turn off any media that showed alcohol messages, watching “safe” forms of media that were not likely to show alcohol messages (e.g., the Weather Channel; the Discovery Channel), and reading. Although previous research has indicated that approach responses are more effective than avoidance responses (Brennan, Schutte, Moos & Moos, 2011; Schutte, Brennan & Moos, 2009), it seems as though avoidance responses do play an important part in the recovery process and in helping guide individuals to abstain from drinking. Each person’s recovery process is different, but the length of recovery may also impact use of avoidance responses. Specifically, three out of four participants that indicated using avoidance responses were in recovery for two years or less. Only one “avoiding” participant had been in recovery for over ten year.

Although my study showed that participants used both approach and avoidance responses regarding alcohol messages in the media, I argue that they likely use similar coping tactics in response to any type of trigger that they experience, even if it’s not media-based. This is reflected in the findings of Heslin et al. (2013), who explored the approach and avoidance responses used by those recovering from alcoholism in regards to various environmental cues (e.g., being around those who are using substances).

Lastly, several participants mentioned social support as a major component of coping. Participants reached out to those in their recovery program for guidance on “what to do” in certain situations (particularly when they felt triggered to drink), and were reassured by their recovery support network when they experienced certain triggering thoughts or feelings.
Participants also mentioned calling their alcohol sponsor as a form of “grounding” when they needed someone to talk to. A number of participants described storytelling as an important form of social support to cope with alcohol messaging. This is consistent with Galanter (2013) and Jodlowski, Sharf, Nguyen, Haidet, and Woodard (2007), who claimed that storytelling allows those recovering from alcoholism to build a shared sense of community through the telling of narratives. Participants were able to find common ground with those in their recovery program, providing them with a feeling that they were not alone in the experiences they had as an individual recovering from alcoholism.

Contributions

This study makes four theoretical contributions to scholarly inquiry on alcohol and the media. First, Treise et al. (1994) found that those recovering from alcoholism can be triggered by advertising, but they did not explore the perceptions that those recovering from alcoholism have about alcohol messages that they see in the media. My study extends Treise et al.’s (1994) research by allowing participants to explain their perceptions of the media, alcohol messages, and the alcohol companies behind the messaging.

Second, I argue that Treise et al. (1994) did not explore the extent to which those recovering from alcoholism are impacted and how these people make sense of alcohol messages in the media. Rather, they simply provided instances in which participants were affected by them. In my study, I provide an in-depth exploration of how those recovering from alcoholism are impacted by those messages, and how those messages make them think about themselves and their recovery process.

Third, while Treise et al. (1994) did note specific avoidance responses that those recovering from alcoholism may engage in when they see alcohol advertisements, they did not
explore other ways in which those recovering from alcoholism cope with alcohol messages. My study provides more in-depth analysis by exploring both approach and avoidance responses, and identifies coping mechanisms that were not discussed in Treise et al.’s study, such as spirituality and reaching out for social support.

Lastly, Treise et al. found in their study that the influence of advertising seems to diminish with the length of time in recovery. However, my findings indicate that influence doesn’t necessarily diminish with length of time in recovery. Rather, awareness of vulnerability to alcohol messages in media seems to increase. As my participants stated in their interviews, the coping mechanisms taken when exposed to alcohol messages in the media seem to be what shields them from the harmful triggering effects that these messages can have on them. Participants seem to become more aware of their vulnerability to these messages and seem to cope in different ways in order to build stronger defense mechanisms towards triggers from alcohol messages in the media. This finding could differ from Treise et al.’s (1994) study because there has been an increase in the media platforms supporting alcohol messages, as well as consumers’ use of such platforms. For example, there has been a 257% increase of internet users between 2000 and 2012 (Li, O’Brien, Snyder, & Howard, 2015). As more individuals are using social media platforms and as alcohol messaging is branching out even further into these platforms, these messages become more accessible than ever before. Thus, this study extends Treise et al.’s research by taking into account 21st century media and alcohol messaging.

