Keeping Your Balance : Freedom and Regulation in Female University Students' Drinking Practices

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Abstract

Binge drinking is a focus for concerns about young women's alcohol consumption at university. Twenty females, all regular binge drinkers, were interviewed individually and in focus groups to explore alcohol beliefs and exposure to harm. Four themes were identified in a thematic analysis. Alcohol use was associated with freedom but regulated by group norms. Drinking to excess was stigmatized as an abuse of freedom, yet the threshold for excess was very high. The drug effects of alcohol were enjoyed, with drinking harms managed through trivialization. As part of a problem of imbalance, peer groups must be part of the solution.

Keywords

- *alcohol*
- *binge drinking*
- *drinking behaviour*
- *females*
- *students*

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Introduction

ALCOHOL consumption among female university students is a continuing concern, with consistently higher prevalence of alcohol use among this group compared with their age peers in the workforce (Kypri, Cronin, & Wright, 2005). Substantial variations in student alcohol consumption have been noted across countries and by gender, but most research on the topic has been carried out in Australia, the UK and USA. A comparative survey across 21 countries highlighted near-universal prevalence of drinking among Irish students (94%) and no gender difference in the prevalence of drinking (Dantzer, Wardle, Fuller, Pampalone, & Steptoe, 2006), but gender differences are apparent in most jurisdictions, with fewer than 30 percent of female respondents identified as current drinkers in countries such as Venezuela and Portugal (Dantzer et al., 2006).

Evidence from Irish medical student cohorts surveyed in the 1970s, 1990s and 2002 suggested a decline in the gender difference in proportion of current drinkers (Boland et al., 2006). No gender difference was apparent by the last survey, and self-reports of problematic drinking among female students increased significantly between 1990 and 2002 (Boland et al., 2006).

Particularly high prevalence of alcohol use has been noted in European countries including Denmark, England, Ireland, Scotland, Wales, and the Netherlands (Dantzer et al., 2006; Karam, Kypri, & Salamoun, 2007). Students in these countries also report relatively frequent episodes of binge drinking, a phenomenon focusing much recent research on risky alcohol use (Szmigin et al., 2008). Of the female university students in Dantzer et al.'s (2006) survey of Irish students, 57 percent reported recent binge drinking, the highest figure for their gender among 21 countries studied. Therefore, drinking culture among Irish female students is an intriguing focus for understanding the meaning attached to alcohol as part of the university experience.

The defining criteria for binge drinking are not agreed internationally, but generally reflect consumption of four drinks (for a woman) or five drinks (for a man) within a few hours (National Institute on Alcohol Abuse and Alcoholism, 2004). This picture is rendered more complex by international differences in the definition of a standard drink (e.g. 12, 10 or 8 grams of alcohol in the USA, Ireland and the UK, respectively).

Alcohol-related harms range across physical outcomes (e.g. unintended injury, blackout and crisis pregnancy), psychological outcomes (e.g. alcohol dependence, quality of life) and social outcomes such as public disorder and poor academic performance (Hope, 2008; Kypri et al., 2009; Pascarella et al., 2007). Regular binge drinkers are significantly more likely to report alcohol-related harm, and this has particular connotations for women due to the risk of sexual assault, sexually-transmitted disease and crisis pregnancy (Kaly, Heesacker & Frost, 2002).

Heavy drinking challenges traditional conceptions of female gender identity (Young, Morales, McCabe, Boyd, & D'Arcy, 2005), but recent qualitative studies of older female heavy drinkers and working women illustrate how male drinking performance is integrated with continued claims on female identity (Lyons & Willott, 2008; Rolfe, Orford, & Dalton, 2009). For the female university students studied by Rudolfsdottir & Morgan (2009), excessive drinking was attributed to other, disreputable women.

