

PROCEEDINGS

WOMEN AND ALCOHOL: CULTURAL
PERSPECTIVES AND PUBLIC RESPONSIBILITIES

September 17, 1977

Amarillo College

Sponsored by: The Texas Committee for the
Humanities and Public Policy

and

The National Endowment for the Humanities

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CULTURAL PERSPECTIVES ON ALCOHOLISM

Trotter,

I am an anthropologist. I find some confusion every time I say this, so I shall tell you that I am not the kind of anthropologist that digs up bones and shards. What I tend to do is get into people's lives to find out what I can learn about things that make them different from myself and my culture. I like to find out what they see my culture as being, and I like to find out what I see their culture as being. Anthropologists have very recently become aware of alcohol use and abuse and have found out some interesting things. I feel very comfortable with the previous talks and discussions because what I am going to try to do is say that all of these things come under a single rubric, under the concept of culture. Normally, to understand the use and abuse of alcohol, we approach it from either a medical, physiological perspective or we approach it from a psychological perspective. From all that I hear today, there is another way of looking at it, and all three perspectives really go together. The third way of looking at alcohol is from a cultural perspective. This perspective focuses on how your culture provides you with a map of reality and how that map affects your drinking and how it affects your drunkenness and how it affects your alcohol addiction. Today I am going to present a couple of large items and a couple of small things. The large items are two cultural concepts. One is called the Sapir-Whorf hypothesis and the other is called cultural relativity. The small items I am going to talk about are some of the facts that anthropologists have found about alcohol use and alcohol abuse by people in many different cultures.

I think you all know that our culture gives us our basic idea of reality. Culture tells you what is real and what is not. It points out to you that there are certain things you should pay attention to in your environment and some things you should ignore. Basically it tells you how to act in each given social situation. To many people in the United States male dominance and female submissiveness are reality. That is not true in all other cultures, and you will find out something about the nature of human beings by looking at other cultures. Many years ago anthropologist Margaret Mead found one group whose stereotype of male and female role behavior is almost opposite of ours. In that culture the women are aggressive, dominant, forceful, and generally act like the stereotype that we have of males. And the men in that culture are submissive, indecisive, and they tend to change their minds. She also found another group where male/female roles are nearly identical, especially in terms of childcare and family responsibility. So in these and other reports we find that the basis for sex roles is cultural, not biological. Similar findings are now being discovered in the areas of alcohol use and alcohol abuse.

The first major concept that I want to present to you is called the Sapir-Whorf hypothesis. Perhaps another way to name it would be the concept of separate cultural realities. The more groups of people that anthropologists study, the more firmly we become convinced that people of different cultures are feeling and reacting to separate realities. This is due to the fact that your perception of reality is based on the culture you were raised in. You are given a cultural map by your parents that really makes a reality out of chaos. Cultural maps make all of that stuff out in front of you manageable. Cultural maps tell you where to focus your attention and tell you what is unimportant and should be ignored. These can be changed through time, of course. You learn your culture by acquiring language, by acquiring values, ideals and aspirations that are in line with other people's around you. Culture is a shared thing. That means reality is a shared thing. Of all these things, language comes first. Without words reality really does not exist for human beings in any meaningful way. If you do not have the word for an idea or an object or an experience, you cannot relate that idea or object or experience to other people. For all practical purposes it is uncommunicable. Culture is a shared reality of human beings and that shared reality is what makes individual reality possible. How many times have you heard someone say, "You know...I just can't...I just...I don't know the words to express what my emotions were during that time...I don't know how to tell you what just happened to me."

An anthropologist who travels discovers that there are some things that cannot be directly translated from one culture to another, from one language to another, because it conceived that object or experience much differently. So the anthropologist and the groups could have partial communication, but it was as if two people were looking at the world through two totally different windows, filters, glasses, whatever you want to call them. Males and females participate in separate realities. This concept of gendering social realities is very important to health and mental health therapy and also ties directly into what you are doing here today. You are saying that women, because of their cultural training, have somewhat different perceptions of reality than men do. I know that is true. You know, every time I have tried to buy something when my wife is along, and I say, "I like the blue shirt," she says, "That's not a blue shirt, that's a robin's egg blue shirt." I say, "Okay. I like the pink one, too," and she says, "That's not pink, that's rose." Then I say, "I like the yellow one," and she says, "That's canary yellow." And I find out that my wife uses a different language and culture than I do, and she has had different experiences growing up as a female than I had growing up as a male, and at times our different experiences and the different patterns in which we have been taught our culture interfere with communication. The same thing happens in treatment and therapy. Sometimes trying to pull so much into the therapy which was developed for one particular group is totally useless, and a waste of time and money when you are applying it to a group that it is not appropriate for. So the concept of separate cultural realities is very important in treatment and therapy.