Limitations

As with all studies, this one has limitations. First, there were only a certain number of participants who were interested in being interviewed for the study. Of the available population, I found only nine participants who were willing to participate in the study. This could be due to
the fact that those recovering from alcoholism could be considered a hidden population, or a “hard-to-reach population,” as noted earlier by Sydor (2013, p.35). Additionally, a number of interested individuals declined to participate because of the sensitivity around the discussion of alcohol messages in the media and its impact on their recovery.

Second, interpretations of data could be impacted because I was the only person to code and analyze the data I collected from my interviews. Having additional researchers to independently code the interviews in addition to my coding could have generated different interpretations of the data. I did take precautions to this by reviewing transcriptions multiple times and by seeking some assistance in coding from my advisor. However, my personal thoughts, experiences, and research could have impacted the findings of my study.

Lastly, a number of individuals who participated in the study claimed that they had not been impacted by alcohol messages in the media. After further thought, it seems that these individuals may not be impacted by alcohol messages in the media for a number of reasons. First, they didn’t fully abstain from drinking. Therefore, alcohol messages may not have had a significant impact on them. Just as an individual who is slowing down on eating desserts may not feel as impacted by seeing an advertisement with a dessert, some of my participants didn’t feel heavily impacted by alcohol messages in media. Another reason that some participants may not have felt much impact from media messages might be that they felt completely healed from their addiction, and thus felt no vulnerability to alcohol messages. Lastly, participants may not feel impacted by alcohol messages in the media because not enough time has passed for that individual to feel the effects of alcohol withdrawal.
Future Directions

The limitations of this study have indicated a number of directions for future scholarship. First, in terms of sample, future scholars should attempt to recruit more participants in order to provide even more in-depth research. While this study utilized reverse-snowball sampling, future researchers could explore other modes of recruitment such as obtaining approval to contact a formal recovery program or even broadening the study to addiction in general, instead of specifically those recovering from alcoholism.

Second, future communication scholars should work to expand the discussion of addiction and media messages by focusing on a specific communication theory or construct for application to their analysis. Due to the fact that I had only nine participants, I did not find enough consistency among the data that spoke to one specific communication theory. Limited research has been conducted in the communication field on the topic of media alcohol messaging and those recovering from alcoholism, which means that there is a wide-range of communication theories that could be used for future research in this area. This should be particularly helpful for scholars who are interested in addiction or media studies but would like to hone-in on a specific communication construct. For example, future researchers could explore more specifically social support that individuals who are recovering from alcoholism use when he or she feels impacted by alcohol messages in media (Thatcher, 2011).

Lastly, interviewing individuals who are in formal recovery programs and are trying to abstain from drinking altogether will likely provide a more broad range of responses in terms of how individuals make sense of alcohol messages that they see in media. Future research may seek to explore the impact that different types of formal recovery programs have on an individual’s recovery process and way of thinking in terms of alcohol messages in the media, or
could explore, in more depth, strategies that those programs provide participants to cope and understand alcohol messages in the media. It would be wise for future researchers to only recruit individuals who are completely abstaining from alcohol.

I haven’t been in contact with Theresa for a long while. My partner informs me that Theresa just received recognition for nine months of sobriety. I often reflect on the scenario that prompted this study. After listening to the experiences of my participants, I feel strongly that Theresa probably still struggles with media triggers, like those expressed herein. I wish her well.
References


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Appendix A: Recruitment Script

Hello ____________,

My name is Seth Johnson and I am currently a graduate student at Ball State University. I have received your email, and would like to give you some more information about my thesis and discuss your possible participation in my thesis study titled, "How Those Recovering from Alcoholism Make Sense of Alcohol Messages That They See in Media.” This past year, someone who was recovering from alcoholism stayed with me for about six months, and it really opened my eyes to the various challenges that those who are recovering from alcoholism go through. This is what has led me to explore how those recovering from alcoholism make sense of alcohol messages that they see in media.

To participate in the study, you must:

- Be 21 years of age or older
- Identify as someone who is recovering from alcoholism

I was wondering if you would be interested in participating in an interview with me to discuss your experiences with alcohol depictions in the media and how those experiences have impacted you as a person recovering from alcoholism. I would be more than happy to send you the Consent Form and Interview Questions so that you can get a better idea of what topics and questions I have included as a part of my interview set.

