

Socio-Moral Continuity and the Representation of Alcoholism in Four Major American Print Media Sources

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Abstract

Scholars have long attempted to explain the factors that lead to alcoholism. Indeed, various attempts to characterize alcoholism have been made including the moral model, the temperance model, the disease model, the harm reduction model, the social education model, and the neurobiological model. Since the introduction of the disease model, it has gained wide consensus in the scientific and therapeutic communities, although not in the public at large. In fact, the public seem to be committed primarily to the moral model and to the public health model secondarily, based on the inordinate influence that broadcast and news media have on society. In this study, articles from four major American newspapers are subject to an exploratory content analysis using constructed random samples to explore how these articles portray alcoholism. The presented results show that of a sample of 881 articles, only seven characterize alcoholism as a disease. Given the persistence of the moral model, in the face of the alternative scientific/therapeutic consensus, the theoretical construct of "socio-moral continuity" is introduced.

Keywords: Alcoholism; Newspapers; Socio-moral continuity; Disease, Moral

Introduction

Models of alcoholism

Scholars have long attempted to explain the factors that lead to alcoholism. Indeed, various attempts to characterize alcoholism have been made using a variety of models, including the moral model, the public health model, the temperance model, the disease model, the harm reduction model, the social education model, and the neurobiological model.

The moral model implies that a person who is addicted to alcohol and/or drugs has a character flaw. It "classifies a drunkard as morally weak" [1]. Under the auspices of this model, alcoholism is rooted in sin. A person who chronically consumes alcohol does so by choice and can stop drinking at any time. The moral model thus depicts alcoholism as a defect of the morally corrupt.

During the early 1960s, Dr. Emil Jellinek [2] introduced the disease concept of addiction. At that point, alcoholism began its transition from being perceived solely as a moral problem to one related to physical and psychological health. With this insight into etiology and psychology, the scientific community began to embrace the idea that alcoholism has the pathology of a disease.

Although the hegemony of Jellinek's [2] disease model is widely accepted within the therapeutic community, the notion of individuals having a character defect continues to be entrenched in the public's perception of addiction. With the paradigm shift from a moral framework to a treatment modality comes the misconception that the disease model minimizes personal responsibility for people's drinking habits. However, the disease model actually aims to identify the pathology of alcoholism and establish treatment practices. Therefore, it is important to explore the non-academic sources that contribute to the moral judgments attached to alcoholism.

Other models in the field of addiction have also been introduced. For example, the neurobiological model explains addiction based on brain chemistry [3], while Rothschild [4] defined the harm reduction model as a means to reduce the risky behaviors associated with addictions. This model has been implemented in needle exchange

programs in order to provide individuals who use intravenous drugs sterile needles and, in some instances, a safe environment to use such substances.

Finally, the temperance model postulates that alcohol is the cause of social problems, while the social education model focuses on the shared knowledge of client experiences as a basis for recovery [5]. However, according to Bride and Nackerud [6], the treatment of addiction in the US continues to be dominated by the disease model and principle of abstinence.

Definition of alcoholism

Alcoholism is a term that is used in the public and in the therapeutic community. According to Flavin and Morse [7], however, the term alcoholism is confusing and has many different meanings that hinder collaboration among professionals, researchers, and the public. Klingemann's [8] research suggested a discrepancy between the lay and professional understandings of alcoholism. Keller and Doria [9] also stated that the term alcoholism is often misused based on popular preferences. Based on these studies, it is difficult to state with absolute certainty that alcoholism intrinsically implies the disease of addiction. However, since this study does not aim to analyze diagnostic criteria (e.g., DSM-IV), the term alcoholism is defined in concordance with Jellinek [2] as any use of alcoholic beverages that causes damage to the individual, society, or both.

