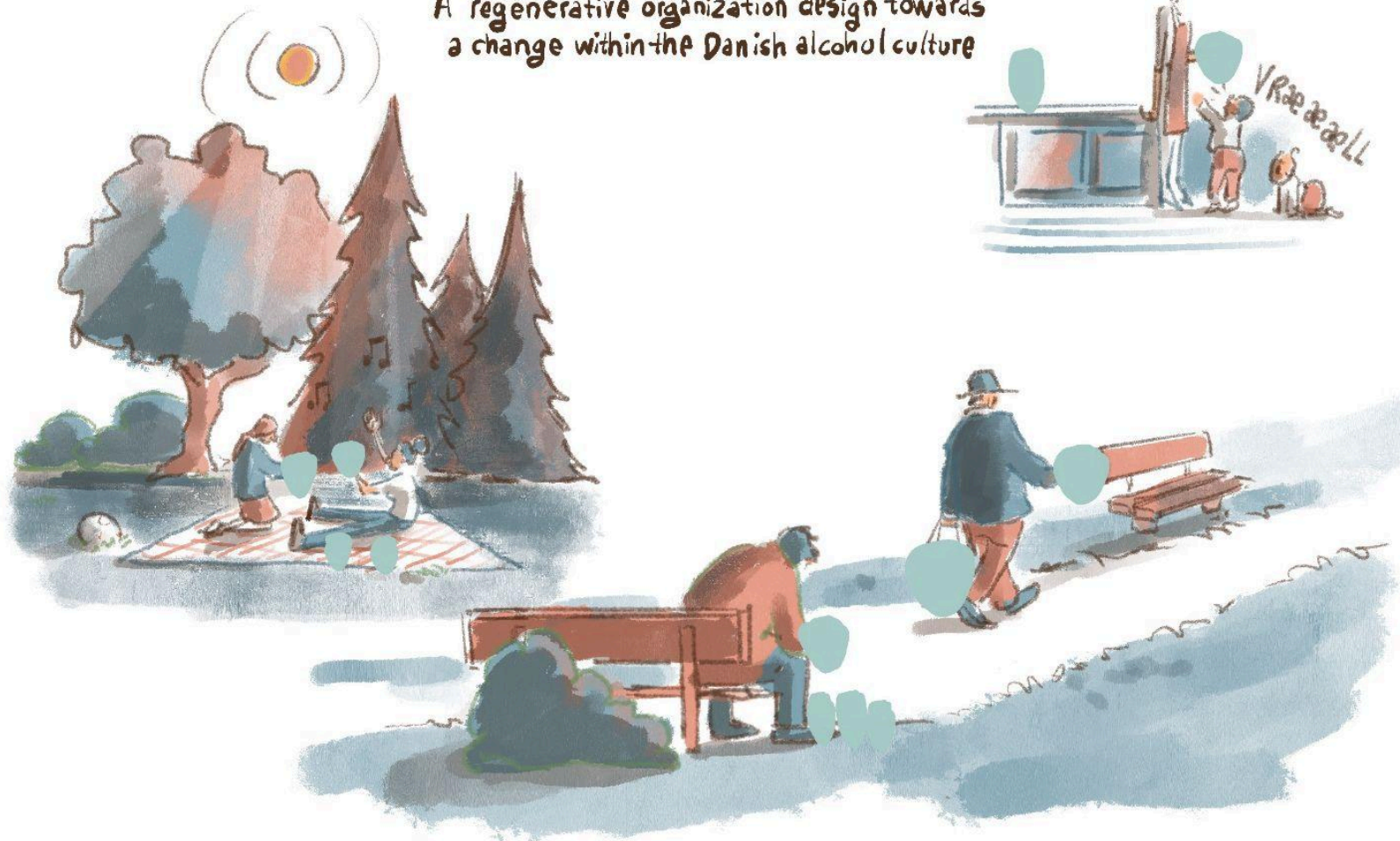




Cheers to What we should talk about

A regenerative organization design towards
a change within the Danish alcohol culture



Title page

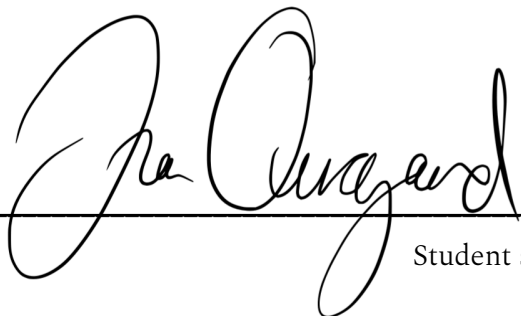
Title of report: Cheers to what we should talk about -
*A regenerative organization design towards a change within
the Danish alcohol culture*

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Student signature

Abstract

This thesis investigates how a design approach can reduce stigmatization around alcohol problems, encouraging more people to seek help. In Denmark, high alcohol consumption is culturally ingrained, leading to significant health, social and socioeconomic effects. With the use of Grounded Theory and insights from Process Theory and Political Programs, the research examines how various actors address the needs of people with alcohol problems and why current treatments fall short. Stigmatization is identified as a main barrier to seeking help, reinforced by medicalized language in public and academic discourse. This language creates a simplistic, negative perception of alcohol issues. The thesis proposes a new political program and a design game to create agency within organizations to improve their communication and outreach for the target group and public. By changing the language and understanding of alcohol's impact, the aim is to create a more nuanced language of people with an alcohol problem and reflection on the intake of alcohol in the Danish population.

Key word: Alcohol, Culture Change, organizations design, stigmatization, regenerative sustainability, Process Theory, Political Programs

“If you want to truly understand something, try to change it”

- Kurt Lewin -

Preface and acknowledgement

This master's thesis is the culmination of four months of research, and is also marking my endpoint for five-year of education in Sustainable Design Engineering at Aalborg University, Copenhagen.

In recent years, many people have become aware of the concept of sustainability and how it applies to all of us and affects our future, but the transition from intent to action can be challenging. With the same broad relevance as sustainability, I wanted to write a thesis that many people can relate to and I with my educational competencies could contribute to creating a change. Alcohol is an integrated element in Danish culture and is a legal drug, which for some people can develop into an addiction. This has happened for many Danes through the past decades. The consequences of addiction occur at many different levels, from personal to societal. Personally, I have contributed to the culture by working in bars and the restaurant industry for many years, where I have simultaneously experienced close relationships with people experienced alcohol having a negative effect on their well-being. This has given me experiences with the drinking culture from several perspectives, but have in this context contributed to my empathetic approach to all the people I have met throughout the design process and reflection upon theoretical and methodological choices.

With my approach to the research for the thesis, I could not have created it without professionals, who everyday work with alcohol and how to affect the Danish alcohol culture in different areas. Therefore, I would like to send a big thanks to the employees at the treatment center at Spaniensgade in Copenhagen municipality, employees at Alcohol and Society, the Alco-line, clinical lector Lone Galmstrup Madsen, Louis E. B. Andersen from Alcohol Free Brothers and all the people I have met at AA meetings.

I extend my utmost gratitude to supervisor, Associate Professor Per Richard Hansen, for his invaluable professional guidance and support throughout this process. Hours of insightful discussions and mentorship have been instrumental in shaping the outcome. His belief in my competencies as a design engineer, to translate my knowledge and skills into meaningful contributions to the field of alcoholism and sustainability, has been empowering.

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1 Introduction

Denmark is known around the world for H.C. Andersen's fairy tales, Danish Design, windmills and its alcohol culture. The culture is supported through an acceptance of alcohol as a legal drug in Denmark. This also creates a market basis for e.g. beer producers or retailers, which is also a source of income for the state due to the tax on alcohol. This income was in 2022 around DKK 3.7 billion (Finansministeret, 2022).

Historically, many would think that the Danes' current alcohol intake has been continuous for many years, but in fact took the modern Danish alcohol culture off in the 1970s. Since the 1970s, there has been a clear increase in the Danes' consumption of alcohol (Eriksen, 2023). However, there was no political intervention in the same way as in 1917, where the taxation of liquor resulted in a clear reduction of the Danes' alcohol consumption (Eriksen, 2023). That the same political regulation was not made in the 1970s, may be due to the political situation characterized by two opposing positions. On one side, the alcohol liberal parties considered alcohol to be a common consumer product and alcohol abuse must be combated with information and preferably through voluntary organizations (Eriksen, 2023). On the other side, parties with a focus on public health policy saw alcohol as an addictive substance, which should be regulated through availability and saw alcohol problems as being a societal issue (Eriksen, 2023). Above all, the alcohol liberals saw the public health policy as a way to create *inflation of problems* and thus exaggerate the situation, while the public health policy saw the alcohol liberals as a way to create *deflation of problems* and attempted to hide them (Eriksen, 2023). This indicates that politics has an influence on the personal choices related to consuming alcohol, but should also be seen in relation to the values and norms that the alcohol culture is built up around. From a cultural-historical perspective, alcohol also has different social and ritual purposes, e.g. in connection with belonging to a

certain cultural class or marking the transition to adulthood (Thomsen et al., 2023). Alcohol then becomes more than a product for enjoyment for the individual, but a symbol for people to relate to each other.

Regardless of the political position or culture, it remains a fact that adults in Denmark consume a significant amount of alcohol. In 2022, the average adult over the age of 18 purchased 9.7 liters of pure alcohol (Danmarks statistik, n.d., n.d.). Also, the Danish youth have a high intake of alcohol, which for several years have given them the first place in Europe for their amount of alcohol consumption at a time, and they are high on the list for frequency of alcohol consumption (ESPAD, 2019). This aims to be improved by implementing specific regulations for children and youth, such as setting an age limit for purchasing alcohol (Retsinformation, 2023).

Even though many Danes consume a large amount of alcohol, it does not define a person to have *Alcohol Use Disorder* (AUD), which is this medical term for what in everyday life is called *addiction*, *abuse* or the umbrella term *alcoholism* (NIAAA, 2020). Some of the criteria for AUD is morbid craving of alcohol, loss of control over consumption or development of abstinence when tapering or stopping the intake of alcohol (Hvidovre Hospital, n.d.). Common to a person with AUD and a person with a heavy alcohol consumption is the increased risk of 200 somatic diseases and conditions, which affect almost every organ in the body and is responsible for 3,000 alcohol-related deaths in Denmark every year (Grandahl, 2023). Globally, too, there is a focus on the harmful use of alcohol, which is one of five factors that is the primary reason for non-communicable diseases and responsible for 70 % of all deaths worldwide (WHO, n.d.)

