

I and others: alcohol use among older people as a social and cultural phenomenon

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ABSTRACT

Analysing transcripts of survey interview episodes, this paper examines the ways in which older people in Finland talk about their use of alcohol. It also aims to shed light on the meaning of alcohol use in the context of social ageing.

The use of alcohol was described in forty structured interviews with people aged 60–89 years. They provided accounts of drinking situations or contexts, or juxtaposed their own drinking habits with that of ‘others’. Perceptions of these ‘others’ were constructed by interviewees from cultural stereotypes of Finnish drinking habits.

Descriptions of alcohol use were embedded in everyday life and cultural frames rather than in those of old age or ageing. In the context of social ageing, alcohol use appeared in these interviews as a cultural indicator, reflecting the cultural habits and norms attached to drinking. As a social indicator, it suggested that advanced age is losing its significance as an independent factor distinguishing lifestyles.

KEY WORDS – older people, alcohol use, survey interview, discourse analysis, social ageing.

Introduction

Most of the research evidence on alcohol use among older people comes from epidemiological surveys of either ageing or alcohol use. In studies of ageing, alcohol use appears as a variable of older people’s lifestyles or living habits; in alcohol studies it is the focal object. In these different contexts ‘alcohol use’ means different things.

In alcohol studies, the analysis of alcohol use in older people represents what may be described as the ‘sociocultural’ tradition of alcohol research, which has dominated American research since the 1940s. Within this tradition the meaning of the social has clearly been that of individual reaction; the focal concern has been with the

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problem of how and why individuals become problem drinkers or alcoholics (see Simpura 1983: 6). Most of the work on older people's alcohol use, it seems, has also focused on negative (medical or social) aspects; within social and medical discourses, alcohol use has been seen in terms of a social problem or health risk (see, for example, Maddox 1995). In this problem-oriented tradition alcohol use is defined, explicitly or implicitly, as the use of a substance (ethanol) that can cause unwanted social or medical consequences.

The causative approach is also evident in studies of how ageing is related to alcohol use. The concern here is to identify the factors that explain changes in older people's alcohol use, whether the explanations lie in individual ageing processes, in cohort or period effects, in domestic, ethnic, or other background factors. The definition of 'alcohol use' arises from the context of the study and the specific problem addressed. For example, in medical studies concerned with the associations between changes in alcohol use and changes in mortality or morbidity, alcohol takes on not only the meaning of an 'alcoholic beverage', but also of 'predictor', 'determinant' and 'medical indicator'. In sociological research, 'alcohol use' takes on the meaning of 'social indicator'; it is used in the study of general social processes, such as changes in women's position in society or changes in old age.

In epidemiological survey studies alcohol use is defined in terms of measurable alcohol consumption. However, the reliability and validity of the evidence produced by these studies has been called into question: alcohol researchers believe that self-reported consumption is only about one-third or at best half of real consumption. The reason for this difference is said to lie in the tendency of people to forget or conceal their drinking (see Simpura 1985: 14–15). Indeed, if alcohol users are medicalized or regarded as 'problem drinkers', then the assumption that people conceal their drinking seems inevitable. But do people really lie about their drinking? Do they intend to conceal their drinking? Or are there other interpretations of the ways people answer questions about alcohol use?

We need to define what 'alcohol use' means in the context of old age and ageing. It could be defined as a lifestyle, a living habit, a drinking habit, a question of great social concern, an indicator, a predictor, a determinant, a study tool or just as ethanol. Survey-based research on older people's alcohol use includes studies related to ethnicity, which suggests that alcohol use is associated with cultural values, norms and sanctions (see, for example, Black and Markides 1994), as well as cross-cultural ageing studies which substantiate differences in alcohol use between cultures (Waters *et al.* 1989). Survey-based studies have also

shown that drinking is a social phenomenon associated with older people's social functions and social contacts (Adams 1996). The knowledge accumulated about cultural and social elements through survey studies is based either on 'side-information' (Glenn 1981), or it originates from postal questionnaires or personal interviews in which the topics are set out in advance. In both cases important aspects of meaning-making remain invisible. Furthermore, in postal questionnaires but also in interviews with highly structured formats, it is difficult to know what links will be made between the informants' own stocks of knowledge and the fixed alternatives presented to them (Holstein and Gubrium 1995: 52). Ethnomethodological studies, in turn, suggest that the contextual meanings attached to alcohol use could be studied by analysing the interviewees' accounts or observed interactions (Mullen 1992, Peräkylä and Sorjonen 1997, Honkasalo 1989).

