



# Construction of social exclusion in the case of harmful alcohol use

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## Abstract

Social harm from drinking has an interactional character: there is a behaviour defined as problematic, but there is also someone upon whom the behaviour affects. The aim of this study is to analyse social interaction between the drinker and others with whom he or she is performing such social roles as parent, partner, son, daughter, employee, student, friend or citizen, and identify the main factors influencing the process of social exclusion. This paper is based on literature review and 17 qualitative interviews with alcoholics and their family members. The interviews were conducted during May-June of 2013 in Lithuania. The research is a part of the project *Social Exclusion and Social Participation in Transitional Lithuania* (VP1-3.1-SMM-07-K). Research showed that in the stage when a drinker loses control of their drinking and for responsible performance of their main social roles, external formal and informal controls begin to substitute for his/her self-control. The control intensity could vary from asking not to drink or drink less to exclusion (divorce, children placed in formal care, dismissal from job). The level of hitting bottom (the point when drinker decides to stop drinking and live a responsible life) could be associated with the level of social exclusion, where a low bottom is characterized as deep social exclusion when social and economic capital are lost. Hitting bottom is the starting point when the drinker changes direction from social exclusion to social inclusion.

*Keywords:* harmful alcohol use, self-control, control, social harm, responsibility, exclusion, inclusion;

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## 1. Introduction

Alcohol consumption fulfils the function of social integration and the maintenance of social relations because it encourages relaxation and socializing (Social Issues Research Centre, 1998 p. 28). In many cultures, noteworthy events involve alcohol. The same could be said about the rituals of the human life cycle and the major events of life: birth, birthday, marriage, death, getting a job or diploma, retiring, etc. Aside from this social function, alcohol consumption also serves a psychological purpose, because pharmacological use of this toxicological substance affects tension and fear (Measham, 2008). Chemical and symbolic characteristics of alcohol make it possible to construct an alternate reality where unsettling and frightful emotions are minimized and an “ideal world” is constructed (Social Issues Research Centre, 1998 p. 28). However, the construction of this ideal world has negative consequences as well. Alcohol consumption identified as problematic is always connected to other persons on some level. In the depiction of alcohol addiction, based on clinical research, one sees miserable and marginalized people who have no family connections, no full-time jobs or permanent places of residence, i.e. people who can be described as socially excluded. What happens when a person who wanted to be happy with others becomes unhappy, lonely and socially excluded? This is illustrated by a typical experience of one respondent: “I was left all alone without health, family, job, money or home” (Male, age 32). For detailed analysis, the object of this article is the interaction between the damage caused by alcohol consumption and social exclusion. The goal of this article is to analyse the features of social interaction between the drinker and the people he becomes connected to by performing (or not performing) his primary social roles, and, in the process, to identify factors which have the most fundamental impact on the processes of social exclusion and inclusion. The article employs literature analysis and

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qualitative interviews with alcohol addicts and their family members. In total, 17 individual interviews were conducted. The research took place in May and June of 2013. Interviews were conducted with 5 female and 7 male alcohol addicts. 6 of the respondents live the lives of passive alcoholics. 5 are active alcoholics, i.e. active drinkers, though there have been episodes of passive alcoholism in their past. A passive alcoholic is a person who has admitted to himself and the public that he is an alcoholic understands the harm alcohol has done to himself and other people around, and practices teetotalism. An active alcoholic is a person who feels a strong urge to drink, suffers from hangovers and experiences the harm alcohol does to him and other people around, but does not necessarily understand it. The youngest respondent is 31 years old, the oldest is 67. Four respondents have jobs and families, while the remaining are unemployed, single and have no permanent place of residence. The respondents' education varies: 2 respondents had completed higher education, 2 had incomplete high school and the remainder had completed vocational education. The respondents were chosen by snowball sampling, some of them with mediation by hostel staff.

5 interviews were conducted with women who live with male alcoholics. The youngest woman is 23 years old, the oldest is 59. 2 interviewees had completed higher education, 2 had vocational and 1 had high education. 4 women had 15 to 25 years of experience living with a male alcoholic; others had 1 to 3 years. The respondents were chosen by snowball sampling.

