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Young men's ambivalence toward alcohol

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Young men's ambivalence toward alcohol

There is widespread concern about the health and social consequences of excessive alcohol consumption among young men. Interventions to reduce alcohol-related harm will be affected by ambivalence toward alcohol, because ambivalent attitudes are worse predictors of behaviour than are homogeneous attitudes. It is therefore important to identify any aspects of alcohol consumption about which young men are not ambivalent. In this study, in-depth interviews were conducted with a socioeconomically diverse sample of 31 men aged 18-21 living in London. Ambivalence toward alcohol was widespread. None of the drinkers who were interviewed had uncomplicated positive evaluations of drinking: all mentioned compelling reasons not to drink. Most motives for drinking were also identified as reasons for not drinking if consumption became excessive. However, three motives for not drinking were not also motives for drinking: violence, alcoholism, and cost. These findings should be considered during the design of interventions to reduce the health and social consequences of excessive alcohol consumption among young men.

Young men's ambivalence toward alcohol

In Britain, concern about the health and social consequences of excessive alcohol consumption among young men (PMSU, 2004; Rehm, Room & Edwards, 2001) has been heightened by legislation allowing the sale of alcohol around the clock. Like their counterparts in other Western nations, British young men are more likely than other people to binge drink (Department of Health, 2003; de Visser, Rissel, Smith & Richters, 2006; Kuntsche, Rehm & Gmel, 2004). Excessive alcohol consumption among young men is a concern because younger drinkers are more vulnerable to negative outcomes from alcohol (Midanik, Tam, Greenfield & Caetano, 1996), and because binge drinking during youth predicts adult binge drinking (Merline, O'Malley, Schulenberg, Bachman & Johnston, 2004). Greater understanding of young men's motives for and against drinking may facilitate the development of interventions to reduce the health and social costs of binge drinking.

Expectancies and motives

Expectancies are perceptions of likely outcomes from drinking, attitudes are a product of expectancies and evaluations of these outcomes, and motives reflect a desire to act on attitudes and expectancies in order to achieve or avoid particular outcomes. To illustrate this distinction, an expectancy might be: "Alcohol enhances sociability", the accompanying attitude might be: "Alcohol is good because it makes people more sociable", whereas the motive might be: "I will drink to be more sociable". As predicted by theories of health behaviour (e.g. Fishbein & Ajzen, 1972; Edwards, 1954), outcome expectancies and motives are important correlates of drinking behaviour. Outcome expectancies (see Table 1) distinguish between drinkers and abstainers (Leigh & Stacy, 2004), and are significantly related to drinkers' patterns of alcohol consumption (Bot, Engels & Knibbe, 2005; Dijkstra, Sweeney & Gebhardt, 2001; Farber, Khavari & Douglass, 1980; Hittner, 1997; Lee, Greely & Oei, 1999; Leigh & Stacy, 2004; Migneault, Pallonen & Velicer, 1997; Oei & Morawska, 2004; Stritzke & Butt, 2001; Williams & Clark, 1998).

Table 1

Expectancies and motives share common variance: motives may mediate the link between expectancies and behaviour (Abbey, Smith & Scott, 1993; Read, Wood, Kahler, Maddock & Palfai, 2003; Williams & Clark, 1998). Like expectancies, motives predict alcohol use (Abbey et al., 1993; Cooper, 1994; Maggs & Schulenberg, 1998). For example, the motive “to get drunk” predicts binge drinking during early adulthood, regardless of alcohol consumption at age 18 (Schulenberg, Wadsworth, O’Malley, Bachman & Johnston, 1996).

Rather than simply having favourable or unfavourable expectancies and motives, most people are ambivalent about alcohol (Cameron, Stritzke & Durkin, 2003; Conner & Sparks, 2002; Graham, 2003; Leigh, 1989). Ambivalence is not surprising given the paradoxical effects of alcohol, which may produce positive or negative outcomes at different stages of a single drinking episode. This produces a “drinker’s dilemma” (Edwards et al., 1994): although drinkers know that alcohol can have both positive and negative consequences, it is difficult for them to predict whether, and at what point, their drinking will lead to net positive or negative outcomes. Thus, outcomes may not be consistent with motives. For example, someone who drinks to be less inhibited but drinks too much may become antisocial, because they are less concerned about the effects of their behaviour. More information is needed about the links between these different consequences and their associated beliefs:

“[Research] into the ‘yin and yang’ of drinking consequences would help to improve our understanding of social drinking, drinking problems, and the process of addiction.” (Graham, 2003, p.1023).

Ambivalence has implications for interventions aimed at changing behaviour via changes in attitudes or motives. Ambivalent attitudes are worse predictors of behaviour than are homogeneous attitudes (Armitage, 2003; Conner, Povey, Sparks, James & Shepherd, 2003), and ambivalence is a key feature of young people’s beliefs about alcohol (Migneault et al., 1997; Sher, Wood, Wood & Raskin, 1996).

