



## The Alcoholic Habitus: A Socio-Anthropological Eye on Alcoholism

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### Abstract

A pioneering study was conducted at the Center for Chemical Dependency of the Brazilian Navy. The method used was an ethnographic study, with participant observation, to investigate the influence of this institution in the construction of patients' alcoholism. Sampling, data collection, analysis and interpretation of data were conducted in a circular manner. In this article, we present one of the main results of the research, the relevance of the socio-anthropological eye on alcoholism: the alcoholic habitus. It refers to internalized patterns of behaviors, attitudes, and thoughts associated to ways of drinking, mainly collectively. It could be seen that drinking on board is a learned naval tradition, disseminated by beliefs and myths in favor of the presence of alcohol during the work journey. In conclusion, although the results cannot be generalized to other groups, they should motivate further investigations concerning alcoholism in other institutions, mostly to implement protective measures on behalf of the workers and the organization.

**Keywords:** Qualitative research; Ethnography; Participant observation; Military personnel; Researcher-subject relations; Alcoholism

### Introduction

Alcoholism among military personnel became a matter of special attention in the Brazilian Navy since the creation of the Center for Chemical Dependency (CEDEQ), in 1997, a specialized outpatient clinic for the treatment of drug addiction, located in the Navy Central Hospital, Rio de Janeiro, Brazil. This Center is a pioneer initiative of the Brazilian Navy, unparalleled in the Brazilian Armed Forces, a milestone that determined the official beginning of a series of actions directed towards the treatment of drug users. Nevertheless, little is known about the effects caused by the Brazilian Navy traditions to drink beverages in the workplace. The first studies on this matter have recently been made by the authors of this article, resulting from their studies at this Center [1-13].

### CEDEQ – Field of Study

The CEDEQ is an ambulatory in charge of providing treatment to drug abusers who are members of the Brazilian Navy. The treatment program includes both group therapy and administration of psychiatric medication. It is carried out by a team of psychologists, psychiatrists, and social workers to assist servicemen. Although CEDEQ is available to all military personnel from the age of 18, the vast majority belongs to the enlisted rank (*Praças*). In contrast, Officers rarely seek for help at the CEDEQ, looking for private sessions. The enlisted military personnel, who rank lower in the military hierarchy, constitute the numerical majority of the organization, and the base of the pyramid chain of command. In general, they are responsible for equipment operation and maintenance of the facilities of their military units [14].

The treatment program consists of group therapy that occurs throughout five steps: motivational group, phase I, II, III, and

consolidation group. It requires that the patients progress along these stages, each lasting no longer than four months. Its extent depends on individual evolution, which is related to the achievement of abstinence and changes in the ones attitudes and lifestyles. Above all, it is expected that the patients reach sobriety, change their patterns of behaviors and mentalities. The two-hour therapeutic sessions that are held twice a week involve compliance with specific objectives required in each stage, mostly based on behavioral techniques, and on the 12 Steps and 12 Traditions of Alcoholics Anonymous recommendations. Influenced by these guidelines, the program focuses on group treatment, and that sobriety can be best achieved with collective support [15]. Each phase has activities to be accomplished, such as readings, attendance to lectures, and movie discussions.

Although alcoholism is a multi-determined event that can be examined and understood from different angles, the present study focused on its socio-anthropological perspective, considering it as phenomenon, which is individually and collectively managed [16].

The objective of this study was to examine how the Brazilian Navy environment contributes to the construction of alcoholism of CEDEQ's patients. However, in this article it will be discussed the relevance of the socio-anthropological eye on alcoholism, a perspective that enabled the understanding of the existence of an alcoholic habitus among the members of the Brazilian Navy who are patients of the CEDEQ.