All identifying information will be kept confidential, and no information shared will be on any of my final thesis documents. You are more than welcome to skip any questions that make you feel uncomfortable, and may exit the study at any time.

I appreciate your interest in participating in my study, and look forward to further communication with you!

Respectfully,

Seth Johnson
765.228.8157
Graduate Student
Ball State University
Communication Studies

Project Title: [842203-1] Alcohol Depictions in the Media and Their Impact on Those Recovering from Alcoholism
Principal Investigator: Seth Johnson
Appendix B: Informed Consent Form

Study Title

Alcohol Depictions in the Media and Their Impact on Those Recovering from Alcoholism

Primary Investigator: Seth Johnson

Study Purpose and Rationale

The purpose of this study is to explore how alcohol depictions in the media affect those recovering from alcoholism and how they make sense of those depictions.

Inclusion/Exclusion Criteria

- You are being asked to participate because you are a person who is recovering from alcoholism.
- You must be at least 21 years of age.

Participation Procedures and Duration

- For this project, you will be asked to participate in an individual interview.
- The interview is to ask about your experiences as a recovering alcoholic and how alcohol depictions in the media have impacted you throughout your recovery, as well as how you have made sense of those depictions.
- With your permission, I will audio-record the interview. This will ensure complete accuracy of the interview.
- All transcripts and recordings of the interview will be only available to myself and my advisor. I will not share any information that you provide.
- The interview should be about 45-60 minutes long.

Data Confidentiality

The data in this study will be maintained as confidential. Paper data will be stored in a locked filing cabinet in the researcher’s office for two years and will then be shredded. The data will also be stored on the researcher’s password-protected computer for two years and then deleted. Only the researcher and the advisor will have access to the data. No identifying information such as names will appear in any publication or presentation of the data.

Storage of Data

Audio recordings and transcriptions will be saved on a flash drive, which will be locked in a filing cabinet only accessed by myself and my advisor, Dr. Laura O’Hara. Paper data will be stored in a locked filing cabinet in the researcher’s office for two years and will then be
shredded. The data will also be stored on the researcher’s password-protected computer for two years and then deleted. Only the researcher and the advisor will have access to the data.

**Risks or Discomforts**

The only anticipated risk from participating in this study is that you may feel uncomfortable answering some of the questions. You may choose not to answer questions, and you may quit participating in this study any time.

**Who to Contact If You Experience Any Negative Effects from Participating in this Study**

If you experience any anxiety or discomfort, you may contact either of the following professional counseling services.

- **Still Waters Professional Counseling**
  - 1904 W. Royale Drive
  - Muncie, IN 47304
  - (765) 284-0043

- **Meridian Health Services**
  - 325 South Bittersweet Lane
  - Muncie, IN 47302
  - 765-254-3608

**Benefits**

This study presents a good opportunity for you to reflect on your experiences as a recovering alcoholic and if alcohol depictions in the media have affected you in any way.

**Voluntary Participation**

Your participation in this study is completely voluntary and you may choose to withdraw your permission at anytime for any reason without penalty or prejudice from the investigator. Please feel free to ask any questions to the investigator before signing this form and at any time during the study.

**IRB Contact Information**

For one’s rights as a research subject, please contact Director, Office of Research Integrity, Ball State University, Muncie, IN 47306, (765) 285-5070, irb@bsu.edu.
Study Title
Alcohol Depictions in the Media and Their Impact on Those Recovering from Alcoholism

Primary Investigator: Seth Johnson

************

Consent

I, ____________________, agree to participate in this research project entitled, “Alcohol Depictions in the Media and Their Impact on Those Recovering from Alcoholism”. I have had the study explained to me and my questions have been answered to my satisfaction. I am aware that my interview will be audio-recorded to ensure accuracy of my comments. However, my responses will remain confidential. I have read the description of this project and give my consent to participate. I understand that I will receive a copy of this informed consent form to keep for future reference.

To the best of my knowledge, I meet the inclusion/exclusion criteria for participation (described on the previous page) in this study.