The university experience has been characterized as a rite of passage into independence, but one that is itself dependent on alcohol (Carpenter et al., 2007; Guise & Gill, 2007; Polizzotto, Saw, Tjhung, Chua, & Stockwell, 2007; Wolburg, 2001). Rather than seeing frequent binge drinking as a health threat, female students tend to see it as a source of fun and confidence rooted in strong peer-group identification. Students typically only associate 'binge' with responses such as blackouts, physical incapacitation and vomiting (Delaney, Harmon, Sweeney, and Wall, 2007).

Immersion in heavy drinking at university highlights the question of whether students are open to seeking help for alcohol problems. Students typically identify friends as the primary source of advice on personal difficulties (Hope, Dring, & Dring, 2005), but peer-group attitudes to help-seeking tend to be negative among this group, reflecting an unwillingness to contact counselling services (Wu, Pilowsky, Schlenger, & Hasin, 2007). Thus engaging with students at risk of persistent heavy drinking through university, rather than 'maturing out' toward moderation, is rendered difficult.

Building on recent work that has examined the meaning of alcohol use for young women, this study aims to assess female students' perceptions of alcohol in relation to health and exposure to alcohol-related harm. These perceptions will be situated in a social context including gender and the university experience.

Method

Design

Semi-structured individual and focus group interviews were carried out with female undergraduate university students studying in Ireland. Mixed data collection methods were used to explore beliefs and experiences across individual and group contexts. Data were analysed through thematic analysis.

Participants

Twenty female participants took part, aged 19–22 years (mean = 20.7 years). All reported regular binge drinking and lived away from their family. The participants were full-time students on a degree course, with more than two-thirds studying arts or commerce and the remainder taking a degree in law or science. Nearly all were drawn from one Irish university, with a mixed focus group including students from another university. Eleven were in the second year of a three-year degree, and nine were in their third year. All the participants were members of an existing friendship network.

Participants completed a short questionnaire on alcohol use following the interview, including an item on how frequently they drank the equivalent of four pints of beer, a bottle of wine or 25 centilitres of spirits—the definition of binge drinking used in the study (Hope et al., 2005). Sixteen participants reported binge drinking at least once a month. The remaining four reported bingeing less than once a month. Free-text responses on typical alcohol consumption when drinking indicated binge drinking (e.g. 'bottle of wine, two shots', 'naggin of vodka'). Thirteen reported experiencing four or more from a list of eight alcohol-related harm items, with all reporting at least one harm (Hope et al., 2005). The most prevalent harms reported were effects on work or study (15 participants), getting into an argument (14 participants) and regretting something said or done (13 participants).

Interview materials

Focus groups were used to provide information on the shared group experience, while interviews elicited an individual perspective not directly mediated by the group. A semi-structured interview schedule and focus group topic guide were devised, each involving two parts. The first part comprised three interview topics: attitudes toward drinking, experiences related to drinking, and perceptions of binge drinking. Probe and follow-up questions on these topics were adapted to the individual and group interview formats.

The second part utilized two paper-based vignettes, each approximately 200 words in length, to elicit beliefs and values concerning binge and problem drinking. One described a female student drinking at binge levels on frequent nights out. The other described a male student experiencing stress, who had recently begun to drink on the morning after a night out. The participants were asked for their reactions to the vignettes, then how the vignettes related to problem drinking and their responses to such drinking, if someone known to them had an alcohol problem.

Procedure

The participants were identified through purposive sampling based on personal contacts and acquaintances of the second author, a final-year undergraduate student at the time who also carried out the interviews. It is important to be aware of the implications of already knowing the participants, with peer research methodologists suggesting strategies for managing role confusion and appropriate deployment of insider knowledge (Kindon, Pain, & Kesby, 2007; Mallan, Singh, & Giardina, 2010). Written information was used to explain the purpose of the interviews, and the interviewer clarified her role at the beginning of the interview to elicit knowledge, experience and opinions around alcohol. Insider knowledge was useful in formulating the interview guide, but equally it was important to ask for clarification on commonly accepted expressions and beliefs.