### Method, Collecting Process, and Data Analysis

This article is the result of a qualitative research conducted through a dense ethnography carried out at the CEDEQ, from 2005 to 2009 [17,18], and based on the results of participant observations [19,20,21] performed in two therapeutic groups, during 24 sessions, in 2010. The groups observed corresponded to the motivational phase, the first stage of the treatment. Despite the constant changes in the composition of these groups during the study period, in general, the number of participants in each group was around ten, and the age

group was from 21 to 62, all *Praças*, from Seamen Recruit up to Master Chief Petty Officers. Although the majority of the patients reported that they were addicted to alcohol, only a few reported that alcohol was not their drug of choice, but it was considered a central element, present throughout their experiences.

This research was conducted by the first author of this article, who was one of the psychologists, a Brazilian Navy Officer, a Frigate Captain (*Capitão-de-Fragata*), and also the Chief of the CEDEQ. The impressions attained through direct observations were followed by permanent record after the therapeutic sessions by using a field journal, following the first author's reasoning. The researcher acted strictly as an observer during therapeutic sessions, while the patients were assisted by another psychologist.

The double status of the first author, as a researcher and one of the members of the field, was a methodological aspect that was taken into consideration, that is, it was not overlooked, but observed with close attention. On one hand, it could generate breadth of comprehension and depth of understanding, since the institutional peculiarities were familiar to her. Thus, the interactionist perspective [22] was particularly useful, enlightening symbolic dimensions of alcoholism, especially taking into account that people's selves are products of social interaction [23].

The participant observation, as a qualitative research method, was a useful tool that typically enables researchers to investigate the perspectives of a group in a given community. In fact, it highlighted the role of the researcher as a participant in this "community", because the study does not progress distantly or objectively, but actively [24,25].

Considering that qualitative research frequently considers that sampling, data collection, analysis, and interpretation are related to each other in an interactive way, rather than following one after another in a stepwise sequence, the researchers alleged that this principle enabled them to gain better access to the patients' experiences, feelings, and social worlds [26]. This complete process can be seen as circular rather than linear, with feedback loops affecting the research development [27]. Grounded in this perspective, she returned to the field in 2010 to deepen the ethnographic study that was carried out from 2005 to 2009. Therefore, she joined the groups as an observer, in order to thoroughly examine certain aspects concerning the influence of the organization on the constitution of the patients' alcoholism.

This research was approved by the Research Ethics Committee of the Brazilian Navy; register FR - No 306557 and CAAE 0021.0.221.000.09.

### **A socio-anthropological eye on alcoholism: power relationships**

Along this research, during the immersion in the field through long-term participant observation [17], it became clear that the chemical effects and harms due to alcohol intake would not be the focus of the present analysis. In fact, according to the observations, other aspects became more intriguing, particularly those revealed by the socio-anthropological eye: the military working conditions and the Brazilian Navy traditions in favor of drinking alcohol in the workplace, both facilitating the construction of this "disorder" or "disease". Certain power issues at stake seemed to be more relevant, present between the lines of the institution dynamics. Therefore, the

author's perspective could be widened by perceiving the subtle features of military personnel interactions that could elicit comradeship, disputes, different modes of violence, and domination, displaying hierarchical features, as well as uneasiness and conflicts underneath the naval system. So, the use of alcohol in the workplace and drinking episodes on board could be understood as "symptoms", or rather, as effects of issues inherent to the naval military life that should be investigated.

A central aspect that caught the attention of the researchers was the fact that *Praças* were the main public attended at this clinic, while Officers avoided this professional assistance, giving the impression that they did not were binge drinkers or alcoholics. Thus, it became important to understand the factors involved in the practice of consuming drinks in the naval military world. *Praças* are positioned at the base of the social pyramid, in a field where they are submitted to specific rules of this social arena, evaluated by the relative weight of their possessions [28]. In fact, they struggle to overcome their lack of symbolic capital in the shape of diplomas, positions, lifestyles, and honorific privileges, such as the use of specific clothing and arms bearing. The absence of certain symbolic distinctions exposes their lower social status [29]. Their position in this field establishes a kind of configuration determining the arrangement of two mutually dependent groups, the established and the outsiders, which is a pattern that stimulates domination-subjection relationships that can exclude and stigmatize individuals [30]. Officers (established) occupy a position of prestige and power, known as the "good society"; on the other hand, *Praças* (outsiders) receive a label of inferiority. Tagging and attributing an inferior human value assure the perpetuation of this structure. It involves domination, supported by the will to obey and by the belief in its legitimacy [31].