For textual data analysis, open coding was used and the method of contemporary grounded analysis was applied: data was generated from primary qualitative data and from secondary data, i.e. scientific articles analysing the object of the research. Firstly, textual data was conceptualized by sorting it by category. The data was coded using methods of theoretical, open and axial coding, based on the ideas of B.G. Glaser and A.L. Strauss (2009). In order to ensure the reliability of conclusions drawn during the analysis, the author's interpretations are based on the "voice" of the research participants, by presenting excerpts from research interviews in the text.

Research was conducted in adherence to all ethical requirements and the names of all respondents have been changed.

## **2. Theoretical Framework for Construction of Social Exclusion/Inclusion in the Case of Harm Caused by Alcohol**

Social exclusion has various definitions (Mikulioniene, 2005; Room, 1999). Authors who have researched the definitions of social exclusion argue that most definitions of social exclusion highlight participation in the main social, economic, cultural and political processes (Burchardt et al, 2002: p. 30). Therefore, a person is considered to be socially excluded "if he or she does not participate in the main activity processes of the society he or she lives in" (Burchardt 2000: p. 32), which, according to Burchardt et al (2002), are mainly manifested in the dimensions of consumption, production, politics and social interaction. The exclusion may vary in its intensity. Deep exclusion occurs when one is excluded from more than one dimension of social exclusion, which results in serious negative consequences on welfare, quality of life, and future life chances (Levitas et al, 2007).

Discussions have focused on whether social exclusion is caused by the individual himself or by social structure and environment. The more common perspective sees the socially excluded as victims who are not given enough rights or chances for participation by society (Mikulionienė, 2005). R. Castel criticizes usage of the term 'social exclusion' and suggests it should be used after more careful deliberation, because the social exclusion of a person who has lost his job and suffers the shame of being unemployed is very different from the exclusion of someone who engages in delinquent behaviour, uses drugs, etc. In this article, social exclusion will be analysed within the dimension of social interaction, arguing that social exclusion is not only a product of public opinion and limited opportunities for participation, but also a process of social interaction in which social exclusion is constructed with the participation of the prospectively excluded person as well as those included. The basis of the analysis is R. Castel's (1995) assessment of society and social exclusion. Society is defined as a collective whole, linked together by mutual relations of rights and duties, which are rooted in moral order. Social exclusion is the process by which an individual is separated from the moral order (Castel, 1995). The goal of social politics is to return the person to participation in a collective, bound together by rights and duties (Room 1999). Within the context of rights and

duties (including social norms), people may be linked together by dysfunctional relationships, whereas the others are connected by functional ones. But this is a purely theoretical model, thus one may hypothesise that people united by purely dysfunctional relationships (socially excluded ones) go a long way to reach this state before their formerly functional relationships are severed. If an individual is causing social harm, he himself has to want to return to functionality. In the context of rights and duties, the process of the formation of social exclusion depends as much on the granting of rights and opportunities as on the performance of one's duties. In many cases, an individual's right is not realized due to neglect of duty, which results in some form of social harm. D. Ogunkoya (2011), who researched J. S. Mill's theory of liberty, names the Harm principle as the only justifiable reason to restrict the freedom of the offender in order to prevent harm to others. Harm to another person's freedom may be caused by action or inaction. The freedom principle requires everyone to evaluate their behaviour in relation to others and this behaviour must not violate the interest of the other person. Mill claims that no person is completely isolated. Even if someone is damaging his own health, he also hurts everyone associated with him, and their happiness, by disqualifying himself from the support (duty) he should give them, becoming a burden and depending on goodwill. If harmful behaviour is frequent, it is unlikely the harm-doer could receive any benefit from it. If a person is inflicting direct harm on another, he harms himself as well in the end (Mill, 1947: p. 80-81 in Ogunkoya 2011). For instance, an alcohol addict may be fired from his job due to truancy, separated from his children due to neglect, lose his driving license due to DUI charges, etc. In this context, social harm is the consequence of disregarding one's duties (often multiple times) and social exclusion is the result of social interaction between social order and neglect of the others' freedoms, as well as protection from social harm. In order to reveal these dynamics, further analysis will focus on the relationship between harmful alcohol consumption and social harm.

