

ALCOHOLISM IN A SHOT GLASS

HOW ALCOHOL HAS BEEN USED



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Table of Contents

[How Alcohol Has Been Used](#)

[ANTHROPOLOGICAL STUDIES](#)

[HISTORY OF ALCOHOL USE](#)

[DEMOGRAPHIC STUDIES OF AMERICAN DRINKING PRACTICES](#)

[SOCIOLOGICAL THEORIES OF DRINKING BEHAVIOR](#)

[CONCLUSION](#)

[About the Author](#)

[References](#)

How Alcohol Has Been Used

Almost every culture has discovered the use of beverage alcohol. Since any sweet fluid will soon ferment when exposed to the yeast spores omnipresent in the air, spontaneous fermentation must have been a common occurrence. One might say that prehistoric peoples discovered alcohol early and often. Apparently, when they tasted the beers and wines produced by serendipity, they liked them. At any rate what was once produced by accident was soon produced intentionally, and the production of alcoholic beverages became one of humanity's earliest technological achievements.

With the exception of some Pacific island peoples and most Native American tribes, every culture has developed a technology to convert some species of plant or plant product into alcohol. Fermentation served as a means of preserving food, and the products of fermentation were used as medicines. Alcoholic drink provided people with a means of altering their mood and feelings in ways that they liked. The changes in mood and feelings were associated with the supernatural, and alcohol became an integral part of religious rituals. Alcohol probably became a mediator relating to the sacred for two reasons: (1) its disinhibiting properties enabled states of emotional ecstasy or frenzy and (2) its power to promote dedifferentiation facilitated feelings of merger with the divine. The first has to do with alcohol's ability to

release intense and primitive emotions; the second has to do with alcohol's ability to blur ego boundaries and promote feelings of closeness and integration. The result can be a pharmacologically induced mystical experience. Alcohol was also used as an offering to the gods, a *libation*. Alcohol continues to play a role in many modern religious rituals, including its use in Judaism to sanctify the Sabbath and its use in Christianity to symbolize the blood of Christ.

In most societies, alcohol did not remain a monopoly of the priesthood. On the contrary, secular use of alcohol is extremely widespread. It has been used as a daily beverage, a marker of ceremonial occasions, and in socially sanctioned drinking orgies. Many literate societies, including the ancient Chinese, the biblical Hebrew, the ancient Greek, and the Roman left records of both socially integrative drinking and alcohol abuse. It is known that ancient societies were concerned with the social regulation of alcohol use. Pre-literate societies, of course, did not record their drinking practices; however, anthropologists have studied the relationship of alcohol use to culture, both intraculturally and cross-culturally. Let us look at some of their findings.

ANTHROPOLOGICAL STUDIES

Ruth Bunzel: Cultural Dynamics of Drunkenness

The first important anthropological study of drinking behavior was

conducted by Ruth Bunzel in 1940. She investigated the use of alcohol by two culturally distinct groups of Mayan Indians: the *Chichicastenango* of Guatemala and the *Chamula* of Mexico. At the time of her study, both groups spoke Mayan and retained many elements of their native culture, although they were surrounded by and interacted with the majority White culture. Heavy drinking was integral to the lives of both Indian groups. The Indians did not think of their drinking as personally or socially damaging, although Bunzel did. The importance of her study lies in her careful and convincing demonstration that the drinking behavior of these Indians could not be totally explained by the pharmacological effects of alcohol or by the individual personalities of the drinkers; on the contrary, their drinking behavior could only be fully understood by taking into account the meaning of drinking for the culture, the social norms and mores surrounding the drinking, the childrearing practices, and the predominant character structure in each Mayan subculture. Pharmacology, personality, and culture were all important determinants of individual Indian drinking behavior. I believe that this is always the case.

The drinking patterns of each of these hard-drinking Mayan subcultures were heavily influenced by the traditional emphasis on drinking on ceremonial occasions and as a part of Mayan religious rituals, and by the white man's vested interest in the "drunken Indian," who could be more easily economically exploited. But the emotional meanings of the drinking,

which were largely culturally determined, were different for the Chichicastenango than for the Chamula. The Chichicastenango were a highly repressed people with rigid social controls and a puritanical morality for whom drinking provided a socially sanctioned moral holiday during which forbidden sexual and aggressive wishes could find expression. Bunzel related this character structure to Chichicastenango child-rearing practices and to the culture as a whole, which had a fear-ridden ancestor cult and many guilt-inducing beliefs. The Chamula, on the other hand, were much more relaxed, less plagued by guilt, and more tolerant of instinctual expression. In many ways they were the opposite of their fellow Mayans, the Chichicastenango. They indulged their children, long delayed weaning, and did not fear their ancestors. They encouraged close bonds—virtual mergers—between children and their mother or her substitute. With adulthood came the necessity for independent initiative, separation, and competition, which evidently engendered great anxiety. Drinking allowed an intrapsychic reestablishment of the merger with mother.

The Chichicastenango drank primarily to gratify forbidden wishes, and the Chamula drank primarily to dedifferentiate and reexperience union with the mother. The first can be viewed as an instinctual regression and the second as an ego regression. Each had the sanction of the culture, yet the Chichicastenango experienced guilt and hangovers after binge drinking, while the Chamula did not. The importance of Bunzel's study for the alcoholism

counselor is that it teaches the importance of understanding the drinker's cultural situation. To be an upper-class, educated, White male alcoholic is both the same and different from being a lower-class, uneducated, Black female alcoholic. Clinically, it is vital not to lose sight of either the commonality or the differences in these alcoholic behaviors.