The interviews and focus groups were audiotaped and lasted an average of 45 minutes. Tapes were transcribed using pseudonyms to protect the participants' anonymity. An information sheet on the study was given to prospective participants, with informed consent given on the day of the interview. Research ethics approval was obtained in accordance with the requirements of the university where the study was based. Six participants were interviewed individually, and two focus groups took place that included seven participants each.

Analysis

Thematic analysis was used (Braun & Clarke, 2006), beginning with the authors independently reading the transcripts and meeting to discuss emergent ideas about organization of the data. Each transcript was read on several occasions and open

coding used to identify recurrent patterns. Initial themes across transcripts were recombined and revised using a process of constant comparison and memoing. A master list of four principal themes was agreed, linked by an underlying motif of freedom and regulation, with each theme supported by extracts from the transcripts.

Comparison of individual and focus group transcripts indicated convergence in attitudes toward alcohol. Beliefs and experiences in individual interviews were reflected in the focus group exchanges and the recounting of shared experiences. There was convergence across participants also on beliefs about motives to drink, concepts of excess, gender expectations, drinking costs, and cost management strategies, indicative of shared representations among the participant group. More divergence between participants was noted on attitudes to sexual encounters when drunk.

Findings

Four themes were identified that represent the participants' beliefs and expectations concerning alcohol in a health context. The first theme proposes freedom and regulation (and the balance achieved between the two) as critical to understanding attitudes to alcohol. The second theme discussed the role of the female friendship group in providing both a platform for drinking and curtailment on over-consumption. The third theme describes alcohol as a potent drug with sought effects and adverse side-effects that needed to be managed. The final theme concerns the meaning of excess, binge and problem drinking.

Despite reporting high consumption, the participants did not see themselves as binge or problem drinkers. This was a calibration issue that allowed alcohol use to be seen as sustainable. Alcohol was central to the experience of university life: 'There would be no stories if we didn't drink' (Hollie, FG2). Alternatives such as volunteering and student society involvement were not viewed as credible.

Freedom and regulation

Beliefs and values underlying attitudes to alcohol had freedom and regulation as a central motif, and each is described as a separate sub-theme.

Freedom On the one hand, drinking was an expression of freedom and new-found independence. Going to university held powerful expectations for unconstrained, intense experiences: 'You are supposed to have the best fun and the best memories' (Amy). In this sense, drinking culture was legitimated as a developmental stage: 'The last excuse ever' (Sarah)—a transitory and therefore excusable phase. At one level, the student lifestyle was free of restrictions:

> You can come home to a house that's unsupervised, have a huge party, bring anyone you want back, go crazy, stay up drinking till six in the morning. (Sarah)

Alcohol went hand-in-hand with confidence, enabling openness with friends and acceptance of strangers:

> Outside our immediate circle of friends we wouldn't talk to anyone else if we didn't go out and drink. (Carrie, FG2)

Immersion in the tight-knit, own-gender friendship group gave structure to drinking, for example, in the script for a night out:

> Getting ready and drinking at the same time and drinking with everyone, and everyone getting drunker and laughing more the drunker you get, and then going out and dancing for ages and talking to random people. (Cait)

The resulting experience meant freedom and invulnerability in the midst of group protection:

> Hollie: We are all really cocooned … we all go out in a huge group … and everyone gets equally the same drunk
> Rhada: … you become kind of fearless
> Liz: … like walking out on the road in front of taxis … just expecting them to stop. (FG2)

Regulation. Despite bringing freedom, drinking was not a free-for-all. As well as regulating consumption upward by facilitating drinking, the peer group curtailed it through shared internalized values and explicit peer pressure. The women wanted to avoid the shame and stigma forthcoming if they exceeded the group norm, 'If I have an embarrassing night, it is engraved in my head forever' (Hollie, FG1), or if they required assistance: 'If someone is brought home then it is really a big deal' (Liz, FG2). The constraining impact of peers was reflected in conservative views on issues such as drug use: 'I would honestly kill one of my friends if they were doing drugs, like point blank' (Megan, FG2).

