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Talking about alcohol use: The attitudes of social work professionals and their clients

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ABSTRACT

Social work professionals play an important role in identifying and assessing alcohol-related problems. This paper explores the attitudes of social work professionals and their clients toward talking about alcohol use within the context of alcohol screening and counseling in social work. The primary objective is to explore: (1) How talking about alcohol use is constructed as an attitude object? And, (2) whether the professionals and their clients do this in the same way or whether there are differences between them. The social work professionals ($N = 14$) and their clients ($N = 14$) participated individual interviews, analyzed using a qualitative attitude approach. Both groups mainly constructed talking about alcohol use as a self-disclosure. The ways in which talking about alcohol use was constructed varied depending on whether talking about alcohol use was considered a threat to agency.

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Introduction

Social work professionals who are employed outside of substance abuse practice settings frequently meet clients who engage in hazardous or harmful drinking (Galvani et al., 2014; Kievišienė, 2023). In social work, a discussion of alcohol use is influenced by the conflicting goals and power relations inherent in social work practices. As agents of the welfare state, professionals' decisions have an immediate and profound impact on clients' lives. However, social work professionals also have an empowering role to support their clients. This conflict between care and support versus social control is present in all social work communication (Adams, 1996; Törrönen et al., 2013).

Broaching the topic of alcohol use is the first essential step in intervening in alcohol-related problems. The earlier the topic is raised and problems identified, the smaller the risks. In many cases, a person is not even aware that he/she has alcohol-related problems prior to an intervention by an external party. Broaching can help the early recognition of the problem that leads to seeking appropriate advice and treatment before the risks increase (Babor & Higgins-Biddle, 2001.). Broaching the topic of alcohol use has been researched in relation to alcohol screening and counseling in various healthcare settings and other human services (Nilsen, 2010; Schmidt et al., 2015). Screening tools such as the AUDIT (Alcohol Use Disorders Identification Test) are an essential part of social workers' toolkits, enabling professionals to assess the severity of alcohol problems in

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different populations and settings (Saunders et al., 1993). Incorporating screening into routine practice has been shown to enhance early detection, reduce barriers to treatment, and promote holistic client care (Miller & Rollnick, 2013). Training social workers in the use of evidence-based screening methods is vital for helping clients with alcohol-related issues (Author, 2018).

Screening of alcohol-related problems in social work does not only depend on the screening methods used but also on the ways in which professionals and their clients perceive those problems. Alcohol-related problems are associated with a strong stigma, which often is more pronounced than that associated with many other medical, substance or mental health issues (Morris & Schomerus, 2023). Stigma can have a significant impact on individuals with alcohol-related problems, reducing their likelihood of seeking treatment and exacerbating feelings of shame and social exclusion (J. D. Livingston et al., 2012). Such stigma is often rooted in negative societal perceptions that equate drinking issues with moral failure or personal weakness (Room, 2005). This stigma can lead to internalized shame and decreased self-esteem, intensifying barriers to accessing care and hindering recovery efforts (Schomerus et al., 2011). In Finland, addiction treatment professionals' tendency to hold individuals responsible for their problems has been recognized as a potential impediment to effectively helping clients with alcohol-related issues (Koski-Jännes et al., 2016).

High-quality social work practice requires good interaction skills for the building of trust and the experience of being heard (Reith-Hall & Montgomery, 2023). It is acknowledged that managing the intense emotional demands stemming from the fundamental dilemma of balancing care and control can be challenging (Hussein, 2018). However, there is limited research on the teaching and learning of interactional skills in this emotionally charged context at both the undergraduate and postgraduate levels of social work education (Reith-Hall & Montgomery, 2023). Previous research has suggested that social work professionals generally do not feel ready to work with alcohol-related issues (Galvani & Forrester, 2011; Galvani & Hughes, 2010; Senreich et al., 2017), and may have reduced level of commitment to working with clients who have alcohol-related problems (Kievišienė, 2023). Studies have identified that additional support, training, and focused curriculum content are required to ensure social work professionals feel confident in their ability, knowledge, and legitimacy to intervene in alcohol-related problems (Galvani & Hughes, 2010; Galvani et al., 2014; Kievišienė, 2023; Loughran & Livingston, 2014; Senreich et al., 2017; Shaw et al., 1978). However, it has also been recognized that the process of social work skill creation often takes place outside the classroom or training setting and incorporates personal, academic, and social work practice considerations (W. Livingston, 2014; Osmond, 2005).