The risk conditions for alcoholism are associated with the existence of unprivileged social activities, in which the possibility of qualification and promotion is restricted, and the tasks or materials involved are considered unpleasant or repugnant [32]. Indeed, the observations could confirm that the patients usually get lower scores on professional assessments, which jeopardizes their careers. A vicious circle is established: because they drink more and tend to make more mistakes at work, as a result, they are punished for their negative behaviors and, ultimately, they receive professional and personal bad ratings. Therefore, they seek relief with the company of colleagues in bars, drinking more and more.

The Brazilian military profession is structured by the Military Statute [14], a document that regulates the status, obligations, duties, and prerogatives of Armed Forces members, who must demonstrate their personal and professional involvement with the organization. The execution of military duties goes beyond the mere completion of daily tasks; progressively, service people become involved in the organizational lifestyle, comprising an esprit de corps. Progressively, they develop the military pride, love, and enthusiasm, which is necessary to construct a professional military identity throughout a process that is eased with the bonds that are strengthened among peers [33,34]. The incorporation of hierarchy and discipline precepts as the institutional basis of the Armed Forces further narrows the professional links and personal commitments of the military contingent. Although they are subject to the Military Statute, it could be seen that there is a gap between what is written and what actually occurs routinely. In fact, it is difficult for them to fulfill the requirements. Nevertheless, they are evaluated, judged, or condemned by their noncompliance with the rules. It is believed that, in between

these gaps, disturbances, failures, and transgressions may occur as a manifestation of the discrepancy between reality and theory. However, the institution's standards and precepts must not be naturalized; they were historically, culturally, and socially determined.

The creation of the Brazilian Navy followed a process that took place over a long period, embedded in a complex structure based on sophisticated regulatory and bureaucratic framework. Similarly, the naval military profile was mentally programmed to make its personnel obey and command [13]. Failures are identified by military standards in terms of adequacy and capacity based on the 84 disciplinary misdemeanors, liable to punishment, which are listed in the Discipline Regulation of the Navy [35]. It still contains traces of the spirit of the Armed Provisional Regiment (approved in 1796) and its articles of war (approved in 1800), both inspired by the draconian 1763 Code of the Count of Lippe. This code, the basis of the Portuguese and the Brazilian military legislation, was considered barbaric and monstrous. Although this Regulation should be applicable to all military personnel, in practice its use varies according to subjective interpretation of what should be considered a proper behavior. As a result, many "failures" are submitted to correction, discipline, and sanction, while others are disregarded.

In the past, a sailor needed to have physical strength to survive the hostile conditions of ocean life, such as rotten food and water unsuitable for drinking, an environment suitable only for "subhuman" types recruited by force [36]. The use of the whipping, a method considered necessary for the ship's survival, persisted until the Whip Revolt, in 1910. This event took place in Rio de Janeiro and involved thousands of Brazilian sailors who rebelled against the use of physical punishments for their faults. Since then, this sort of punishment has been abolished. Currently, although the use of whip is outdated, whenever a member disregards the articles of the Discipline Regulation of the Navy, he will be judged and can be punished. As a result, inebriation could be seen as a subsistence maneuver, particularly among enlisted men, a way to ease stress and frustration with their comrades.

## Results

Based on the socio-anthropological research a fundamental construct was abducted from the set of observations: the alcoholic habitus. The understanding of the existence of an alcoholic habitus represented one of the most remarkable results of this study, enabling the discussion of the possible meanings of the patients' alcoholism of the CEDEQ and its correlation with certain peculiarities of the Brazilian Navy lifestyle and mentality, particularly towards drinking on board during the working journey [1-12].