The idea of separate realities is also closely tied in with an anthropological concept called cultural relativity. This can be very simply stated. What cultural relativity boils down to is the idea that being different is not bad. It took us a long time to get to that point. We began thinking this way about the turn of the century as a result of seeing many, many cultures. Originally, people doing these studies were convinced that their way of doing things was best. They were superior to anyone else, and they were the judges of human behavior. I would not be surprised but what there are many males who still think that way about females!

The more we study different groups, however, the more we come to the conclusion that is impossible to judge people's behavior except from the viewpoint of those people themselves. Cultures have developed a highly efficient and complex system for survival--surviving socially, surviving psychologically, surviving spiritually and surviving physically. To compare two cultures and to say that one is better than the other is foolish. I shall give you an example. Tell me which is better, an Eskimo boy's kayak or an American child's roller skates? Now if you think about it, it would be hell roller skating in the Arctic Sea, and it would be equally difficult to try to pilot a kayak down the sidewalk. Those two items are very simple items compared with human groups. So we come down to the point that each thing must be looked at and valued and understood within the context for which it was designed and within which it is appropriate. So the idea of cultural relativity says that you can only understand people's behavior within the context of their own and not your environment, of their own and not your bodies, with their own and not your own feelings of reality. If you are going to set up successful treatment, we come back to the point that you have to treat people, you have to deal with people, you have to understand people within their context and not judge them from yours. Again, let me say, we have come to the concept that being different is not bad, it is just different.

This brings me to the point of discussing some of the findings of anthropologists today about the use and abuse of alcohol. First, we have discovered that almost all cultures have rules about drinking. Alcohol is fairly widely used. Usually cultures will tell the individual where he can drink, who he can drink with, how much he can drink, and what his behavior should be and what should be done to him. Associated with these rules are also beliefs about the properties and effects of alcohol. It should be stressed here, I think, that the rules and the beliefs and the behavior are contradictory from culture to culture. What is true or taken as reality in one culture is very different from that of another. So I am going to offer you advice. The advice is: Distrust common sense where alcohol is concerned. That common sense is basically produced by your culture and it may be wrong, because you are filtering your perception of reality through your own cultural eyes.

Some cultures have lower rates of alcoholism than others. Rates of alcoholism are not the same for all cultures. They are not the same for all ethnic groups. They are not the same for all religious groups. These differences seem to depend on the way alcohol is used within that particular culture. I guess what I am reacting to here is the fact that I keep seeing this picture on the television and the television says "Who's an alcoholic?" And it starts flashing pictures of all different flavors of people--black, white, brown, yellow, red, Catholic, Jewish, Protestant, whatever. It is true that anyone can be an alcoholic, but we also get the impression that there are the same number of alcoholics in all groups, and that is not true. Some groups, because of their culture, because of the values and attitudes associated with alcohol, have more alcoholics and sometimes fewer alcoholics. This you must take into account when you are dealing with alcohol as a problem.

Each culture sets its limits on where, how much, why, when, and with whom it is proper to drink. Some set limits on what it is proper to drink. If you are starting in treatment or rehabilitation or prevention maintenance, you ought to know those limitations. For example, in some cultures, beer is almost exclusively the male drink. Women do not drink beer in those cultures because it would be improper, it would not be right. I noticed that when I was going to college, sloe gin seemed to be the exclusive drink of sorority girls dating fraternity fellows. I do not think they were ever given any choice. You would go out and buy a bottle of sloe gin and that was what women drank. That is the only thing women drank. "Here it is, sloe gin! You're gonna love it sweetie." I just could not afford sloe gin, so I guess I was envious. I think any time that you are working with people and trying for prevention, education or treatment, you should know what box your client's view of alcohol is in.