Media and alcoholism

Because media outlets act as vast sources of information in modern American culture, people are bombarded with media messages. This

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study questions the perceptions print media holds towards alcoholism and compares these perceptions with the etiology consistent with that of the scientific and therapeutic communities. According to mass communication theory, the messages conveyed by print media have the potential to circulate or discredit the stigma associated with alcoholism, as the information disseminated by mass media influences individuals [10]. Therefore, the manner in which print media portrays alcoholism is important to study because print media reaches a large audience.

Liu [11] asserted that there is a mainstreaming effect of mass media based on cultivation theory. Stuttaford [12] depicted print media as the main source of information on health issues ahead of other forms of media. Since print media is a powerful source of information, it can have a profound impact on public opinion. Indeed, according to Stuttaford [12], after one's primary care physician, print media is the second most successful means of influencing individuals. Thus, if print media portrays alcoholism as a moral defect, this message influences how the public views alcoholism. However, according to Coomber et al. [13], media reports on drug-related issues in print and other forms of media are routinely sensationalized, distorted, and exaggerated.

Based on the foregoing, this study explores how four major American newspapers portrayed alcoholism from 2004 to 2008 based on the moral and disease models of alcoholism. The over-representation of one of these models would demonstrate whether the commonly accepted understanding in the therapeutic community is present in print media and thus the public at large.

Method

Qualitative research design

This study explored the representations of alcohol in print media as represented by four major newspapers in the US, namely *The New York Times*, *Wall Street Journal*, *Los Angeles Times*, and *Chicago Tribune*. Qualitative content analysis techniques were used to explore the research questions. According to Berg [14], content analysis is a way for the researcher to draw inferences about how print media influences public opinion. Under such a qualitative research strategy, print media generated rich data and facilitated a depth of analysis.

Specifically, the research questions aimed to examine how these four newspapers portray alcoholism, how much emphasis their articles place on the moral and disease models of addiction, and what, if any, other models are presented in articles. This methodology precludes the formation of a hypothesis. Because print media sources were explored, alcoholism, as a term incorporated into the popular vernacular, was expected to be more prevalent than clinical diagnoses.

Data collection

Since this study is based on the assertion that print media influences the public's perceptions of alcoholism, highly regarded newspapers were included. The *New York Times* is frequently used in research studies because it is well respected for its wide circulation and political coverage [15]. The *Los Angeles Times* and *Chicago Tribune* were also included because they had similar reputations to that of *The New York Times*. In addition, *The Wall Street Journal* was included for a more conservative perspective. The assumption was that liberal newspapers would be more inclined to align themselves with the trends in the scientific and therapeutic communities. However, all four newspapers were considered to include ideas generally accepted by the public. According to Altheide [16], popular culture, which is reflected in the major news media, permeates every major social institution. The selection of papers provided both a cross-country perspective as well

as a comparison among newspapers that span the liberal-conservative spectrum. There was, however, a restriction in the range of the sample because no politically moderate newspapers were included.

The use of newspapers

Different forms of media flood American society such as print media, television, radio, and electronic sources. The researcher chose to use print media, as opposed to television media, for four main reasons. First, *The New York Times*, *Los Angeles Times*, and *Chicago Tribune* embody print media as significant sources of information and they are also available to readers via the Internet. Second, according to Clarke et al. [17], *The New York Times* plays a central role in the layperson's understanding of medicine, science, and health. Third, Smith [18] stated that print media has most major stories in print before television media reports on the same stories. Fourth, as suggested by Boero [19], newspaper articles can be used to represent the social construction of a phenomenon rather than "information on science or medicine."

Newspapers represent the sample population in this study and the articles act as units for analysis. Neuendorf [20] stated that a researcher defines the population for a study, which may be as large as all newspaper articles ever published or as narrow as the criteria for the present study. Further, each article was subjected to analysis in order to understand the portrayal of alcoholism disseminated to each population [20].