___________________________  ____________________
Participant’s Signature    Date

Researcher Contact Information

Principal Investigator: Faculty Supervisor:
Seth Johnson            Dr. Laura O’Hara, Associate Professor
Department of Communication Studies Department of Communication Studies
Ball State University Ball State University
Muncie, IN 47306       Muncie, IN 47306
Telephone: (765) 228-8157 Telephone: (765) 285-1998
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Appendix C: Interview Script

This is a list of potential questions, followed by related probes, which may be posed within interviews. The interview is semi-structured, and allows respondents to lead the conversation. Therefore, some questions may be re-phrased in order to fit the flow of the interview.

Hello, my name is Seth Johnson and I am a graduate student at Ball State University. For my thesis, I am interested in exploring how those recovering from alcoholism make sense of the messages they receive from the media as it pertains to alcohol. As I mentioned a few moments ago, I was very interested in talking with you because you are in the process of recovery. I have some basic questions to begin, and as we move forward, some of the questions will get a little more specific. You are free to skip any questions that make you feel uncomfortable, and may stop the interview at any time. Do you have any questions for me before we begin?

1. Tell me about your experience with alcoholism.
   Probe: How long did you drink?

2. How did you know drinking was a problem for you?
   Probe: Was there a turning point that made you decide to quit drinking?

3. When you realized you had a problem with alcohol, what did you do?

4. Have you sought out or engaged in any type of formal recovery program to recover from alcoholism?
   Probing: Treatment programs, Alcoholics Anonymous, online support groups, etc.?
   Probing: If so, how long have you been attending that program?
   Probing: Could you describe the basic program there?
   Probing: What was it like for you to be there?
   Probing: What was positive about the experience? Negative?

5. How long have you been in recovery?

6. What have been your biggest sources of support during your recovery process?

7. What have been your biggest challenges so far during the recovery process?

Messages about alcohol surround us every day in our culture. I’m really interested in hearing how you react to the messages about alcohol.

10. In what ways has your recovery process been influenced by media messages about alcohol? (e.g., TV, radio, billboards, computer games, etc.)
   Probing: Can you give me a story? A time? A “for instance?”
Probing: If not, why do you think this is? Also, if not, was there ever a time in which it did influence you?

11. Where do you typically see media messages about alcohol? (e.g., TV, radio, billboards, etc.).

12. What particular types of media messages seem to affect you more strongly than others do? (ex., commercials at the Super Bowl, certain songs, etc.)

   Probing: What about them affects you? (When it’s delivered, where it’s delivered)

   Probing: How does it affect you? (Physiological reactions? Palms sweating, headaches, shaking, etc.? Emotional reactions?)

13. Does the situation or environment you’re in ever influence the persuasiveness of a media message? (Example: Such as when I hear a persuasive message about a new dessert offered somewhere when I’m at home by myself versus when I’m spending time with friends at a restaurant).

14. Can you tell me a time of when a message about alcohol affected you in a significant way?

   Probing: How did it make you feel?

   Probing: What thought process did you go through?

   Probing: Can you think of specific thoughts that you had right when you saw or heard the media message? Did that thought change over time? Why do think this is?

15. What actions did you take?

16. Have you been exposed to that type of media message since then? If so, how do you cope with these feelings and thoughts that you experience?

17. Have your views and attitudes towards alcohol depictions in the media changed or stayed the same since you began your recovery process?

   Probing: Why do you think this is?

18. What plan or action seems to work for you in terms of staying true to your goal of recovery when you see or hear media messages about alcohol?

19. Thinking back to social support and recovering from alcoholism, do you recall any time when you witnessed a friend (who is a recovering alcoholic) or had a friend (who is a recovering alcoholic) tell you they were influenced by media messages about alcohol?

   Probing: What happened?

   Probing: What actions did they end up taking?

20. How do you think that experience influenced you or impacted your views on alcohol messages?

   Probing: How did it make you feel?
Okay, great thank you so much. Before we conclude with this interview, is there any other information that you feel would be important for me to know in regards to your recovery process? Great. The last question that I have for you is:

Thank you so much for participating in the study. If you know of anyone else who may be interested in participating, please feel free to share my contact information with them. I appreciate you taking the time out of your busy schedule and for considering other people who might benefit the study.

If you have any further questions, feel free to email or call me.

Thanks again.