### **3. Table Harmful alcohol consumption: aspect of social harm**

In alcohol research, one can find a number of concepts which describe the negative aspects of alcohol consumption: excessive, precarious, problematic, extreme, harmful alcohol consumption, alcohol abuse, alcohol addiction (hereinafter referred to as harmful alcohol consumption in general). The shared basis of all these concepts is the threat to the health of the alcohol consumer (hereinafter referred to as drinker) and to the people related to him by social connection or responsibility. Harmful alcohol consumption damages the drinker's physical, mental and social health. Inebriation, especially festive inebriation, influences acute diseases and traumas (Taylor et al, 2010, Gmel et al, 2011). Furthermore, alcohol abuse is a significant risk factor in the cases of disease, disability and mortality (Rehm et al, 2009). All respondents of the qualitative interviews who had drunk for more than a decade, said they had serious problems of physical health, such as losing limbs due to frostbite, getting a spleen removed and suffering from gastric or hepatic diseases and heart deficiencies, which significantly reduced chances of employment, because they are unable to do work requiring unskilled manual labour. In the context of social interaction, those who have ruined their health with harmful alcohol consumption may be defined as a social burden on the people around them and on the healthcare system. The levels of harm to health and healthcare are significant, but they will not be analysed in detail here.

Regarding problems caused by alcohol consumption, most of the conducted research is related to alcohol's harm to health, including traffic accidents, whereas social harm on the environment has been less researched (Laslett et al, 2010). Greater consideration will be given to social harm which occurs when harmful alcohol consumption has a negative impact on relations with the people around.

Even though most research related to the harm of alcohol consumption is focused on one or another narrow aspect, there have been attempts at conceptualization of social harm research (Klingemann & Gmel, 2001; Gmel, 2003; Room et al, 2010). R. Room et al (2010) proposed a structural model of the performance (non-performance) of primary social roles for the research on the interactions between alcohol consumption and social harm. In this model, social harm is seen in the context of social relations centred on the drinker, who is tied to family members, employers, colleagues, friends and the public by main social roles. The intensity of the damage depends on the quality of the performance of the role, i.e. from complete failure to perform to a bad or harmful performance. Complete failure to perform or only partial performance the role of a family member, employee, friend or a citizen

can span from a momentary instance to a regular occurrence. Risky and problematic alcohol consumption, or even just rampage (revelry), can cause social harm which the drinker might not even consider because the social harm caused by alcohol consumption tends to hurt those who are tied to the drinker by the main social roles, i.e. it hurts the relations and welfare of the drinker and those around him. It is claimed that social harm is suffered if the drinking of person A hurts person B. A might not understand that his drinking is a problem for person B or that his drinking has a connection to the damage caused (Room et al, 2010). This incomprehension of social harm is illustrated well by the following quote from the qualitative research:

Researcher: What about the children, if father and mother want to relax?

Respondent: You know, I used to stay alone with the children. There was money. If there wasn't, I borrowed some. Money is not a problem. I'd say: "Children, we will party in the kitchen, you go to another room. There's food in the fridge, because you need to eat". We partied nicely for three days, while the children were in the other room.

Researcher: So the children looked after themselves, on their own, for three days?

Respondent: Yes. My "lad" started peeling potatoes by himself when he was 4 or 5 years old.

Research results show the most severe consequences of harmful alcohol consumption are suffered by the people in the most immediate environment: usually children, wives or partners (Berends, Ferris, & Laslett, 2012; Huhtanen, & Tigerstedt, 2012) Even if only one of the parents abuses alcohol and the other one takes care of the child, social risk is unavoidable because harmful alcohol consumption hurts the family as well, turning it into a dysfunctional relationship (Bulotaitė, 2009, Gudžinskienė & Gedminienė, 2011). Parental alcohol consumption during pregnancy disrupts the child's development (Rao & Chaudhuri, 2013) and is a significant factor in the mortality of infants up to one year old (O'Leary et al, 2013). It also influences neglect of children and their risk of developing addiction to alcohol (Fenton et al, 2013; Herrenkohl et al, 2013), suffering from physical violence (Freisthler & Gruenewald, 2013), dysfunctional family relationship (Icick et al, 2013; Ellonen et al, 2013; Hope, 2011; Hill, 2013; Youell, 2013), divorce (Keenan et al, 2013) or other long-term consequences which could follow the child for his entire life (Bulotaitė, 2009). Damage caused by harmful alcohol consumption is suffered by employers and colleagues as well (Gmel & Rehm, 2003). A connection has been found between the concentration of places designated for alcohol consumption or sales and violence, violations of public order (Snowden, Pridemore, 2013), accidents caused by inebriated drivers or pedestrians, injuries and killings (Gmel & Rehm, 2003). People whose immediate neighbourhood includes abusers of alcohol suffer from greater harm than those who live in quiet neighbourhoods (Jones-Webb & Karriker-Jaffe, 2013; Tamutienė, 2012).