### The alcoholic habitus

The concept of habitus [28], as an ability of a particular social structure to be built by agents (individuals) through conditions of feeling, thinking, and acting, helped to recognize the existence of the alcoholic habitus [1-12]. By incorporating Bourdieu's concept, the alcoholic habitus shapes individuals' social experiences in the Navy work environment, molding behaviors, attitudes, and thoughts related to alcohol consumption. It refers to a matrix of perceptions and appreciations, the internalization of a disposition, almost postural, shared by individuals who have the same tastes and social trajectories, which are constantly updated and progressively embraced by individuals and supported by the Brazilian Navy traditions to drink on

board. In fact, the patients revealed that along the daily working journey, an entire set of behaviors related to the accomplishment of military tasks tends to be linked to drinking practices which can gradually lead to alcohol abuse or even addiction.

Moreover, the alcoholic habitus is inculcated in their minds since admission into the Brazilian Navy and it is strengthened throughout their careers, reinforced by myths and beliefs that alcohol consumption is related with virility and happiness. While they are immersed in the same culture, sharing a common language that includes the use of jargons, jokes, and gestures, the bonds among mates are strengthened, as well as their desire to consume alcoholic beverages together. Eventually, alcohol use enhances feelings of belonging and increases ties of solidarity. Besides, behavior standards are learned mainly through group interactions, molding manners of use during ritual opportunities [37,38].

Thus, the patients of the CEDEQ share a drinking inclination, and the military system helps to create a disposition to drink that is socially and culturally established, particularly due to alcohol available during the working journey and drink opportunities, such as during historical events, anniversaries, military ceremonies, happy hours, farewells and welcomes, among other situations. The alcoholic habitus is progressively cemented among fellows, molding the identities of those who share a certain mood and mindset, easing relationships of complicity and empathy. Consequently, drinking alcohol is a learning process, which transmits and produces, consciously or unconsciously, ways of living that are deeply internalized, directly or indirectly linked to the naval culture, values, and precepts. There seems to be a kind of pedagogy of drinking that "teaches" military personnel to drink according to codes of sociability between mates that is assimilated in daily work, until it becomes visceral [2]. Thus, it cannot be resumed as a mere act of pouring liquid inside the body. Therefore, more than being a pathological trait, alcohol consumption is seen as an intrinsic practice necessary to consolidate a social bond, a lifestyle, a trace of culture. Furthermore, it has a social or symbolic purpose that changes according to the context of its use [39,40].

### Sailors' duties and the alcoholic habitus

The sailors' duties are another construct abducted by the researchers along this study that refer to work-related experiences peculiar to naval life, whose characteristics may contribute to the onset of alcohol addiction. The sailors' duties are related to naval working conditions, organization, and processes that can lead to diseases and suffering of servicemen. In response, many of them seek support by drinking beverages, wishing to minimize physical and mental strain [1-12].

There are individual differences as to how to react to the conditions, processes, and organization of the naval labor. However, alcohol use seems to be a common way of dealing with intricate professional and personal requirements, a mean to manifest opposition to certain high expectations [1-13].

### Working conditions

The working conditions in the Navy may be hostile to a significant number of military personnel, especially for those who perform the most arduous tasks and may be more exposed to their negative effects. In general, their activities occur in places where the working surroundings are adverse, especially when individuals serve on vessels,

in noisy places, tight areas, subjected to vibrations, and exposed to hazardous substances.

### Working processes

The working processes refer to how tasks are designed and divided, including the period, the pace, and length of journey. It is also related to the remuneration (salary), as well as the hierarchical structure (vertical and horizontal relationships).