Beside the somatic diseases, the heavy consumer also has the opportunity to develop dependence due to alcohol's neurobiological effects, including the brain's reward system (Jensen, 2016). Behaviorally, stimulating the reward system will make people will repeat the action for another reward, which is a natural part of the survival of the species (Jensen, 2016). This can also be activated through images of alcoholic (Jensen, 2016) and in Denmark it is permitted to do marketing of alcohol under certain guidelines (Alkohol Reklame Nævnet, n.d.). Dependence it is not only stimulation of the reward system, but also some opposite directed systems, which create the basis for depressive

symptoms and contribute to craving alcohol (Jensen, 2016). This shows that physical intake also affect the mental health.

Overall, Danes' consumption of alcohol is estimated to cost the Danish society of DKK 13 billion annually (Grandahl, 2023). If this cost is compared to the income from taxes, alcohol as a product is not economically beneficial from a socio-economic perspective. One of the reasons for this cost is due to people with alcohol problems using the health system significantly more than the general population (Hesse et al., 2021) and alcohol problems and diagnoses is the reason for around 2% of all Danish hospital contacts (Askgaard et al., 2020). In addition, every fourth patient in Danish hospitals consume more than the recommended limit from the Board of Health (Grandahl, 2023). Research also shows that children growing up in families with alcohol abuse have a greater risk of developing psychological disorders, such as depression, suicidal behavior or post-traumatic stress disorder (PTSD) (Hesse et al., 2021). A study from 2021 shows approximately 109,000 children in Denmark have at least one parent with an alcohol problem (Tolstrup et al., 2023), while other studies shows that alcohol is a significant player when it comes to the placement of children, who grew up in homes characterized by alcohol (KL, 2018).

It can be difficult to assess the socio-economic calculation for how many relations are affected by a person's overconsumption of alcohol. A starting point can be taken from statistics from 2021, showing that around 402,000 Danes have signs of moderate alcohol problems, while around 67,000 Danes have signs of alcohol addiction and the statistics for people with alcohol problems have remained fairly stable since 2010 (Hjarnaa et al., 2023). These statistics for people with alcohol problems are based on Danish research and methods, while the use of international methods are used, the statistic would be significantly higher (Hjarnaa et al., 2023). So it can be assumed that a large part of the Danish population have some kind of relation to alcohol and that statistics for heavy consumers provide an incentive for a reduction of alcohol consumption in Denmark, as a way of lowering the risk of the consequences of alcohol.

A way to meet the heavy intake of alcohol, specifically for addicts, alcohol treatment in Denmark is by law free and anonymous in all municipalities (Danske Love, n.d). According to data for the public alcohol treatment, around

16,000 people were registered in 2022 to receive treatment (eSundhed, n.d), where it must also be taken into account that some are re-enrollments of citizens (Sundhedsstyrelsen, 2019). So despite the larger number of Danes having challenges with alcohol consumption and societal investment in creating help for the alcohol problem, this contrast forms the basis for the research question:

Why don't more people with an alcohol problem seek help through public alcohol treatment, and what can be done to change this?

2 Methodology

How a study is approached have influence on the research process and outcome, since “*inappropriate matching of methodology and the research problem may result in questionable results*” (Holden & Lynch, 2004, p. 14). With the introduction's framing of the problem in focus, I will in this section detail the design and strategy of research for answering the research question. The choices are effected by my position as a researcher, which will be elaboration together with this thesis contribution to sustainability.

2.1 Research design and strategy

In order to gain insight to the system and the practices that are built up around helping people with alcohol addiction or overconsumption, my strategy departs from ethnographic study and will follow the process of the design model *Double diamond* (Design Council, n.d.). The first diamond, the *Discover phase*, opens up the research field and what the problem is, which through the *Define phase* increases the empirical material to the challenge in focus for the solution space (Design Council, n.d.). The second diamond is the *phase of develop* to seek and design a solution, which in the *deliver phase* is tested in small scale (Design Council, n.d.). The double diamond model illustrated below (see fig 1) contains the order of the chapters to give the reader guidance of the process and the chapters' contribution to the design process.

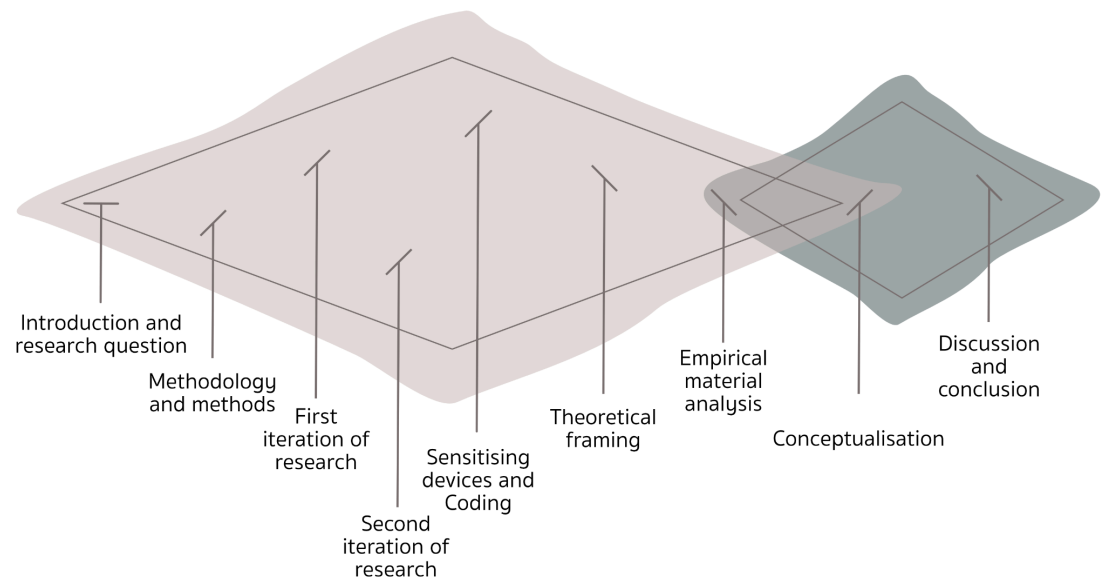


Fig 1: Illustration of the research design based on the double diamond model and the structure of the report (Own illustration, inspiration from Design Council (n.d.)).

As part of my entrance to the research field, the research question was supported with a series of sub-questions:

- Who are these alcohol addicts?
- What options do an alcohol addict have for help?
- What are the challenges to the current approach experienced?
- What intervention possibilities does it provide to create a change?

With the political direction point towards the field of political public health, the starting point was the free public treatment, which by law must be offered by all Danish municipalities (Danske Love, n.d.). The master thesis is created with a base in Copenhagen, which is also the municipality with the most citizens (Gregersen, 2024), I here contacted the local center for substance abuse treatment. The opposite of treatment is prevention, where I contacted Alcohol & Society as an NGO, working with advice and dissemination of knowledge on alcohol consumption in Denmark. In this way, both the actors work to influence the Danish alcohol culture with different approaches and methods.

With the methodological approach of Grounded Theory, the first two interventions and interviews provided me a foundation and awareness of different perspectives and approaches to alcoholism. From here, the network was in second iteration expanded in various areas within the legislative and

regional areas. Through these interventions, it became clear that I lacked an understanding and a missing perspective from the drinking person. Therefore, a number of observational studies were made at meetings for Alcoholics Anonymous (AA), which is also an organization outside the public treatment system for alcohol dependence. With the use of coding, the data was used to identify similarities and how conflicting approaches, interests and struggles creates barriers within the political public health to succeed with their agenda and desire to help people with alcohol problems and effect of the Danish alcohol culture.

This data processing provided me a basis for seeing the actors' agenda through the theoretical lens of Political Programs to understand how they try to create agency, and the degree of success in creating change (Koch et al., 2003). Here, the actors were divided into three Political Programs. An element that cuts across all actors involved stigma, as a barrier to creating agency, but not included in many of the current programs. This opened up the possibility of a new political program, more directed towards stigma. With this knowledge and that stigma is a social process (Kistrup & Kistrup, 2011), the new political program focus on reducing stigma through language developed through a design game. In the design process for the design game, a participatory design process was created with people who have experienced problems with alcohol.

2.2 Socio-political point of departure the position as a researcher

All social scientists enter with explicit or implicit assumption to the field of study they want to research (Burrell & Morgan, 1979). Based on the framework of Burrell & Morgan (1979), I enter the research field as a *radical humanist*, which as a paradigm has a critical approach to the *status quo* (Burrell & Morgan, 1979). This is based on my background as a Sustainable Design Engineer from Aalborg University and my training in problem-based learning (AAU, n.d.). This has contributed to an ideographic approach, which also has a dominant role in this paradigm, a focus is on the subjective investigation by “...‘getting inside’ situations and involving oneself in the everyday flow of life” (Burrell & Morgan, 1979, p.7). The entering of the research field is with a focus on language, since my nominalistic approach sees language a way of describing the external world (Burrell &

Morgan, 1979). This is seen in the interest in organizations' discourses and how they are practiced, since they are more than reconstructed configurations (Deetz, 1996). This supports the anti-positivist approach, with the world being understood by individuals who are directly participating in the research field (Burrell & Morgan, 1979). In addition, people are seen as free-willed to choose to be influenced by an environment or situation, which gives me a voluntary approach to the field that the individuals can and will make their own choice (Burrell & Morgan, 1979). Despite the fact that I take a clear position here on my own position, I should not become too focused on my own *“lines of interest, commitments, and training, which can lead to the eclipse of questions and concerns from other orientations”* (Deetz, 1996, p. 200).

2.3 Consideration of (regenerative) sustainability

Due to my education, my thesis will demonstrate my contribution to sustainable development. Consumption and influence of alcohol is included in the Sustainable Development Goals(SDG), as part of sustainable development. In goal 3 for *“Ensure healthy lives and promote well-being for all at all ages”*, it says under target 3.5: *“Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol”* (UN, n.d.). Furthermore, alcohol does not only have effects on health, but also create social and economic harms and influencing factors on 14 other SDGs besides SDG 3 (Movendi, 2020).

The concept of sustainability is about *“the ability to maintain or support a process continuously over time”* (Mollenkamp, 2023). The concept was particularly marked in the Brundtland report from 1987 (United Nations, 1987). The challenge with the concept is the focus on development to maintain a certain level and not further development from there. Therefore, new concepts are introduced, where I in this thesis will emphasize on *Regenerative Sustainability*. This approach to sustainability is based on creating *“a positive impact on the environment and society by recreating and improving the systems that support the company's operation”* and here the approach will be more than *“simply maintaining a balance or restoring what has been lost”* (Nielsen, 2023).