Although ambivalence toward alcohol is acknowledged as important, the methods used in many studies do not allow the expression of ambivalence (Graham, 2003). Qualitative methods are well-suited to examining ambivalence. They allow people to express in their own words their thoughts and feelings about alcohol. The qualitative analytic approach used in this study allowed an examination of young men's ambivalence toward alcohol.

Methods

Stratified purposeful sampling (Patton, 2002) produced a sample of 18-21 year old men diverse in socioeconomic status (SES) and ethnicity. Higher SES men were recruited via notices at two universities in central London. Lower SES men were recruited in areas of inner London characterised by high levels of disadvantage and substantial non-white populations (Greater London Authority, 2002) via advertisements in employment centres and a local newspaper. Written consent was obtained before all interviews. Semi-structured in-depth interviews were conducted with 17 students and 14 un(der)employed men, 15 of whom were white, 8 black, and 8 Asian. Respondents were not recruited for a study of drinking, but a study of social lives and health. Thus, there is no reason to assume that they had particular orientations toward alcohol. Topics covered in the interviews included: drinking, drug use, sport, sex, and the relationship between health-related behaviour and masculinity. Interviews were conducted by the first author, a white man in his early 30s in a private space on a university campus. The style of interviewing was personal and phenomenological (Smith, 1996). The interviewer explained that he was interested in the experience of the participant and that there were no right or wrong answers. Great care was taken to establish an empathic relationship so that the participants would feel comfortable describing his behaviour. The interviewer listened closely to the participant and probed appropriately and sensitively. In this way the interviews were attuned to the experiential worlds of the participants. It is acknowledged that interview dynamics and participant expectations can affect the research process. In this particular case, the participants may have perceived the interviewer, as an

older adult, not to condone excessive alcohol consumption. Every effort was made to adopt a non-judgemental stance and to gain the trust of the young men in order to alleviate this possibility. The interview began with a general discussion of young men's social lives before the issue of drinking was raised. We concede that it is never possible to overcome interview effects entirely and do not consider we have a direct access to a private truth for the participants. Rather, the interactions reflect a dynamic interplay of public and private responses. However, we do believe these nuanced accounts speak, ultimately, to positions which the young men own experientially and cognitively. By presenting extensive extracts from the participants' accounts, the reader is able to interrogate the claims we make.

Verbatim transcripts of interviews were analysed via interpretative phenomenological analysis (IPA: Smith, 1996), an approach concerned with examining the subjective meanings people ascribe to experiences. Transcripts were coded and analysed on a case-by-case basis. They were read repeatedly to identify emergent themes, and then to analyse the emergent themes and categorise them into superordinate themes. Comparisons were then made between transcripts to identify recurrent themes that reflect shared and divergent understandings and experiences of drinking. Analysis explored individual men's expression of various alcohol-related expectancies and motives and the links between these beliefs and drinking behaviour. The interviewer's questions and comments are indicated by italic typeface.

Results

There was substantial overlap between motives for and against drinking (Table 2). For example, while many drinkers noted that drinking is part of their identity and a way of displaying masculinity, others (including some drinkers) resisted the association of drinking with masculinity (de Visser & Smith, in press). In many cases, motives for drinking became reasons for not drinking as the volume consumed increased. For example, positively-evaluated confidence accompanying mild intoxication could easily become negatively-evaluated arrogance following excessive consumption. Drinkers and non-drinkers gave the

same range of motives for not drinking. This implies that drinkers and non-drinkers alike have plenty of motives for not drinking, but the addition of more (or more convincing) motives for drinking determines drinking behaviour.

Table 2

The remainder of the analysis focuses on how ambivalence toward alcohol is experienced. Non-drinkers were less likely than drinkers to be ambivalent about alcohol. Black and Asian men were less likely than white men to drink (see Best, Rawaf, Rowley, Floyd, Manning & Strang, 2001) so they feature less prominently in the following sections.

Balancing motives for and against drinking

Many men expressed ambivalence toward alcohol and continued to drink despite many bad experiences. For example, Daniel identified strong reasons for not drinking, but perceived a net positive motive for drinking:

Well we would probably sort it out about a week, two weeks in hand, and go ... like, we would find out a club that, like, everyone talks about, go in there, get slaughtered, and then try to make your way home. Like, I've ended up in so many different girls' beds. Like, I wake up in the morning, roll over, and I see this, like, ugly fucking dog looking at me. [laughs] I just, like, shit myself, get dressed, and run home again.

Yeah.

You never know where you're gonna end up. That's what I like about it .