Usually, direct peer pressure to drink was not required. The women wanted to go with the group, not to miss out on fun or be isolated from next-day discussion. The decision to get drunk was communal: 'We will go, "Oh feck it, we'll go out and get langers tonight"' (Amy), and consumption was modelled on a group norm:

> Everyone else is going to be so drunk that you're just not going to enjoy it, because you're not in the same buzz. (Moira)

Academic expectations and the world of work comprised a broader regulatory influence outside the group, looming larger over time. The participants were experienced drinkers before college, but their first year at university gave new meaning to excess, a 'bubble' where it was acceptable to 'get absolutely rotten and go home with someone and get in drunken arguments' (Cait). Cait contrasted this with later control and mastery of alcohol: 'We are older drinkers … we don't get messy.'

Gender and alcohol: girls' night out versus drawing a line

The peer group influence on freedom and regulation was contexualized by female gender identity. Alcohol was part of the script for a night out with friends that could involve approaching men, easily distinguished from losing control and sexually inappropriate behaviour.

Girls' night out For Fiona, freedom and drinking were channelled through a ritualized, gendered format for the night out:

> Girls especially turn it into an event … meeting up to get ready, and there is all the catching up before you go out. And then you go out and you're dancing and things.

Gender and alcohol coincided further in relation to sex and relationships with men. One of the purposes of drinking was to initiate sexual encounters: alcohol brought freedom to take charge and approach men confidently. Rhada said:

> If there is someone I like and they are going to be out, then I just plan on getting langers so I will go up and talk to them. (FG2)

Drawing a line While Rhada saw alcohol as facilitating her approach to men, this freedom was different to being inappropriately forward, which she described as degrading and earning condemnation:

> It's repulsive though, like there are girls in college who you know make a dive for lads across the dance floor and literally following them. It couldn't be more degrading really.

Gender role identity brought the expectation that excessive drunkenness would be avoided. Women losing control were perceived more negatively than men in a similar state. For Cait, these women were disgraced—'They can make wrecks of themselves'—a view shared by Ciara: 'make up smeared or their clothes hanging off … saying something stupid and acting like a fool'. Awareness of sexual assertiveness versus low behaviour was relevant, considering analogies comparing the end of the night out with a cattle market: 'Ten to two [AM] and you need to score' (Liz, FG2). Sarah applied the moral code of the group to judgements of herself:

> If I had gotten with a guy sober and brought them home, that would prove to me that I'm a slut, like ... whereas if you're drunk you can blame it on the drink. That can be your excuse and you weren't in your right mind, and you didn't know what you were doing.

Despite Sarah invoking alcohol as a face-saving mechanism, participants diverged on granting forgiveness. Some participants referenced themselves waking up beside someone they did not know, but others judged this unacceptable under any conditions.

Strong norms regarding sexual behaviour coincided with feeling vulnerable to sexual predation and the motivation to avoid sexual assault. Becoming separated from the group was a vivid concern, with the stranger now a source of danger rather than part of a fun night out, illustrated by Amy's fear of rape if 'abducted or maybe fooled into going back to some guy's apartment'.

The urge to drink and the cost of drinking

This theme explores alcohol as a drug and management of its negative consequences. Being drunk felt good, but drinking brought on fears and horrors.

The urge to drink Sarah liked how alcohol altered her mood and increased confidence:

> That really good feeling you get off drink, like that really good buzz—I think that's the best part of it … you think you look better, I think you just kind of feel better … and you think, 'Oh, this is great!'

Consciousness of the body as a machine for processing alcohol is reflected in Amy's anticipatory

calculations and awareness of how many doses were in a bottle of vodka:

> I'll get more into me before I go out to save money … that will sustain you throughout the night of a nice happy drunkenness.