2.4 Limitation of the study

As the project is carried out over a shorter period, some actors are not included in empirical material. The private treatment could have been a relevant actor to include, since municipalities use these organizations to fulfill the legislation (App A). In addition, a deeper investigation of on prevention of alcohol problems could have contributed to the analysis. An acknowledgment must be emphasized, that the current empirical material is primarily focused on the system and to a lesser extent on people with alcohol problem meeting with the system. Furthermore, there is an imbalance between an equal amount of empirical evidence from all actors involved, which may have influenced the direction of the investigation.

2.5 Disclaimer

I hereby declare that the master's thesis does not involve personal, political, competing or financial interests to promote the focus or approaches of the actors involved. The involved actors have been informed about the purpose of the interviews and have in most cases been given the opportunity to respond to transcriptions. In this connection, they are generally made anonymous, as their statements are based on their position in the organizations. AI is only used in connection with wording settled questions. In addition, it should be noted that the thesis works within larger consumption of alcohol, and no position is taken on whether alcohol in moderate quantities and specific alcoholic beverages has a health-promoting effect (Hendiks 2020; Hrelia et al.,2022).

3 Methods

On the basis of my approach, the following section will give a description of the methods used and argumentation for their choice to examine the field of research. In addition, methods used in conceptualization will be presented and based on design theory and pragmatism, I create a design game as a boundary object.

3.1 Grounded Theory and coding narratives

“Grounded Theory is both a methodology and method used in qualitative research” (Turner & Astin, 2021, p. 285). The approach of Grounded Theory is used in many different fields of social science and works alternating between data collection and analysis to enlighten a phenomenon and its mechanisms to produce a theory during the research process (Bowen, 2006; Turner & Astin, 2021). The basic principle of the method is the inductive analysis, which means that the point of departure is taken in the empirical data to create patterns, themes and categories (Bowen, 2006). The collection of the specific data will be based on several methods, which together create a multi-method ethnographic approach to the research design (Brockmanm, 2011). By dividing the collected data into smaller components and labelling these, essences of the data can more through (Turner & Astin, 2021). This type of groupings can also be described as *coding* by using sensitizing concepts, which is a way of seeing, organizing and understanding what is happening in the problem field and which data can be further elucidated from a theoretical perspective (Bowen, 2006). The action of coding is done through selection of narrative, which taps into each other and gives valuable information to the context of an organization and its structure (Adler et al., 2017).

For each interview I have conducted and coded, a layer of knowledge was placed on top of the previous interview and created an expansion of the

knowledge and research field. Hereby, Grounded Theory is a constant comparative method is exchanged, which makes the attention to the field of study to move outside the existing concepts which the actors involved act within (Bowen 2006). This method is a choice with an emphasis on my radical humanistic approach to the field, where knowledge is created through subjective investigation.

3.2 Ethnographic observation

As a method for subjective investigation, I did *ethnographic observations*, where the researcher is participating in the field (FitzGerald & Mills, 2022). It also means that I as a researcher has made a choice about what I want to investigate. The level of participation can vary, but most researchers act as partial participating actors, enough to be able to obtain material for what is desired to be enlightened (FitzGerald & Mills, 2022). As part of Grounded Theory, observations create a space for the *"the researcher to see how social processes are constructed and constrained by the physical and social environments in which they are practised"* (Starks & Brown Trinidad, 2007, p.1375 cited in FitzGerald & Mills, 2022). This type of observation is also termed as short-term observation, which can be used to provide *"multiple perspectives, identities and layers of contexts"* (Brockmann, 2011, p. 242).

3.3 Interviews and transcriptions

Another method for subjective investigation was interviews, and I conducted these as a semi-structured interview form with an interview guide (AU, n.d.). The first interview with organizations, was opened with or included the question: What is an addict? The interview departed towards an understanding of the organization's approach and practices towards influencing the Danish alcohol culture and when alcohol consumption becomes a problem. In connection with work in the field, informal interviews also arisen, which is a spontaneous conversation without a fixed structure (AU, n.d.) The informal interviews are not included as part of the empirical work, but have helped to increase understanding of the area as was at the center of the conversation.

Transcriptions are made with the help of transcription programs, afterward the audio files were listened through with text to ensure agreement on what was said. From here, the transcriptions are translated using a translation program. This may mean that there are some language translations which may challenge the specific intention or understand actors' statement.

3.4 Desk research on public documents

Some of the involved organizations were examined based on their external communicate through public documents. The documents were found through Google searches with the search line: "organization name" AND "Alcohol" AND "report". This method was chosen to contribute the research the organization's way of communicating their approach through language, written action plans and strategies.

3.6 Participatory design

As part of creating direction for the new Political Program, the method participatory design was chosen to involve actors and forms the foundation for the design game, as participatory design can give more ownership of the design (Bergvall-Kåreborn & Ståhlbrost, 2008). Participatory design can be described as *“a process of investigation, understanding, reflecting upon, establishing, developing and supporting mutual learning between multiple participants in the collective ‘reflection-in-action’ ”* (p.2), which can create ideas and vision for shaping of the future practices (Robertson & Simonsen, 2013). This changes the user's role from providing information to being recognized for their value in the design, but also the way the designer has a role as design researcher (Robertson & Simonsen, 2013). The degree of user participation be placed in a spectrum from “involvement to participation”. Conversely, it can also be described as the amount of control the designer has over the design process (Bergvall-Kåreborn & Ståhlbrost, 2008).

When working with users, the motives of their engagement in the design process can happen for political, theoretical, and pragmatic reasons. Political motives are encapsulated in people's beliefs, theoretical motives come from a wish to understand a different field or point of view, while pragmatic motives

come from a desire to improve things, which can benefit their own situation. (Bergvall-Kåreborn & Ståhlbrost, 2008). Furthermore, motives perspective of *commitment* and *buy-in* play in on how the user justifying it partition, both in how in the way it will create less conflict in processes and that the user will continue to participate (Bergvall-kåreborn & Ståhlbrost, 2008). Participatory design also has a political agenda, by being a design tool to gain a specific knowledge to solve a problem (Bergvall-kåreborn & Ståhlbrost, 2008). In this political process, conflicts and dilemmas may occur, which may be due to the degree of knowledge the participants brings with them into the process (Robertson & Simonsen, 2013), where there is a focus for the designer to make choices for creating efficient relations between user and designer to debate and assess what is at stake (Bergvall-kåreborn & Ståhlbrost, 2008).

3.7 Gamification

A way of creating participation around a specific focus is through games, which can be characterized in a framework following a series of rules, where the purpose is to win. This winning mentality is rarely the focus of *exploratory design games*, as part of design work (Brandt, 2006). Design games can be seen as a structural framework tool which helps to create a space for a social activity for participants to negotiate with points of departure in their different backgrounds (Brandt, 2006). This provides a time-limited setting to investigate so-called "*as-if*" worlds, which involve the players stepping outside their certain fixed framework and looking into the future, where a game designation makes it more harmless to step into (Brandt et al., 2008). The physical elements of a game can help make the game and the ideas more tangible and create a common basis for visionary thinking. These physical elements can also be referred to as boundary objects (Brandt et al., 2008).

3.8 Boundary object

"A boundary can be seen as a socio-cultural difference leading to discontinuity in action or interaction" (Akkerman & Bakker, 2011, p 133), as both transferring current knowledge and creating new knowledge that must create validation for both individuals and across borders, which will solve the consequences of problematization (Carlile, 2002) A boundary object "*establishes a shared syntax or*

language for individuals to represent their knowledge” (p.451) and is a physical element that can be seen as a pragmatic way to create “*knowledge in practice*” (Carlile, 2002).

The knowledge that the physical object brings with it can be described as localized, embedded and invested (Carlile, 2002). **Localised** is a focus on the problem in the given practice. **Embedded** gives the element of viewing knowledge practices and how things are done, which create a focus on tacit knowing, that can be difficult to be told or written down. **Invested** in practice describes the strength of the connection to the problem and give knowledge on how willing actors are to change, since the more invested they are “*less they are able and willing to change*” (Carlile, 2002, p. 446).

In addition to the object, there are also different ways in which knowledge moves across boundaries based on syntactic, semantic and pragmatic approaches. Boundary object help to share and create **syntax** towards a common language, where information is communicated for actors to see their common dependence in relation to the problem (Carlile, 2002). The **semantic** approach have the same approach but recognizes the differences. The **pragmatic** approach embraces the presence and consequences of difference and dependence, by focusing on the effect that knowledge exchange has with it (Carlile, 2002). A recognition should be put on how the function of a boundary can change, when “*perceived or used differently over time, at one time enabling communication and collaboration across sites, whereas at other times losing their boundary crossing function*” (Barrett & Oborn, 2010; Pennington, 2010 as cited in Akkerman & Bakker, 2011, p. 141).

4 Descriptive empirical material

I will in this section provide the insights of organizations, who all contributes in their own way, to creating opportunities to get help if citizens experience that alcohol has negative consequences for their lives. The first meeting with the municipality's treatment and Alcohol and Society constitutes the first iteration and are firstly presented. The supplementary interviews in these organizations are included together with other organizations in the second iteration of interventions.

The methodological approach from Grounded Theory allowed for several iterations of interventions, gave the opportunity to continuously process data and decide on the next direction to go in order to obtain a lot of knowledge and ensure process progress. By using coding, it was possible to search and create a connection between the organizations' similarities and differences in approaches, as well as to contribute to where there are potential barriers so that more people do not seek their available help.

4.2 Description of the organizations

The following descriptions must provide answers to how the organization's approach and practice to the citizen, what is the basis for the organization's purpose and agenda in the field of research. Each description starts with a description of the method for obtaining the data

4.2.1 The municipal alcohol treatment

The following description of the municipality as an actor is based on physical interviews with the leader and two alcohol therapists at one of the alcohol treatment centers in Copenhagen, which together constitute the overall description. The

interviews were structured and conducted as a semi-structured interview and was recorded on audio for transcriptions and can be found in appendix A, J & K.

All municipalities must be able to offer free and anonymous alcohol and drug treatment, but how the specific treatment is carried out is up to the individual municipality (Danske lov, n.d). Due to the structural reform in 2007 (Indenrigs- & Sundhedsministeriet, n.d.), this means that the 98 municipalities have to take a decision on what is best for their citizens. If there are enough citizens who need help, the municipalities can set up their own units, refer to a municipality that has a municipal center, or use a private actor. It should be noted that there is no compulsory alcohol treatment in Denmark.

