Alcoholism-Treatment-Center-Based Projects

Jack O. Waddell

Abstract. This chapter has three main objectives. First, it seeks to identify a variety of alcoholism-treatment settings, medical and nonmedical, in which anthropologists have conducted or could profitably conduct anthropological research. Hospital inpatient settings, nonmedical inpatient facilities, counseling-rehabilitation centers, public and private institutional service sectors (e.g., law enforcement, occupations, education), and "folk" or untested spontaneous strategies are discussed. Second, it attempts to point out some of the problems anthropologists have had or might expect to have in gaining access to these settings. Some of the reasons are structural, others have to do with overcoming anthropology's traditional biases for research, while still others involve the resolution of certain ethical dilemmas if alcohol research is to be carried out with anthropology's conventional strategies. The third objective is to provide a strong stimulus of encouragement for anthropologists to do "field work" in these varied treatment settings.

1. Introduction

Unless anthropology is willing to face the fact that it has a unique perspective to bring to the human condition, it has little reason to claim an independent existence, other than by being a historical accident. This unique perspective can also be engaged in alcoholism-treatment research and alcohol-behavior research generally. The social-behavioral sciences operate within a multitheoretical, multimethodological diversity. While some disciplines may see this as a failing to reach true scientific stature, to me, it is wise appropriation of resources. The use of several theoretical frameworks and the employment of a variety of data-gathering strategies in trying to reach explanations of sociocultural behavior and systems are critical to our achievements. While not all anthropologists are happy about it, anthropology has been less inclined to force itself into becoming a "mature" scientific discipline or community in the Kuhnian sense. Rather than coercing a single paradigm and thereby eliminating "outdated" ones, anthropology, by and large, has chosen to maintain a pluralistic dialogue of paradigms as a necessary stance for the scientific study of man, even choosing to revisit earlier ones labeled by some as "outdated."
Anthropology, in both its utilization of theories and its deployment of many methods, is utterly devoted to specific contexts or settings in which behavior occurs. The emphasis here is on the setting, wherein a number of definable persons occupy a physical space, organize into a variety of interpersonal activities, and behave according to culturally informed views of the world. Borrowing from Redfield, the treatment setting can be seen as a kind of little community. This perspective then allows us to view this "little community" as a whole, as an ecological system, as a social structure, as a typical biography, as a kind of person, as an outlook on life, or as a history. So, in this review, I choose to emphasize the importance of selecting settings in which to do anthropological research. It is not my intention to prescribe preferred theoretical approaches or to mandate preferred methodologies.

In looking at the alcoholism-treatment scene, what are some of the specific kinds of treatment settings in which anthropological research has been or could be most productive?

The treatment field has a life of its own and is probably running ahead of my ability to identify its diverse settings. Further, this review of anthropological research in the treatment field betrays an admitted naivete as to what is happening outside the United States. Yet it is possible to mark off a few distinct types of settings. They are not of equal research accessibility, but difficult access has never been a deterrent in the selection of an anthropological research setting. Some of the settings that come to mind are: (1) hospital inpatient settings, (2) hospital outpatient settings, (3) nonmedical inpatient settings, (4) outpatient nonmedical settings, (5) counseling-rehabilitation centers, (6) contractual therapeutic settings, (7) educational-informational service settings, (8) occupational settings, and (9) "idiosyncratic" settings.

I shall first clarify these types of intervention settings, marking off some distinctive features as well as pointing out how they are, at times, mutually inclusive. I will then discuss some of them in terms of their anthropological research possibilities, identifying, where applicable, anthropological work that has been done in such settings.

Before discussing the specific types, I should acknowledge that what makes them amenable to anthropological research is that, as settings (locations), they have organization and structure (identifiable social units), observable scenes (specific situational contexts), observable events (e.g., interactions, behaviors, transactions), and discoverable cultural domains (e.g., idioms, semantic exercises, communicative codes, world views). These possibilities are the familiar bailiwick of the ethnographer's training and field experience; hence, they are within his or her special range of research capability.

2. Hospital Inpatient Settings

This setting, in which the alcoholic patient is fully hospitalized to receive a regimen of medical treatments, is perhaps the most difficult to access. It is