As the night wore on, monitoring of consumption was more intuitive: 'You are dancing and chatting to people, but you say to people "Let's go do shots"' (Liz, FG2). Steady drinking was habitualized:

> Hollie: We just automatically go up to the bar
> Rhada: … yeah, particularly when you have already been drinking. (FG2)

The fear and the horrors. Hangovers and overconsumption represented the downside of alcohol effects, yet were managed without disruption to drinking patterns. Talking about a recent drinking bout, Eimear described blackouts as one ill-effect of alcohol as a drug:

> I don't think I did anything to embarrass myself but I do have loads of blackouts from the night–times. It's not that I was off my face, but there was so much continuous drinking that I can't remember. (FG1)

Unpleasant after-effects were the antithesis of the positive effects of alcohol, a comedown implicating body, mind and social status. Discussion of bad effects was crystallized by 'the fear', an extreme hangover manifestation:

> I know what the fear is big time. The fear is when you wake up and then first of all you look to your right and you are, 'Oh shit', and then you like you just lie there for a minute and then you think back and you just can't remember. (Jane, FG1)

Coming after big drinking sessions, the experience of 'the horrors' involved, 'Just really restless sleep … your mind is going at ninety miles an hour' (Suzie, FG1), and waking up 'sweaty and terrified' (Cara, FG1). Drinking went on regardless of low feelings: 'I had such a downer on Friday—like a proper downer … and then I went [out] Saturday again' (Cait).

Cost management Critical reflection on the costs of drinking was not part of the discussion:

> Like when we say, 'Oh, the horrors'. It's common, we are used to it now and you know, everyone else is the same, like 'Suck it up'. It's just not a big deal. (Jane, FG1).

As well as absorbing negative impacts like a machine (to 'suck it up'), physical and social costs were minimized through discounting of costs, which Jane dealt with by making a joke:

> Eimear: It definitely slows your brain down
> Jane: … it's not stopping me, I never had any brain cells anyway. (FG1)

In contrast, the next example describes a more developed strategy of trivialization:

> Everyone kind of embarrasses themselves at some point when they drink, but you kind of laugh at it the next day rather than, like, 'Guess what you did'. (Rhada, FG2)

Drunkenness the night before provided a face-saving device for violations other than sexual indiscretion: 'So I think that drinking can actually be an excuse because you are less in control of your actions' (Liz, FG2). Alcohol was used to manage concerns about academic performance and associated feelings of guilt. While partly causing the problem, alcohol was also the solution:

> Hollie: Sometimes you are missing your lectures … and you don't think about it and you just go out.
> Sue: If we have a problem we are, 'Just let's go out and let's just get langered so we can just forget about it'. (FG2)

Those messy girls: excess, bingeing and problem drinking

This theme explores excessive drinking and its relation to binge and problem drinking. Excessive drinking was acknowledged as occurring and was condemned. Clear associations with binge drinking were available to participants, but problem drinking was uncertain territory and understood as alcoholism.

Binge drinking. While familiar with the term 'binge drinking', the participants did not use it to describe themselves. The understanding they outlined used both objective and subjective indicators. Objectively, bingeing referred to the amount consumed, binge frequency and duration of the drinking episode. Subjectively, binge drinking meant how drunk the person felt, if there was an intention to get drunk, and how the person handled their drink. The combined use of these criteria is illustrated in the following exchange:

> Eimear: A litre vodka.
> Suzie: Any more than makes you vomit.
> Jane: … anything that turns you into one of those messy girls. (FG1)

The subjective threshold for excess amounted to a serious loss of control:

> … sloshed or really, really drunk … stumbling down and slipping … falling down or slurring your words … talking nonsensical things, maybe exhibitionism. (Amy)

These descriptions reflect a high threshold for binge drinking. Occasional references to group norms were made, but ultimately the group was a reassuring reference point that normalized drinking behaviour: 'You would compare yourself to your friends and say no, I don't have a problem' (Jane, FG1).