The approach to the citizens is in the municipal treatment based on the citizen's own experiences of having problems with the intake of alcohol, and they are co-creators in what the goal of the treatment through what the citizen verbalizes. It can be a challenging process in clarifying the individual citizen's goals, if the citizen would like to reduce the alcohol consumption but would very much like to be able to drink in social contexts in the future. If the therapist in the perspective of professional knowledge sees this goal as problematic, there is a recognition process of being able to see one's own situation. This can mean the citizen returns several times for help in the municipality.

Since Copenhagen is a large municipality, there are several units and subunits that take care of treatment in order to provide the help that the citizens need. This means that the citizens can generally get more specialized help, while the smaller municipalities must be able to embrace all types of problems that can potentially go beyond professionalism and prioritization of tasks. The difference according to geography does not change the fact that it is generally the same type of mechanisms that underlie the problems that the citizen brings. This can generally be described as the consequences of alcohol consumption outweighing the positive things about the consumption.

4.2.2 Alcohol & Society

The interviews are structured and conducted as a semi-structured interview, which was recorded on audio and then transcribed. A total of 3 interviews have been conducted, which together constitute the overall description and insights of the organization and the interviews are found in appendix B, H & I.

Alcohol & Society is an NGO who works with politics, press and communication public health research in the area of alcohol in Denmark. In this way, they try to influence the Danish alcohol culture with different approaches and methods. They work for a moderated, balanced alcohol culture and focus on is about reduction and not necessarily a concrete stop of alcohol intake. Since the NGO started in 2012, there has been a focus on people with “alcohol dependence”. However, the organization is currently faced with the intention to expand their focus to people with a heavy consumption of alcohol, and here by speaking into the wider population who has the potential to develop an addiction and have greater health risk of consequences and diseases due to alcohol intake.

One of the ways in which the NGO shares its knowledge and communicates to the public is through campaigns and has an annual recurring campaign called “*The Week-40-campaign*”. The specific focus of the campaign is created through an internal brainstorm on what takes current focus in the various areas in the organization and on The Alco-line. In the end the selected focus also depends on the news value and on media such as TV, online platforms and the press, so that they want to convey this message to the population. For the first time, money has been given to create a campaign which is aimed at the heavy alcohol consumer and the general population.

4.2.3 The Alco-line

The observation of the Alco-line work took place in the call-center in Copenhagen. As an observer placed in the corner of the room, it was possible to hear counselors' part of the conversation with the people calling in. This means that it was not possible to hear the calling person say or responses to the questions to the advice they received. All notes

were written by hand and subsequently elaborated and inscribed electronically.

The Alco-line is an initiative made by Alcohol & Society, which acts as an independent unit based. The Alco-line is a free and anonymous hotline, where individuals with alcohol problems or relatives can call or chat with professionals. Here, the individual is advised on either how to make contact for treatment or how to start a dialogue about the concerns about the alcohol intake (App B & E). The Alco-line becomes a bridge builder between the citizens and the treatment, in which the adviser assesses to be the best for the citizen or the relatives at the moment. Despite the fact that Alcohol and Society is the founder, they try to keep the two institutions separate due to the clear differences in purposes and practices.

4.2.4 Legislation, The Health Committee and The Health Authority

The description of legislation and state actors is made on the basis of meetings in the health committee and public documents in order to gain more insight into the legislative factors that affect the other actors.

Since it is required by law for all municipalities to offer treatment for alcohol, legislation works with the structural conditions as part of accommodating alcohol addicts (Sundhedsloven, 2024). The National Board of Health examines the ministerial work of, among other things, to work out recommendations for alcohol intake (Sundhedsstyrelsen (2022a).

Within abuse, there is a legal division of the substances by being placed in their respective laws. Legislation for alcohol is placed in the Health Act and substance abuse is placed in the Services law. Here there is a difference in the way of appealing to the target group for the legislation, where substance abuse are designated as “persons with a substance abuse” (Serviceloven, 2022), while the actors in the health law are designated as “alcohol abusers” (Sundhedsloven, 2024). This gives the overall impression that there must be treatment that you can seek if you are an alcoholic.

At present, there are no specific quality standard requirements for that the municipalities have to meet the legislation, and that some actors are looking

towards more evidence-based treatment (App G). However, a report from 2022 shows that the citizens who have been treated are satisfied (Christiansen et al., 2022), and that there at an expert meeting in the health committee is an overall positive agreement of the current structure with treatment in municipalities (App G).

4.2.5 Medical research with alcohol-related disease

The interview is structured and conducted online as a semi-structured interview with clinical lector Lone Galmstrup Madsen, where the aim was to get the medical approach and the experience with people with alcohol problems within medical research and at the hospitals.

One of the signature diseases of heavy consumption of alcohol is alcohol-related damage to the liver. Despite the fact that the patients are informed that they have an illness due to their alcohol intake, it does not mean that they stop drinking (App C). This gives an indication that other methods are needed to change this, which they do not take care of or something that the hospitals or health research can provide them (App C). Since the hospitals primarily treat somatic, they find it difficult to treat the drinking people who come to the emergency reception, as medication cannot be given. An exception here can be citizens, who need abstinence treatment. It results in hospitals having a negative view of drinkers and are viewing them as "flow stoppers" compared to other patients with acute problems (App C & G).

4.2.6 KL

Description of KL's action in the field is based on public documents, found with the method described in 3.5, for insight into their way of supporting the municipalities' work with alcohol treatment.

KL is an interest organization for all municipalities in Denmark and does geographically cross-cutting work for the 98 municipalities in Denmark and acts both as a negotiating organization, knowledge center and creates joint initiatives and decisions (KL, 2024). Within the knowledge center, KL contributes primarily with knowledge, inspiration and recommendations for the municipalities' way of working with prevention (KL, n.d). This shows that KL's

agenda is to speak into the legislation that the municipalities must comply with by law.

4.2.7 Anonymous Alcoholics

Some meetings in Alcoholics Anonymous (AA) are open for everyone to participate regardless of intention. Participation in the meetings took place on an equal footing with the others. Observations from the meeting were taken shortly after the end of the meeting, and follow-up knowledge about the community was done through online documents on the website for AA. The observational studies were also a way of gaining insight into whom these people are, who have and have previously experienced the consequences of alcohol consumption.

Alcoholics Anonymous (AA) describes itself as a community, which is not related to any sect, denomination, prolific association or institution, to accommodate the abuse of alcohol (AA, n.d.). The community originates from the United States, but is today a worldwide organization with around 440 weekly meetings all over Denmark (AA, n.d.). AA sees abuse as a visible symptom, by being drunk, as an expression for the personal conciliation. In this way, alcohol is consumed because of something else, whereby alcoholism is labeled as a disorder or a mental illness (AA, n.d.). The way to meet the abuse is within AA first through sobriety and staying sober, which thus creates a basis for being able to see into the mental conflicts (AA, n.d.). The AA meetings are structured around a fixed agenda around text reading, prayer and gives space for both reflection and disclosure of one's own situation and problems in connection to "being an alcoholic" (App D), which can be described as one-way communication. The sobriety of the individual is celebrated through the marking of an anniversary.

The reasons why the people sit at these meetings are very different, but most of them had "*reached the point where you can't control or have the power of your own life*" (App. D) and where alcohol became part of that process and a hope of being a solution. Many people experience being different, but at AA meetings they experience an equal space and see God as a higher power who continues to give strength in facing cravings or other reasons for alcohol being a choice, which means that it is not about amounts of alcohol (App D).

4.3 Sensitizing devices and Coding

As more and more empirical evidence was continuously collected and processed, a pattern of different narratives and different opposite approaches to helping citizens with alcohol problems began to emerge. The overall overview can be found in appendix L, but will be explained in the following sections. The empirical work also gave an awareness that the actors generally speak in or refer to each other's work. Some of these contact points can be seen in figure 2, which also function as an overview of the involved actors and their position.

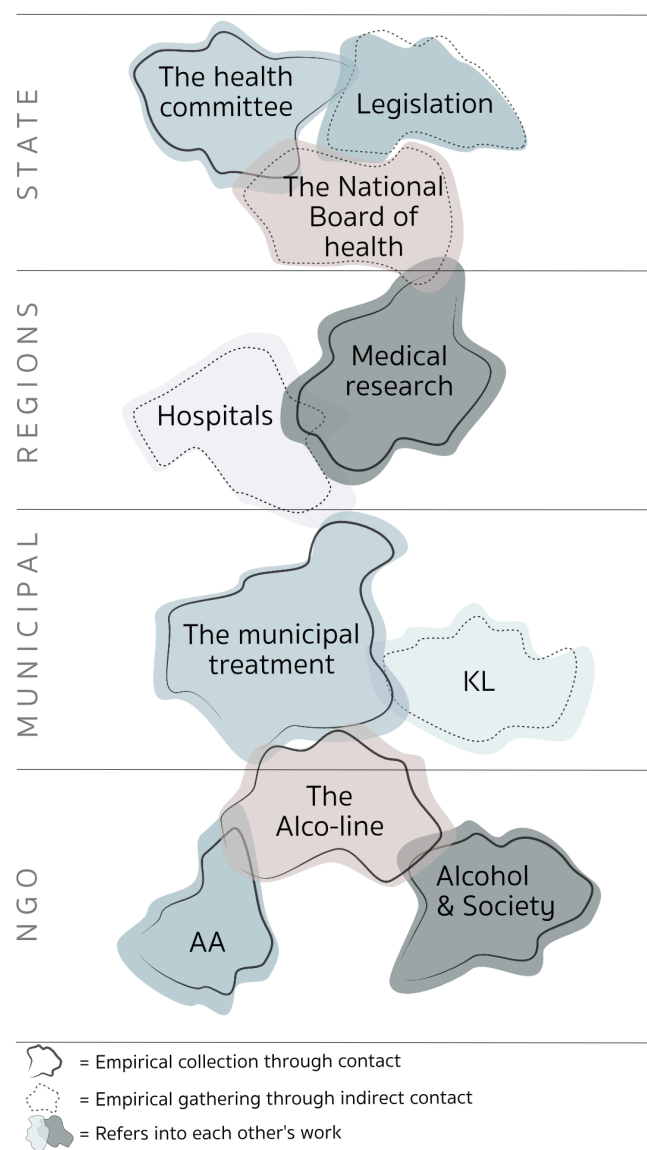


Fig 2: Relation between actors contribution to the empirical material (Own illustration).

4.3.1 What should you call someone like me?

Interpretation of words takes up several places and is instrumental towards creating different expectations and associated with images or symbols. Overall, the words “*abuse*” or “*alcoholic*” are not met positively in different contexts, as it is both stigmatizing and does not reflect the individual person's situation (App A & B).