Daniel, 18, white, unemployed

Daniel said that getting drunk (“slaughtered”) and picking up women are two major goals when drinking, and that not knowing where he might end up after drinking excessively is a motive for drinking. However, it is clear that he does not like the fact that he often ends up in the wrong bed. For Daniel, the risk of sometimes ending up in the wrong bed is a small price to pay for possibly ending up in the right bed.

Ambivalence was evident when men were asked about motives for drinking: many men spontaneously mentioned negative aspects of drinking. For example, when Daniel was asked

directly to indicate his motives for drinking, he gave some positive motives, but also identified many motives for not drinking:

What do you think are the good things about drinking?

Ah ... you just ... When you're drinking, yeah, once you get drunk you don't know what you're going to do next. It's just, like, you go free. You don't - you don't feel locked down to nothing. So you can do what you want really. But there's loads of downsides.

Yeah.

Like, you spend all your money. You wake up in the morning with a hangover ... with no money. There's loads of downsides. There's more downsides than ups ... So, when you think of it, why do people drink? [laughs] It just seems stupid.

Do you ever think about that?

No. That's the first time I've thought of it. [laughs] I might have to give it up now! [laughs]

Daniel, 18, white, unemployed

Spontaneous description of downsides to drinking was characteristics of men's ambivalence toward alcohol, but this ambivalence was not something they thought about consciously. In contrast to models of health behaviour (e.g. Ajzen & Madden, 1986; Rosenstock, 1974) there was little evidence that most men's decisions to drink or not are based on a deliberate weighing up of benefits and disadvantages. Indeed, the interview appeared to be the first time that Daniel had systematically balanced motives for and against drinking. When he did so, he concluded that the only rational decision would be not to drink - a decision clearly at odds with his behaviour. Similarly, Tim continued to drink despite frequently experiencing the downsides of drinking:

What for you are the good things about drinking? What are the benefits you get out of it?

Well, um, I think ... Yeah, that's a, that's a question my mum keeps asking me. [laughs] And ah ... I'd say ... you can't really describe it, because there's so many negative effects. And the amount of times you've woken up having to face various consequences for your actions, and, ah, more often than not those big nights out lead to more harm than good. But I think ... I think it's escapism, to be honest.

Right.

Like ... um ... I don't know, although you become more dysfunctional and less with it, for some reason that world seems a happier place, because you forget about all your ... all your troubles. Unless of course you go over the other end of the scale and it amplifies them 10 times.

Tim, 20, white, student

Tim's last utterance highlights another aspect of men's ambivalence toward alcohol and the yin and yang of drinking: moderate alcohol consumption is

generally beneficial, but excessive consumption is undeniably bad. He indicated that whereas the negative aspects of excessive drinking are easy to see and understand, it is more difficult to describe the positive aspects of drinking. Tim's reference to his mother's question suggests that perhaps deliberate weighing up of the pros and cons of drinking is more characteristic of older adults than younger adults.

Most men took the health and social consequences of drinking in their stride. For example, Lester described hangovers and vomiting (from alcohol poisoning) as not "very nice", but these occasional negative outcomes were not convincing motives not to drink or drink excessively:

Can you think of the negative consequences of drinking?

Yeah, there are negative consequences of drinking I suppose. Um, throwing up at the end of an evening really is never a very nice thing to do. Waking up with a terrible hangover isn't either. Um ... not remembering parts of the evening because you've drunk too much, or doing stupid stuff which you then regret the next morning.

How much, how much do you think that those things are in people's minds at the time that they're drinking?

Not at all. No, I don't think so.

So what is, what is kind of in your mind when you're out drinking?

To have a good time. To pull. Ah ... dunno. Yeah, to get drunk, to spend time with your mates. I'm not sure.

Lester, 18, black, unemployed

Like Tim, Lester found it hard to describe his motives for drinking. He emphasised that drinking is a social activity and that his aim when drinking is to have a good time. He also indicated that the good time allowed by alcohol does come at a cost (hangovers, vomiting, regretful behaviour) but that this is a cost people must be prepared to pay if they want to have a good time. Such responses were common and show that men who drink despite acknowledging the negative consequences of alcohol consumption must be ambivalent about alcohol.

Reducing consumption after reflecting on alcohol's effects

Unlike Tim, Daniel, and most other drinkers, Neil had consciously evaluated motives for and against drinking. This yielded a net negative perception of excessive alcohol consumption which had prompted him to dramatically reduce his alcohol intake:

Over the last maybe two months I suddenly remembered it was shit again, basically. Yeah, and so right now I'm on about two pints a week.

When you said you realised it was shit again, I mean, what do you think are the negative sides of drinking?