In this paper, I will explore the attitudes toward talking about alcohol use in social work, with a specific focus on contexts that are outside of substance abuse practice settings. This study is unique in its inclusion of attitudes from both social work professionals and their clients. The primary objective is to explore: (1) How talking about alcohol use is constructed as an attitude object? And, (2) whether the professionals and their clients do this in the same way or whether there are differences between them. To explore the attitudes further, I use concepts of self-disclosure, non-communication, and agency. It is important to note that these concepts I use to organize the findings do not form a pre-defined framework; instead they have turned out to be useful tools to analyze and interpret the plurality of attitudes identified in this study. Next, I will discuss identifying and assessing alcohol-related

problems in social work and show how self-disclosure and supporting the development of agency are at the heart of social work interaction.

Social work professionals assess their clients (Galvani et al., 2014) and therefore require information about their clients' lives. Medicalizing discourses about alcohol-related problems have a long history (Smith et al., 2021) but since alcohol consumption can be entrenched in many facets of life, it is important to discuss this topic during a social work meeting (Kievišienė, 2023). Alcohol-related problems affect employment, housing, income, family, the fulfillment of responsibilities, and the ability to function effectively (Collins, 2016). Alcohol-related problems are also connected to social networks, identities, and statuses, and they not only affect the individual, but also the people around them. (Author, 2018.) Therefore, alcohol-related problems should be considered a social issue as well as a health issue. To assess if alcohol use affects multiple areas of a client's life, the social worker should build a relationship that ensures confidentiality and encourages the clients to talk about themselves – to self-disclose.

Self-disclosure has been widely researched (see Derlega et al., 1993; Hargie et al., 1994) and can be defined as a process of communicating personal information to another individual, both verbally and non- verbally. This definition is very broad, and it can be added that shared information should be new for the recipient and not widely known. Self-disclosure is a tool that can be used in social interaction and it can be characterized as a social skill. Depending on the context and nature of the interaction, acts of self-disclosure can serve several purposes and have different functions. However, even if the self-disclosure functions in multiple ways, it may not always be positive or appropriate (Hargie et al., 1994.). It is not possible to define exact rules to govern when to self-disclose or the appropriate dimension of self-disclosure; instead, the suitability of self-disclosure is always dependent on the context, and the roles and expectations of the individuals interacting (Vesala, 1998).

In certain situations, it is preferable, or even necessary, to withhold information and avoid communication. This type of non-communication can protect an individual and his or her experiences, and thus can be viewed positively (Vesala, 1998). Bateson and Bateson (1987) defined the concept of *non-communication* as the act of not communicating something that could be communicated under certain conditions. Non-communication is an important communication strategy that can be used, for example, to protect or preserve something that communication would change. In other situations, non-communication is used to protect feelings: individuals can abstain from self- disclosure when it would evoke negative feelings or cause insult. On the other hand, non-communication can be a precondition of open communication; this is particularly important when establishing a professional bond of confidentiality, which presumes a mutual trust that what is being discussed will not be communicated to other parties (Vesala, 1998).

Previous research literature on self-disclosure and non-communication also discusses non-verbal communication, focusing on its role and interpretive accuracy in human interaction. While some scholars emphasize its importance, others highlight its variability and the impact of cultural differences (Burgoon et al., 2021). Furthermore, instances where non-verbal signals are absent or deliberately withheld highlight the complexity of interpreting silent or ambiguous cues, which can lead to misunderstandings or incomplete communication (Hall et al., 2019). These discussions emphasize the importance of context-

sensitive interpretation and cultural awareness when it comes to understanding non-verbal behaviors, also within the context of social work.

Alcohol screening and counseling revolves around self-disclosure. Social workers must assess their clients' situations in order to identify alcohol-related problems. However, a common misconception is that clients will become angry or feel insulted if they are questioned about their alcohol consumption (Babor & Higgins-Biddle, 2001). On the other hand, the importance of a client's autonomy is highlighted in social work (Banks, 1995); it is widely accepted that professionals should respect a client's privacy and only seek the information required to fulfill their role and meet the client's needs. Generally, institutions in a contemporary welfare state rarely take a stand on how people should manage their lives; instead, they concentrate on supporting the development of individual agency (Sulkunen, 2009).