Those cultures who tend to use but not abuse alcohol appear to have several things in common. First, alcohol is generally part of that group's ritual behavior, both religious and non-religious rituals. Drinking in those cultures is usually highly associated with being a member of the group and participating in the group, expressing their culture through alcohol. Second, there are reasonably stringent rules on drunkenness. Not only are there rules about getting drunk, but also about what you do when you do get drunk. The conditions under which drunkenness occurs vary an awful lot. The level of consumption of alcohol by a particular group is not necessarily the measure of the level of alcoholism in the group. There are some groups that drink like fish and they have extremely low alcoholism rates. The mistake a lot of people make is assuming that if you drink a lot of booze you are going to become an alcoholic. That is not necessarily so. There are numerous cultural groups in the Americas, in fact, which have very high levels of consumption--drinking to drunkenness every night--and they have extremely low levels of alcoholism. There are some groups that are moderate consumers, with high levels of alcoholism. So alcoholism degrees depend on other social factors. Drinking to get drunk is another factor. Drinking to get drunk does not necessarily lead to alcoholism. There are at least two cultures in which the sole object in drinking is to get

blasted, to get falling down drunk, and that is the only way of drinking in these cultures. It is kind of interesting because even though they drink to get drunk frequently, three, four, five times a week, on the average, they do not have a word that says "hangover." They do not get hangovers and they have extremely low levels of alcoholism. So we know there are some other factors involved (we are not sure what they are) that produce higher or lower levels of alcoholism.

There are also some startling things that have been discovered in the area of what we call "the drunk role." I hate Dean Martin. He makes alcoholics look funny, and alcoholism never looks funny to me. I do not hate Dean Martin, but I wish he would change his behavior. Still, he portrays the American drunk, and that is not the same kind of drunk we find in other cultures.

Until relatively recently alcohol was deemed as an ego destroyer. You may have read this in some of your literature. Alcohol soaks into the brain, and as it does so it destroys one's ability to make moral judgments or reduces an individual's control over reason and moral judgment, or it unlooses one's inhibitions. That is one of our common sense notions that is somewhat not true. It is true in our culture. And it is your culture that says what alcohol is going to do. If your culture says something else, then alcohol is not an ego destroyer. There are numbers of cultures in which people do not behave as drunks the way we do, because their culture says that you have got to be responsible regardless of whether you are drunk or sober.

Another thing is that there seems to be a cultural time-out in most cultures. In many cultures, drunkenness acts as a cultural time-out. You can do things while you are drunk that you cannot do when you are sober, so it is like a man at a convention in another town getting drunk but staying sober at home. Even when drunkenness does act as a time-out, even when you can do things that you could not do while you are sober, there are "within-limits" clauses in our social contracts. A friend of mine was working on alcoholism with a group of Indians in South America. There was this guy in the group who was noted for just going berserk when he got drunk. He would run through the village with a machete screaming and yelling and would actually get into fights and physically harm people. Earlier Ann had made a deal with all the leaders of the community that they would protect her, for she was the community's responsibility. It was because of what happened in this village that she first thought of this "within-limits" clause as applying to the cultural time-out for drunkenness. One night she was in her hut when she heard this roaring, cursing and swearing coming from down the street. Somebody ran into her hut and said, "What's-his-name is coming, we've got to get out of here!" The whole village was running in fear of this guy. He was roaring drunk and he had a machete and he was screaming at people. Ann went back to get some of her field notes; she took a little too long to grab them and as she came out the door this guy came around the

corner and said, "How are you tonight? I'm very glad to see you." He very properly walked by her as though he said, "Oops, there's my within-limits clause working. I can't do anything to her because of the agreement we made between our group and her." So he walked quietly by. After this happened to Ann she started looking around. She found that people would get drunk and start a fight and yet there would be women working and children playing around the area and they would never get touched. The "within-limits" clauses of other cultures, and their values and attitudes in alcohol education. Perhaps we can even model some of their behavior

I think that the anthropological perspective, and especially in these few things that I have talked about, the separate cultural realities and cultural relativity, has some things to say for treatment. You people who are working with treatment, working with alcoholics, have many different emphases. You have different language groups, certainly in the people you are working with, and what I ask is that you pay attention to the differences. We have found that treatment, especially mental health treatment, must be presented in the appropriate language. The majority of mental health problems are communication problems. So the first thing you have to do is to communicate properly. Use language, and not only verbal language. There is a silent language that uses distance, touch, smelling, and so forth. All those things can be used in treatment therapy. Some of you are using these now but they must be appropriate to the people you are working with. Not only that, but you need to understand the patient's beliefs and values and ideals and environment. You have to use the right language, verbal and nonverbal. Your values, attitudes and experiences are important. This may be one reason why alcoholics sometimes seem to be better therapists than non-alcoholics--common experience. You need to emphasize the importance of the dignity of the person and his background. If you do these things, then you are following the rules of cultural relativity and following the rules of understanding that there are separate cultural realities.