Problem drinking There was little direct experience associated with problem drinking and no one self-identified as a problem drinker. Problem drinking was referenced in two ways: first as a pathology, labelled as alcoholism and linked to genetic susceptibility. When asked what would constitute a problem, Moira portrayed problem drinking as different to what she did, associating it with solitary drinking: 'I just picture someone alone in the middle of the day sitting on the couch, drinking.' Thus, the male case vignette presented to participants, which included solitary drinking, was seen as problematic, whereas the pattern of social bingeing portrayed in the female vignette was not.

Second, problem drinking was not so much an alien practice but the exaggeration of familiar drinking patterns, a magnification of what the participants did themselves. Participants enjoyed drinking to get drunk, but problem drinking meant non-adherence to consensually accepted and endorsed constraints: 'They want more and more and they don't have any limits' (Ciara). Alcohol was used to relieve stress, but problem drinking meant dependency on alcohol to cope, or crossing a line and interfering with others' enjoyment: 'They are offending people in some way that they are insulting people … too loud' (Carrie, FG2).

Participants were not clear about what do about problem drinkers: 'I've never had to say it … I have never been put into the situation where I would have to confront a friend' (Megan, FG2). Talking to a friend about their drinking was a taboo or awkward subject. Moira endorsed the view of problem drinkers as norm offenders rather than needing help: '"You are actually ruining our fun" … so you would gradually stop asking them to come out.' To be spoken to like this was a humiliating prospect, with peers having more power in this regard than family:

> Jane: If it was one of our friends we listen to them way more …
> Siobhan: Yeah, because if you think that you are being a bit different you are like, 'Oh fuck'.
> Jane: If my parents said it to me I would be, 'No I don't, you just don't get it'. (FG2)

A relative silence about how to talk about problem drinking was matched by tension over seeking help, viewing it as an object of ridicule:

> I think it's an awful thing to say, but if one of your friends turned around to you and said, 'Oh, I'm just going down to the counsellor now, I've got a drink problem', do you know … we'd all think of it as a joke, and we all—it's terrible, but I really do think we'd all be laughing. (Sarah)

Discussion

The by-now familiar picture of heavy drinking among female college students is extended here by proposing freedom and regulation as a plausible explanation of the harms and negative outcomes of binge drinking (Boland et al., 2006). Building on the socially driven analysis in recent qualitative research, the peer group enabled considerable freedom to drink while at the same time comprising a regulatory environment (Guise & Gill, 2007; Lyons, Dalton, & Hoy, 2006; Sheehan & Ridge, 2001).

Important implications for health outcomes arose from this social dynamic revolving around alcohol. The threshold for binge drinking was quite high (Carpenter et al., 2007), risky drinking practices were legitimized, and threat perception minimized in the young women's friendship groups (Borsari & Carey, 2006), while help-seeking and talking about problem drinking was taboo.

Freedom, regulation and gender

Alcohol use was underpinned by perceptions of freedom and regulation, a 'calculated hedonism' balancing fun with risk management (Szmigin et al., 2008). Freedom was enacted through drinking, with the tight-knit own-gender friendship group as a performance stage (Lyons & Willott, 2008). Drinking was assimilated to the traditional image of gender identity with which participants identified (Lyons et al., 2006; Rudolfsdottir & Morgan, 2009). The women contrasted their drinking with that of male drinking (Lyons & Willott, 2008), but nonetheless habitualized continuous drinking in the

gendered script for a night out (Lyons et al., 2006).

Peers exerted a regulatory influence in curtailing as well as promoting consumption (Borsari & Carey, 2006; Latané, 1981). The participants positioned themselves as drinking safely, in line with gender norms, distinct from women who were 'messy' drinkers (Lyons & Willott, 2008; Rolfe et al., 2009; Rudolfsdottir & Morgan, 2009; Sheehan & Ridge, 2001). The one domain of personal vulnerability acknowledged was sexual assault, highlighting its importance for health messages and risk communication.