In this article my intention is to shed some light on the question of what alcohol use means in the context of social ageing. The underlying assumption in my approach is that both ageing and alcohol use are influenced by historical, social and cultural factors. Although data collected in personal interviews are usually coded and statistically analysed, they are nevertheless obtained from discursive intercourse situations (Mishler 1986). The material for the present study consists of survey interviews with older people talking about their alcohol use. My purpose here is to describe the ways in which these people talked about their alcohol use and the ways in which they constructed it.

The older people interviewed were born in Finland around the turn of the century. They had experienced several historical events, dramatic social changes as well as periods of strict alcohol control (Jyrkämä 1995, Virtanen 1982). However, attitudes towards alcohol use have become more and more permissive over recent decades and, during the 1980s, the differences in patterns of alcohol use between older people and other age groups have reduced (Tolvanen and Jylhä 1994); older people have been adopting new drinking habits alongside old ones (Tolvanen 1996). Nevertheless, these people have lived in a supposedly homogenous drinking culture (Simpura 1985: 2), one which is thought to have made for unified meanings of alcohol (Simpura and Partanen 1985: 215; Falk and Sulkunen 1981: 320). Finnish drinking patterns are usually characterized by two key features: strict alcohol-related morals (whether positive or negative) and a tendency to drink to intoxication (Simpura and Partanen 1985: 215). An important question is whether these cultural patterns are also present in the way that older Finnish people talk about their alcohol use.

Material and methods of the study

This paper is based on an analysis of survey interview episodes dealing with issues of alcohol use. The material comes from the Tampere Longitudinal Study on Ageing, which represents the Finnish part of the European Longitudinal Study on Ageing (ELSA) (Jylhä *et al.* 1992; see also Waters *et al.* 1989). In the follow-up stage of the project, in 1989, a random sample of 40 structured survey interviews with people aged 60 to 89 years (born between 1899 and 1929) were tape-recorded and transcribed.

The questions concerning alcohol use were part of a multidisciplinary study in which the main themes included living conditions and situations, ways of life, health and functional ability, use of and need for services, as well as general life satisfaction. The interviews were carried out at the interviewees' homes and, in a few cases, in hospital. The interviewers were female health care or social science students aged between 21 and 39 years. A 24-hour training course arranged for interviewers, included lectures on the interview as a research method, the interview situation, and the role of interviewers. Furthermore, tape-recorded test interviews were carried out and the resulting questionnaires examined in detail.

The questions about alcohol use were preceded by this interviewer statement: 'The next questions concern your living habits. These are important items for our research.' The battery of questions started with items on smoking¹, then moved on to alcohol use. The following items about alcohol use were included:

'Do you use alcohol? Spirits, wine, beer (Yes-No)?'

'How often do you drink alcoholic beverages (including occasions when you drink only very little)?'

'If you do drink spirits, wine or beer, how long ago (in days) was it since you last drank: spirits, wine, beer?'

In the interview situations, however, the respondents did not always adhere to this 'official' interview schedule. 'Yes or no' responses were exceptions rather than the rule. Respondents did not only answer the questions; they went to considerable lengths in elaborating their responses (see also Jylhä 1994). In their elaborations some used verifications as time-buying strategies, for example: 'Was it me you meant?' or 'Do you mean separately or...?'. When answering questions about alcohol use, they could also drift into talking about topics completely unrelated to the subject of alcohol use. The interviewers, for their part, did not read out the questions word for word; some of them rephrased the questions slightly, adapting the

items to the spoken-language situation. By making discreet interventions such as reminding the respondents about the question, they made sure that each question was answered. In short, the interviews were discursive situations in which most of the talk was produced by the interviewees, but conducted by the interviewers.