All participants of the qualitative research have been victims of violence while intoxicated. Some claimed that they were violent themselves. Respondents who are in deep social exclusion have been separated from 3 to 5 times (including life in partnership), have not had a permanent job or social relationship with relatives, and have contributed little or not at all to the care and upbringing of their children. They blamed themselves and alcohol for their misfortunes, however, the typical reflection was that they realized it too late, because before falling into deep social exclusion they used to blame their environment: "A person thinks not that something is wrong with them but that life has turned on them. It is just bad luck with the husband, the work, the home, the salary, the relatives, the community... Alcoholism is a disease that hides behind the person herself." (Female, age 44). Because of such an attitude, they did not change the habits that were harming their relationships and, as a result, their relatives, employees, friends, and they themselves, suffered from social, economic and health damage. This attitude encouraged them to change jobs, spouses, partners and friends. The respondents' experience testifies that, in the context of recurrent social harm, alcohol consumption moved from the function of social inclusion (relaxation, spending time with friends) towards social exclusion. The experiences of those who went through social exclusion have shown that, before the partial or complete termination of social ties with those who were bound by the main social roles, the dynamics of the on-going processes depended heavily on the factors of self-control, control, security and penalty.

#### 4. Informal control: pressure to drink more vs to drink less

In the case of alcoholism, the role of friends is highly important and characterized by ambivalence. Respondents name friends as one of the most significant factors both in the plunge to and the rise from the depths of alcoholism. A woman who has lived the life of a passive alcoholic for 20 years reflected in great detail on how alcohol affects an individual's mental dimension and how friends are segregated, as the functional ones go towards improvement while the abusers of alcohol go down the road of degradation. These are two opposing sides, reflected as "us and them":

The substance [alcohol] was having its effect and the distinction from the non-drinkers became clear very quickly. I started choosing the similar ones, who used the substance for assistance in learning, communicating, and creating. Meanwhile, those who were healthy (and seemed unhealthy to me at the time) went their own way to develop and mature as personalities, while I stayed in the same stage I was in when I started drinking. I remained an internal child, I did not experience personal maturation. The more alcohol I consumed, the more it encouraged me to move away from society, because people didn't want me as this drinker, I didn't fit in, because if they gathered to talk, then they talked, they didn't gather to drink. It was exclusion indeed, the world became foreign, and everything was boring, because the substance destroys everything, the mind and not only negative emotions. Apathy sets in and there's no internal creativity. And the little girl, after my marriage with my husband, was something that held me instead of encouraging me to live. I was a bad mother, a bad daughter and a bad wife, until my daughter turned 8 and life gave me a miracle. Since she was eight years old, my daughter started sleeping well, because I stopped drinking (Female, age 48).

The presented, typical quote reveals a feminine reflection, which is related to friends encouraging drinking, formation of a drinkers' society and distancing from others while later internalization of guilt and harm, and realization that alcohol influenced her being a bad mother, wife and daughter.

The typical experience of an active alcoholic male, which uncovers dysfunctional relations among the drinkers, is revealed in the following interview fragment:

Sometimes you have nothing to brag about, sometimes you try to brag that you don't care about anything, you can skip lectures if you have something to drink, because let those nerds fear their parents, and later their wives, who keep them under their thumb. If he [a person who drinks responsibly, moderately] sat for half an hour, had a few shots, looked at the clock and went home, then we, all the remaining ones, started bad-mouthing him: he is so oppressed, so poor, because we are the rulers of life here, we are free and nothing matters... Then you feel like you're so tough and everyone should envy you. But this is self-deception, consolation... You sit together with another one who is just as neurotic as you, you loosen your tongue – everyone around is so dumb, but we are so smart, you talk it out, you receive approval and then it starts, no need to call or explain myself, it's my money... Even though I've never supported my family or anything... (Male, age 57).

