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Research paper

"What constitutes a 'problem'?" Producing 'alcohol problems' through online counselling encounters

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ABSTRACT

Typically, health policy, practice and research views alcohol and other drug (AOD) 'problems' as objective things waiting to be detected, diagnosed and treated. However, this approach to policy development and treatment downplays the role of clinical practices, tools, discourses, and systems in shaping how AOD use is constituted as a 'problem'. For instance, people might present to AOD treatment with multiple psycho-social concerns, but usually only a singular AOD-associated 'problem' is considered serviceable. As the assumed nature of 'the serviceable problem' influences what treatment responses people receive, and how they may come to be enacted as 'addicted' or 'normal' subjects, it is important to subject clinical practices of problem formulation to critical analysis. Given that the reach of AOD treatment has expanded via the online medium, in this article we examine how 'problems' are produced in online alcohol counselling encounters involving people aged 55 and over. Drawing on poststructural approaches to problematisation, we not only trace how and what 'problems' are produced, but also what effects these give rise to. We discuss three approaches to problem formulation: (1) Addiction discourses at work; (2) Moving between concerns and alcohol 'problems'; (3) Making 'problems' complex and multiple. On the basis of this analysis, we argue that online AOD counselling does not just respond to pre-existing 'AOD problems'. Rather, through the social and clinical practices of formulation at work in clinical encounters, online counselling also produces them. Thus, given a different set of circumstances, practices and relations, 'problems' might be defined or emerge differently—perhaps not as 'problems' at all or perhaps as different kinds of concerns. We conclude by highlighting the need for a critical reflexivity in AOD treatment and policy in order to open up possibilities for different ways of engaging with, and responding to, people's needs in their complexity.

Introduction

Health policy, practice and research often view alcohol and other drug (AOD) 'problems' as objective things waiting to be detected, diagnosed and treated (Moore & Fraser, 2013). However, this taken for granted approach to policy development and treatment downplays the role of clinical practices, tools, discourses, systems and policies in shaping how drug effects are constituted and how AOD use is constituted as a 'problem'. For instance, people might present to AOD treatment with multiple psycho-social concerns (Duff, 2014; Kolind, 2007; Laudet & White, 2010; Treloar & Holt, 2008) but usually only a singular AOD associated 'problem' is considered serviceable (Moore & Fraser, 2013; Savic & Fomiatti, 2016). Several factors may be implicated in the reduction of people's concerns to a singular serviceable 'AOD problem'. AOD treatment services are often funded to respond to AOD or addiction issues (Moore & Fraser, 2013). Similarly, screening, assessment and outcome monitoring tools used in AOD treatment services focus on AOD use or 'addiction' as the primary concern, relegating other concerns to the background (Dwyer & Fraser, 2016; Savic & Fomiatti, 2016). However, as yet there has been little critical analysis of how 'the serviceable problem' is produced in the clinical encounter itself. As the nature of 'the serviceable problem' influences what treatment response people receive, how comprehensively their needs are met, and

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how they may be enacted as 'addicted', 'risky' or 'normal' subjects (Fomiatti, Moore & Fraser, 2017; Savic, Barker, Hunter, & Lubman, 2016), it is important to subject clinical practices of problem formulation to critical analysis.

AOD treatment has expanded via the online medium (Garde, Manning & Lubman, 2017; Gainsbury & Blaszczynski, 2011) and the impact of this new technology has been the subject of little critical social science research. In this article we build on theoretically informed work on *problematisation* (Bacchi, 2009; Foucault, 1977, 1985) to examine how 'problems' are produced in online AOD counselling encounters. We not only trace how and what 'problems' are produced but also what effects these give rise to. We identify three approaches to problematisation and argue that through social and clinical practices of formulation at work in clinical encounters, online AOD counselling is implicated in producing 'AOD problems'. In making this argument, we are not minimising the AOD use concerns that people may have, nor are we minimising the valuable therapeutic work that clinicians do. Rather, in examining the clinical practices through which particular concerns are foregrounded or relegated to the background, we highlight the need for a "critical reflexivity" (Bacchi, 2012; p. 7) in AOD treatment. We conclude by proposing some key questions to facilitate critical reflexivity in AOD treatment and greater attunement to problem formulation and its effects. However, we argue that greater critical reflexivity needs to be accompanied by changes to AOD treatment policy and systems in order to afford possibilities for attending to people and their concerns in a sensitive and holistic way.