The actual interviews, then, did not exactly follow the formal survey interview protocol (Brenner 1981). Although the interviewers did try to adhere to the protocol, following the order of the questions set out and remaining passive, the interviewees' response-making practices often made standardisation impossible. Although the questions were formulated as unambiguously as possible (according to survey logic), the respondents had to interpret what was meant by 'alcohol use'. The interpretation of the question was not necessarily settled once and for all as the questions were introduced, rather they could be processed during the interview (Holstein and Gubrium 1995: 2). In many places the interviewers allowed the respondents to talk freely; they were not interrupted as they responded to pre-set alternatives. Mullen (1992: 76) describes in more detail these ethnomethodological interview practices.

The analyses are based on both spoken and written text in that the tape-recorded episodes on alcohol use were transcribed by the author. They are based on discourse and conversation analysis (Jokinen *et al.* 1993, Silverman 1995, Burr 1996).

Alcohol use as discussed by older people

The main concern in the analysis was with how the discussion proceeded and with the ways in which the respondents talked about their alcohol use. Since the interview schedule started with a general question which enquired 'Do you use alcohol?', most of the responses started out at a general level. The follow-up questions 'How often...?' and 'How long ago...?' took the discussion to individual drinking occasions. The set of three questions functioned in two ways: it provided both a direction and a structure for the discussion.

In their responses the interviewees expressed their views on their own drinking. A distinction was made between four types of responses, i.e. 'No', 'No longer', 'Yes, when' and 'Yes, but no' (or the other way round: 'No, but yes'). In other words, the respondents answered the questions by saying that they did not use alcohol at all; that they had used alcohol before but no longer did so; or that they were contextual users or moderate drinkers.

‘No’

The people who said they did not drink did not usually give any reasons. The following extract² provides an example of this way of talking:

(Unmarried woman aged 77, interview 32)

[It’s, we have now changed the questions so that next, we will be asking you some questions about your living habits. The first question is, have you ever smoked regularly?]

No, I’ve never even tasted how good it is. (laughter)

[uh huh]

I haven’t even tasted it yet.

[Yes, and then the other item here concerns the use of alcohol.]

No, not that either.

[The question here is, do you drink spirits?]

No-oo.

[And how about wine?]

Nothing.

[And beer?]

No.

[Yes. How about, well the question here is how often do you drink.]

No no.

[We actually have these scales here but you said you don’t use alcohol at all.]

No, I haven’t even tasted alcohol, I wouldn’t know what it tastes like.

[Yes.]

I haven’t been that curious yet.

Even though people may have had their reasons for not drinking, they were not made explicit in the context of alcohol talk, as is clear from the following extract:

(Married woman aged 64, interview 1)

[The next questions concern your living habits.

Have you ever smoked regularly?]

No.

[And how about alcohol, do you use alcohol?]

No.

However, forty-five questions later, in another section dealing with everyday chores and the respondent’s ability to cope with them, the issue of alcohol resurfaced:

[Are you a member of any organization or society?]

Yes, I’m a member of the railroad workers’ temperance union.

The fact that people did not consider it necessary to comment on or explain their not drinking is of course problematic for the researcher. Firstly, how does one interpret ‘unspoken talk’ in cases where there is no comparative information? And, secondly, how does one interpret

the fact that in situations where we did not ask the reasons for either drinking or not drinking, they often commented on their reasons for drinking, but never on their reasons for not drinking.

The stating manner of talk revealed no meanings that could be attached to alcohol use. The way in which people emphasized their not drinking was also an exception. This is seen in the following extract:

(Married woman aged 72, interview 6)

[Have you ever smoked?]

No.

[Regularly?]

No, I haven't even tried. And I don't use alcohol.

[And you have never used alcohol?]

No, and nor has my husband either, never ever.

[Hm.]

The expression 'never ever' in this extract lends added weight to the respondent's statement that she does not drink. Secondly, by referring to her husband, she also makes it clear that alcohol is not part of their way of life. In this case the moral values attached to alcohol use are negative.

'No longer'

When the respondents said they had used alcohol before but no longer did, alcohol use was described in three different ways: through the past, through the limitations that come with age and through institutional life frames. Two examples of references to alcohol use in the past are as follows:

No. When I was young I might have tasted it, but that was a long time ago. It was only an experiment. (Interview 8)

No, I haven't tasted anything for ten years, not even cough medicine. (Interview 35)

Those who referred to the limitations that come with age, said that they might well use alcohol but for these restrictions. The limiting factors mentioned most often were medication and poor access, as in the case of extract 4:

(Widower aged 85, interview 7)

[Well what about different types of drink. Do you ever drink spirits?]