Well, I think it's the only drug that I've ever experienced which, ah ... it really, really lets you know that it's bad for you, that it's toxic. [...] If you, if you kind of looked at it logically, there shouldn't be a reason why it makes you have a good time, because it's a depressant, and it ... impairs your ability to do stuff, you know. But for some reason that's fun.

Neil, 19, white, student

Neil described his experiences of using various recreational drugs and said that coming down after using alcohol was worse than coming down after using other drugs. Tellingly, Neil (like Tim) suggested that the paradoxical effects of alcohol such as impairment of normal functioning are why getting drunk is fun. Logical consideration of alcohol's negative effects and drunkenness/disinhibition appear to be incompatible. Although Neil had cut his alcohol consumption, he had not completely given up drinking. His net evaluation was negative, but he was ambivalent because there were some benefits of drinking that he wanted to enjoy. This was clear when he was asked directly about motives for drinking:

What do you see as, if any, the positive aspects or benefits of drinking?

Um ... Hm ... Hm ...

Or aren't there any?

Well, no, I mean, obviously it's good for, I mean ... like, it sounds a bit shallow, but, um ... at house parties, um, if you're drunk and other girls are drunk, it's good for picking up girls. But ... not even, like, in a kind of deliberate sense, but it's just much easier to talk to girls that you don't know when you're drunk, because you don't care.

Neil, 19, white, student

Although Neil initially found it difficult to identify motives for drinking, he gave several reasons to counter his strong beliefs about the negative effects of drinking. His hesitation may have been genuine, or it may have been an attempt to cover his eagerness to say that alcohol made it easier for him to pick up women (whose inhibitions may have been lowered by alcohol). Although he said that drinking is "shit" and "toxic", he did not want to stop drinking, because doing so would impair his social life.

Managing positive and negative effects of alcohol

Arjuna also explained that alcohol helped him to feel more socially confident. However, like other men, he noted that it was important to find a level of consumption that balanced alcohol's yin and yang to provide maximal benefits with minimal downsides. Arjuna made an important distinction between the benefits of moderate drinking (feeling "tipsy") and the downsides of excessive drinking (being "paralytic", or "puking"):

When I say drunk, I don't mean paralytic, I really mean tipsy, and just so that you're enjoying yourself.

Yep

Because, um, I just don't see the point in getting really wrecked anymore. And I'd say that after my first year of uni, I've become pretty much I know my limits when it comes to drink now, which is important for me, because I don't want to be puking up my guts.

Arjuna, 19, Asian, student

However, managing the yin and yang of alcohol's effects requires conscious attention, and such conscientious monitoring may not be compatible with having a good time:

I don't like to get, ah, too out of control. And I can, I know I can handle myself. And I know that, um, where my kind of limits are. I'm not too, ah ... inclined to be passing out on kerbs and things like that. But um, yeah, yeah, a fair amount. But I, I know I can, I know I can, I can handle it if I've had something to eat before, it's fine.

So do you keep an eye out, or, you know, keep in the back of your mind what kind of state you're in?

I suppose to a certain extent. I mean, if you're, if you're, if you're in the swing of things and you're in the mood you may go little bit further and you're not, you don't want to, you know, consciously keep that level of control with you all the time, because it kind of spoils the fun sometimes.

Scott, 20, white, unemployed

Scott explained a drinker's dilemma (Edwards et al., 1994): to maximise alcohol's positive effects and minimise the negative effects, one must know one's limits and closely monitor consumption, but counting drinks is incompatible with the fun of altered consciousness, disinhibition, and distraction from responsibilities. This situation reflects the earlier suggestion that alcohol-induce disinhibition may incompatible with logical consideration of motives for not drinking.

Difficulty balancing positive and negative effects

Most drinkers were confident that they could manage the yin and yang of alcohol: although they were ambivalent, their net orientation toward drinking was positive. In contrast, some men had very difficult relationships with alcohol. Sean's drinking was linked to a lot of his problems (e.g. fighting, arrest after crashing into a police car while drink driving). Although he was concerned about his alcohol consumption and was trying to control his drinking, his account of his motives for drinking was full of contradiction:

The good things? Well, ah you, you just relax. You have a drink, relax, ah ... take your mind off things - although they're still there after the drink is gone. [laughs] You never get rid of your problems, but you can, you can soak them for a while, if you know what I mean. You just sit down, have a laugh, um ... But for me it's ... my ... my own space. When I'm drinking I should be with loads of people, but I go into my own world, and that's just me. You know what I mean? I just, um, I enjoy it. I enjoy the company I have while I'm drinking, and I do, yeah, I just like a drink 'cause I could just sit there with no, no troubles, and just have a laugh with everyone, get on with everyone, which is a good thing. Because you're more friendly when you've had a drink ... but if someone gets on the wrong side of you, or someone says something, then you're like [aggressively] "What? What did you say?"