Agency is a key concept in the social sciences and has been discussed extensively in the literature (Campbell, 2009; Fuchs, 2001; Munford & Sanders, 2015; Niska, 2015). It is closely associated with the agency-structure debate, which generally focuses on the degree of autonomy that should be attributed to individual actors as opposed to the constraining power of social structures (Campbell, 2009). Some scholars work to bridge the agency/structure gap by using the concept of social embeddedness (Fuchs, 2001). According to this view, the agency is a socially situated and embedded phenomenon that is defined and constructed via transactions that take place between individuals and their environments (Emirbayer, 1997). Ideally, social work professionals have a role in activating and supporting the agency of their clients. Social work literature has often used concepts such as empowerment (Adams, 1996; Törrönen et al., 2013) or emancipatory practice (Tew, 2006) to refer to this process of activating and supporting. Agency lies at the core of alcohol use and addiction (Egerer et al., 2012; Uusitalo & Egerer, 2024). Agency is closely connected to a person's social status, and it plays a central role in social inclusion; the loss of agency often results in a loss of autonomy (Egerer et al., 2012). However, agency can be constructed without autonomy. People suffering from an addiction may lose their autonomy and act against their best interests, but they can still maintain their overall agency by constructing an authentic biography (Egerer & Rundle, 2025).

Materials and methods

This study employed the qualitative attitude approach (Vesala & Rantanen, 2007), which is informed by rhetorical social psychology (Billig, 1996) and parallels a variety of approaches that conceptualize attitudes as social phenomena (see Burr, 2015; Lalljee et al., 1984); specifically, attitudes are communicative acts (Thomas & Znaniecki, 1918/1974; Wiggins & Potter, 2003). This social understanding of the attitudes contrasts with the dispositional definition favored by mainstream attitude research. The dispositional attitude conceptualization defines attitudes as internal predispositions or physical states with long-term consistency (Eagly & Chaiken, 1993). According to social understanding, on the other hand, attitudes are argumentative positions on a controversial issue in a particular social context. In addition, they are contextually sensitive and flexible because individuals adjust their attitude expressions according to each situation; an attitude toward an issue is rarely fixed or retained as an unambiguous position that is applied across different contexts (Pyysiäinen, 2010).

The qualitative attitude approach suggests that attitudes are constructed and can be recognized in social interactions. Following rhetorical social psychology (Billig, 1996), attitudes are understood as inherently argumentative phenomena that are developed when people take a stand on a subject and support their viewpoint with justifications. Taking a stand is an evaluative act that contextualizes and constructs an attitude object in a particular way. Furthermore, people can take different positions when justifying their stance. Therefore, both the subject and the object of an attitude should be analyzed (Vesala & Rantanen, 2007).

The first step in making sense of attitudes toward talking about alcohol use in social work is to understand the multiple viewpoints on the issue. The qualitative attitude approach provides a specific empirical procedure to explore the construction of attitudes in argumentative talk. Disputable questions, most often in the form of statements, work as prompts to produce argumentation about the issue being discussed (Vesala & Rantanen, 2007). During the interviews conducted for this study, I followed the guidelines of the qualitative attitude approach and presented eight uniform statements to the social work professionals ($N = 14$) and their clients ($N = 14$), with the explicit request that they should comment on them freely. All the statements concerned the early identification of alcohol-related problems. Of special interest here is argumentative talk stimulated by one specific statement that was presented to the interviewees: 'For me, talking about alcohol use is as easy as talking about other aspects of life.'

I chose to focus on this specific statement because it prompted a range of evaluative stances and justifications that relate to the discussion of alcohol use and are central to social work interaction (the other statements have been analyzed in Author, 2018). Analysis of the other statements indicates that alcohol screening and counseling are frequently regarded as an integral component of social work practice, sensitive subjects for discussion, or effective motivational tools. It is noteworthy that all of these three constructions were often brought up in the one interview transcription. The present study focuses on alcohol screening and counseling in social work, and the study was presented to the participants accordingly. Consequently, while this study provides a more detailed examination of the interview data, focusing on a particular statement with a more general character, the participants' comments were made within the context of a study on alcohol screening and counseling in social work.