I have yes, quite a lot in the old days.

[But what about now?]

No not nowadays.

[How about wine?]

Well no.

[How about beer?]

\No one has brought me any.

[Yes I see. How about beer?]

No no, not me, and I don't really dare because of my medication\

\[The medication, yes]\

\No no I don't drink these, but I used to drink quite heavily in the old days.

Other limitations mentioned by the respondents included weakness, lack of money, and the restrictions of life in institutions. Respondents noted that alcohol was used as a medicine in general hospitals, but alcohol use in nursing homes and long-term hospitals seemed very much out of place. Views on alcohol use in institutions were in fact attached to institutions and their rules and norms, rather than to alcohol use itself. The following excerpt provides an example of this:

(Man aged 73, resident in nursing home, interview 11)

[How is it here, do you have regulations on alcohol use?]

Yes, there are regulations. Excessive drinking is not allowed.

[Yes.]

We must not disturb the others. But I haven't had any problem with that.

[In principle you are allowed to drink here?]

Well if you go and buy some yourself from the liquor store, it's not very near us.

The exchange then drifted to other issues until eighteen lines later when the interviewer brought the discussion back to alcohol use:

[Can you remember about these alcoholic beverages? When was the last time you drank?]

Here in this place I have had only one bottle.

[Yes]

But you must not talk about it.

[No]

I don't usually drink. I know the rules and they must be obeyed.

[Yes]

If one wants to live here,

[Yes, yes]

in this house. It's understandable that they have to have rules.

[This information that you have given will not go into the records of this institution.]

'Yes when'

The other positive account of one's own drinking was 'Yes when,' i.e. the contextual definition of drinking. A typical interview episode in this category would begin as follows:

No, I don't use alcohol, ..., it's a long time since I last had a glass of wine.

The structured interview schedule moved on to the frequency and the most recent occasions of alcohol use, and so the discussion proceeded to drinking occasions:

Yes, when my relatives from Sweden come over to visit me, they usually bring a bottle of wine and we may have a glass or two.

The use of alcohol was constructed through drinking contexts. Drinking occasions were described by identifying places where the respondents had used alcohol, such as after sauna, at home, at a party, when visiting friends. Or they were described by identifying the people with whom they had used alcohol, such as spouses, children, friends and relatives, old mates, and other 'girls'.

No reference was made to drinking in public places such as pubs or restaurants, or with colleagues from work. The unspoken words here speak for themselves: it seems that for older people the proper place to drink is somewhere private, such as the home, rather than in public. In addition, they drink in familiar circles, not with strangers. The fact that older people tend to drink in the private domain serves to uphold the popular image that they do not drink.

'Drinking place' carries different kinds of meanings in relation to alcohol use. In Finland, the most common drinking occasion is after sauna (Paakkanen and Simpura 1993: 339); indeed having a beer is such an integral part of sauna that it hardly counts as 'real' drinking at all. Sauna is a culturally accepted place for having a beer, as is clear from the following excerpt:

Twice a week, yes, but it's just a beer after sauna. (interview 10)

The ways in which some respondents answered the question, 'How long ago was it since you last drank beer?' indicates that drinking beer could be identified entirely with sauna, as in the following excerpt:

Well, it's, it's like the beer after sauna, let's say, it was on Saturday. It was two, twice that we heated the sauna yes.

[Yes, so it was last Saturday that you...]

Yes it was on Friday and Saturday (interview 14)

Unlike wine and spirits, beer was not generally considered a 'real' alcoholic beverage. This is because, as Alasuutari (1990: 8) points out, 'ordinary drinking occasions' in the everyday are not even understood as 'normal drinking'. Indeed some of the respondents would not even have thought of mentioning beer had they not been prompted by the interviewer.

Whereas drinking beer at home, for instance, is very much an integral part of everyday life, travelling abroad emphatically is not: travel takes people away from their daily routines into a different culture (see Selänniemi 1996: 269). Travel also has the advantage of permitting the traveller to behave in a manner normally circumvented by the dictates of convention (see Dann 1977: 188). Abroad, there are

more drinking occasions and fewer restrictions, as the following excerpts show:

Yes, I remember. Last summer ... or a year ago last April in Austria, we were served wine served in them ... taverns, that's where I had wine, yes. (interview 13)

...and then one might have some wine, yes. I do travel abroad a lot, so\

\[you can bring in]\

\I've brought in, I haven't been to Alko (the state monopoly) for twenty years.