Sean, 19, white, unemployed

Sean's ambivalence is striking. There is a clear contradiction between being in his "own world" and "enjoy[ing] the company" of friends when he is drinking. Here Sean balances negative motives for drinking - to regulate moods - with positive motives for drinking - to facilitate social interaction. There is also a contradiction between being more friendly when drinking, but also being more aggressive. Here again we see the yin and yang of alcohol (Graham, 2003): disinhibition may initially make people more friendly, but it may also make them more aggressive. Sean also explained that although his health was suffering because of his alcohol consumption, he had not changed his behaviour:

How much do you worry about the effects on your health of drinking?

Well ... Yeah, well sometimes when I'm drinking I get all the pains and all that inside. You know, internal pain. And I think "Oh, no!", and I sit there and I'm holding it, [holds kidneys] and I'm like "Whoa!". And I wait for it to go away, but then, like ... I get a little shooting heart pain and all that kind of stuff. It really does scare me.
Yeah.

I'm like ... but still, like, a minute later I'm like, "schh" [mimes opening can], and I drink another one. Yeah, so ... I really won't learn just like that. But ... it will take time, but I will stop drinking and that. But for now it does worry me, yeah, what's happening inside.
[laughs]

Sean, 19, white, unemployed

Sean's description of his response to alcohol-induced pain runs counter to the notion that people continue to drink because the positive effects are more immediate than the negative effects (e.g. happiness precedes a hangover). Although Sean was clearly suffering because of his drinking and was concerned about this, he continued to drink to regulate his mood and enhance sociability.

Motives for which there was no ambivalence

In Table 2 there were three ambivalence-free motives for not drinking: these were not also mentioned as motives for drinking. One clear motive for not drinking was antisocial behaviour and violence. Most often, references were to other people's behaviour (e.g. Arjuna described being attacked by drunk men), and participants did not regard the drunken violence of others as a motive not to drink excessively. However, they did regard their own drunken violence as a motive to change their alcohol consumption. Sean said a motive for reducing his consumption was his aggression when drinking. Arturo had reduced his alcohol consumption because of concerns that alcohol made him violent:

I was, a little bit, like, violent, when some people used to react against me. That's what I used to be like. But, like I said, I am trying to control myself now. I am trying to stop everything like that.

When you said before that you are trying to change the amount, part of that was about your health. How much was worrying about being violent a part of that?

Um, how much? I was not very violent, but I was violent, so ... That's why I have to be aware before I drink. But I said to myself "I don't want to be that violent". Violent to my friends or to someone I love, or aggressive.

Arturo, 21, white, unemployed

Another motive for not drinking that had no positive aspect was addiction/ alcoholism.

Although many drinkers identified this motive for abstaining (or limiting consumption), few reported that they had reduced their consumption because of concerns about alcoholism.

Some respondents mentioned that family members were alcoholics or had problems with drinking. Although both Ross and Sonny were binge drinkers, and were concerned about alcoholism in their families, neither had modified his behaviour:

My mum's a ... an alcoholic. And, ah, my dad and my step-mum they'll drink like half a bottle of wine or whatever, but they're sort of fiercely against alcohol, because my step-mum's mother was an alcoholic. So we've got quite a lot of alcoholism in my family. Um ... So yeah, I'm a bit of a weird one, and I haven't quite worked myself out with it yet, because I've seen my mum go through this terrible time ... and, you know, really going through shit with it.

Yeah.

But I still go out and get absolutely leathered just about every single night. So ... it's a tough one there.

Ross, 19, white student

One of my uncles died of cirrhosis of the liver. He was an alcoholic. Yeah, he was like a distant uncle in my extended family. And, like, my granddad actually, he is an alcoholic as well. He lives in India. But, um ... no. I think ... I don't see myself becoming - I think for me to do damage to my liver I'd have to binge drink very, very regularly, and hit it really hard to become an alcoholic.

Sonny, 20, Asian student

Ross' binge drinking and high weekly volume of alcohol created a clear risk of alcohol dependence or addiction. Sonny believed that moderate alcohol consumption (with occasional binges) would prevent him from becoming an alcoholic like his male relatives. Neither man had implemented any specific strategies to avoid alcoholism. Perhaps this is not surprising: their motives for drinking related to immediate consequences (e.g. altered consciousness, sociability) whereas becoming an alcoholic would not be experienced until they had been drinking for some time.

The third motive for which there was no ambivalence was the financial impact of drinking, especially binge drinking. Many men indicated that financial constraints were the major reason that they did not drink more or more frequently:

We can't afford to go to the really nice places that we would like to go to. So we just try to find that places that are doing cheap deals that night so that we can actually have a long night where most people would get quite drunk.