Dwight Heath: Frequent Drunkenness Without Alcoholism

More recently, Heath (1958, 1991) studied the drinking patterns of the Bolivian Camba, a tribe of mestizo (mixed European and Native American) peasants who drink large quantities of extremely high-proof alcohol at their frequent fiestas. In addition to special occasions, fiestas are held every weekend. Although these drinking parties have a prescribed structure and the drinking is essentially ritualized, all participants become drunk, a state highly valued by the Camba. Although the women drink less, Camba style drinking is engaged in by everyone. During his first study, Heath observed no manifestations of aggression, sexuality, or sentimentality associated with drinking, and problem drinking (drunkenness being seen as positive and not a problem) let alone alcoholism are unknown among the Camba. There is no guilt associated with drinking, and even the heaviest drinkers return to work the next day with no apparent detriment to their performance. Heath hypothesized that Camba drinking served an integrative function in a society of predominantly introverted people who had few other socially sanctioned

means of bonding. When he returned thirty years later, he found radical changes in the Camba's economic situation and many political changes, but their character structure and drinking behavior had remained virtually the same. The implications of Heath's studies are intriguing in that they suggest that alcoholism cannot be accounted for by the pharmacology of ethanol, but, on the contrary, that the culturally determined *meaning* of drunkenness and the "proper form of drunken behavior" learned from one's culture are highly determinative of whether or not heavy drinking turns into alcoholism. What is called *expectancy theory* (MacAndrew & Edgerton, 1969) maintains that one's response to alcohol depends on what one expects alcohol to do, and that even drunken behavior is heavily influenced by what one expects a drunk to do. Expectancies are *cognitive structures* (sets) that are acquired from the culture at large or from the immediate social surround of parents, family, and peers. Expectancy theory draws on both cultural data and experimental evidence to support its central hypothesis of the saliency of culturally mediated cognitive structures in the reaction to alcohol.

In his study of drinking in a technologically advanced, industrialized "modern" society (Spain), Rooney (1991) also emphasized the culturally determined meaning of heavy drinking. Although drunkenness is infrequent and not socially sanctioned, drinking is part and parcel of Spanish life. The total amount of alcohol consumed is substantial, yet "alcoholism" is rare. (Rooney acknowledges that Spanish-style drinking may result in health

problems and notes that withdrawal symptoms like mild morning “shakes” are not regarded as a problem since everyone knows that taking a drink will “cure” the problem.) Rooney attributes the low rate of alcoholism to the Spanish view that alcoholic beverages are just that, something to drink, and to the association of drinking and sociability. Unlike Camba drinkers, the Spanish do not drink to oblivion, although for the Spanish as for the Camba, drinking serves an integrative function. Once again, culture rather than pharmacology, individual character structure, or psychopathology is understood as the most powerful determinant of whether or not heavy drinking eventuates in alcoholism.

Michael Maccoby: Drinking in a Mexican Village

Michael Maccoby (1972) also studied drinking, including alcoholic drinking, in a mestizo culture—in his case, in a Mexican village. Maccoby was an analyst and student of Erich Fromm, and his study reflects Fromm’s theories of *social character* (1964), the unconscious assumptions, values, and character structure one internalizes from one’s culture, as well as Fromm’s integration of Marxist, existential, and Freudian thought and theory. Maccoby found that alcoholic drinking by the male villagers resulted from the interaction of four types of vulnerability: cultural, psychological, psychosocial, and economic. He saw the *cultural vulnerability* as the consequence of a lack of alternative activities and a loss of patriarchal or matriarchal structure, a

condition going back to the destruction of Aztec culture by the Spanish. Although the Mexican villagers, unlike the Camba, the Chamula, and the Chichicastenango, disapproved of heavy drinking, 18% of the adult males were alcoholic and an even higher percentage were heavy (problem) drinkers.

The *psychological vulnerability* consisted of an *oral-receptive* character structure characterized by narcissism, sadism, and mother fixation. In his analysis of psychosocial vulnerability, Maccoby distinguished between those alcoholics most fixated on the mother, who were unmarried and dependent on her, and those who had married and attenuated their mother fixation. The former were oral-receptive, while the latter had an *anal-hoarding* character structure. Only the moderate drinkers and abstainers attained the higher developmental level reflected in a *productive* character structure. Maccoby's two types of alcoholics seem to be a primitive equivalent of Knight's essential and reactive alcoholics (discussed in Chapter 4).

The *psychosocial* vulnerability consisted of a hostile relationship between the sexes, which the more regressed alcoholics compensated for with *machismo*, an exaggerated masculinity that Maccoby sees as a pathetic attempt to defend against wishes to merge with the mother.

Those villagers who were relatively rich had leisure time, and that

leisure constituted an *economic vulnerability*. In the course of time, all of the alcoholics fell to the lowest economic rung. Interestingly, the abstainers were those who had most absorbed nontraditional ways, who found “modem” activities to engage in, who had the least mother fixation, and who had found nonmachismo male ideals and values. (For a discussion of other contributions by Fromm to the understanding of alcoholism, see chapter 7.)