In the Navy, there are certain activities which, because of their nature, generate stress and suffering. In response, individuals drink to relax. There are certain specialties that require exercises and maneuvers in an intense and strenuous rhythm, the participation in drills during the holidays and weekends, and the execution of activities involving risk.

### Work organization

The organization of work is related to the hierarchical system and forms of command. Studies confirm that problems in the workplace derived from the characteristics of work organization can cause fatigue and stress, mental suffering, illness, and accidents [41].

Some patients report difficulties in adapting to the military system that, by its intrinsic characteristics, establishes forms of domination and submission. Some chiefs take advantage of their superiority in the chain of command and use the regulations without clear criteria, embarrassing and humiliating their subordinates. The Officers' leadership is often evaluated by their superiors; accordingly, they may order the execution of unnecessary or absurd tasks, boasting their power to command and the unconditional obedience from their subordinates.

Regarding alcohol consumption during working hours, the patients informed that the work organization, working conditions, and labor processes, peculiar to the Brazilian Navy, may make individuals vulnerable to alcohol abuse and alcoholism [1-12]. Besides, adaptation difficulties and resentments may be expressed by the emergence of diseases and misbehaviors, which indicates an effort to properly satisfy the standards set forth in the military decrees.

In addition, the organization sends a double message to its contingency: it sustains an ambivalent position towards drinking on board, both supporting and condemning alcohol usage. A great number of service people are authorized to drink under implicit codes, unless they incite disciplinary and administrative problems. Officers try to hide their alcohol use, mainly because they seem to be more concerned about their careers and prestige. According to the Navy's veiled conventions, this line is crossed when one goes over certain boundaries. This may occur whenever the authority of a department, battalion, or any other military site is jeopardized. In response, the Command shall restore the previous condition, taking disciplinary measurements as a demonstration of leadership and control, and reestablishing the frontier line that was disrupted.

Therefore, it could be seen that the alcoholic habitus is produced not only with the aid of naval traditions that create drinking opportunities, but also as the result of the incorporation of a profound link between alcohol consumption and the accomplishment of job assignments, a process that daily teaches how, why, when, and what to drink. However, the workplace is not the only arena where these experiences take place. These professionals are commonly seen drinking in brothels and bars with vagabonds and prostitutes,

exhibiting a masculine behavior and looking for a way to experience relief from job pressures [42].

### Sailors' sociabilities and the alcoholic habitus

The sailors' sociabilities comprise another construct elaborated by the present authors. Sociabilities is a notion derived from the concept of sociability [43] to describe the play-form of social life and the joy and imagination that accompany the social experience. The sailors' sociabilities are characterized by manners of consuming beverages, usually in group, associated with the execution of naval tasks. Modes of social interaction of the servicemen usually occur in a universe in which they seek to express their likes, dislikes, joys, sorrows, and resentments. Nevertheless, there are certain access codes necessary to join the peculiar sociabilities of naval life which an individual should be acquainted of. In general, the sailors' sociabilities require drinking alcoholic beverages [1-12]. Actually, the sociabilities among them need to be internalized, a process that occurs in groups. While many drink severely, some will not become addicted. However, the desire for a "glass" seems to be a common solution to diminish the tension and distress on board.

Many patients said that they began to consume alcoholic drinks when they joined the Navy. Throughout their naval career, they confirmed that the amount ingested progressively increased, becoming a daily need. They informed that they used to drink not only during the commemorative events or to perform arduous tasks; the presence of alcoholic beverages tends to be widespread on different occasions and settings. In fact, they can be easily found in different military units, military canteens, and dining areas, distributed with or without the acquiescence of the Command, mainly beer and "caipirinha" (a cocktail prepared with sugarcane brandy and lemon).