Tim, 20, white, student

If I did have the money, then yes I would go out on Friday night, and I'd go out on Saturday night. Or I might just go out on Friday and get more drunk.

Andrew, 20, white, student

I don't drink a lot now. I used to drink a lot. When I get money, that's when I drink. That's when I really smoke [cannabis] as well, to tell you the truth. So it's money.

Charles, 19, black, unemployed

Like other drinkers, these men expressed a desire to maximise their limited purchasing power. Tim described the position of many students: they preferred to drink in premises offering cheap drinks (e.g. student union bars) so that their limited drinking budgets would not run out before they were drunk. In the second quote, Andrew notes that having more money would mean that he could get more drunk than he does and/or get drunk more often. Drunkenness was clearly a major motive for drinking. Charles was not a binge drinker at the time of the interview, and emphasised that budgetary constraints limited his alcohol consumption.

Discussion

This qualitative study complements previous quantitative studies of ambivalence toward alcohol (Cameron et al., 2003; Conner & Sparks, 2002; Graham, 2003; Leigh, 1989) by examining how such ambivalence is experienced by young men. None of the drinkers had uncomplicated positive motives for drinking: all mentioned compelling motives for not drinking. Thus, simply making men aware of the downsides of drinking is unlikely to produce changes in behaviour. The finding that ambivalence is common and complex has implications for health promotion.

How do men manage their ambivalence toward alcohol? Some men drank despite acknowledging several convincing motives not to drink. For these men, the decision to drink may simply have been a reflection of their net balance of pro- and anti-drinking motives, and/or may have been influenced by the fact that negative outcomes were only linked to excessive consumption (Table 2). Cognitive dissonance theory (Festinger, 1957) would

suggest that drinkers' motives not to drink will be downplayed or altered so that beliefs are consonant with behaviour and allow drinking to continue. In a "wet" culture in which drinking is normative for young men, it may be difficult to be a non-drinker, even for men who perceive a net motive not to drink. This appears to at least partially explain Neil's behaviour (p.9). When thinking about drinking, men may engage in motivated reasoning rather than neutral evaluation of motives (e.g. Schwartz, 2000).

Contrary to the predictions of models of rational decision making (e.g. Fishbein & Ajzen, 1972; Rosenstock, 1974), few men rationally weighed up motives for and against drinking before deciding whether to drink. Indeed, the interview was the first time that many men had consciously thought about their motives for and against drinking. When they did so, many found themselves questioning why they drink. The ambivalence examined in this paper appears, therefore, to be more like "potential" ambivalence than "felt" ambivalence (Conner & Sparks, 2002; Newby-Clarke et al., 2004). Because felt ambivalence is a better predictor of attitude or behaviour change than is potential ambivalence, one aim for interventions could be to make individuals' potential ambivalence salient in the form of felt ambivalence. The finding that ambivalent attitudes are pliable and unstable over time (e.g., Armitage & Conner, 2000; Bassili, 1996; Jonas, Diehl & Brömer 1997) suggests that interventions aimed at expectancies, attitudes, and motives may lead to behaviour change. Indeed, questioning and challenging of expectancies and motives have been shown to be an important part of individual-level interventions to reduce levels of alcohol consumption (Beck, Wright, Newman & Liese, 1993; Darkes & Goldman, 1993; Maggs & Schulenberg, 1998).

Participants in this study indicated that rational evaluation of drinking motives may be incompatible with irrational behaviours such as having fun and losing control. Furthermore, rather than being the outcome of conscious decision-making, drinking may be habitual. Instead of requiring a process of reasoning and managing ambivalence, habitual behaviours can be automatically evoked by behavioural goals, especially behavioural goals associated with positive affects such as those listed in Table 2 (Custers & Aarts, 2005; Sheeran, Aarts,

Custers, Ravis, Webb, & Cooke, 2005). Furthermore, people who are affected by alcohol are less able to rationally decide on their next drink, and more likely to respond automatically (Sheeran et al., 2005). Here we encounter a drinker's dilemma (Edwards et al., 1994), because each drink moves the drinker closer to experiencing the delayed negative effects of alcohol. The initial goal (motivating the habitual behaviour) may be to have fun, to "pull" women, etc., but the behaviour engaged in to achieve this may also produce the undesirable outcomes (poisoning, misbehaviour, etc. in Table 2). Many men simply considered these negatives to be the price to pay for fun.