Sampling procedure

In the next step, a method for sampling print media articles on alcoholism was developed. In order to construct a stratified random sample, nine weeks over a five-year period were selected. Each year was considered to be one stratum [21]. Lacy et al. [22] deduced that nine constructed weeks of a five-year period are as representative as two constructed weeks per year. According to Riffe et al. [21], "if 5 years of a daily newspaper is selected as the population, then nine constructed weeks would constitute a stratified sample by randomly selecting nine Mondays, nine Tuesdays, etc." To clarify, nine constructed weeks consist of 63 randomly selected dates from the five-year period, including nine Mondays, nine Tuesdays, and so on. Because the weeks are constructed, the dates are not chronologically consecutive.

All the dates from January 1, 2004 to December 31, 2008 were entered into Excel spreadsheets. Seven spreadsheets were used for the dates for each day of the week. The program assigned random numbers to each date. A decision was made, in advance, to use the first nine lowest numbers for each day of the week to compose the nine constructed weeks. The first nine dates with the lowest random numbers were thus selected. This process was repeated throughout the five-year period to form the stratified random sample. The nine constructed weeks are shown in Table 1.

Data management

Next, articles were collected from the four studied newspapers using ProQuest. The search was conducted by keyword as well as by the specific dates (Table 1). The keywords were "alcohol," "alcoholism," "alcoholic," "drink," "drinking," "drunk," "drunkenness," "booze," and "liquor." These keywords were solely used to identify articles pertaining to alcohol usage, which were then included for analysis. This process yielded 881 articles. These articles were saved in pdf format and uploaded into Qualrus for interpretive analysis. Qualrus is a qualitative data analysis tool provided by The Idea Works, Inc. Articles that discussed how to make alcoholic beverages such as winemaking or make different cocktails, and those that reviewed wines and cocktails, were excluded from the analysis.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6/12/2005	12/13/2004	12/16/2008	6/15/2005	2/16/2006	7/15/2005	4/2/2005
7/4/2004	3/13/2006	2/28/2006	6/11/2008	8/31/2006	8/1/2008	8/23/2008
7/29/2007	8/30/2004	7/10/2007	12/26/2007	11/22/2007	11/30/2007	12/11/2004
3/19/2006	1/30/2006	7/15/2008	7/21/2004	7/22/2004	1/23/2004	3/11/2006
8/14/2005	1/19/2004	7/8/2008	1/16/2008	12/7/2006	1/9/2004	7/2/2005
11/21/2004	3/27/2006	4/19/2005	8/29/2007	3/8/2007	8/31/2007	5/19/2007
12/16/2007	7/10/2006	2/12/2008	12/6/2006	6/24/2004	5/4/2007	10/15/2005
6/27/2004	3/8/2004	4/24/2007	3/26/2008	5/20/2004	1/5/2007	5/6/2006
12/24/2006	5/31/2004	1/8/2008	6/20/2007	10/25/2007	9/15/2006	6/17/2006

Table 1: Stratified Random Sample of Nine Constructed Weeks over a Five-Year Interval.

Stigma	Social shame associated with an undesirable characteristic
Moral	In accordance with an ethical code
Peer Pressure	To feel forced to behave in a manner that is accepted by the cohort group
Immoral	Unethical
Social Responsibility	Ethical obligations to society
Risky Behavior	Acting in a way that jeopardizes health and safety
Culture	Beliefs, attitudes, and behaviors specific to a gathering of people who identify themselves as part of the same group
Willpower	Self-control

Table 2: Example of the List of Codes and Operational Definitions.

		Social Responsibility		
		Peer Pressure	Culture	Risky Behavior
Stigma	Moral	Emphasis on abstinence	Acceptable drinking practices based on social norms	Attitudes associated with behaviors contraindicated by societal values
	Immoral	Conforming to alcohol use that violates social values	Negative attitudes towards alcoholism based on society	Adverse reactions towards behaviors resulting from alcohol consumption
	Willpower	Self-control to not abstain from alcohol consumption	Social expectations on individual drinking habits	Negative attitudes towards individuals who cannot stop drinking and continuously engage in dangerous activities

Table 3: Example of a Pattern-Coding Matrix.