Both the municipality and Alcohol & Society have more or less a similar perception of an addict to be a person with a self experiencing of having a problem with alcohol intake. By seeing addiction as a problem, it is made more externalized from the person and more a part of many things that a person contains (App A, G, J & K). The municipality supplements this approach with “... *But having said that, it can also be one where the person does not experience it themselves, but where the environment, the partner's family members experience that they have a drug problem. Whether they are addicts exactly or not is difficult to answer unequivocally*” (App A, p. 3). Alcohol & Society follow this statement in their vision work by saying “*that no one should experience damage or negative consequences of their own or others' consumption*” (App B, p. 26). Madsen (App C) supports, as a researcher in alcohol related diseases, that there is no clear answer to what an addicted person is, but a medical starting point is here taken from alcohol-related injuries.

More actors try to move away from the term “*alcoholic*”, which is associated with the picture of a person who sits all day on a bench and drinking alcohol (App G). This can relate to the culturally accepted way of consuming alcohol at a party for the sake of enjoyment or drunkenness, where it is the unaccepted way of deviating from this norm by acting uncontrollably (Sundhedsstyrrelsen, 2022). This term “*alcoholic*” can be difficult for both addicts and heavy consumers to reflect on (App G, J & K), where the municipal treatment experiences very different reactions when it is mentioned that the drinker fulfills the criteria for having an addiction to alcohol (App J & K). Some terms, e.g. “*alcohol abusers*” or “*alcoholics*” could potentially stick around, as it is used in the law (Danish Law, n.d) or in AA (App D). Even though the municipal, like other actors, are now using the term of “*having a problem with alcohol*”, there can still be some situations where municipal are affected to use these words like “*addicts*”,

“*alcohol abuse*” or “*alcohol dependent*”. This is e.g. on websites as part of Google search optimization, since citizens do so before contacting the individual unit for help with their potential alcohol problem (App A). Furthermore, the phrase “*I am an alcoholic*” is clearly expressed every time an alcoholic would like to share something at the AA meeting (App D). The saying becomes very repetitive when everyone has to say it, as part of the fellowship and AA's way of addressing alcoholism as an addiction. This way of seeing alcohol as something the person is, makes it become more identity-creating and being part of a self-narrative.

4.3.2 Treatment or advisory

The different actors alternate between the two approaches to their practice; *treatment* or *advisory*. Needing treatment is used especially within a health-related approach, which relates to a physical injury that must be rectified in order for the body to heal (App C). It is also a term that relates to the fact that alcoholism is a disease that has been recognized within the medical world (NIAAA, 2020). Specific treatment can be provided when an organ has been physically damaged by long-term alcohol consumption. In the stage of having a problem or addiction to alcohol, there are medical preparations which can counteract i.a. craving for alcohol, but not curing alcoholism, since the most effective medicine is to stop drinking alcohol (App C).

The concept of advisory provides a more open entrance for the citizen to reflect on their situation and have a preventive nature, which seeks to ensure that the problem does not develop further towards increased intake. The Alco-line is clear on that they provide advisory (App B), which can be questioned despite the fact that they are bridge makers to treatment. Prior to the call, regardless of the background of the person calling in, a form of recognition process has already been found prior to the initiative to call in and seek help on the alcohol line (App B).

Both the concept and term of treatment and knowledge of AA's requirement to stop drinking can create tension and influence the drinker to seek help, as they are not ready or want to stop. It can also mean a lack of knowledge, since the municipal treatment is holistic in their approach to the person and the goal of the treatment is based on the individual wishes (App A). The same associations

are made with 'Alcohol & Society', which may be because the NGO originates from an abstinence movement, but they focus on reducing alcohol intake (App B).

4.3.3 The physical intake or “the good reason” for the intake?

Assessing the extent of consumption forms in more or the organization, the basis for the entrance to the process of treatment or advisory. The physical intake is one of the first things that is examined in the municipal treatment, so that the therapist can get an indication of the consumption and whether there is a need for drug treatment (App J). This is done i.a. with an AUDIT-test, which assesses the scope through a series of questions on the amount of alcohol consumed. The difference lies in the fact that the addiction as a use disorder is based on the WHO ICD-10 scale(Sundhed.dk, 2023), where none of the criteria is about a certain consumption, but what it does to and makes the individual to do. Based on the criteria, 3 out of 6 criteria must be met in order to have an addiction within this diagnostic system (Sundhed.dk, 2023). AUDIT it also possible to do online through the website of various treatment centers (App F), whereby private individuals at home use this in support of their individual assessment of alcohol being a problem. Furthermore, Alcohol and Society has developed the app “*The Alco-log*”, where citizens can record their intake (App B). This can give in some cases a simplified picture that a person who drinks is only about intake, rather than what is potentially behind it, which can have many nuances (App H). If a look is taken at the criteria for AUD, none of the criteria deal with quantity of consumption(Sundhed.dk, 2023), which is supplemented at AA meetings that addiction is not always about quantities (App D).

4.3.3.1 Difference between an addict and a heavy consumer.

In connection with the health focus on alcohol's impact on the physical body, and that the criteria for when you have an addict do not deal with quantities, then the heavy consumer becomes relevant to the system and who they direct their focus on.

In 2022, The National Board of Health issued new recommendations for weekly alcohol intake, advising both men and women to consume a maximum of 10

units (Sundhedsstyrelsen, 2022a). This recommendation distinguishes between having moderate alcohol consumption, which is a maximum of 10 units per week, but heavy consumption is above the 10 units per week, but an overall approach is that the less consumed, the lower the risk of alcohol-related diseases, acute injuries or conditions, and deaths (Sundhedsstyrelsen, 2022a).

Tolstrup (2022) describes that heavy alcohol use can generally be termed an unhealthy habit, leading to increased risk, while dependence is a disease requiring treatment. Whether it is a habit or a disease can be difficult to assess in its physical expression. The awareness that the heavy consumer is becoming a societal focus, by e.g. the term “*Gray Area Drinking*” (GAD), which provides a spectrum for a person to relate to the alcohol intake (Neumann, 2024). Initially, GAD can be considered “*as the space between the extremes of rock bottom and every-now-and-again drinking*” and where the individual questions his own intake without sharing it, as it is not visible to others that there is a problem. (Neumann, 2024). This is in contrast to the addict, where it is often the environment that perceives it as a problem first (App B). Overall, GAD experiences a problem with alcohol, where the municipality's treatment can help (APP G).

4.3.4 Individual behavior or social dynamics

Various organizations approach to meet the person with alcohol problems on an individual level, which may be due to treatment and advisory taking place on an individual level to influence an individual's behavior. This is in contrast to AA which creates help through communities(App D). This main approach can be questioned, since other actors are affected by the individual's drinking (App G), including relatives and health systems, which means that in the vast majority of situations where a person has excessive alcohol consumption, it does not only affect their own physical and mental recovery. Individuality is further supported by the possibility of being anonymous throughout the entire treatment process, except when dispensing medicine (App J) . It provides both protection and understanding of the individual, but supports it as a problem to be kept close to the individual, so that others have no possibility of knowing anything about it.

4.4 Finding and further research

Through sensitizing devices and coding, it has been possible to look into the current network of actors' contrasts and similarities in their approach to help people with an alcohol problem. Overall, it creates a primary image of the current system focusing on the individual to change through treatment and that the starting point is taken from the amount of alcohol consumed. There are several different ways of referring to citizens in the system, which generally stick to medical terms and designations associated with an outdated, negative pictures of the target group. More actors are modifying these terms towards seeing alcohol as a problem, which supports the approach of alcohol as a problem must and can be solved. The way in which organizations still speak a certain language about the target group and the use of different measurable tools for someone who already feels different due to , can call into question how the organizations meet their target group, which already feels different due to the impact of alcohol on their lives. This can additionally have a connection to stigmatization, which across the organizations was acknowledged as being as challenge within the field, but at den current state, not how it affects their work and approach towards the target group. In some cases, taboo is also mentioned in connection with stigmatization, but from here on the primary focus will be on stigmatization, where taboo can be seen as a derivative of stigmatization (Psykiatri fonden, 2021)

In order to make clear the differences and similarities between the organizations, as well as their way of relating to stigmatization, the 10 organizations will be presented through a theoretical lens of Process Theory and Political Programs. These theories have the purpose of acknowledge the organization's political position in the field as well the challenges that are currently being experienced by not many choose to use the help that is available.

5 Theoretical framing

This section will provide a description of the theories, which I will use to analyze the collected empirical material. The choice of this theoretical direction is caused by the material collected through Grounded Theory, which shows a potential in diving concretely into the narratives, which both provide insight and create a basis for the development of a Process Theory (Dawson & Buchanan, 2005). To gain insight into similarities and differences, the theory of Political Programs (Koch et al., 2003) will create a clearer description of the various organizations approach towards people with alcohol problems and their intention of creating help.

5.1 (Political) Process Theory and narratives of change

Process Theory originates from an inductive interpretive epistemology, which provides an understanding of flow and patterns of actions among actors in the concrete context at organizational level (Dawson & Buchanan 2005). Narratives as a concept relates to history or myths that are based on the outcome between past and present actions to illustrate versions of reality (Dawson & Buchanan, 2005). Narratives can make room for the stories that are not easily accessible and publicly communicated (Dawson & Buchanan, 2005), but can also be constructed (Dawson 2000). By shaping narratives in a certain way, it makes them a powerful tool for creating change “*in terms of multi-level interactions between change substance, context, implementation process, and organization politics over time*” (Dawson & Buchanan, 2005, p. 851). Emphasis must here be relayed on time perspective since narratives can develop, which can make them unstable and possible to revise over time (Buchanan & Dawson, 2007). Overall, several elements play into the conflict between different groups of actors (Dawson, 2000) and their values, which are expressed through the narratives (Dawson & Buchanan, 2005). By doing so, socio-political processes arise

through the competition narratives, which also include the hidden narratives and their contribution in creating a change (Dawson & Buchanan, 2005). By this point, “*political processes are at stake when some conflicts are brought up, while others are hidden*” (Kamp, 2000, p. 76). Narrative is not a way of viewing a political process, but is also a part of a person's identity (McAdams & McLean, 2013).

5.2 Narrative identity

Storytelling is a way people communicate, also when it comes to the stories about themselves (McAdams & McLean, 2013). A person experiences a lot throughout a lifetime, and the memories and the sense making of these experiences, may be constructed and evolve into a life story as *a narrative identity* (McAdams & McLean, 2013; Adler et al., 2017). Mclean et al. (2020) see the features within a narrative identity to have a significant influence on a person's psychological well-being. Some of them are agency, communion, valence, redemption, contamination (Mclean et al., 2020; McAdams, 2022), which influence the degree of motivation and ability to create structure and are associated with good well-being (Mclean et al., 2020).