The professionals I interviewed were all women. Their ages ranged from 26 to 58 years (average age 39 years), and their experience in the field of social work ranged from 4 months to 30 years (average 7.5 years). I conducted each interview at the interviewee's place of work during work hours. All the professionals were employed outside substance abuse practice settings and in the area of adult social work within the Department of Social Services and Health Care of the City of xx. In this context, the core objective of adult social work is to help clients address concerns regarding, for example, employment, family life, and income.

Half of the professionals interviewed had recently participated in a course that focused on how to discuss alcohol in social work contexts. The course was organized by a city's Department of Social Services and Health Care. I sent an e-mail to each participant and asked whether they were willing to be interviewed for this study. As the course was voluntary, I assumed that the professionals were attending because of a particular interest in the topic. Therefore, I also interviewed professionals who did

not take part in the course. This selection was achieved by snowball sampling: the professionals who were interviewed then asked their colleagues if they would also participate in the study.

The clients were recruited using contacts provided by professionals; the professionals who participated in the study were asked to inquire whether their clients would also like to be interviewed. I emphasized to the professionals that any client could participate and alcohol-related problems were not a prerequisite. In addition, three clients were selected by snowball sampling: the clients who were interviewed could ask their friends, who were also social work clients, if they would like to be interviewed.

For the client sample, I interviewed an equal number of women and men, ranging in age from 18 to 58 years (average age 41 years). I conducted the client interviews either at the Department of Social Services and Health Care (8 interviews) or at the University of xx, (6 interviews) depending on the preference of each interviewee. The clients' personal experiences of alcohol-related problems and social work interactions varied. I did not request this background information from the interviewees directly but many brought it up during the interview. Some clients revealed that they consumed no alcohol at all while others reported long-term consumption that had caused problems. Some of the participants had been clients of social work only for a couple of months, others for years.

The interviews were recorded and transcribed verbatim, and the statement analyzed for this paper covered approximately 50 pages of the transcribed material. Following the principles of the qualitative attitude approach, I performed the analysis in two stages. The classifying analysis was the first stage, and I completed a literal reading of the research material and categorized the argumentative talk. The categorization identified the different stands toward each attitude statement as well as the specific arguments and rhetorical resources used to reason and justify these stands (Vesala & Rantanen, 2007). I identified different types of stands within the same interview, and I then classified the different stands into categories: first, by the type of stand, and second, by the types of justifications that were presented for each stand. For instance, clients justified their positive stance on the statement by comparing self-disclosures concerning alcohol use to self-disclosures about other possible topics that would be more problematic, difficult and agency-threatening, or by referring to their own role as a social work client, which has made self-disclosures of any topics a routine part of their work.

In the second stage, an interpretative analysis created a conceptual dialogue for the classified categories, with theoretical concepts and discussions relevant to this study. I aimed to identify the general patterns of argumentation that were evident among the detailed categories of stands and justifications. These categories of stands and justifications related to problem-orientation, privacy and role expectations. I grouped the attitudes into three dimensions and linked them to concepts of self-disclosure, non-communication, and agency. The research proposal was approved by Ethics Committee of the Department of Social Services and Health Care and written informed consent was obtained from each interviewee. To protect the anonymity of the participants, I removed their legal names and any references to their localities in the data. In this paper, *p* indicates that the excerpt was provided by a professional, and *c* indicates a client.

Results

Both groups mainly constructed talking about alcohol use as a self-disclosure. The interviewees related these self-disclosures to maintaining or losing agency. They considered the possible consequences of self-disclosure, and contemplated how much information could be disclosed and to whom without a negative impact on agency. I grouped the attitudes into three dimensions: problem orientation, privacy, and role expectations.

The dimension of problem orientation

The interviewees accepted the statement (i.e., they agreed that for them, talking about alcohol use is as easy as talking about other aspects of life) if a discussion addresses alcohol use that is not problem-related, or if a discussion sets problems aside. In contrast, the interviewees disagreed with the statement if a discussion focuses on alcohol-related problems. This dimension of problem orientation was common in the clients' comments. The clients emphasized that their own alcohol use is unproblematic, and therefore talking about the topic is easier for them than talking about other problem-related aspects of their lives.

> cO: Well, personally I would say that talking about alcohol is easy. For me, it is easier than talking about many other aspects of life (laugh) because it is not a problem for me.