Data Analysis

Coding

When articles were entered into Qualrus, a preliminary list of relevant codes was created. This list was based on the research questions and initial reading of the articles, and it contained 20 priori codes. This 20-code list evolved to include inductive codes from working with the data itself. In the end, 123 codes emerged (Table A1).

The codes labeled phrases, sentences, and paragraphs to which they pertained, and they were named to reflect the segments of data they represented. Each code clarified its intended usage so that other researchers could potentially code data in a similar manner. This operationalization of the codes was intended to be mutually exclusive, exhaustive, and at the appropriate level of measurement [20]. For the purposes of this qualitative study, the codes were at a nominal level. The codes eliminated overlapping aspects and thoroughly demarcated the boundaries and significance of each. Table 2 provides some examples of these codes and their definitions.

The following is an example of a relevant text included in this study. "I took solace in becoming the kind of *self-deprecating drunk* who shows up at parties naked and *wonders why everyone reacts the way they do*" [23]. Here, "self-deprecating" was coded with the tag "stigma," "drunk" was marked with the code "drunk," and "wonders why everyone reacts the way they do" was coded as "culture." The relevant texts from all 881 articles were coded in a similar fashion. Further, each article was coded twice over a period of one year to support intra-coder agreement. Subsequently, the codes were placed in pattern-coding matrices to form themes.

Pattern-coding matrices

After coding the relevant texts and writing memos, codes emerged that were internally coherent and linked. This reflected a progression from descriptive coding to pattern coding. Pattern coding is a means of grouping codes into smaller sets to elucidate the logical progression of forming themes [24]. In essence, pattern coding further organizes the data by grouping codes to reveal themes. According to Marshall and Rossman [25], classification schemes are traversed to create new insights. These cross-classifications are presented in a matrix format to suggest where further data exploration may logically occur [25]. Seven pattern-coding matrices were included in this study (Table 3).

Themes emerged from these pattern-coding matrices based on a systematic and transparent coding process. Many themes emerged from the data as the coding progressed from descriptive to interpretative. For example, as shown in Table 3, social responsibility and stigma are connected to one another. Because social responsibility dictates acceptable behaviors based on societal values, stigmas are associated with behaviors that contraindicate social responsibility. Peer pressure, culture, and risky behaviors relate to social responsibility as the larger concept. Willpower is an individual's ability to resist temptation and conform to accepted social norms. A lack of willpower is closely tied to morality and stigma. How these codes relate to one another via the pattern-coding matrix therefore elucidates this theme from the data. Hence, drawing logical conclusions from the pattern-coding matrices illustrated the investigated themes (Table 4), which were all analyzed in the same manner as social responsibility.

Newspaper	Theme
<i>The New York Times</i>	Religious beliefs towards alcohol consumption Crimes carried out after alcohol consumption The use of labeling Consequences from drunk driving Pregnancy and alcohol consumption Social responsibility Treatment services Alcohol-related health concerns Drinking responsibly Lack of coping skills
<i>The Wall Street Journal</i>	Cultural aspects towards alcohol consumption Underage drinking Alcohol abuse Alcohol as an industry Social responsibility Health Labeling alcoholism Alcohol advertisements
<i>The Chicago Tribune</i>	Labeling alcoholism Consequences from drunk driving Binge drinking Effects on health from alcohol consumption Religious beliefs towards alcohol consumption Treatment for alcoholism Underage alcohol consumption
<i>The Los Angeles Times</i>	Labeling alcoholism Drunk driving Military reactions to alcohol consumption Morality and alcoholism Mental illness and alcoholism Binge drinking Underage drinking Treatment for alcoholism

Table 4: Themes Found in the Four Investigated Newspapers.