Bunzel’s study discussed above contrasted two tribes’ drinking practices by looking closely at their cultures; it is a *microstudy*, as are Heath’s and Maccoby’s. The anthropological contributions discussed next are different. They examine the drinking behaviors of many cultures in a less detailed way; they are *macrostudies*. These large-scale cross-cultural studies are ingenious, but they risk generalizing from insufficient evidence. They are inferential and their conclusions are far removed from direct observation. Their conclusions are what philosophers of science call *experience-distant* theories. Although these methodological weaknesses restrict our confidence in their results, these studies are of heuristic value and offer valuable insights into the dynamics of alcoholism.

Donald Horton: Anxiety and Drunkenness

The earliest and best known study is Donald Horton’s 1943 research based on data, from 56 cultures, deposited in the Yale University

anthropology department's archives. Horton tested several hypotheses relating drinking behavior, especially drunkenness, to psychocultural variables. His basic hypothesis was that alcohol is anxiety-reducing and that cultures with the highest levels of anxiety will display the most drunkenness. He identified several sources of anxiety, including (1) anxiety about lack of supplies, which he called *subsistence anxiety*, and (2) anxiety attributable to cultural disapproval of drunkenness, which he called *counter anxiety*. According to this hypothesis, the amount of drunkenness in a culture is directly proportional to the level of subsistence anxiety and inversely proportional to the level of counter anxiety. What the data showed was that there is a statistically significant direct relationship between the level of subsistence anxiety and drunkenness. There was no relationship between drunkenness and counter anxiety as Horton measured it. Of course, equating poor or unreliable sources of supplies, which is an objective datum, with high levels of anxiety, for which there is no direct evidence, is an inference. It is a reasonable inference, though, and Horton's study established that there is a relationship between high levels of anxiety and heavy drinking in cultures in which alcohol is believed to be anxiety reducing. At any rate there can be no doubt that people sometimes drink, however unwisely, to reduce anxiety.

Peter Field: Social Structure and Drunkenness

Peter Field (1962) reanalyzed Horton's data and came to a different

conclusion. He saw a relationship not between subsistence anxiety and drunkenness but between lack of social structure and drunkenness. That is, he saw that the societies with the poorest and least reliable sources of supplies were the ones that had the least highly developed social structures, and he attributed drunkenness not to subsistence anxiety but to a weak or absent social structure and the accompanying lack of social control. Another way of looking at this interpretation would be to say that the societies with the most drunkenness were the ones that suffered the greatest degree of what sociologist Emile Durkheim (1897) called *anomie*, the absence of social norms. We know that societies such as some American Indian tribes whose traditional cultures have been undermined by more technologically advanced societies have extremely high rates of alcoholism. Field's theory would predict this. Further, cultural norms must be learned, so it would be entirely reasonable to predict that societies lacking firm social structures would be deficient in producing the kind of parenting that is internalized as norms and controls and that they would therefore have high rates of drunkenness.

Samuel Klausner: Menstrual Taboo and Drunkenness

Samuel Klausner (1964) looked at the relationship between sacred ritual drinking and secular ceremonial drinking. Sociologists had pointed out that observant Jews who do a great deal of carefully controlled ritual drinking as a part of religious ceremonies have a very low rate of alcoholism. Klausner

wondered if this relationship held for other cultures. He looked, therefore, cross-culturally at the relationship between sacred drinking and secular drinking using the data in the Yale Human Relations Area files. He did not find a relationship. He then speculated about the symbolic meaning of alcohol and hypothesized that it most often symbolized blood; certainly it does in many religious rites in which a libation, a symbolic blood offering, is made to the gods. Klausner then suggested that the cultures that held blood to be most sacred would be the ones with the most successful social controls of drunkenness. The abuse of the sacred would be unacceptable to the culture and its members. Klausner further hypothesized that cultures that regarded blood as sacred or as related to the sacred would have the strongest menstrual taboos. The societies with the strongest menstrual taboos therefore should have the lowest rates of drunkenness. The anthropological data supported this ingenious hypothesis, which was suggested by the strong menstrual taboos of Semitic cultures. Of course one could postulate that the strong menstrual taboos and the low rates of drunkenness were both manifestations of powerful systems of social control. Be this as it may, this study has an important clinical implication, namely, that the alcoholism counselor should be alert to the symbolic meaning or meanings of alcohol for the drinker. Although the symbolic meanings are highly variable, the most common associations are to milk, mother, magic fluid, source of power, blood, and semen.

Child, Bacon, and Barry: Dependency Needs And Drunkenness

The most important cross-cultural anthropological study is that of Child, Bacon, and Barry (1965). They studied 138 preliterate societies and demonstrated that drunkenness was positively correlated with the punishment of open expression of dependency needs and with cultural pressures toward individual achievement. Although drunkenness is not necessarily alcoholism, this anthropological finding supports one psychodynamic theory of the etiology of alcoholism, the *dependency conflict theory* (see chapter 8). Child, Bacon, and Barry's analysis further demonstrated that culturally integrated drinking in highly organized societies was not related to the prevalence of drunkenness. Their conclusion was that societies that demand independence, individual achievement, and self-reliance while frustrating the meeting of dependency needs and that also give social sanction to secular drinking will have high rates of drunkenness. For many of us, ours is such a society.