Research shows that attitudes have less influence on behaviour when there is ambivalence toward the target behaviour (e.g. Armitage, 2003; Conner et al., 2003). Given the links between motives and attitudes (Abbey et al., 1993; Read et al., 2003; Williams & Clark, 1998), widespread ambivalence toward alcohol, and the fact that many disincentives for drinking are also incentives, it may be important to focus on uncomplicated motives for not drinking. Various models of health behaviour would argue that emphasising such 'negative' motives is an important part of the process of behaviour change (Fishbein & Ajzen, 1972; Prochaska, DiClemente & Norcross, 1992; Rosenstock, 1974). This study revealed three motives for not drinking that were not also motives for drinking: violence, alcoholism, and cost. These motives could be addressed via several strategies for intervention: legislation, population health promotion, and individual counselling. Social influence programs can reduce young people's use of alcohol and other substances (Skara & Sussman, 2003). However, information provision may not in itself be enough: interventions are most effective if they also incorporate information, peer involvement, and interaction and problem solving (Perry et al., 1996; 2000; Simons-Morton, Donohew & Crump, 1997; Stockley, 2001). Interventions must also be appropriate to the needs of a range of drinkers. Stage models of health behaviour suggest that we need to consider whether drinkers acknowledge a need to change and, if so, whether they possess the skills and confidence needed to change their behaviour (Prochaska et al., 1992; Werch, Ross, Anzalone & Meers, 1994). In addition to population-level interventions, there is a need for interventions directed toward individuals

who are ready for change and/or those who are at elevated risk of alcohol-related harm (e.g. Beck et al., 1993; Grenard, Ames, Pentz & Sussman, 2006; Miller & Rollnick, 2002).

The data suggest that it may be productive to heighten men's concerns about alcohol-related violence and antisocial behaviour. For example, mass media could be used to raise awareness of how much violence and violent crime is alcohol-related (e.g. Matthews & Richardson, 2005) and thereby change expectancies, attitudes and motives. However, most drinkers are not violent or do not consider themselves to be violent, and may therefore feel no need to change their behaviour (see Paglia & Room, 1999). As indicated above, the effectiveness of mass media campaigns would be enhanced if they were accompanied by efforts to help men acquire skills and confidence to change their behaviour (Perry et al., 1996; 2000).

This study suggests that highlighting the risks of alcoholism may influence men's drinking behaviour. The target for such interventions could be all drinkers, but especially young men from families with alcoholic members. Although we cannot change men's family histories, early interventions with young men from families containing alcoholics may be needed. In this context, individual-level interventions (e.g. Beck et al., 1993; Darkes & Goldman 1993; Miller & Rollnick, 2002) may be appropriate. However, such programs would need to identify men from families containing alcoholics. We would also have to determine whether such men would select themselves for early intervention if they did not think that their current drinking was problematic. Data from this study (e.g. Sonny, Ross) suggest that they may not. In the language of stage models of change, such men need to move through stages from "pre-contemplation" to "maintenance" of behaviour change (Prochaska et al., 1992).

The third promising approach may be to focus on financial disincentives (Edwards et al., 1994). For example, recent Swiss research found that decreases in taxation of spirits were followed by increases in spirits consumption - especially among young men and heavy drinkers - that were not due to substitution of spirits for wine or beer, or changes in retail outlet density, opening hours, advertising rules, or legal drinking age (Heeb, Gmel, Zurbrügg,

Kuo & Rehm, 2003). Alcohol consumption is “price elastic”: consumption increases when prices fall; consumption falls when prices rise, (Edwards et al., 1994; French, Taylor & Bluthenthal, 2006). Young men’s alcohol consumption is particularly price sensitive because their financial resources tend to be limited (Edwards et al., 1994). Higher taxes on alcohol would allow younger people to afford fewer drinks and generate revenue to support alcohol harm reduction programs. However, would all drinkers be happy to pay more for their alcohol to reduce harms associated with binge drinking among young men (Edwards et al., 1994; Paglia & Room, 1999)? An alternative to across-the-board increases in alcohol taxation may be legislation to control offers of cheap or free drinks (including “happy hours”). There is also a need to enforce responsible service laws which punish service of alcohol to intoxicated people. Although such approaches may reduce alcohol-related harm, they would not stop young men from binge drinking or getting drunk.

Although this study has increased our understanding of ambivalence toward alcohol, it is important to consider its limitations. The data came from a purposive sample of 31 young men in London. Further research would be needed to determine whether the results apply to young men or other people in Britain or other countries. Nevertheless, rather than trying to be representative, the goal of this qualitative study was to examine processes and meaning-making and to provide information to aid the design of interventions aimed at reducing alcohol-related harm. By focusing on how ambivalence is experienced by young men, this study complements previous quantitative research which has shown ambivalence to be common. Rather than taking what men said at face value, we acknowledge that what men said may have been influenced by concerns about self-presentation and social desirability. For example, the descriptions of downsides of drinking (pp.7-8) and Neil’s hesitation when describing using alcohol to help pick up women (p.10) could be interpreted as socially desirable accounts given to an older male academic who may have been perceived not to condone excessive alcohol consumption. However, it must be noted that when describing their ambivalence, interviewees described their experiences rather than simply listing motives for and against drinking. This focus on experience in IPA helps to reduce distinctions

between discourse, cognition and experience (Smith, 1996). Self-presentation biases are not only a concern for qualitative research - such concerns must also be addressed in quantitative research (Sudman & Bradburn, 1974). However, because self-presentation biases may be heightened in face-to-face interviews, it was important that the interviewer was non-judgemental and established rapport with interviewees before discussing alcohol use.