Problematisation and the production of 'AOD problems' across different sites

In this article, we draw on critical approaches to problematisation inspired by the work of Foucault (1977, 1985) and recent poststructural iterations (Bacchi, 2009), to trace how and what 'problems' are produced through online alcohol counselling encounters and what effects these problematisations give rise to. For Foucault (1985) problematisation refers to the process through which "certain things (behaviour, phenomena, processes) become a problem" (p. 115) and how they are constituted as specific objects for thought (Deacon, 2000; as cited in Bacchi, 2012). According to Foucault (1988, p. 257):

> Problematization doesn't mean representation of a pre-existing object, nor the creation by discourse of an object that doesn't exist. It is the totality of discursive and non-discursive practices that introduces something into the play of true and false and constitutes it as an object for thought (whether in the form of moral reflection, scientific knowledge, political analysis etc.)

Thus, Foucault does not view 'problems' as pre-existing phenomena waiting to be 'detected' and 'fixed' or as self-evident and inevitable consequences of particular actions, as they are often assumed to be in treatment and policy (Bacchi, 2009). Rather, he views 'problems' as emerging in and though discursive and non-discursive practices and emphasises the contingent, fragile and situational nature of what is considered 'a problem'.

It is worth briefly expanding on Foucault's use of *discursive practices* given that the term is sometimes 'misunderstood' by scholars as meaning 'language' or 'linguistic practices' (Bacchi & Bonham, 2014). This 'misunderstanding', as it is characterised by Bacchi & Bonham (2014), has consequences when employed as an analytical tool. For instance, it potentially privileges the role of language in constituting realities or 'problems', relegating the role of other practices, material objects and actors to the background (Bacchi & Bonham, 2014). Bacchi and Bonham's (2014) close reading of Foucault's use of discursive practices highlights the potential for the concept of discursive practices to bridge dichotomous understandings of material and language. They argue that discursive practices in a Foucauldian sense are "the practices of knowledge formation" across different sites and "how specific knowledges ('discourses') operate and the work they do" (Bacchi & Bonham, 2014, p. 174). Knowledges, and how they are formed and operate to constitute realities, 'problems' and subjectivities are not confined to language and text alone. As we and others have intimated, tools, objects, institutions and other practices are often involved. Thus, our exploration of problematisations through discursive (and other) practices in online counselling encounters focuses not only on "the 'things said' in terms of their content or linguistic structure . . . but the operation of a whole package of relationships, including symbolic and material elements, that make those 'things said' legitimate and meaningful" (Bacchi & Bonham, 2014, p. 178).

It is important to critically examine and interrogate problematisations because they are powerful mechanisms through which people are governed (Bacchi, 2009), and have consequences for how people are treated and emerge as particular types of subjects (Bacchi, 2009). Bacchi (2009) discusses three kinds of interconnected effects that may arise from problematisions including discursive effects, subjectification effects and lived effects. According to Bacchi (2009) discursive effects "follow from the limits imposed on what can be thought and said" (p. 16) and these can silence other ways of thinking about 'a problem'. Subjectification effects refer to the ways in which subjectivities are constituted through problematisation. Lived effects refer to the material impacts of problematisations on people's lives in terms of access to resources or emotional distress for instance. While Bacchi (2009) was primarily referring to the effects of problem enactments in policy, we argue that this conceptualisation is also useful in the context of treatment. For example, diagnosis can result in distress or unease about one's body (lived effects), or it can contribute to the stigmatisation of people (Jutel, 2009) as 'sick patients', as 'pathological' or as 'addicts' (subjectification effects). On the other hand, diagnosis can be re-assuring (lived effect) and facilitate access to resources and care (lived effect) (Jutel, 2009). Problematisations also have consequences for resource allocation and the shape of treatment systems, which are often organised around particular 'problems', such as AOD. In assuming that AOD is 'the problem' that needs addressing in and through treatment, other issues and concerns cannot be addressed and thus are silenced, which has both discursive and lived effects.

Extending and applying Foucault's theorisation of problematisation, Bacchi (2009) provides a poststructural approach for analysing problematisations in policy, which we believe has utility across other sites of problematisation, including treatment. The *What's the Problem Represented to be?* (WPR) approach starts with policy documents/proposals to work backwards to identify and critically examine problematisations and their effects (Bacchi, 2009). As Bacchi (2012) articulates the WPR approach rests on the premise that what policy purports to 'change' or 'respond' to indicates what it thinks "needs to change" and therefore constitutes 'the problem' in a particular way (p. 4). The WPR premise seems applicable in a treatment context where health professionals (and patients), treatment guidelines, service structures and funding arrangements readily propose and implement therapeutic interventions that purport to 'respond' to particular 'problems'. Approaches like WPR are potentially useful in critically examining the ways in which 'problems' emerge in treatment contexts, especially seeing as these have typically been considered the inevitable consequence of behaviour, lifestyle or biology.

Inspired by Foucault's analytical method of *thinking problematically* (Foucault, 1977) and Bacchi's WPR approach (2009), we aim to examine how issues are "questioned, analysed, classified and