David McClelland: Male Solidarity and Drunkenness

McClelland, Davis, Kalin, and Wanner (1972) took a different approach to the cross-cultural study of drinking behavior. They studied folktales in preliterate societies to determine (among other things) the societies' psychological attitudes toward drinking. They found that cultures which do not institutionally stress maleness are the ones that drink. McClelland et al.

reasoned that unstructured societies with low male solidarity do not provide sufficient social support for men to mediate the conflict between achievement and obedience. This is not too different from Child et al.'s (1965) discovery that societies that drink heavily frustrate dependency needs. However, McClelland and associates have a different view; they argue that men solve their conflicts between achievement and obedience by drinking in order to feel powerful, and that this feeling of power gives the drinker the feeling or illusion that he can achieve whatever he wants without having to fear punishment for disobedience. Drinking allows men to feel powerful in a primitive, non-instrumental, impulsive way—that is, through drunkenness. McClelland et al. used this anthropological study of primitive folktales along with other data to formulate the theory, to which we will return later, that men drink in order to feel powerful.

HISTORY OF ALCOHOL USE

The use of alcohol, pioneered by preliterate peoples, continued in the great cradles of civilization in the valleys of the Tigris-Euphrates, Indus, and Yellow rivers. From the records these societies left behind, it is known that the classical civilizations of the Near East, India, and China made copious use of alcohol. In all of these places, alcohol consumption was secularized and widespread.

In modest amounts, alcohol allows one to feel less anxious, to express normally inhibited feelings, and to feel closer to others. Alcohol can facilitate feeling more or less hostile toward, either more isolated from, or more in communion with, other people. Dosage and expectancy interact to determine which reaction will occur. The muting of hostility and feelings of communion are socially facilitating and help explain the use of alcohol to mark contractual agreements of all sorts. Mild expressions of hostility while drinking may be socially useful as a means of reducing the ambivalence inherent in all human relationships. This paradoxical power of alcohol, to simultaneously permit some expression of hostility (which later can be discounted as “the booze talking”) in primary groups where it would normally be forbidden and to enhance one’s feelings of identification and union with others and with the totality of things, understood as the sacred, is socially useful. It also helps explain the social sanction that alcohol consumption had in these diverse and culturally autonomous civilizations. It is these effects of alcohol consumption that sociologists point to when speaking of the socially integrative function of some drinking, which they refer to as *integrative drinking*. However, alcohol consumption, particularly in large amounts, can also be socially disruptive. It often leads to uncontrolled aggression, social withdrawal, or both. Sociologists refer to the use of alcohol to induce particular feelings in the individual drinker without regard to the effect of the drinking on others as *instrumental drinking*. Essentially, this is drinking to get drunk. The ancient

civilizations of the Near East, India, and China were aware of both of these possible social consequences of alcohol consumption and their literature both praised and warned against the effects of wine. Various means of social control were attempted, and each society made abortive attempts at prohibition. It was only when abstinence had religious sanction, as it did for devout Buddhists and some castes of Hindus, that members of these cultures were willing to not drink. For the majority, however, drinking remained an important part of life.

The classical civilizations of Greece, Rome, and ancient Israel demonstrated the same widespread use of alcohol and the same awareness of its dangers. The Bible praises wine and recommends it to cheer the sorrowful. In his dialogue *The Symposium*, Plato depicts Socrates as the only sober member of the company after a night of drinking devoted to the discussion of love. Socrates' capacity for drink is presented as evidence of his spiritual superiority. The Israelites succeeded in associating wine drinking with the sacred through their extensive ritualization of its use, and alcohol abuse ceased to be an important social problem for them. For the most part, the New Testament presents wine as socially and personally beneficial. Indeed, one of the miracles of Jesus is turning water into wine. When Western civilization developed out of the Greek, Roman, and Hebrew cultures, it took over the fairly positive attitudes these peoples had toward drink and drinking. Although gluttony and drunkenness were considered sins, it was

not until the Reformation, more than a thousand years after the rise of Christianity, that groups within Christendom came to regard drinking per se as sinful.

Distillation was discovered in about the 7th century either in Arabia or India. Perhaps it was an idea whose time had come and was discovered independently in both places. Distillation made possible the manufacture of stronger alcoholic beverages. Use of the new technique quickly spread beyond the countries of its origin. The use of distilled liquors soon became common in Europe. From the evidence of such epic literature as *Beowulf* and the Icelandic sagas, heavy drinking was very popular in pagan Europe. This trend did not disappear with the Christianization of various European tribes, and alcohol was consumed daily by most people in Europe during the dark ages and into medieval times. Given the lack of sanitation and the dangers of drinking much of the available water, this was a rational practice. Chaucer's 12th-century pilgrims certainly enjoyed their daily drinking, although Chaucer also helped make the besotted monk a stereotype.

While all social classes in Europe drank and drinking had social and religious approval, this was not true elsewhere. The Koran, the sacred text of Islam, condemns drinking, and the first, perhaps only, successful prohibition of alcohol was in Moslem countries. Some contemporary Moslem societies continue prohibition, and alcohol abuse is minimal in these cultures.

Early modern times brought increased urbanization and industrialization to Europe. With the growth of an urban proletariat, people increasingly drank to assuage their misery. In 18th-century England, the enclosure laws, which restricted access to land, drove people from their ancestral homes and into the cities, where the availability of cheap gin contributed to a virtual epidemic of drunkenness. The English parliament imposed social control through the taxation of alcohol and the restriction of sales, and the gin epidemic receded. The relationship of alcohol abuse to the availability of cheap spirits in situations where social controls are weak, cultural supports are removed, and alternate satisfactions are not available is well documented. Similar epidemics of alcohol abuse occur when traditional native cultures are undermined or destroyed by contact with technologically more advanced societies. Many sociologists believe that such alienation is etiological in drunkenness and alcohol abuse. The Marxists attribute such social pathology to the dehumanizing effects of the exploitation of workers by owners in capitalist societies.