The professionals also provided comments on the dimension of problem orientation, and they speculated how clients with alcohol-related problems would comment on the statement.

> pF: It might be a different story if one has a problem with alcohol if one has something to hide. If I were in that kind of situation myself, then talking could be more difficult.

The interviewees claimed that talking about problem-related alcohol use is difficult because an acknowledgment of a problem will generally lead to intervention. According to the clients, the fear of consequences makes it difficult for other clients to talk about alcohol use at work or with public authorities.

> cL: If you get an impression that there is yet one more public authority who wants to intervene in your life in some way . . . I then you would think, 'If I tell this and that, does it affect my social security benefits?'

Additionally, the clients noted that if conversations become difficult, people can use their employment as evidence to prove that they do not have alcohol-related problems:

> cE: That simply means that there is no problem; I am a bus driver—I am working every day. I know many, hundreds of people, who are like that. When they get out of work, they immediately go to a bar, and then they stay there until closing time, and the next morning they go back to work.

However, the interviewees remarked that a discussion on problem-related alcohol use does not always have consequences. According to the clients, it is easy to discuss drinking with friends because generally they will not intervene. The professionals agreed with this statement and provided the same reason when commenting on alcohol use beyond the social

work context: the professionals stated that they do not need to detect other people's alcohol use outside of their work.

> cF: Often it is just a mention that we indeed had a few. . .someone says that he/she drinks one or two glasses of red wine per night – fine. Others do not – someone [else] gets drunk on weekends.

> pN: It might be that in this context [social work] the problem-oriented approach is inside one's head all the time, pondering all the time whether this is a problem. But in private life, you do not have to keep an eye on whether it is a problem for someone.

Altogether, the interviewees appeared to argue that discussing alcohol use is difficult if the consumption is problematic and if the discussion questions the client's agency and cast doubt on the client's ability to make decisions about his or her alcohol use.

The dimension of privacy

The interviewees commented on the statement differently depending on whether it raised privacy concerns. If a request to self-disclose impinges on privacy, the interviewees disagreed with the statement (i.e., they stated that for themselves, talking about alcohol use is *not* as easy as talking about other aspects of life) and vice versa.

The professionals remarked that requesting self-disclosures of alcohol use is difficult because clients appear to regard these requests as particularly sensitive or difficult. The reason for these requests is often not made clear; therefore the professionals also noted that, if they were the client, they might experience the similar feelings. The clients, on the other hand, assumed that other clients would interpret these requests for self-disclosure as a suspicion of heavy drinking.

> pO: It might be that I would react in the same way myself, that I would not understand what this has to do with my situation anyway. If I were a client, I would not love these discussions because they are indeed connected to the feeling of being controlled.

The professionals noted that at times they can misinterpret a client and mistakenly believe that they have crossed the line of privacy. For many clients, alcohol use is not the first topic to cross this line after all.

> pD: No one has ever been angry with me when I have asked. It is just my own imagination that now I will ruin something.

The excerpts above exemplify how requesting self-disclosures of alcohol use may have consequences that affect agency. These requests can cross the line of privacy and are associated with feeling of being controlled. In these situations, a basic request to self-disclose can appear to question whether the client has the agency to make decisions about alcohol use. It is notable, however, that the clients in this study emphasized that the other clients could interpret a request to self-disclose in this way: however, they stated that they would not view a request for self-disclosure from this perspective. Similarly, some professionals noted that they have never met a client who would interpret a request this way. Therefore, it appears that the consequences for agency produced by these requests are primarily hypothetical constructs: potential issues that may happen to someone else.

The dimension of role expectations

Agreement or disagreement with the statement was also dependent on whether the interviewees argued that the role of the social work professional justifies the requests for self-disclosures from clients. Comments at this dimension were mainly presented by the professionals. They agreed with the statement if they claimed that their working role provided a justification (i.e., they agreed that, for them, talking about alcohol is as easy as talking about other aspects of life) and vice versa.

The professionals claimed that a discussion about alcohol use is essential when the aim is to assess and understand a client's life. From this perspective, the process of identifying and assessing alcohol-related problems is a necessary component of social work, even if it crosses the line of privacy. The professionals argued that clients generally share this understanding, and if they are not aware of the reason behind the discussion, then it can be explained.