But I have always brought drink in from abroad. (interview 37)

Contextual alcohol use usually consisted of everyday drinking occasions, such as having a party or going to sauna. The frame of everyday life provides the basis for assumptions about social situations and social phenomena. Within this frame people do not consciously apply any particular interpretation but simply understand what occurs as a competent member of the culture (see Alasuutari 1990: 8).

'Yes, but no', 'No, but yes'

In the responses that were categorized as 'yes, but no' or 'no, but yes', the respondents described themselves as moderate drinkers in two ways: either through comparisons or through drinking contexts. In cases where alcohol use was described through comparisons, the 'others' and their drinking served as points of comparison for one's own drinking. Cultural stereotypes of Finnish drinking habits, served as the basis for constructing views of those 'others'. Images of others resemble Mead's 'generalized others' with the crucial exception that here, the others were not 'the community exercising control over the conduct of its individual members' (Mead 1972: 155), but 'others' serving as counterparts in processing the views of one's own drinking. The cultural image of Finnish drinking habits expressed by our respondents included three core elements: that alcohol use consisted in drinking to intoxication, that there were good ways and bad ways of drinking, and that there were drunkards and moderate drinkers. These contributed to the self image of the respondents as 'moderate drinkers'.

Those who expressed the belief that people in Finland drink for the sole purpose of getting drunk used this as a contrast to their own, moderate drinking habits, as in the following excerpts:

Yes, and I have never been drunk, not even when I was younger. (interview 4)

When the speaker described him or herself as a moderate drinker, the

cultural images of good and bad ways of drinking served as counterparts, as in the following excerpt:

...it has just been a social thing in the family, it would not be acceptable to drink on one's own or something like that, but he never did. (interview 23)

Images of drunkards served as counterparts to one's own, non-problematic alcohol use, as in the following excerpt:

No, and I am not an alcoholic either. (interview 25)

'Drinkers' are portrayed as a case apart, their habits clearly differing from one's own. Drinkers drink frequently, they drink heavily, and they drink to intoxication. For instance, some older women did not consider themselves alcohol users at all even though they did drink, because they said they only drank small quantities, very rarely, and usually when they had company. The common feature in the 'yes, but no' talk was that the bad ways of drinking were projected onto other people, while the respondents identified themselves with moderate drinkers.

Thus a basic distinction was that, while others sometimes drank heavily, that certainly did not apply to oneself. These comparisons were interesting in two different ways. On the one hand, the respondents seemed to have false notions of other people's drinking habits. The myth of Finnish 'boozing' (see Peltonen 1988; Simpura 1989) appeared in their talk as pluralistic ignorance (see Eskola 1986: 65; cf. Pedersen 1993). On the other hand, it seems that the respondents did not use their talk solely to provide information about their own alcohol use, but also to establish the norms: to make it clear that one was a moderate drinker seemed to be important. Broader cultural norms of the 'decent man' (see Kortteinen 1992; Weber 1992) could also be perceived behind their talk. The images of 'others' were essential elements when people processed their views of themselves as decent persons.

While the others appearing in the comparisons were 'generalized others', the others that people mentioned in describing their own drinking occasions were concrete persons. Who were these others, and how did people talk about them? Who in these interviews is the 'one' who drinks?

Who is the 'one' who drinks?

Interview talk about alcohol use consisted either of statements in the active voice ('Yes, I drink', or 'Yes, we do') or in the passive voice ('it

seems that it's usually once a week'). So, who is the one who drinks in the 'I' speech, and who is the one who drinks in the passive voice statements? And who is the one who drinks in the 'we' discourse?

I drink – or do I?

A distinction can be made between two different agents: the narrator and the user, i.e. the one who narrates and the one who drinks. In 'yes, I drink', 'I' is both the narrator and the one who drinks. Two different manners of speech can be distinguished in accounts in the passive voice: either both the narrator and the user appeared in undefined form (e.g. 'it seems that it's once a month...') or only the user is specified (e.g. 'it seems that... I had a few').