Newspaper	Analyst-constructed Typology
<i>The New York Times</i>	Acceptable drinking Alcohol: a double-edged sword Criminal consequences of alcohol consumption Stigmatized identity
<i>The Wall Street Journal</i>	System of shared beliefs and values Business aspects of the alcohol industry Negative consequences of alcohol consumption Social responsibility for improving health
<i>The Chicago Tribune</i>	Negative outcomes of drunk driving Unacceptable drinking practices Physical and emotional results of alcohol consumption Cultural perspectives of alcoholism
<i>The Los Angeles Times</i>	Legal consequences of alcohol consumption Unacceptable drinking practices Language related to alcohol consumption Factors used for understanding alcoholism

Table 5: Analyst-constructed Typologies for the Four Investigated Newspapers.

Analyst-constructed typologies

In order to take these themes to the next level of analysis, analyst-constructed typologies were employed to explain how the themes relate to one another (Table 5). According to Marshall and Rossman [25], analyst-constructed typologies generate new insights by crossing schemes through logical reasoning. In essence, categories were created based on the themes. From these relationships and the theories that drove each typology, the researcher then formed a typology.

Thematic meta-matrices

Although there are several types of meta-matrices, Onwuegbuzie et al. [26] stated that a thematic conceptual matrix can reflect how different themes relate to the different models discussed earlier. Similar to a pattern-coding matrix, a thematic conceptual matrix maps the

relationships of the themes across newspapers. The different models then act as a guide for the development of the matrix (Figure 1).

The purpose of this cross-regional analysis was to establish any connections and variations present between the four newspapers. The connections between themes were then represented as a network structure in a meta-matrix [27]. Organizing themes according to their relevance and pervasiveness demonstrates not only commonalities, but also discrepancies between regions.

Because the consequences of alcohol consumption endanger the public's safety, the public health model emerged as the framework for alcoholism within the print media sources included in this study. According to Kanchense [28], between 1978 and 2004, the public health model was revitalized for modern applications to public health. Agrawal et al. [29] also identified alcohol dependence as a serious public health problem that results in approximately 1.8 million deaths around the world annually. The print media sources included in this study focused on identifying the negative consequences of alcohol consumption rather than on preventing and treating the disease. In addition, moral implications for alcoholism surfaced through the analysis.

Although the public health model does not preclude the inclusion of the disease model of alcoholism, it is explicitly stated within the context of the data. Therefore, it cannot be assumed that the readers of these newspapers subscribe to the disease model of alcoholism and interpret the information based on such assumptions. The social construction created through this study thus demonstrated the use of a public health perspective.

Results

The exploratory nature of this study shows the underrepresentation of the disease model within the themes of the investigated print media sources. Out of the 881 articles included in this study, only seven (0.8%) recognized alcoholism as a disease. By contrast, the public health model (61.3% of total articles) and moral model (37.9%) emerged as the

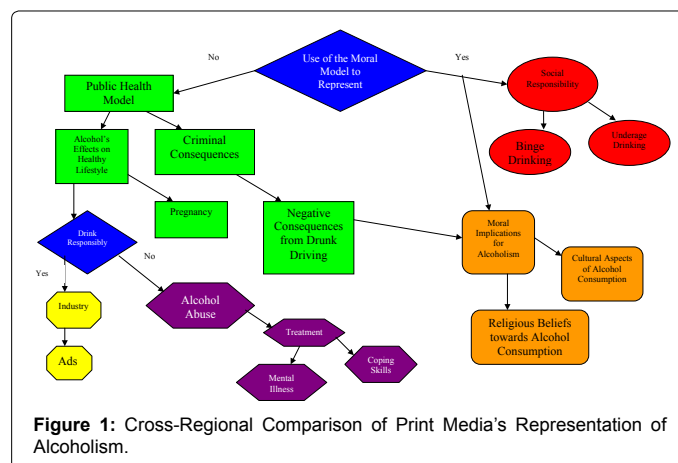


Figure 1: Cross-Regional Comparison of Print Media's Representation of Alcoholism.

	New York Times	Los Angeles Times	Chicago Tribune	Wall Street Journal	Total	%
Public health	84	124	286	46	540	61.3%
Moral model	116	113	66	39	334	37.9%
Disease model	0	2	4	1	7	0.8%
	200	239	356	86	881	100%

Table 6: Frequency of the Public Health Model/Moral Model vs. the Disease Model in the Four Investigated Newspapers.

dominant models to understand alcoholism (Table 6). Other models of addiction were not prevalent during the analysis.