5.3 Political Programs

The other theory, included in the analysis, is *Political Program*. In this setting, Political Program will be approached as concepts to draw out how the different organizations view and act in relation to the people with an alcohol problem. The theoretical approach of the concept originates from organization theory, where that change occurs through political processes in the interaction between actors in connection within the concept (Koch et al., 2003). Since the empirical data shows several differences' and dependencies, give an indication of political disagreement for the best way to help the citizen. The theory will here clarify the individual program, its discourse and how it assesses the political processes between political programs.

To describe a political program, Koch et al. (2003) localize seven elements that should be included in order for a concept to be present. The first element is the **framing** of the concept, which builds on the theoretical background for

working within a particular field. The framing shows how organizations from their point of view see people with alcohol problems, which also indicated the approach to changing them and their problems. This way of approaching in a certain way is seen from previous experiences in the specific field and are related to the second and third element, which is *problematization* and *self-diagnosis*. **Problematization** emphasize on what is the problem at stake for the political program to solve, while **self-diagnosis** can be seen as the methods or elements used for people to see that they have the problem. The problem with alcohol consuming people is focusing on different consequences, and these people are effected in different ways to self-diagnosis and realize that the current consumption is not beneficial for a good life. The fourth element is **the solution** for how the problem can be solved, can be seen as how the organization with different devices e.g. campaigns to change the consumption or offering free treatment for all. The sixth element is **the recipe procedure** for how the strategy of the solution can create a change for the people with alcohol problems by e.g. recording consumption, which gives clarity to lower to recommended intake. To whom the program is directed, the sixth element is **recruitment** to focus on a group of actors to do the desired change. Here, the overall focus is on attracting people who experience that alcohol causes them problems, but there may be a difference in the way they are approached differently, since problems are not experienced the same. Lastly, is the seventh element is the **philosophy** of the program that implicit is indicated by the program and its actors (Koch et al., 2003), which is a foundation for the assumptions that the organizations have about themselves within the political structure for helping people with alcohol problems. The philosophy will here be described by its socio-political position (Burrell & Morgan, 1979).

5.4 Discourses

Political Program also outlines the program's discourse, which indicate a certain way of thinking and approaches can be used in practice (Hodges et al., 2008). With the view of critical discourse analysis, it is possible to explore the broad perspective of a field of examining language through individuals and in organizations, as well as in social practices (Hodges et al., 2008). This analysis of approach derives from constructivism, which is based on discourses as being and "*systematically constructing versions of the social world*" (Hodges et al.,

2008 p. 2). In addition to widen the understanding of discourses as *semiosis*, it also includes a visual language such as body language, which supports discourses as a social construction that is part of all social phenomena and changes (Fairclough et al., 2003).

5.5 Cultural change

My investigation focuses on changing a culture of receiving help for alcohol problems, together with the way organizations practice it right now. From a theoretical angle, the concept of culture share the same ideas, but have also contesting meanings with in an organization or group (Alvesson, 2002). So in relation to change culture is then due to a problematic view on the existing ideas, beliefs values and meanings (Alvesson, 2002). Culture is a way of creating a link between social interaction and guiding behavior, which supports the point, that by changing a specific behavior, a cultural change occurs, but that the behavioral change should be accompanied by cultural re-orientations (Alvesson, 2002).

Across the organizations, there is an agenda that the person with an alcohol problem should change. Therefore, in the further work, it makes sense to focus on the narratives of organizations in their political processes and political programs, as it reflects both their external communication of what cultural change is desired and their internal way and understanding of how the change is created. With the approach that cultural change is created through opinions, there is still a need for agency to start this process, which will be described in the next paragraph.

5.6 Change Agency

My entry point to the field and illuminating it from different angles is the desire to create a change. As highlighted so far and in the further analysis, several organizations share a desire. As you will see in the following sections, in order for an organization to change others, it may mean that they and their actors want or should change themselves.

When an organization experiencing a cultural change, it does not necessarily happen linearly or top down, but more as an interactive and interpretative

process between macro and micro level (Thaler et al. 1997; Alvesson, 2002). This can create change in organizations due to actors "*enacting an ongoing series of local innovations that embellish the original structure, respond to spontaneous departures and unexpected opportunities, and iterate and build on each other over time*" (Mcloughlin et al., p. 2000, p. 19). The agency toward creation of change requires an ability, a role of responsibility within the innovation, which can occur due to hierarchical empowerment or the function of the position in the organization (Thaler et al. 1997). Changes are based on the actors who want a change, for whom they can also be described as *change agents*. Studies show that personality plays an important role, as people do not do things because they are asked to. This may relate to the fact that a change agent is characterized by a clear belief in change and resistance to criticism (Thaler et al. 1997).

6 Empirical analysis

I will now, in this section, apply the theoretical framing to the empirical material to create a greater clarity for the organization's intentions to create a change. After the empirical analysis based on political programs, political process theory will clarify the barriers that the programs encounter. This will be done by holding the programs up against the overriding element of stigmatization and how it creates the basis for identity problems, the political program and the way the target group perceives them, which results in a culture change not happening.

6.1 The actor's political program

When I analyze material collected empirically from the ten organizations involved, they group in three policing programs, with overall the same intention to help drinkers, but different in terms of the seven elements to act as a concept. With several actors in each political program, some of the elements are described with reference to some concrete examples from a single actor, but which can relate to the other actors.

6.1.1 Political program: Treatment of your illness.

The organizations, which are included in the program are the Legislation, The Health committee, Municipalities, Hospitals / Medical research, KL.

The overall **framework** for the program has a medical approach to alcoholism, as a disease that must be treated in the same way as other diseases. Alcohol is also seen as a substance that causes physical damage and subsequent diseases. The **problematisation** is based on the medical conditions of the physical bodily

conditions that alcohol has either caused through a secondary disease or the citizen has reached the point in his intake of which there may be a need for a medical preparation in connection with detoxification due to abstinence. After the medical approach, there is evidence that subsequent treatment has a more cognitive approach, but medical preparations can also be part of the further treatment as part of recovery. They supply the **problematization** by the awareness that the sequelae have consequences for the individual, its relationships and society, which are primarily tied to one on an economic level. Either when the citizen has done the **self-diagnoses** of realization that help is needed or the physical body is in a bad condition, the solution has the intention of being as easily accessible as possible. The **solution** is concrete places where people as individuals can go and get the help they need in the physical condition they are in, which e.g. can be whether it is hospital or municipal treatment. There is no compulsory treatment in Denmark, so a **recipe procedure** is done through, ensuring though through hospital services and the quality of the treatment in the municipalities with free and anonymous treatment for everybody. Since treatment is part of the public system, the system must primarily be ready when the citizen needs it, and targeted **recruitment** is not a clear focus. Campaigns may be made, but this takes place more in the preventive work, which is not covered here. Hereby, the program has a **philosophy** approach of the socio-political point of *functionalist* approach, as it is up to the individual citizen to make a choice to accept the treatment. In contrast to this, is a deterministic approach with a natural scientific view that the damaged body of the physically injured person must be treated mechanically.

6.1.2 Political program: Advice for your problem

The organizations, which are included in the program are Alcohol and Society, Alco-line, the Municipalities and The Board of Health.

The **framework** of this program share the same starting point of a medical approach as the previous program, but from here more towards a psycho-social approach to cognitive support to the alcohol problem. This opens the door to talking about having a habit that has taken over and that the individual should change in order to live a healthier life and avoid the

consequences of alcohol consumption. **Problematization** focus in the individual consumption's consequences for themselves and the people who are around this person. As part of changing this consumption, there is a need for psychological support and advice through human contact. The **self-diagnosis** is happening individually, but is influenced by guidelines to consume within certain limits or relatives who express their concern, which gives a social impact. The **solution** are physical locations, by telephone or online options where you can seek psychological support or advice through professionals, who has a holistic approach to the citizen and citizen's desire for the outcome by seeking help. This does not necessary mean a stop drinking alcohol. The way to ensure this solution becomes available and implemented is by setting legislative requirements. **Recipe procedure** takes place through publicity campaigns to inform and guide the persons' intake by following guidelines by e.g. amount of consumption, which will thereby become a cultural norm that the individual should be followed to be a part of society. There are a number of online, medically based tests or apps to keep track of one's alcohol intake for comparing to guidelines you intake. The campaigns there is also a focus here on the human consequences, as a motivation to reduce or change drinking patterns within a certain amount, to minimize the consequences for the individual intake. Campaigns are also a way to create **recruitment**, while the Alko-line offers an opportunity for the individual to seek advice for further help. In addition, the Alko-line provides an opportunity for relatives and workplaces to seek advice for their own recovery or to influence the individual to do the same. The program's **philosophical approach** is within a *radical humanistic* paradigm, where the individual acts voluntarily and freely makes the choices that are right for the individual. Furthermore, the program works nomothetic, since language helps to shape the social reality, which can thus help to influence a new reality in the way of consuming alcohol.

6.1.3 Political program: Support for self-help.

In contra to the two precisely programs, AA is the only one to act within this program.

AA also **frames** from a medical approach to alcoholism and the recognition lies in the fact that the disease, but a disease that means that you can't drink again and therefore is a disease that can not be cured, and you will have with you. When this is pointed out, there is a focus on the psychological challenges you may experience, which require support to meet, e.g. the craving for alcohol, which requires treatment through help for self-help. **Problematization** occurs through a recognition that alcoholic was powerless toward alcohol and had consequences for the person's life, where the only **solution** is total abstinence, which incorporates the importance of social support to follow the program. And you can furthermore more get help from a sponsor, who have been through the program. The physical community through the meetings, where you meet human support for the challenges that may arise by following the program. Since one of the purposes of the program is to create hope, hope is also created through the meetings by sharing victories experienced through the program. This is marked through anniversaries, which mean the number of days you have been able to stay sober. **The self-diagnosis** happens through an individual recognition of being powerless over being able to consume alcohol, and help was needed. **Recipe procedure** to maintaining sobriety is through a defined program that consists of 12 steps. If you follow them, you will be able to maintain your sobriety. Furthermore, the language also helps to enrol people in the program, by openly saying "*I am an alcoholic*", which can be an indication of the need for help. **Recruitment** happen by seeing that other has succeeded with the 12-step-program, which give hope to new ones to the program to succeed. People seek the program by recognizing the stigmatization of alcohol, by anonymizing everything that is attended in connection with the meetings, where it is also made clear at the meetings that everything that is told at the meetings does not leave these premises. In this way, a guarantee is formed that the challenges of the drinkers are not shared with the outside world. All these elements are generally based on a **philosophical approach**, which within the framework of Burrell and Morgan (1979) can be described as *radical structuralist*, where AA draws the alcoholic into the determinist approach, since the drinker must succeed in stopping drinking and getting well and this can only be done through a program.