The respondents could move quite flexibly between the active and the passive voice, as in the following excerpt:

(Unmarried woman aged 72, interview 31)

1. [Do you use spirits?]
2. Spirits, I drink spirits when I do. (laughter). When I do but very moderately. (boasting)
23. [Yes, all right.]
24. Well, it seems that it's a few weeks ago. It's possible, I can't remember right now.
29. [Yes, liqueurs are considered as spirits.]
30. Yes, yeah... I just happen to have a bottle of liqueur in the cupboard. (laughter)
31. [Hmm, would it be more or less that... wine]
32. You mean
33. [Wine, I mean how often]
34. yes yes, but I mean that well, uhhuh, I do yes, oh no, this is quite silly, I have tried to get rid of the rest of it so that I can throw the bottle away. Oh just put something in there. That's, let's put it this way that I might have had a few drinks during a couple of weeks or something like that. But you know, I don't pay attention to it so much (laughter).

Because of the structured interview schedule, the respondent was 'forced' into rethinking her views. Initially she spoke in the active voice (line 2). Later on, in answering the questions 'How often...?' and 'How long ago...?', she redefined her drinking. While the interviewer remained passive, the respondent found herself in trouble and she switched to the passive voice: 'it seems that it's a few weeks ago' (in line 24), or '...let's put it this way that I might have had...' (in line 34). The passive voice served the purpose of taking distance from one's own alcohol use; or, in a more sceptical analysis, of concealing one's drinking. However, given particular norms, the passive voice is a

cultural style of talking, representing cultural habits. In the case of Finland, the fashion of talking about one's own alcohol use in a way in which the responsible subject is pushed into the background, as if alcohol use was a thing happening all on its own, separately from the user's volition, is a cultural style of talking. People use the passive voice also because of the negative morality surrounding alcohol: to avoid being labelled a drinker, it is better to talk in an obscure, roundabout fashion than be clear. Furthermore, people in Finland are very much inclined to keep private matters private. The obscure manner of speech may also serve the purpose of buying people the time they need to process their views.

The views that people seemed to be processing in their answers concerned such questions as 'Do I use alcohol?' and 'How much is much?' On the one hand, the two questions 'How often?' and 'How long ago?' helped the respondents gain a picture of their own alcohol use. On the other hand, since the respondents received no precise instructions as to what is meant by 'alcohol use', nor any standards as to how much is much, they had to set their own standards and make up their own minds. Interestingly, although it was never asked, the question 'How much do you drink' was clearly processed in the minds of the respondents. For some older people twice a year seemed to be 'a lot', for others daily drinking was 'much'. It seems that the less one drank alcohol oneself, the greater was the influence of cultural stereotypes of alcohol. It also seems that when people do not have concrete counterparts in their lives, such as a spouse or close friends, they find it harder to evaluate degrees of alcohol use.

'We do' and 'I do' – couples and others

When talking about drinking occasions where they had company, people were inclined to speak in the nominative plural. This 'we' speech had different types of logics. In the speech where 'we' consisted of couples ('couple talks'), the speech was structured around two logics 'We are together, and when we drink, we both drink', and 'When we go, I drink.'

In the first type 'we' consists of 'the two of us', and they made no distinction between their alcohol use: their drinking habits or drinking occasions were described as identical. These we-ways of talking are seen in the following excerpt:

How should I put it? If we are at a party and alcohol is served there, we have used it (woman aged 81, married, interview 25)

In the second type of couple talk, in which ‘we’ consists of two persons forming a couple, one’s own alcohol use was separated from the couple’s alcohol use. An example is provided by the following excerpt:

Yes, it was on Saturday, we were...
 ... [How about wine or spirits?]
 Spirits, it was whisky that I had with the host. (man aged 68, in common law marriage, interview 16)

Where ‘we’ referred to others than the couple (i.e. ‘extended we’ talks) the speech was structured differently from both types of couple talk. Whereas in both types of couple talk being together was the rule, this was only rarely the case in the ‘extended we’ talk. For instance: ‘When we are together (or when we get together), we drink’. Also the place of drinking occasions in everyday life was different in the ‘extended we’ talks.