Based on the thematic meta-matrix produced, a theoretical construct was developed as a framework to understand these findings. The researcher termed this theoretical construct “socio-moral continuity,” which suggests that social problems viewed through a moral lens do not reflect scientific advancement. Socio-moral continuity explains why major US print media outlets have not embraced and promoted the disease model of alcoholism. Durkheim [30] proposed that social stability is created when members of society pass on their moral codes from one generation to another [31]. Society is constantly creating a shared reality and thereby reinforcing its traditions and norms. Such norms form the agenda of a particular society. The traditional social and cultural environment can stymie the infusion of scientific advancements into the popular culture. Hence, it is difficult to achieve cultural change and change the traditional nomenclature associated with alcoholism. As a result, culture reinforces alcoholism as rooted in morality rather than in pathology.

Despite scientific, medical, and technological advances, the long moral history of alcoholism prevents a change in its image. Society continues to perpetuate a moral basis for social problems. Through the creation and preservation of culture, there is resistance to change. Since the disease model has been extant for 70 years, its lack of representation within print media suggests that more is at play than just cultural lag. Rather, there is a persistence of collective social morality, as it functions to underpin social stability.

Socio-moral continuity accounts for the use of the public health model and the survival of the moral model. The former focuses on the amelioration of the symptoms of inappropriate behavior resulting from alcohol consumption. Rather than addressing the etiology of alcoholism, it seeks to minimize the risk of problematic drinking to the public. The public health model also focuses on the collateral damage that affects the public because of alcohol consumption. Hence, its prevalence elucidates the collective moral value of reducing the negative consequences to society from alcohol consumption.

Discussion

Alcoholism is a phenomenon that goes against the majority’s consensus of appropriate conduct and establishes a boundary that demarcates acceptable from unacceptable behavior. Despite empirical evidence that supports change, society perpetuates the moral values passed down from previous generations, which frame social problems. The agenda of a society typically includes the preservation of the culture and its collective moral values. By emphasizing personal moral responsibility rather than medical pathology, the public health and moral models continue to flourish and the disease model has languished.

When print media fails to adopt the most used model for understanding alcoholism, the status quo is maintained. Because alcoholism is a chronic and persistent disease, there is a high rate of relapse. Just like diabetes, alcoholism can be maintained to minimize the effects of the disease. On the contrary, when a person does not monitor her/his blood sugar, the adverse effects are not the basis for immediate stigmatization as they are with alcoholism. With alcoholism, the damage is immediate and reinforces old stereotypes about chronic alcohol consumption. The DSM-IV-TR has delineated criteria for the diagnosis of Alcohol Abuse and Dependence. Included in the criteria is the failure to fulfill role obligations at home, school, and work. Additionally, the criteria include legal problems, engaging in activities that are physically hazardous, and social or interpersonal problems.

Such criteria may be considered to be part of an intra-psychic phenomenon. However, they have a larger impact on more than just the individual exhibiting the inappropriate behavior as a result of alcohol consumption. Socio-moral continuity offers a framework for understanding the attention to the consequences of problematic drinking rather than the treatment of the disease. The absence of the disease model of alcoholism in print media becomes problematic when social policies neglect treatment endeavors and the advancement of the field of addiction. Without psycho education accurately explaining the meaning of alcoholism, print media maintains stigmas. Moreover, social policies tend to reinforce punishment. The absence of the disease model suggests that alcoholism continues to be a character defect. Popular culture should reflect the trends in the professional therapeutic community and in the field of addiction. In turn, social policy and resource allocations should support these endeavors. By assuming that the treatment of the disease of alcoholism will alleviate the symptoms of this social problem, socio-moral continuity explains the use of the public health model as opposed to the disease model. Regardless of preventative efforts to curb the use of alcohol, public health will continue to be at risk.