The colonists brought alcohol to America. In fact, the availability of beer and other spirits on board the ships that brought them was a major concern of these pioneers. The Puritans regarded rum as "God's good creature," and drinking was very much a part of prerevolutionary American life. Although drunkenness was disapproved of and punished, the tavern was a center of social, economic, and political activity. Taverns were very much a part of

colonial life, and drinking there was more or less socially integrative. The triangular trade in rum, molasses, and slaves played a vital role in the economy of New England. It was not until the end of the 18th century, when the increased use of distilled spirits made for more socially disruptive drinking, that opposition to drinking arose in America. Benjamin Rush (1785/1944), who was surgeon general of the Revolutionary army, was one of the first to treat alcohol abuse as a medical problem, as a disease. He wrote the first “scientific” treatise on alcoholism in which he blamed the use of hard liquor for socially disruptive drinking and prescribed treatments ranging from a form of psychotherapy to severe whippings. In the 19th century Rush, who was not a prohibitionist, became a hero of the *temperance* movement.

With increased industrialization and urbanization, drinking became less socially integrative and more socially disruptive. More and more, drinkers were solitary and isolated individuals with little attachment to family or community. Public drunkenness became more common. By the early 19th century the temperance movement was gathering momentum. At first the movement wanted to outlaw hard liquor only; it was seeking social control of alcohol use, not prohibition. However, by the middle of the century it was predominantly a prohibitionist movement. Clerical opposition to alcohol increased, and many religious groups made abstinence one of their central tenets. The temperance movement entered into uneasy alliances with other reform groups, at times cooperating with the abolitionists and with the

women's suffrage movement. The struggle between the "wets" and "drys" was an important factor in late 19th and early 20th century American politics. American prohibition began in 1919 and lasted until its repeal in 1933. It was partly successful, and the death rate from cirrhosis of the liver, a measure of alcohol abuse, did indeed decline. However, prohibition never had the widespread social support in America that forbidding the use of alcohol has had in some Moslem countries. The American experiment with prohibition gave drinking the allure of the forbidden, it glamorized gangsters and bootleggers, and it made cynics, if not criminals, out of many ordinarily law-abiding citizens.

DEMOGRAPHIC STUDIES OF AMERICAN DRINKING PRACTICES

Since the repeal of prohibition, drinking has become the norm in most American subcultures. Although alcohol consumption is socially acceptable and extremely widespread except with some fundamentalist religious groups, the old ambivalence remains and finds expression in a patchwork of inconsistent and contradictory laws by which states try to regulate the sale and consumption of alcoholic beverages. American drinking practices vary with age, gender, ethnicity, religion, geographic region, educational level, and social class. In fact, sociological variables are better predictors of alcohol use and of problem drinking than psychological variables.

There are two large-scale pioneering demographic studies of American drinking practices: the Cahalan, Cisin, and Crossley survey of 1969 and the Harris survey of 1971. Their findings are remarkably consistent. A more recent study (Clark & Midanik, 1982) showed little alteration in American drinking behavior. These surveys found that Americans are highly ambivalent about drink and drinking. Cahalan et al. found that 68% of adults drank at least once a year (77% of the males and 60% of the females). Harris's figures were somewhat higher, and there is reason to believe that drinking increased in the 1970s. Cahalan et al. found that 12% of respondents were heavy drinkers. Half of their sample drank more often than once a month and half did not. Clark and Midanik found that one third of the adult population abstained, one third were light drinkers, and one third were moderate or heavy drinkers (at least two drinks per day). They also found that 10% of the population drank half of the total alcohol consumed.

Consumption of alcohol increased until 1982 and has decreased since. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) conducts ongoing surveys of alcohol consumption and alcohol abuse. Its 1988 report indicates that alcohol consumption continued to decline, as it had done for the preceding five years. High school and college students appear to be drinking less than they used to, on average, although the most recent studies show an increase in heavy drinking among people, male and female, in their 20s. The NIAAA also reported that, during the 1980s, drinking increased among

women aged 35 to 50, and that Native Americans, followed by Hispanic American men, have the highest rates of alcohol use and abuse. The *New York Times* (Hall, 1989), citing liquor industry data, reported sales of hard liquor had dropped 23% since 1980 and that beer and wine sales dropped 7% and 14%, respectively, during the decade. Apparently, Americans were drinking less.

Those most likely to be drinkers were men under 45 years; men and women of higher social status; professional, business, and other white-collar workers; college graduates; single men; residents of the Mid-Atlantic, New England, upper Midwest, Midwest, and Pacific areas; residents of suburban areas or cities; those whose fathers were born in Ireland or Italy; and Jews or Episcopalians. Those most likely to be heavy drinkers were men aged 45 to 49; those of lower social status; blue-collar workers; men who completed high school but not college; single, divorced, or separated men and women; residents of the Mid-Atlantic, New England, and Pacific areas; residents of the largest cities; those whose fathers were born in Ireland, Latin America, the Caribbean, or the United Kingdom; and Protestants of no specific denomination, Catholics, and those without religious affiliation.