Participants internalized norm infringement as taboo, associating it with shame and guilt (Borsari & Carey, 2006). Thus, alcohol use did not penetrate to the level of drinking alone or the next morning. Despite this, the balance struck between freedom and regulation was problematic. Excessive drinking was calibrated at a high threshold, corresponding to physical incapacitation (Perkins, 2002). The confidence brought on by drinking was also questionable, because it allowed the women to enjoy freedom but induced dependence on alcohol as the only means to do so (Sheehan & Ridge, 2001).

Binge drinking and help-seeking

In common with older female heavy drinkers (Rolfe et al., 2009), alcohol appeared to be sought after for its powerful drug effects as much as its social purposes. Pursuit of these effects entailed consumption patterns reflecting regular binge drinking. 'Binge' was not used to describe their own drinking (Carpenter et al., 2007; Delaney et al., 2007; Szmigin et al., 2008), but the participants did have shared beliefs about excess, bingeing and problem drinking, a communal knowledge resource usefully described as social representation (Carpenter et al., 2007; Guise & Gill, 2007). Bingeing meant excessive drinking relative to peers on a typical night out, drawing on subjective benchmarks as much as the amount consumed.

The participants did not identify at all as problem drinkers. People who were problem drinkers were viewed as repeated norm infringers, abusing freedom and lacking control, eliciting more opprobrium than sympathy (Cherrington, Chamberlain, & Grixti, 2006). Talking to a friend about their drinking or attending counselling were taboo, a relative silence on help-seeking mirroring minimal critical reflection on alcohol-related harms. Negative outcomes were managed through rationalization strategies recalling those of experienced heavy drinkers (Rolfe et al., 2009), drawing on trivialization, discounting, and stoical acceptance. Celebrating alcohol while absorbing or suppressing its costs is a questionable position, given the extreme after-effects that were described (Polizzotto et al., 2007).

Implications

Early adulthood is a key context for personal development and identity construction (Arnett, 2000). This study shows an underdeveloped potential for the university experience to support personal development and confidence-building (Theall et al., 2009). Recent calls for collaborative approaches highlight peer education and community engagement as strategies for reconceptualizing the meaning of binge drinking (Osborn, Thombs, & Olds, 2007). Interpreted in terms of the primary needs proposed in self-determination theory (Ryan & Deci, 2000), the importance attributed to peer attachments reflects social relatedness needs and internalization of associated group values. Drinking satisfied the need for autonomy by enabling the freedom to act as one pleases, ironically predicated on self-regulation through group norms and made accessible only through alcohol. Alcohol permitted a temporary satisfaction of the need for competence in managing social situations.

Limitations

The study is culturally situated, given the relationship that participants saw between alcohol and Irish society. Nevertheless, Irish surveys indicate comparable levels of binge drinking with UK and US students. In terms of research design, the interviewer was a member of the friendship group network that was studied. Being known to the interviewee brings risks as well as advantages (Kindon et al., 2007; Mallan et al., 2010), for example in raising particular impression management concerns, but equally being a different age or gender could affect rapport (de Visser & Smith, 2007). The focus groups were marked by fluent interaction between the participants, partly as a result of having established friends in the groups.

The individual interviews and focus groups yielded similar findings, making it plausible to suggest that the attitudes expressed were generalizable within the friendship network. At the same time, the participants might have been motivated to trivialize the costs of drinking while perhaps being privately concerned by their alcohol use. Nevertheless, the

minimization of harm reflects a lack of openness in discussing problem drinking among peers that merits further investigation.

Conclusion

The motive to pursue personal freedom was expressed through drinking norms co-created by the women in the study, using peer friendship groups as mutual support that encouraged drinking but regulated drinking perceived as excessive. Yet the meaning of excess contrasted with binge drinking guidelines, an imbalance that exposed them to adverse health outcomes. Alcohol was valued both as a drug and social glue, with the perceived physical and psychological harms of alcohol minimized through strategies bearing resemblance to those used by long-term heavy drinkers. Challenging the shared social representations underlying alcohol habits must involve the peer group that is itself the scaffolding and stage for drinking.

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