Respondents emphasised the influence of the environment, as their behaviour depended on the behaviour in the surroundings: "Nobody in the group drank beer or vodka. So I didn't even take a sip, I just returned to the same circle here and drank again, failing to resist my friends." (Male, age 32). An alcoholic, who is still active but has lost his health, home, job, wife and children, and currently living in a hostel, is critical of his friends and his relation to them: "As soon as I get my welfare payment, friends come over and everyone needs it. And then: "Let's go, lend me some, pay for me", then you have lots of friends" (Male, age 32). Examining these experiences closely, one could raise the question of whether an individual loses self-control while drinking or an individual fails to resist the social pressure to drink. It is evident that alcoholics are related by social ties which encourage drinking and being

dysfunctional (not performing the main social roles, not solving problems). Here is an experience of an active alcoholic, whose dysfunctional relationships with friends resulted in his homelessness, because after losing his job due to heavy drinking, he sold his apartment and drank away his money with friends in six months. His experience demonstrates that drinking with friends does not solve problems but exacerbates them:

Alcohol suppresses it, not completely, but a bit, so you start taking problems more lightly again: it is not a catastrophe, it is a short-term occurrence, and tomorrow everything will be even better. I will sit for a while, sleep it off, drink again and I'll be able to see life from a different angle. But it turns out it's not like that. It's hard again, you drink again and it's easier again, and... you reach that level again where you want to drink and you must not. I stooped so low that everyone, the whole group, turned their backs on me, even the drunkards (Male, age 59).

The research results have clearly revealed that the drinker's relatives, especially the spouses or partners, take active control in order to influence him, i.e. avoid the social and economic harm caused by the drinker. This process is exposed in the typical quote:

I saw how he drank, starting from the first bottle. I saw how he drank from plastic bottles, and it wasn't one a day. This is how the man lived to reach this point. And when you live with a man, you see that he drinks. You try to talk, to spill those bottles out, empty the pockets. I had even started beating him, but then I saw that nothing came out of it. For example, I used to lock him up at home, I'd go to work and lock the door. I tried to protect him from the first shot that way. Nothing helped (Female, age 23).

The drinker's relatives get so involved in the drinker's control as the task of removing "the threat and the harm", that all other matters become secondary. In such cases, we are talking about indirect dependence on the relationship with the drinker: "There was a complete abandonment of the children. It was all about the husband, because the most important thought and goal of the day was if he would come back sober today. So the children came after that" (Female, age 48). The control was intensified by the social norms, which assign more responsibility for the family's welfare to the women, as is evident from the following reflection: "The society has this view that the woman has to handle it, that she is responsible for this image of the family, a nice photo". These culturally established social norms weaken the man's self-control, which also prevents him from assuming responsibility for social harm. All women who participated in the research had some negative emotional experience of controlling an alcohol-abusing man, which is "encumbering, exhausting and does not produce results. Actually, the faster we let him go and fall, the faster he rises up or is ruined, but at least your own life is not destroyed" (Female, age 47). This quote expresses the feeling life can be destroyed:

The drinking was increasing in length and frequency, his character was changing, violence started. As for the money, there used to be a situation when there could not be money at home. He would get a salary, I'd buy food that would fill the entire fridge and pay for the apartment, because he would ask after that anyway: "Give me again, by hook or by crook, and for the beer, give me once more"... And I believed for a very long time that I could change many things, I tried very hard to do that. He constantly complained about how imperfect I was: "Could you make some pancakes in the morning, could you do this or that? Could you do something in the evening or at night as well?" I bent over backwards immeasurably until I realized that I had reached the point of complete helplessness... I was totally worthless. My self-confidence and self-esteem were completely beaten up. I used to lie staring at the ceiling and feeling horrible, unable to get up because I had no strength (Female, age 51).

Judging from data analysis, one could propose that, in the context of control, the concept of responsibility is the fundamental one, because the woman had assumed responsibility for the problems caused by her drinking husband and attempted to minimize the suffering from psychological damage (internal pain), isolating herself in the process and striving to “hide the true image of the family” until she becomes “a complete victim” who is helpless, i.e. comes to the end of her rope, and then some of them fully grasp the true situation and disclaim responsibility for the drinker while taking responsibility for their own lives. The situation is illustrated by the following quote:

This is the biggest consequence of alcoholism: the woman assumes all responsibilities herself, full responsibility for the children, the home, everything. He doesn't have responsibilities and even delegates responsibility for himself to me, so if he doesn't go to work, it means getting a note for the absence, calling the boss, etc. He felt safe in my hands. When I said “No, honey, you are responsible for your own consequences”... All the debt and the lost jobs, he made a mess with home maintenance... “Do it, after you sober up, you'll fix it”. He was so shocked. And he started getting sober himself. When I left him, I said “Honey, go by yourself, because I want to go too”, and that was the turning point. (Female, age 48) [author's note: transition from active to passive alcoholism].