> pJ: Clients have certain expectations about social work professionals in their mind when they come. Somehow, they might be able to orientate themselves already in a way that they know that we do talk about certain things when they come here, that it is no small talk we have here.

The analysis shows that role expectations have significant consequences for talking about alcohol use. A discussion about the topic is considered a part of social work practice when the role of the social work professional provides a justification to request a self-disclosure of alcohol use. Requesting self-disclosures thus becomes a routine method within social work practice. In this context, the discussion also lacks a personal focus; therefore, talking about the topic does not appear to raise questions regarding the client's agency to make decisions about his or her alcohol use. Similarly, the clients stated that it became easier to discuss their own alcohol use once they were accustomed to talking about the topic in a social work setting.

> cI: It hasn't always been this easy. Now it has started to be because I have been in so many places where I have talked about myself, blah, blah, blah, so I am already used to it.

Discussion

The interviewees constructed talking about alcohol use as a form of self-disclosure, attitudes toward self-disclosure of alcohol use varied. This variation was linked to concerns relating to the agency and the perceived consequences of a self-disclosure, or a request to self-disclose. The comments concentrated on finding the right balance between communication and non-communication; how much should a person self-disclose and to whom, and who could request self-disclosures without threatening agency?

On the dimension of problem orientation, the interviewees noted that self-disclosures of problem-related alcohol use often cast doubt on a person's agency to control his or her drinking habits. *On the dimension of privacy*, the interviewees argued that a request to self-disclose can have agency-threatening consequences if the request crosses the line of privacy. The interviewees suggested that this would happen when a request to self-disclose is interpreted as doubt about the client's ability to control alcohol use. Their statements focused on anticipating a client's thoughts about a request for self-disclosures. Generally, the interviewees emphasized that they do not regard requests to self-disclose as intrusive;

however, they claimed that other clients may consider that a request crosses the line of privacy. On this dimension, the professionals commented on the statement on behalf of themselves and the clients, whereas the clients only commented on behalf of other clients.

On the dimension of role expectations, communicating the role of the social work professional was presented as a method to avoid potential threats to agency posed by problem-oriented self-disclosures or privacy-threatening requests to self-disclosure. The comments that approached the statement on this dimension were mainly presented by the professionals. Addressing problem-related topics and requesting information on private issues were regarded as core elements of social work. At this dimension, the professionals also considered the perspectives of other professionals and clients, as well as themselves. Clients commented on the statement only from their own perspective, and they argued that clients can feel that self-disclosure is an obligation of the social work process.

The results highlight the argumentative interpretation of the attitude concept (Billig, 1996) and the contextually sensitive nature of attitudes (Vesala & Rantanen, 2007). The interviewees regarded a discussion about alcohol use as a form of self-disclosure; however, the construction of this attitude object varied on the different dimensions. First, when an attitude was constructed on the dimension of problem orientation, the consequences for agency of a client's self-disclosure played a central role. Second, when an attitude was constructed on the dimension of privacy, the emphasis was on the consequences for agency that are generated by a request to self-disclose. Finally, when an attitude was constructed on the dimension of role expectations, the requirements innate to social work (see also Kievišienė, 2023) were presented as a resolution to the agency-threatening consequences described above.

The attitudes of social work professionals and their clients presented in this study should be understood within the context of Finnish social work and the local alcohol policy and culture. In contemporary Western society, individuals are generally considered responsible for their own lives (Sulkunen, 2009). Additionally the importance of a client's autonomy is widely recognized in social work. However, the social work system can also implement disciplinary processes for clients who are unable to manage their lives because they have experienced a loss of control, and thus a loss of agency (Juhila et al., 2010). Agency is at the heart of social work practice, and its significance can be identified in the interviewees' comments: it is essential to understand the consequences that self-disclosures, or requests for self-disclosures have for agency. Maintaining agency has become a cornerstone for social inclusion (Egerer et al., 2012), and people will generally work hard to preserve agency when it is threatened (Brehm & Brehm, 1981; Munford & Sanders, 2015).