Print media does not reflect the view of the scientific, medical, and therapeutic communities, but rather reverberates the moral value of personal responsibility and highlights the harmful impact on public health. If print media is simply reflecting the common understanding of alcoholism, then morality and public health are components of that understanding based on the social construction of alcoholism. Given the tenacity of an obsolete model, such as the moral model, the trends in the academic community need to trickle up to popular culture. Socio-moral continuity offers a framework for understanding why, even within the therapeutic community that subscribes to the disease model, it continues to deliver individual moral judgments and choice into dialogue.

By employing a qualitative content analysis, this study examined four major newspapers in the US. In total, 881 articles met the inclusion criteria for the study. This analysis of print media’s representation of alcoholism offers insights into the messages conveyed to the readers of these newspapers and the public at large. The results support the representation and reinforcement of the moral and public health models. The presented findings clearly show that media does not advance the disease model of addiction. Regardless of whether the moral model or public health model dominates print media, only seven articles mention the disease model of alcoholism.

The moral evaluations of alcoholism permit social policies to neglect treatment endeavors and advances in the field of addiction. The absence of the disease model suggests that alcoholism continues to be a character defect. The construct of socio-moral continuity explains print media’s lack of representation of the disease model of alcoholism. In a society where technology continuously evolves, people have constant access to media information. Therefore, print media will continue to perpetuate alcoholism as a moral issue. Regardless of preventative efforts to curb the use of alcohol, public health will thus continue to be at risk.

The public health model addresses the issue of problematic drinking, which is a concept that the themes proposed herein encapsulated. The disease model of addiction addresses the physical, psychological, and behavioral components that make abstinence more than a choice. It does not negate responsibility for one’s actions or absolve one of negative consequences. Socio-moral continuity accounts for the focus on the consequences of alcohol consumption, as it pertains to the

representation of the public health model and the concept of choice as well as the lack of the disease concept.

There were many limitations to this study. It included only newspapers from the US, while no moderate newspapers were selected. The study is qualitative in nature, which demands further research to understand the impact of media messages on readers, and it does not allow for the generalization of the findings. Only one researcher coded the data. Dual coding would have supported inter-rater reliability and enhanced the validity of the results. Limited resources stymied the use of multiple coders. The researcher coded the data twice to compensate for the lack of multiple coders. Qualrus calculated the intra-coder reliability to be at 90% agreement. The study was repeated four times using four newspapers to further address this limitation. Finally, the data were based on a constructed, stratified sample as opposed to a larger random sample.

This study provides a background for future research opportunities. Newspapers from other countries should be examined using the methodology employed in this study. An international perspective would be interesting to compare to that of America. Because this study identifies the themes from these print media sources, it serves as a basis for interviews with readers. Conducting interviews with readers of various print media might facilitate an assessment of the impact of the media messages on the public. Interviews might show how people view alcoholism and what informs that view. Survey research is another means of collecting data on media messages. By surveying readers, research can gather and analyze quantitative data.

Given the lack of the representation of the disease model, there is an opportunity to develop a new model of intervention to explain, treat, and create policies for alcoholism. Since socio-moral continuity suggests that there is an inherent moral viewpoint of alcoholism. There is the perception that moral model tends to blame the victim whereas the disease model negates blame. Instead of polarizing the disease model and the moral model, there can be a new model for alcoholism. It will be called the "biosociogenic model." The "biosociogenic model" of addiction recognizes the genetic properties of alcoholism that support the disease concept of addiction. In addition, it examines the social factors that bolster alcoholism. This model shifts from blame to responsibility. Just as someone with diabetes has the responsibility to maintain a healthy blood sugar level, someone with alcoholism has the responsibility to maintain her/his sobriety. By recognizing that alcoholism has biogenetic origination, the "biosociogenic model" offers an opportunity to reduce the stigma attached to alcoholism. Moreover, this model addresses Axis IV diagnoses, which are the psychosocial and environmental factors that contribute to the continuation of alcohol use.

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