But this turning point may be single-sided. Speaking in terms of social exclusion, the consumer of alcohol who causes social harm may be marginalized. However, the marginalization occurs for the purposes of self-preservation. The respondent's experience has demonstrated that some individuals understand that the takeover of social responsibilities for the drinker could be life-long, and this realization may result in the decision to not assume responsibility for the drinker: “Actually, I gained the understanding from my aunt, because she has neighbours who are freeloaders, they're unemployed from generation to generation, only the mother is working. Everyone lives off her. She said: “What do you think, that you will change them? You will end up like them”. From that moment on, I realized that I didn't want to live like that” (Female, age 42). Research conducted abroad has shown that “the end of your rope” or “hitting bottom” is the turning point when the drinker decides to live in sobriety or, in clinical terms, to get treated. Assumptions could be made that an important role in the process of making the decision to receive treatment is played by “extrusion”: when the drinker had already exhausted all moral credit of his employer and family. As the data of the qualitative research has shown, this “extrusion” of the outcast has two directions: to assist in making a change and taking responsibility for one's own life or to continue to degrade. The experience of the woman who had lived with an alcoholic father, husband and son, but decided not to assume responsibility for the drinking husband and son provides a glimpse into such a context of extrusion that was painful to both the relatives and the drinkers:

The problem with the son had to be solved. I had to banish him from home, to say “You'll wreck yourself or rise up, child”... It was very difficult until I listened to the stories of the alcoholics: “I'd still be drinking today, because before mom drove me away, before she slammed the door, I kept drinking. I'm angry for that, but this is the only reason I'm in the support program”. However, it's very hard to slam the door. My closest people, the brothers, who would understand, seemed to condemn... Regarding the banishment of the child: “It's your fault, you raised him in the wrong way, you have no right to send him away”. I say: “Mom, he's already 24, I don't have to, they're grownups”. It is horrible, friends of the in-laws called me and terrorized me, I had to withstand a lot of pressure. But the result is fantastic. Today they are both working, both are cleaning up, after coming back home with apologies and with the understanding that family is dear and valuable, that home is wonderful” (Female, age 51).

On the other hand, here have been contrary experiences as well, which describe the drinker's fall: “I divorced him and he is falling down” (Female, age 23). In the context of harmful alcohol consumption, such a divorce is the protection of yourself and your children: “at least our life is not destroyed”.

#### **4. Discussion**

The data of the research suggests that by consuming alcohol the respondents sought better emotional state but, in the long-term perspective, its abuse only worsened the situation. This is linked to the data received by G. F. Kobb (2013). Furthermore, it was determined how, in the long-term perspective, the drinker finds himself in social exclusion. In this dynamic, the element of self-control is associated not only with the consumed amount of alcohol but also with responsible behaviour, i.e. not causing social harm to others. The analysis of the research data proposes that the theoretical framework of harm caused by alcohol suggested by R. Room and others (2010), which is centred on the drinker and the persons associated with him by the main social roles, is of special importance to the consequences of harmful alcohol consumption and its connection to the construction of social exclusion and inclusion. We receive significant information on how harmful alcohol consumption affects social relations and leads toward social exclusion or inclusion, depending on self-control and the dynamics between control and assuming responsibility for one's actions. The research data confirms J. Gerich's (2013) statement that self-control and social control are substitutes.