Put differently, men of all ages are more likely to drink than women; young and early middle aged more than the late middle aged and the old; the urban more than the rural; the secularly oriented more than the religious; the

unattached more than the attached; the better educated more than the less educated; and the economically better off more than the poor. Italians and Jews are rarely abstainers. In the older surveys, Blacks had approximately the same proportion of drinkers as Whites, although Black women were more likely to drink than white women. In the most recent study (Williams & DeBakey, 1992), both Black women and Black men were significantly less likely to drink than their White gender counterparts. Of Black males, 43% reported being abstinent as against 30% of White males, while 67% of black females reported being abstinent as against 50% of White females in 1988. Another 1988 survey reported that Hispanics were somewhat less likely to drink than non-Hispanics. Thirty-five percent of Hispanic males as contrasted with 31% of non-Hispanic males were abstainers; the corresponding figures for females were 66% and 52% (Williams & DeBakey, 1992).

The one group that has shown a consistent increase in the percentage of drinkers and of heavy drinkers is young women. Homosexual women (Wilsnack, 1991) report more drinking and more heavy drinking than do heterosexual women. Otherwise, the distribution figures across region, religion, gender, and age for both drinkers and heavy drinkers have remained constant, from the Cahalan and Harris data on the late sixties right up in the present.

Although the poor are less likely to drink, if they do they are more likely

to be heavy or problem drinkers. The same is true of those with less education and those who rank lower on other measures of socioeconomic status. Men of all ages and socioeconomic levels are more likely than women of comparable age and status to be heavy or problem drinkers, as are city dwellers more likely than country dwellers. Ethnicity is also correlated with heavy drinking. For example, Jews, who are rarely abstainers, have an extremely low rate of problem drinking, while the Irish, among whom abstinence is not uncommon, have a high rate of problem drinking. Italians and Chinese also have low rates of problem drinking. An important finding of Cahalan's and later survey research is that problem drinking is most prevalent among men in their twenties, although frank alcoholism is more prevalent in men in their forties. Clavis and Midanik reported that the young drink more than others, a finding which turns up on all the surveys. This strongly suggests that many youthful heavy drinkers mature and outgrow problem drinking.

Although the decision to drink, as well as the development of problems associated with drinking, is more highly correlated with sociological variables than with psychological ones, it is important for the alcoholism counselor to remember that these are statistical generalizations and that people of all backgrounds become addicted to alcohol. If one works long enough in this field, sooner or later an elderly, poorly educated, economically disadvantaged, Orthodox Jewish woman from rural Arkansas will walk in the door and she

will be an alcoholic. Furthermore, as our melting pot melts, as more and more Americans are assimilated into the common middle-class culture, as regional differences blur, and as sex roles become less rigid, gender, residence, socioeconomic status, and ethnicity are likely to become less predictive of both the use of alcohol and of problem drinking. It may also be that the relatively low rates of problem drinking in some groups may, in part, be an artifact of those groups' ability to protect their problem drinkers from some of the social consequences of uncontrolled drinking. Be that as it may, there are certainly cultural differences in attitudes toward drinking that affect the way members of those cultures drink.

Survey research and its findings are notoriously fallible. For all of the methodological sophistication of such researchers, their results are still subject to sampling errors, possible failure to find those most affected by heavy drinking (who are less likely to respond to questionnaires, or who, at the extreme, may be homeless), and most seriously by the inherent fallibility of self reports. These shortcomings are especially applicable in a population known for minimization and denial. Having said this, there is no question that survey research, however fallible, does contribute in important ways to our knowledge of alcohol use and abuse.

There are two main ways that epidemiologists avoid the pitfalls of self report research: *consumption studies* and *prevalence of cirrhosis reports*. The

1990 NIAAA study (National Institute of Alcohol Abuse and Alcoholism) showed that liquor sales continued to fall, but that beer and wine sales had not declined since 1988. Cirrhosis mortality peaked in 1973 at 15.0 deaths for every 100,000 people; by 1986 it had fallen to 9.3 deaths per 100,000. These data indicate that both frequency and quantity of alcohol consumption dropped during the 1980s and that consumption now appears to be stable. This trend has been found throughout the industrialized West. The percentage of drinkers who manifest problem drinking has remained remarkably consistent since the 1969 Cahalan study being reported at 7% to 10% by all researchers. In 1990, one million Americans described themselves as alcoholic. An extremely important finding of Cahalan and his associates is that problems associated with drinking seem to come and go. That is, individuals reporting problems with alcohol one year may not report them another year, and if they report problems in subsequent years, they may be different problems. These data seem at variance with the notion that alcoholism is a progressive disease. It could be that these findings reflect the fact that problem drinking and alcoholism are different things, or that denial contaminates this type of research. (See the discussion of the disease concept of alcoholism in chapter 5 for more on this issue.)

SOCIOLOGICAL THEORIES OF DRINKING BEHAVIOR

Historically, alcoholism has been understood in three competing but not

necessarily mutually exclusive ways—as *immorality*, as *illness*, and as *deviance*. Sociologists regard alcoholism as a form of *social deviance*. This view takes the focus off the individual alcoholic and his or her genetic endowment and psychological conflicts and moves it onto the social forces that make for deviance, with alcoholism seen as but one expression of these forces.