The importance of open and free communication is emphasized in contemporary Western society (Hofstede, 1991; Vesala, 1998). Accordingly, the interviewees regarded communication that includes self-disclosure as a prerequisite for successful assessments – a core function and skill of social work practice (Galvani et al., 2014; Kievišienė, 2023). Encouraging clients to provide the necessary information for an effective assessment is a major objective for social work practice. However, the interviewees noted that this very same communication can also threaten the agency of an individual. Self-disclosures of alcohol use, as well as requests to self-disclose about the topic, may cast doubt on a person's agency to control his or her drinking habits. Agency can be left unaffected if this doubt is not communicated; however, these discussions may fail to address the topic of alcohol use, and possible alcohol-related problems will be left unresolved (McCarthy & Galvani, 2018).

The challenge of balancing self-disclosure and non- communication provides an interesting perspective to discuss the results of this study.

The appropriateness of either self-disclosure or non-communication always depends on the context and the roles and role expectations of the interactors (Vesala, 1998). Even if the main objectives of social work are rather uniform (Kananoja, 2017, 27–29), social work practice is always bound to local context and embedded in a particular ideological and institutional landscape. The results of this study highlight the conflicts between the empowering and supporting roles of social work professionals and the tensions between the governance of drinking and individual autonomy. In the context of social work, the role of the professional is to gather the necessary information to assess clients and then use the assessment to provide the appropriate support and advice. The need for relevant information must be managed alongside a respect for the client's privacy.

The results of this study have implications for social work practice. They demonstrate well the complexity of talking about alcohol use in the context of social work. Thus, they contribute to social, cultural and historical knowledge concerning this phenomenon. It is important to recognize the potential agency-threatening aspects of both making self-disclosures and requesting them. This recognition enables us to question if these threats can be overcome, and if so, how? The results suggest that, for instance, communicating the role of the social work professional could diminish the agency-threatening features of self-disclosure (see also Shaw et al., 1978). Additionally, building mutual trust and ensuring confidentiality could play important roles in preserving agency by removing the perception of agency-threatening consequences that accompany self-disclosures or requests to self-disclose.

While looking back at the results it is important to remember that the attitudes were constructed in the context of interviews between me as a researcher and professionals/clients. When interviewees share their stories, they always construct them for a certain audience. In this research, I formed the audience for the interview situation. My own position as researcher undoubtedly had an influence on what the interviewees wanted to tell me. However, when examining the ways social reality is constructed, insincere, exaggerated, and uncertain argumentation is as valuable as 'truth' – or what is considered true by the speaker himself/herself. It is also important to note that the professionals interviewed had a wide range of experience in the field, reflecting varied skills and experiences in supporting self-disclosure. Despite these differences, preserving agency appeared as an important aim in the comments of interviewees with different levels of experience. Future studies should investigate whether the aim of preserving agency might well be a phenomenon that not only characterizes attitudes toward alcohol screening and counseling, but also the social work interaction more broadly.

To conclude, attitudes vary depending on the consequences for agency that are anticipated by an individual when providing or requesting a self-disclosure; self-disclosures serve important functions, but not all the consequences are desired (see Hargie et al., 1994; Vesala & Knuuttila, 2012). According to the results, questioning and interfering in the agency of an individual stood out as unwanted consequences that communication can have in the context of making self-disclosures of alcohol use in social work settings. In this context, non- communication is particularly meaningful because it can protect, preserve, and maintain the nature of some vital idea that is fundamental to the system: the agency of an individual (see Bateson & Bateson, 1987;

Vesala & Knuuttila, 2012). Non-occurrence of communication becomes significant when a specific type of communication (i.e., problem-related self-disclosures or privacy-threatening requests to self-disclose) would question the agency of an individual and 'alter the nature of the ideas' (Bateson & Bateson, 1987, p. 80). This is related to how professionals and their clients view these problems, and the stigma often associated with them (Morris & Schomerus, 2023). If alcohol-related problems are associated with moral failure or personal weakness and the person is regarded as responsible for the problem (Koski-Jännes et al., 2016; Room, 2005), possibilities of building trust and ensuring confidentiality are likely limited. The interviewees described how agency is built, maintained, and restored as part of the common processes between social work professionals and their clients. In the argumentation, social work interaction was constructed as an act of finding a balance between self-disclosure and non- communication to ensure that the agency of an individual is preserved. The results highlight the importance of recognizing the potential agency-threatening aspects of talking about alcohol use, and can be used to develop social work practices for early identification of hazardous and harmful drinking.

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Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to their containing information that could compromise the privacy of research participants.

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