After the analysis of the data, it could be argued that informal control or informal pressure directed at the person has two directions: encouragement or minimization (or even prohibition) of drinking. The research data has demonstrated that when the drinker does not perform or performs the main social roles poorly due to harmful alcohol consumption, he is confronted by the control and condemnation of family members and employers or formal institutions. Analogous research results have been presented by other authors as well (Selin, Holmila, Knibbe 2009; Holmila, Raitasalo, Knibbe, Selin, 2009). J. A. N. Joosten (2009) claimed that if drinking continues for a longer period of time and is problematic, the drinker is pressured not to drink or to drink less in various cultures. Nevertheless, the research data has revealed that the individual experiences pressure from the drinkers to drink more. This control is related to the drinker's friends' influence upon him, which was named as one of the most significant factors on the road to alcoholism by all respondents who participated in the research. The research results are paralleled by the results of research by M. Astudillo et al (2013), which claim that the pressure of friends may be manifested by encouragement to drink more as well. Insight by H. Fingarette (1990) is notable in this context: alcoholics develop this harmful survival strategy in which drinking becomes the basis for the outliving (denying) of problems. They get used to different values, friends, connections, surroundings and beliefs, which encourage them to drink. When they end up in a different environment, they manage to follow its rules. Therefore the object of research must turn not towards the drink, but towards the significance of drinking and the lifestyle in which drinking is central (Fingarette, 1990). Results of qualitative research confirm Fingarette's thesis.

It is claimed that alcohol consumption diminishes empathy (Gizewski, 2013) and has a negative impact on the ability to solve social problems (Thoma, Friedmann, Suchan, 2013). One could agree with this to an extent, before the drinker hits bottom. But before hitting bottom, the drinker faces great pressure to drink less or not to drink altogether. This pressure comes from the immediate surroundings, usually the partners, parents or children.

The research data has revealed that women who live with alcoholics experience a lot of ambivalent feelings which, in the long-term perspective, lead to degradation and provide less meaning and hope in life. The experiences of the research participants are analogous to the conclusions of research carried out by A. Thurang and A. Bengtsson Tops (2013). Taking into consideration the research results, it could be claimed that the research participants who control the alcoholics had also hit bottom when they abandoned their control and assumed responsibility for the welfare of themselves and their children.

When the drinker does not show goodwill and motivation to change, assume responsibility and perform his social roles, he is rejected for the motives of self-preservation. The research data proposes that this socially just rejection or isolation from the harm-causing drinker serves for the achievement of the drinker hitting bottom. "Bottom" is a relative concept characterized as low, medium or high. The alcohol-related problems are associated

with the “bottom” level, and the lower it is, the more social problems are caused (Young, 2011), but they may help in the achievement of hitting bottom, or, in other words, the beginning of treatment (Grella et al., 2009). Positive experience of passive alcoholics confirms that social inclusion is possible even while emerging from the deepest social exclusion when social relations, work, home and family are lost. However, it is obvious that low bottom complicates social inclusion, because former spouses may have started new families, children may have grown up without parents and health may be deteriorated as a consequence of drinking. Moreover, contradictory research results exist, for instance, motivational research shows that the use of techniques of motivational interviews and harm-reduction (Logan & Marlatt, 2010; Lundahl & Burke, 2009) revealed that the lower the bottom is that the alcoholic hits, the more difficult are his problems, and the less motivation he has for treatment (Field, Duncan, Washington & Adinoff, 2007). Therefore, some consideration should be dedicated to finding techniques that would help one to identify an alcoholic and motivate him to receive treatment before he hits low bottom, i.e. reaches complete social exclusion in terms of the performance of social roles.

In spite of all the advantages of the research, some restrictions exist that could incite further research. The respondents participating in the research were only those who were affected by alcoholism or co-alcoholism. Some active alcoholics were reached through shelters, where they were being actively motivated not to drink. Therefore, the voice of an active homeless alcoholic who is in deep social exclusion and has not hit bottom is not included in the research. Since the research is qualitative, it is important to note that the research results reflect the peculiarities of the informal control dynamics only of drinkers in Lithuania.

It is recommended to further develop the research of harmful alcohol consumption and social harm related to the dynamics of social exclusion and inclusion. Further research could be related not only to alcoholics but also to those who engage in harmful alcohol consumption and the people surrounding them. In particular, research should focus on such areas as characteristics of social interaction between employers (colleagues) and the drinker, or the creation of education programs aimed at raising awareness related to the social harm of alcohol, responsibility, consequences, and the efficiency of such programs.

This research is funded by EU structural assistance to Lithuanian under the measure VP-1-3.1-ŠMM-07-K “Support to Research Activities of Scientists and Other Researchers (Global Grant)”, project No. VP-1-3.1-ŠMM-07-K-02-045.

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