These different logics highlighted the different life situations of couples and others. They also illuminated how the ways in which people understood their own drinking were embedded in their life situations. In the talks in which ‘we’ consisted of ‘the two of us’, people could not distinguish their own alcohol use from the couple’s alcohol use, whereas in the speech in which ‘we’ consisted of two persons forming a couple, one’s own alcohol use was understood as individual alcohol use; and in the speech in which being together was only occasional, one’s own alcohol use was part of collective alcohol use.

It is impossible on the basis of the interviews to say whether the actual drinking behaviour of the two-of-us couples were identical. However, it seems possible that couples who had grown old together had identical drinking habits (cf. Holmila 1988: 15), especially if they were moderate drinkers. Alcohol use in older couples may well converge with increasing age as a result of two processes. First, daily routines shared for decades bring couples closer together; second, the use of alcohol decreases among men and increases among women with age, as has happened in Finland in the 1980s (see Tolvanen and Jylhä 1994).

Others in a gendered world

Family life and gender differences have been studied quite extensively in the field of alcohol research (Aitken and Jahoda 1983; Ettorre 1992; Holmila 1988; Honkasalo 1989; Järvinen and Rosenqvist 1991; Nätkin 1988; Paakkanen 1992). However, earlier studies of feminine

and masculine drinking and of couples' drinking have focused on middle-aged or young people. What do these we-talks reveal about social life and gender differences in older age?

In the couple talks, regardless of whether the narrator was male or female, the others comprised such persons as couples, children, other relatives and friends. In the 'extended we' talks, women mentioned 'other girls', male friends, neighbours, children and other relatives. The following excerpts provide examples of these women's 'extended we' talks:

Hmm, just a moment. It was, it was the evening before yesterday, I had a woman friend of mine here and we had, we had a few drinks of vodka. (widow aged 62, interview 39)

Hmm, when did the kids go abroad. They were abroad and brought me that terrible bottle, I didn't drink much of it, I just had a small glass and didn't drink any more of it, I gave it away. (widow aged 60, interview 34)

The ways in which women talked about other people in their we-talks illustrate their drinking occasions and their social positions. They are older women who (in couple speech) drink with their husbands as wives and, as mothers and grandmothers, with their children's families. They are older women who (in the extended-we speech) drink as female friends with their male friends, and as friends with relatives, neighbours and acquaintances.

In men's we-talks, couple talk was the rule; the 'extended we' way of talking was an exception. This is seen in the following:

When was it, uhm, it was last autumn that we got together, these men older men we got together one evening, and it was sometime in August. (man, 66, in common law marriage, interview 13)

Men only ever mentioned other men; they never mentioned drinking with their partners, neighbours, children or other relatives, except in couple talks. It seems that men were either couple-centred or solitary drinkers. Unlike women, men in their 'I' talks did not offer any explanations for their drinking alone.

Some women used alcohol as a medicine or a nightcap, as in the following excerpt:

I drink, I mean, I have asked the doctor, because of my poor appetite, that, I can have a schnapps (widow aged 73, interview 26)

This apart, older women either had company when they drank or they seemed to need company. Individual drinking in old age is not part of female culture in Finland, but still belongs to the world of men.

Discussion

Earlier research on alcohol use among older people has tended to regard it as a problem; alternatively, alcohol use has served as an indicator of older people's lifestyles or living habits. The evidence on alcohol use (or abuse) among older people is based primarily on quantitative data from surveys. The baseline position in many surveys is that alcohol use is made up of measurable elements, and that people either use alcohol or do not use it. This dichotomous way of thinking is typical of many ageing studies and alcohol research. In ageing studies a distinction can be made between those dealing with impoverishment and those focused on activity (e.g. Luken 1987; Manheimer 1989; Nikander 1993). Alcohol research, for its part, tends to portray older people either as teetotallers or problem drinkers (Tolvanen 1996). The question of older people's alcohol use seems to be intertwined not only with the logic of survey studies, but also with ways of understanding old age.

The ways in which older Finnish people talk about their alcohol use in survey interviews does not quite follow the survey logic, nor the black-and-white images of aged and ageing produced by earlier research. The dualism in older people's (alcohol) speech emerges from the cultural meanings of alcohol use.