Labeling, Reference Groups, and the Normative Model

Related to the concept of deviance is the sociological notion of *labeling*. Labeling may serve as a self-fulfilling prophecy, as in the case of the label “drunken Indian.” The person so labeled may come to believe that he or she will be a drunk, and that belief may be instrumental in its fulfillment. Similarly, persons labeled “hopeless” may continue to relapse because they believe (at least as far as drinking is concerned) that they *are* hopeless. Labeling may be self labeling, but sociologists are more interested in the effects of labeling on “out” groups by the dominant members of the culture. Thus, one possible cause of deviancy is labeling. From the point of view of deviancy theory, there is no such thing as a “disease” of alcoholism; rather, alcoholics are simply those drinkers whose drinking is not normative in a given culture. Abstinence can also be a deviant behavior. Deviancy theory gets incorporated into most definitions of alcoholism, which include drinking more than is considered normative in the drinker’s world. Needless to say,

the relativism of such definitions offends moralists and troubles “hard nosed” scientists.

In general, sociologists emphasize the role of attitudes and beliefs in both the use of alcohol and the response to alcohol. They have found empirical support in the already mentioned expectancy literature which purports to demonstrate that people learn from their cultures how to be drunk. Since drunken comportment is seen as a learned affair, problems associated with drinking (such as domestic violence) are believed to come not from drinking or the disinhibiting effect of alcohol on aggression but from the drinker’s culturally learned belief that drinking will make him aggressive. Critics of expectancy theory have pointed out that as dosage goes up, the role of expectancy goes down. Although this is true, there can be little doubt that the sociologists are onto something here. Cultural attitudes do impact powerfully on drinking behavior.

Sociologists have also highlighted the importance of one’s *reference* group in determining how one drinks. If the reference group (for instance, Jews) is thought to drink little, then its members are likely to drink little. A Jewish college student may shift his reference group to one in which heavy drinking is positively regarded, and his drinking may increase. Such examples are endless, but the saliency of the reference group’s attitude toward drinking in determining drinking behavior is well established.

Some sociologists have emphasized the function of drinking as a “time out” from adult responsibilities, even as a “moral holiday.” This view is related to the *tension reduction model* of drinking motivation first introduced into the social science literature by Horton (1943) in his slightly different version, *anxiety reduction*. Although the degree to which alcohol is actually tension reducing has been challenged (see Chapter 6), sociologists have hypothesized that the greater the tension in a culture, other things being equal, the higher the rates of drunkenness, while the more alternate modes of tension reduction there are available, the lower the rates of drunkenness. This has obvious implications for treatment.

Another theory is the *normative model* of drinking behavior, which holds that the less ambivalence, the more consistency, and the more moderation are the norm in a culture or subculture, the lower will be the amount of alcohol consumed and the lower will be the prevalence of alcoholism. Writing from a social-psychodynamic perspective, Meyerson (1940) had implicated ambivalence toward alcohol as an etiological factor in problem drinking, and his formulation has had a more recent vogue. According to this view, *permissive* norms toward drinking and drunkenness make for high rates of both, but *ambivalent* norms result in even higher rates.

The evidence is still out on this one.

Anomic Depression, Magical Potency, and Single Distribution

Perhaps of more interest is the notion of heavy, socially disruptive drinking as a response to *anomic depression*, that is, depression resulting from the destruction of, or devaluation of, one's culture, with consequent obliteration of its norms. Such explanations have been applied to Native American drinking and to alcoholism in urban ghettos. Such drinking can be seen as simultaneously a self medication of anomic depression and as a passive-aggressive expression of rage. As such it is a kind of protest. Native American drinking has been referred to as the longest running protest movement on record. Drinking that serves such a protest function is called *symbolic interactional drinking*.

Social scientists have also been interested in the degree to which a culture believes that alcohol has "magical" qualities. In particular, the belief that drinking alcohol confers *magical potency* correlates with high rates of drunkenness. There is no lack of Ivy League Ph.D's who, at least unconsciously, subscribe to this view. Advertising, sometimes subtly, sometimes not so subtly, often encourages such a belief.

The epidemiologists have come up with the *single distribution model* of problem drinking, which holds that the more "normal" or "social" drinking there is, the more problem drinkers and alcoholism there will be, and that the way to "treat" alcoholism is to establish social policies (such as high taxes on

alcohol and restricted hours of sale) that reduce alcohol consumption. The extreme of this approach would be prohibition. Since the problem is seen to reside in alcohol itself, cultural attitudes, constitutional predisposition, and psychopathology are played down by single distribution theorists. Nevertheless, their “treatment” recommendation is a social-political one.

Jessor and Problem Behavior

Richard Jessor (1987) and his associates (1968) have studied the development of *problem* behavior in the young for nearly a generation. In Jessor’s view, problem drinking and alcoholism are most usefully regarded as a manifestation of problem behavior. Jessor developed an extremely complex multivariate model that is entirely psychosocial to predict problem behavior. Using three categories of variables—antecedent-background, social-psychological, and social-behavior—his model is “successful” in so far as it has been able to predict which constellations of values on his antecedent-background and social-psychological variables result in which values on his social-behavior variables. That is, he has been able to identify what social-psychological factors make for problem behaviors, including alcoholism. His “predictions” are statistical, not individual. Jessor’s research is additional evidence that biology and genetically determined neurochemistry are not the only significant determinants of alcoholism. Indeed, these factors play no role in his model. Interestingly, Jessor points out that coming to terms with

alcohol and drugs is an important developmental task and that in some subcultures, adolescent alcohol and drug abuse is normative and best regarded as a developmental stage rather than as a psychopathology.