6.2.1 The meeting between the political programs and a person with an alcohol problem.

By comparing the three programmes with the seven concept elements, it is apparent that the three programs in general are **framing** and **problematize** from a medical approach and that excessive consumption will have consequences for you, but also your surroundings. In addition, there is an understanding of the psychological influences, but different emphasis are put on this in the three programs. The way the programs are framed and problematized is also reflected in the way the citizen creates self-diagnosis, which moves on a scale from physical to the psychological focus, where AA **self-diagnoses** are based on the citizen's psychosocial consequences. All three Political Programs contain that self-diagnosis is something the individual must manage by themselves, unless illness due to alcohol has occurred. According to **recipe procedure** and **recruitment**, “Advice for your problem” is the program, who puts out different tools and campaigns, such as focusing on quantities or other medical criteria to effect more people **self-diagnose** to reach out for help. The two other programs do not share this outward-looking approach. How the programs create a **solution** to the alcohol problems may reflect the larger political network, where AA sees sobriety as the solution, while the other two programs have contact with public institutions and focus on the citizen's wishes.

Overall, it can be said that the three programs together create a broad opportunity to get help for one's problems, which can suit the individual. But this could potentially be where the primary barrier lies, if the material collected empirically is taken as a starting point. At AA meetings, the alcoholics tell that they feel or have always felt different or misunderstood, which may have contributed to them feeling lonely, which could be some of the reasons for choosing alcohol as a way of dealing with the feeling (App D). The people in AA also describe a need for control, which is in contrast to seeking help through treatment. As there is also a huge realization that one does not have the control over one's own life (App D).

Therefore, some of the programs' practices can contribute to the citizen feeling even more different, which maybe exclude them more from the

programs than to recruit them. This could, among other things, be that the individual citizen must appear physically for at the municipalities' treatment centers for help, you have to be able to see yourself tapping into the program and the language of being an alcoholic to be part of the AA community, a call to the Alco-line must be within a certain period of time, and that the online testing and intake statistics support the either-or situation for when you have a problem with alcohol, rather than a balance with the psychological factors. Not all exclusionary parameters are included here, so a more complete description is found in Appendix M. This way of drinking people, due to structure can become excluded, relate well to the elements which have been encountered in all interviews and reports: stigmatization.

6.2.2 Theory on Stigmatization

Categorization is a process within the human being that is a way of describing differences and similarities in the individual and between people (Kistrup & Kistrup, 2011). Stigma is a term for a negative characteristic that a person acquires through the person's surroundings, as the characteristic is experienced as deviant in relation to the social norms of the concrete society (Kistrup & Kistrup, 2011). There are several theories on where stigma has its origins. One of them is "Them-and-us-Theory", which is a sociological hypothesis that people create groups where they find security through their common features, which differ from other groups (Vendesborg, 2011a). Furthermore, stigmatization of others can help to confirm the individual's normality (Kistrup & Kistrup, 2011). There is also a theory that stigma is about morality, thereby exceeding the moral behavior in society that can lead to exclusion from social circles (Vendesborg, 2011a). This can lead to self-stigmatization in the individual person, which can be perceived as a reaction to experiencing stigmatization, prejudice or discrimination. Self-stigmatization is created on the basis of individual consequence calculations if others become aware of the victim's situation (Blinkenberg & Vendelsborg, 2011). Stigmatization can also take place structurally, which is expressed through discrimination against people on an institutionalized and societal level, which e.g. can be expressed through the distribution of financial resources (Vendesborg, 2011). Several psychological studies show, that stigma

is "the result of social relations between people - in a form of mistaken social categorization", which also means that "when stigma can be created by a social process, it can also be removed by a social process" (Kistrup & Kistrup, 2011, p. 34).

6.3 Structured literature research - stigma as barrier

In order to confirm stigma is not just a barrier found i this research as a barrier within treatment systems of alcoholism and for the desired outcome, I carried out a literature search i academia. This method is also chosen as part of validating the chosen method and analysis towards creating an evidence-based intervention point for the upcoming design process. The systematic literature search in the database *PubMed*, as substance use disorder (including alcohol) is recognized in academia. Boosk search operator was used in the search string: "Stigma" AND "Recovery" AND "Alcohol use disorder", which brings up 87 articles published since 2018 and until today. From here, titles and abstracts were reviewed to find the most relevant articles, where 8 articles are included.

Several of the articles point out that alcohol is one of the most common substance use disorders worldwide, but also one that is often untreated. (Hartwell et al., 2020). Several of the articles point out stigmatization (from here stigma) as one of the primary reasons for people not seeking treatment or help in the process of recovery (Ashford et al., 2018; Martinelli et al., 2020 ;Hartwell et al., 2020; Harding, 2021; Chen et al., 2022; Morris & Schomerus, 2023). Stigma towards alcohol use disorders also takes place in the country, where alcohol is not a widespread part of the culture (Kumar et al. 2022). Ashford et al. (2018) divides stigma into occurring within three groups; the public, treatment and health personnel and individuals.

Kumar et al. (2022) see that there are three areas that contribute to stigmatization, namely ignorance and misinformation, prejudice and discrimination. Discrimination occurs, among other things, through language and several articles point out that language plays a main role in encountering the stigma of AUD (Ashford et al., 2018; Hartwell et al., 2020; Martinelli et al., 2020). Language and terms helps to create labeling of the individual, which forms the basis of stereotypes of the group with AUD, which is what is

negatively reacted to (Ashford et al., 2018; Martinelli et al. 2019; Harding, 2021).

A suggested way to change the language is to speak more personally by using ‘*person first language*’ (PFL) (Martinelli et al. 2019) or ‘*person centred language*’ (PCL), which currently does not appear in scientific articles (Hartwell et al., 2020). Hartwell et al. (2020) explains in the current exclusive language influence people in wanting to continue the recovery process with a counsellor who uses this type of language and can have consequences for the subsequent recovery process by, for example, leading to relapse to addiction. Fomiatti (2020) describes how a personal approach can “*help to up a critical space for subjugated and experiential knowledges, and remain sensitive to unintended consequences, unforeseen difficulties and tensions, and even pleasures and successes, that may exceed how we, as researchers, might imagine the ‘problem’*” (p. 8).

The individual stigmatization can be caused by two external factors, where one factor is about individuals not being able to live up to normative standards, which can lead to the feeling of shame. Another factor is the public stigmatization which can lead to individual experience of discrimination (Martinelli et al. 2019). These factors are in the awareness of the people who have problems, since they currently know the high price of being seen as e.g. an alcoholic and can worsen the quality of the persons' life (Morris & Schomerus, 2023). So the public stigma, through a non-inclusive language, contributes to a self-stigma, which is a barrier for seeking treatment and help (Hartwell et al., 2020).

Some treatment methods can be based on a confrontational treatment approach, where people with alcohol use disorder can be met with a claim that they are in denial about their situation (Harding, 2021). Based on the previous description, the perceived reluctance is due to public stigma, which is reinforced in treatment. Although there are several professional organizations that focus on working with more PCL-directed language, their work may continue to be challenged by other organizations, including AA, which use alcoholic and abusive language at group meetings (Hartwell et al., 2020). In addition, it must be taken into account that Alcoholics Anonymous groups, such as AA, are some of the most common, which further supports the reason why the language is persistent in these types of recovery communities

(Hartwell et al., 2020). Labels such as alcoholic, addict have a negative bias (Ashford et al.,2018) and abuse is stigmatizing as it blames the individual as it emphasizes the disease but ignores human dignity. (Martinelli et al. 2019). More positive bias is seen in “person with a substance use disorder” or “person with an alcohol use disorder” (Ashford et al., 2018).

There is also discrimination among health personnel (Kumar et al. 2022; Morris & Schomerus, 2023), which may be due to the medical concepts being a limitation for recognition of the extent of alcohol problems, which also includes the social relations and cultural practice (Fomiatti 2020). Furthermore, disease models and concepts contribute to the belief that people can recover and have worse recovery outcomes, which overall do not contribute to lowering public stigma (Morris & Schomerus, 2023).

Based on the literature search and the material collected empirically, incentive to open up the creation of agency towards stigmatization within political programs as a barrier for people waning to seek the help for their alcohol problem (see fig. 3).

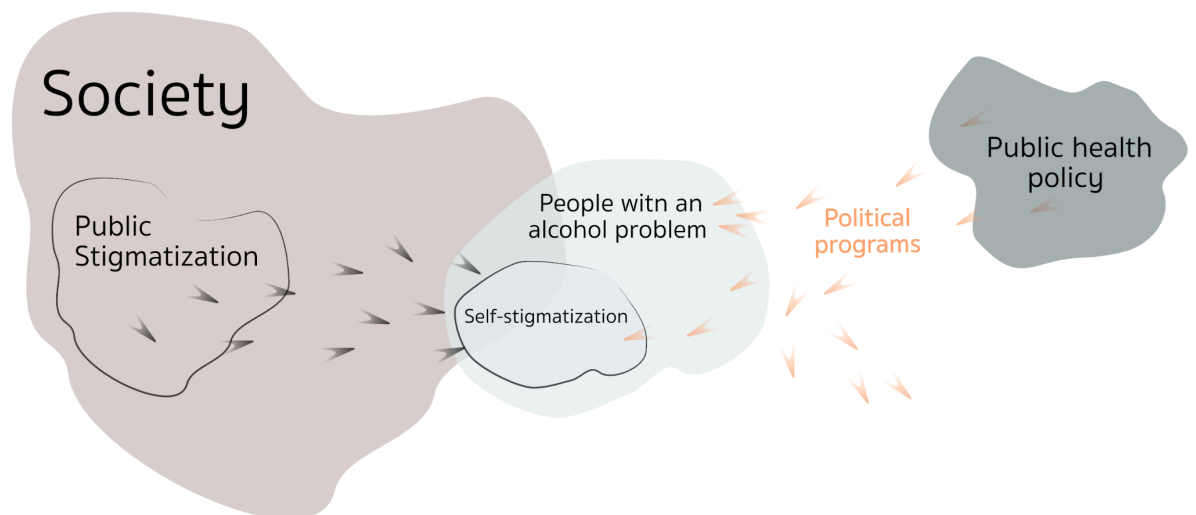


Fig 3: Illustration of how stigmatization and the political program is a barrier to the public health political agenda to influence the person with an alcohol problem (Own illustration).