In this paper we have labelled as ambivalence having mixed motives for and against drinking. Strict social psychological definitions treat attitudinal ambivalence as an uncomfortable state caused by the simultaneous experience of conflicting thoughts about alcohol (e.g. Thompson, Zanna & Griffin, 1995). As in questionnaire research into ambivalence, the ambivalence expressed during the interviews was related to the simultaneous (or nearly simultaneous) expression of positive and negative drinking motives. This ambivalence frequently reflected simultaneous experiences (e.g. Sean's mixed motives while drinking), but it sometimes reflected shifts from positive to negative evaluations of alcohol during one drinking event (e.g. the descriptions given by Tim, Scott and Neil). Although some of these accounts would not meet strict definitions of attitudinal ambivalence, they highlight the complex mix of positive and negative expectancies, motives, and experiences reported by young men.

Young men are an obvious focus of research because of high rates of binge drinking and alcohol-related harm, and widespread ambivalence toward alcohol. This qualitative study has shown that ambivalence toward alcohol is common and can be complex. Ambivalence is not always processed consciously, and when it is, it is not necessarily linked to behaviour change. This study suggests a need for multi-faceted interventions to address ambivalence-free motives for not drinking. One important motive for not drinking about which there was no ambivalence was financial cost. This finding, coupled with previous research, suggests that interventions directed toward alcohol pricing may be effective for reducing the health and social costs of young men's drinking.

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Table 1 Summary of expectancies and motives identified in previous studies

expectancies - positive	expectancies - negative
mood <ul style="list-style-type: none"> - relaxation / tension reduction - less worries 	mood <ul style="list-style-type: none"> - escape problems - depressant effects
social <ul style="list-style-type: none"> - conviviality - feel more confident/assertive 	physiological effects <ul style="list-style-type: none"> - impaired cognitive function - feel sick/dizzy - detrimental to health in long term
fun <ul style="list-style-type: none"> - altered consciousness 	loss of control <ul style="list-style-type: none"> - behave badly - lose control of drinking - negative effect on work, etc. - more vulnerable
sex <ul style="list-style-type: none"> - enhance pleasure/performance - feel less nervous 	disapproval <ul style="list-style-type: none"> - dissatisfaction with self - from family - from religion
	unappealing taste/smell
motives for drinking	motives for not drinking
get drunk	intoxication
for enjoyment	alcoholism
aesthetic reasons	religious injunctions
social facilitation	family injunctions
increased power	aesthetic - dislike taste/smell
ritualistic reasons	more vulnerable
escape problems	health implications
regulate mood	
coping	
links to identity (masculinity, danger, etc.)	

Table 2 Motives for drinking and not drinking according to men's drinking status		
drinkers' motives for drinking	drinkers' motives for not drinking	non-drinkers' motives for not drinking
altered consciousness	altered consciousness	altered consciousness
getting drunk	getting drunk	getting drunk
disregard consequences of behaviour	disregard consequences of behaviour	disregard consequences of behaviour
disinhibition	disinhibition	disinhibition
sociability		
confidence	confidence becomes arrogance	confidence becomes arrogance
'pulling' women	'pulling' wrong women	
relaxation / time out	relaxation / time out	relaxation / time out
escapism	escapism	escapism
forget about problems	forget about problems	forget about problems
celebration		
distraction from responsibilities	distraction from responsibilities	distraction from responsibilities
social expectation	social expectation (resistance of)	social expectation (resistance of)
drinking culture	drinking culture	drinking culture
peer influence	peer influence	peer influence
life stage (e.g. student lifestyle)		
identity	identity (resistance of)	identity (resistance of)
masculinity/reputation	masculinity/reputation	masculinity/reputation
health effects	health effects	health effects
long term benefits (e.g. cardiovascular)	long term damage (e.g. cirrhosis)	long term damage (e.g. cirrhosis)
	short term damage (e.g. alcohol poisoning)	short term damage (e.g. alcohol poisoning)
	increased risk of accidents	increased risk of accidents
	hangover	
aesthetic		aesthetic
like taste		dislike taste / smell
	anti-social behaviour	anti-social behaviour
	aggression / violence	aggression / violence
	addiction / alcoholism	addiction / alcoholism
	financial impact	financial impact
		religious injunctions