The transcripts analysed in this paper originate from a survey in which alcohol use was included as a 'living habit' variable. Although alcohol use was introduced as such to the respondents, they did not seem to regard their drinking as a particular 'living habit'. The fact that the questions concerning smoking preceded the questions concerning alcohol use provides an opportunity to compare alcohol talk and tobacco talk. Unlike the former, the tobacco talk of respondents clearly reflected public health awareness; smoking was recognized as a health hazard and the subject of social disapproval. Since these negative values were attached to smoking rather than to alcohol use, the order of these two sets of questions seemed to make it easier to talk about drinking than smoking.

Alcohol was clearly not a matter of either-or for the respondents: yes/no responses were indeed exceptions rather than the rule. Although those people who said they did not drink at all simply answered 'no', those who said they had drunk or still drank alcohol were more conditional and relative in their speech. When people said that they did drink but 'not a lot', this was contextualized either in drinking occasions or in cultural images of alcohol use. Their 'not a lot' was not 'real' drinking, but occasional or less than others' drinking.

Cultural views of the good, decent person seemed to be the main precept of older people as they processed their view of themselves as moderate drinkers. The dualism of Finnish alcohol culture, with alcohol use understood as either good or bad, found expression in people's distinctive comparisons as pluralistic ignorance: 'others may drink a lot, but I do not'. The respondents' psyches seemed still to be influenced by age-old patterns embedded in the values of peasant society (Roos 1985). Against this (psycho) cultural background, it is also easier to understand the fear of alcohol expressed in the respondents' speech. For instance, some will use alcohol as a medicine only if it is prescribed by a doctor or nurse. Similarly perhaps, views on the rules and regulations of life in institutions did not only reflect fears of losing one's independence in old age, but also illustrated the respect of older generations for authorities and institutions. Apart from the institutional frames, other restrictions of alcohol use mentioned in speech were weakness, medication and lack of money. Other cultural meanings attached to 'alcohol use' were that alcohol is a medicine, a nightcap or part of social intercourse. When alcohol use was described through drinking occasions in everyday life frames, the older people did not seem to apply any particular frame relating to age. The emphasis was on that of a competent culture member.

In Finnish alcohol research, older people do not seem to appear as competent members of our alcohol culture. Patterns of alcohol use are typically discussed in the context of male and female work cultures, both in the working class and the middle class (Ahola 1989; Alasuutari and Siltanen 1983; Honkasalo 1989; Paakkanen 1984; Paakkanen 1991), and as linked to the borderline between work and leisure time (Paakkanen 1989). These patterns however are not discussed in contexts relevant to older people and old age. Nevertheless it appears that the alcohol culture of all age groups in Finland includes at least two common features. First, sauna is the common denominator for a wide range of drinking situations. Secondly, moderate drinking is not seen as moderate until its relation to drunkenness is defined (see Paakkanen 1989: 198).

In conclusion, the analysis of older people's alcohol talk has shown that alcohol use is a social and cultural phenomenon involving not only measurable drinking habits and alcohol consumption, but also the views that people hold of their own drinking and cultural images of alcohol use. In the context of social ageing, alcohol use appears both as a cultural indicator and a social indicator. In Finland, Finnish people are tied to the cultural conventions, habits and norms surrounding alcohol consumption. That is, drinking is an accepted part of social

intercourse within limits. Drunkenness is not acceptable, nor is it proper for women to drink alone, or for alcohol to be consumed in institutions.

In the context of social ageing, alcohol use can also be seen as a social indicator. The evidence of this study suggests that advanced age is losing much of its significance as an independent factor that distinguishes between lifestyles. In contrast, alcohol use appears to be a social indicator that reflects gender differences in alcohol cultures and differences in couple's and others' life situations. All in all, the variety of elements out of which alcohol use was constructed in the interviews demonstrates the complexity of the evolution from traditional through modern to post-modern old age.

NOTES

- 1 The following questions were asked about smoking: 'Have you ever smoked regularly, almost every day, at least for one year?' (Yes – No)? (If no, proceed to...) If yes: 'For how many years?' (Number of years) 'Do you smoke regularly at the moment?' (Yes – No)? If no: 'How many years ago did you stop smoking?' (Number of years) 'How many cigarettes, cigars and pipefuls do you smoke daily?'
- 2 Transcription Notation
 - [...] interviewer's questions, interventions or comments
 - (...) interviewee takes a short break to think
 - \ beginning and end of simultaneous talk

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