Cultural Contrasts

Sociologists have long been interested in demonstrating the role culture plays in drinking behavior by comparing contrasting drinking norms. Two examples of cultural contrast in attitudes toward drinking have especially interested sociologists: the contrast between French and Italian drinking practices and the contrast between Irish and Jewish drinking practices. Both France and Italy are viniculture countries—that is, they cultivate grapes for wine-making purposes—but there the resemblance ends. The French drink with and without meals, drink both wine and spirits, drink with and away from the family, do not strongly disapprove of drunkenness, and consider it an insult to refuse a drink. The Italians, on the other hand, drink mostly with meals, drink mostly wine, do most of the drinking with the family, strongly disapprove of drunkenness, and do not assert social pressure on people to drink. Not surprisingly, France has the highest rate of alcoholism in the world, while Italy has a much lower rate. Clearly, the social control imposed by the strong sanction against drunkenness and children’s learning to drink moderate amounts of low-proof alcoholic beverages with food has something to do with the lower rate of Italian alcoholism. However, this merely

describes *how* this culture drinks; it does not explain *why* it drinks in this way.

Studies of Irish and Jewish drinking practices show them to be in sharp contrast as well. The Irish have a high proportion of abstainers and problem drinkers; the Jews have a low proportion of both. The Irish drink largely outside the home in pubs; the Jews drink largely with the family and on ceremonial occasions. The Irish tend to excuse drunkenness as “a good man’s fault”; the Jews strongly condemn it and make it culturally alien: *Shicker ist ein Goy*, “The drunkard is a gentile.” The high rate of Irish problem drinking has been related to the use of alcohol as a *social remission*, a culturally approved release, in an impoverished, puritanical culture, while the low rate of Jewish problem drinking has been related to the ritualization of drinking and its association with family celebrations of all sorts. Irish drinking tends to be relief or escape drinking, while Jewish drinking tends to be ceremonial.

Robert Bales (1959) studied Irish American and Jewish American drinking practices and described four basic attitudes toward drinking: *abstinence*, *ritual*, *convivial*, and *utilitarian*. Abstinence prohibits the use of alcohol. The ritual attitude prescribes the use of alcohol in religious ceremonies in which it usually symbolizes communion with the deity. The convivial attitude is a secular one in which drinking symbolizes social solidarity, which is assumed to preexist the drinking. The utilitarian attitude

treats drinking as a means of individual gratification, whether or not the drinking takes place in a group. Bales thought that cultures with a utilitarian attitude toward drinking predispose their members to problem drinking and alcoholism, while cultures with a ritual attitude inoculate their members against both. Bales concluded that Irish American drinking was convivial-utilitarian, but more utilitarian than convivial, and that Jewish American drinking was ritualistic. Bales generalized this conclusion and hypothesized that sacred ritual drinking inhibits secular drunkenness. However, sacred ritual drinking can be to the point of drunkenness, and many rituals prescribe just such drunkenness on the part of participants. Even Judaism prescribes drunkenness on the feast of Purim, and secular convivial drinking can also be and often is to the point of drunkenness. So the two forms of what Jellinek (1962), combining Bales's ritualistic and convivial categories, called *symbolic drinking*, which symbolizes communion with the divine and community among men, respectively, are not necessarily temperate. In his theory, Jellinek contrasts the symbolic with the utility function of drinking. *Utility* drinking tends to be egotistical and devoted to personal ends. Cross-cultural data do not seem to support Bales's hypothesis that sacred drinking inhibits secular drunkenness. Perhaps the real connection between Jewish ritual drinking and low rates of Jewish problem drinking lies in learning to drink in a situation of strong social control, in which moderation is the norm and guilt is not concomitant with drinking. (It has also been suggested, perhaps not

altogether seriously, that the use of wine as an anesthetic during ritual circumcision serves as a one trial aversive conditioning in which alcohol is associated with pain and castration anxiety.) It is this socialization into moderation, rather than the fact that the drinking is part of religious ritual, that supposedly accounts for the relatively low rates of alcoholism. This hypothesis is consistent with the findings on Italian drinking patterns and makes more sense to me. The social norm of moderation in well-integrated cultures, which is learned in situations of powerful affectivity, rather than the connection with either sacred or secular rites, is what makes for low rates of problem drinking. The cultural controls are internalized and only break down only in the face of genetic susceptibility or an individual psychopathology that the drinker has learned to self-medicate with alcohol. Unfortunately, this does not tell us what it is about a culture that results in making drinking in moderation one of its mores.

CONCLUSION

This chapter has explored how people have used alcohol in diverse places and times and some of the reasons that they drank. In the process, it has reviewed theories of the social and cultural determinants of drinking and drunkenness and shown how sociologists and anthropologists have theorized about those determinants. It has also looked at their research strategies, and recognized the enormous methodological difficulties they encounter. Closer

to home, the chapter has reviewed how Americans and late 20th-century industrialized men and women drink. In the process, it has examined what the demographers have concluded about who is most likely to become alcoholic. The next chapter investigates possible ways to define alcoholism so that it can be studied and diagnosed, exploring whether there are a variety of “alcoholisms” or one unitary disorder. As the chapter will show, these apparently simple tasks are incredibly complex and problematic.

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