6.4 Change Agency for a cultural change

Through the literature, it can be seen that stigmatization is generally a barrier to seek the help and not a unique element in the material collected empirically. However, it is seen more as a recognition in the organizations, then included in the political programs as part of strengthening their agency. However, it should be noted that Alcohol and Society have this focus in their work, but they also face challenges (App N). By analyzing the organizations involved based on the theoretical framework for political programs and grouping them into 3 programs, there may be overlap in between, which means that they talk to each other through a more specific interpretation of the individual's organization. Therefore, all nuances are not included here, which in some areas can provide a lack of dimension for the individual organization in being able to see itself in analysis. In this connection, through the three political programs, I have been able to make it clear, that an overall approach is focused on the individual person's behavior to be changed as part of risk-minimizing the consequences. Depending on which program, it can be a matter of stopping or reducing alcohol intake. This discourse and narrative can make the drinking person feel wrong, shame or denial (App D) and contribute to self-stigmatization. So the Political Programs focus on individuals do not affect a cultural change by altering a specific behavior (Alvesson, 2002). Culture deals with ideas, beliefs, values and meanings (Alvesson, 2002), which are expressed through narratives (Dawson & Buchanan, 2005) and linguistic discourses (Hodges et al., 2008). Alvesson (2002) describe culture to the link between social interaction and behavior, so a focus should be put on the narratives of the person with alcohol problem by reducing stigma, for the programs to create more agency. In relation to the chosen theory, the solution space for the barrier will be filled by a conceptualization of a new political program that both opens up the language to effect the current narratives, but also changes the focus on the amount consumed to what the amount consumed does to a person.

7 Conceptualization

This section will describe the design process and suggestions for devices that can be used as part of the solution in a political program to reduce stigmatization. Testing and further development of the solution and final political program will be carried out after the submission of the thesis and presented at the oral defense.

7.1 A new political program: Agency through Stigmatization-reduction

Description of the new political program, then the seven elements will be presented here in reverse order of early descriptions of political programs, as part of the argument for the relationship between the elements.

The **philosophical** approach is taken as a “*radical humanist*”, which with a nominalistic approach recognizes the importance of language in being able to create a description of the external world and interpretivism by creating a more experience-based approach to understanding an approach to the creation a change (Burrell & Morgan, 1979). This philosophical approach is shared with the NGO Alcohol and society, which both believes that people can make choices for their own lives on an informed basis, and focuses on working with language and stigmatization, which remains a challenging element in their work (App N). The ***recruitment to the program is aimed for the general*** population, but can advantageously adapt defined groups to accommodate and adapt the language. This could be, for example, through alcohol and society, which initiates the game or spreads knowledge of the game, which, depending on the form, is available to everyone. Since the solution element is a design game that must create an inclusion to open up

talking about alcohol, the **recipe procedure** can be part of the design game's elements become part of alcohol and society's campaigns. The **solution** is a design game inspired by *Short alcohol intervention*, which can be seen as a therapeutic conversation-based, psychosocial form of treatment directed towards people, who do not have an addiction to alcohol (Hansen, 2016). The principles for a short intervention are based on principles and theories for the motivational interview(MI) (Hansen, 2016). This can also be described as a *population strategy*, which is about looking away from the either-or perception of whether you are an alcoholic or not (Hansen, 2016). **Self-diagnoses** The concept takes a little distance from the disease paradigm through diagnosis, and the self-diagnoses will happen through a recognition in a communal setting and helps to give the impression of an individual problem, you don't have to be alone with it. This should provide another incentive to reassess one's own situation and create an easier outreach towards help. By doing so, the concept **problematize** a lack of seeing alcohol more as a spectrum than an either-or situation in terms of stigmatization, whereby a problem with alcohol is not about quantities, but what it does to the individual. Furthermore, it problematizes the current way of approaching citizens with alcohol problems and to see potential in an alcohol reduction. Hereby, the **framing** of the new political program acknowledges both the medical, the psychological and the social aspects of the physical effects of alcohol, which with a conversation based approach is based on both fact of the current understanding of alcohol and overconsumption, as well as the positive elements of changing one's alcohol consumption.

7.2 The Design Game: *Cheers to what we should talk about*

The design game takes both the starting point in meeting elements from the literature study misinformation, prejudice and discrimination, which Kumar et al. (2022) describes as the basis for the stigmatization of people with an alcohol problem. As part of getting the gamification of stigma, it opens up the better spectrum and not have a binary approach to alcohol problems as an either-or situation. To have inputs on how the design game could be developed, an interview was carried with a former “Grey Area Drinker”. This interview can also be seen as a participatory design, by including people with

self experience. The starting point, an idea for the way to create a concept, could be addressed concretely to companies, as part of creating a defined arena, which developed into a more general discussion. Excerpts from the interview can be found in the appendix O.

The games are intended to have a design that is larger than classic game cards, which is a physical size that makes it possible to take it with you on the go. The design game can be considered as a conversation game, where the questions are divided into two categories: “*Listen & Dialogue*” and “*Myth & information*”. “*Listen & Dialogue*” contains questions which focus on contains questions of a more psychological and social nature about what alcohol does to the people joining the game. “*Myth & information*” have a more scientific approach on what alcohol does to the body, as part of disseminating the health aspects and the current disinformation, which is a co-creator of myths about alcohol (App O). The medical research is a growing field and can have a positive impact, by: *”In the coming years, there will probably be a further development of our understanding of alcohol's neurobiological mechanisms of action, which can potentially lead to new improved treatment methods and help to reduce stigmatization of this patient group”* (Jensen, 2016, p. 89).

If the design game is seen from a theoretical angle in order to act and be an effective boundary object (Carlile, 2002), then the possibility of a common syntax and language is created by giving their individual positions on a subject, as well as semantically making clear where they differ. The pragmatic approach takes place through the way of being a physical object (Carlile, 2002) and creating dialogue which has both a social and scientific focus, “*because people are different. Some are very emotional and analytical and such*” (Andersen, App O, p.155).

How the concept should be distributed from here and what change it should push for, I will elaborate on in the next section, together with the discussion of the thesis sub-conclusions.

8 Discussion

Through this study, I have made continuous discussions of the material collected empirically and the analyses. Therefore, this discussion will contain a short summary of the sub-question and a more in-depth discussion of the solution space. The new Political Program and its solution have the intention to influence the organization's own narrative as part of creating a culture change, while effecting the drinking person's self-narrative about alcohol and the potential need for help.

8.1 Summaries of focus and findings

There is no unequivocal answer to who can have problems with alcohol and what is the reason for it, but historically and today, some specific narratives are used to describe this type of citizen. These narratives that are used both academically and in the public sphere support the creation of stigma, which furthermore affects the self-stigmatization of people with problems.

With the use of Grounded theory to research, a number of different organizations from the state to NGOs and their approach to wanting to help, it was possible to locate a number of similarities and differences through the coding of the narratives. Stigma was an element the actors, across the research field, experienced was an influence to their agenda. However, Alcohol and Society have clearly made it an element they work with, but still find it frustrating to be able to influence (App N).

Stigmatization is there highlighted in this project as being one of the reasons and barriers for citizens wanting to seek help within the public alcohol treatment and the focus for the design process towards changing this.

This created the basis for looking more concretely into the actors, where the theory of Political Programs have a clear understanding of the different ways of creating agency within the three located programs. Different practices were located here, where some of them have an exclusive outcome or meet the needs of the person with an alcohol problem, as the intention of the initiative. There is a potential for the practices to be experienced as exclusionary due to the overall stigma.

8.2 Navigation of change agency

As part of creating a change and enlisting actors to adopt the political program and unfold it, it requires that they believe in change and have resilience (Thaler et al. 1997). Here, an approach can be through a common philosophical direction of the political program, where the new political program shares a common approach with Alcohol and Society, with a radical humanistic approach. Due to Alcohol and Society's political position and contact points to the other political programs, there is a potential here to spread the discourse of the new political program. Despite Alcohol and Society's knowledge on health, their impact on cultural change remains limited, primarily due to challenges in communication and engagement. However, there's potential for transformation. By reshaping approaches to communication and outreach by including the new Political Program, they can strengthen their influence, fostering political engagement and community empowerment. The design game could be included as part of a qualitative study, which Martinelli et al. (2019) suggests the background of his article, to provide more insight into "how" and "why" stigma occurs within certain conditions and diseases. Furthermore, Alcohol and Society have a focus on shifting towards engaging large consumers, which creates a basic motivation to participate in developing their program and organization.

8.3 Culture change potential

As seen in the literature study, stigmatizing occurrence through language. There must be an acknowledgment that the changes have been needed to

create a significant difference from previous language to see an effect (Martinelli et al., 2019). In addition, it can be discussed whether, despite a potential clear effect in a change of terms, Ashford et al.(2018) point out, that *"it is plausible that any term associated with substance use disorder invokes an overall negative impact"* (p. 10), whereby using positive terms will not reduce the explicit negative bias and may also reinforce the negative bias.

If a focus is created on the acceptance of the concept in public, there is a recognizable similarity in alcohol as part of a game. However, these types of games have a focus on creating a space which helps to create an increased consumption of alcohol, which is a result oriented towards drunkenness. The purpose of the developed concept is to create a forum for alcohol, as a social gathering point and a way to create a community, which can meet the loneliness that challenges with alcohol can bring. (App N). An awareness and flexibility in the language must be adjusted depending on the context, since communication and language, which can generally be divided into high and low-context cultures: *"In low-context cultures, meaning is more explicitly expressed either verbally or orally, whereas in high-context cultures meaning is best conveyed through context, such as gestures and social customs ('what is said' (low-context) vs. 'how it is said' (high-context))"* (Martinelli et al., 2020, p. 1510).

9 Conclusion

In the beginning of this thesis, I posed the question:

Why don't more people with an alcohol problem seek help through public alcohol treatment, and what can be done to change this?

The research, carried out through Grounded Theory and analyzed through Political Programs, shows organizations with a focus on people with alcohol problems, also have a focus on meeting them individually through treatment. This approach can be difficult for the user to relate to in relation to stigmatizing language and the public stigmatization of having a problem with alcohol. Therefore, as a solution, it was proposed to create a new political program with a focus on changing the language and reducing stigmatization through a design game. The design function as a boundary object and help to open the language and the way of talking about what alcohol. Changing the language can both help create a cultural change in the way organizations approach their work with alcohol and influence consumers' self-narrative about alcohol as part of Danish culture.

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