Actually, the patients' ways of drinking appear to be a life strategy to give meaning to their existences and, paradoxically, a way to escape. Alcoholic beverages endow brief moments of power, freedom, and happiness after accomplishing hard activities or dull tasks, without motivation or purpose. Those individuals are immersed in a social network, a web of social meanings [18], considering that people exist in webs of significance [31]. The phenomenon of alcoholism is a language that unveils inconsistencies within the institution. It addresses the existence of other institutional problems to be discussed and overcome, perhaps including those related to outdated regulations, issues of power, and the need to implement health policies and preventive measures towards drug and alcohol abuse and addiction.

### Discussion

The results of the observations suggested that many patients developed the alcoholic habitus particularly due to the availability of beverages and opportunities to drink since the beginning of their careers, reinforced by naval traditions that, continuously and subtly, disseminate beliefs and myths in favor of the presence of alcohol in labor journey; because of the peculiarities of the naval tasks that engenders strain - sailors' duties; on account of certain sociabilities - sailors' sociabilities; and also due to the ambivalent position of the institution before the issue of drinking on board. The latter refers to an ambivalent position of the organization that encourages and prohibits alcoholic beverages on board, applying administrative and punitive measures, without clear criteria. In fact, there is a discrepancy regarding the rules that prohibit intoxication in the workplace despite

the existence of norms supporting consumption, particularly in the workplace when alcoholic beverages are distributed at lunch time and offered to accomplish many tasks. The application of the administrative procedures varies depending on the circumstances and according to the judgment of each authority. The institution seems to be complacent with the use of beverages throughout the workday, interpreting as "normal" the frequency and amount of alcohol that is consumed in the naval celebrations [1-12]. Within the elastic category of "social drinkers", chiefs and supervisors tend to tolerate many episodes of alcohol drunkenness, leaving aside the regulation, particularly because they also adhere to these practices.

The patients of the CEDEQ may not be considered a representative sample of the entire Brazilian Navy population, unable to typify the naval contingent as a whole. Yet, an explanatory model could definitely be built from a small scale and promptly tested, expanded, or even revised to investigate similar aspects on a larger scale [30]. Although the patients of the CEDEQ represent a tiny fraction of the naval contingent, they reveal wider dimensions of the alcohol addiction issue at the heart of the institution, besides the biomedical point of view. Nevertheless, this fraction could highlight the characteristics of a greater set, presenting typical behavior forms related to alcohol consumption [44]. Therefore, this study derived from the choice of a certain angle of analysis: the patients' viewpoints interpreted by the socio-anthropological eye of the researcher. To deeply understand them, it was necessary to give full weight to their perspective, [45] even though the subjectivity of the researcher was always present. In fact, even the selection of research topics can be influenced by the researcher's values, personal interests, or social commitments [46]. That is why he states that all recognizable researcher's perspectives, social positions, and professional background must be considered during the research design, execution, and analysis, and should be rigorously shown.

Definitely, the dual status of the author, personal and professional, required a constant position of suspicion, that is, an "ethnographic state" [47]. Therefore, it was necessary to realize that, although this social world was familiar to her, such familiarity was apparent, requiring a practice of self-awareness to proceed to the analysis of the key elements [48].

As the chief of CEDEQ, she was in a privileged position from which she could easily undertake the investigation, having access from within. The understanding of a certain sociological configuration could be outlined after her long period of observation and closeness. Different researches conducted in any other site of the Brazilian Navy would have imposed obstacles, for instance, it is not easy to be officially allowed to be an observer on a ship or a battalion. Researchers have mentioned how difficult it is to access the Brazilian Army [34]. It is particularly hard to overcome the chain of command, administrative requirements, and suspicions, chiefly when the subject is alcoholism.

Besides, the first author had to overcome the patients' doubts about her role as a researcher, as well as the objectives of the study. Eventually they substituted mistrust by confidence and closeness, mainly when they perceived that she could understand them, being open to hear their narratives avoid judgment. Additionally, their common military universe, including their labor routine, slangs, and customs may have represented a bond, up to the point that they asked if she could be their spokeswoman, someone who could bridge the gap between Officers and Praças.

Along the whole investigation, the impression management [49] was played by both the researcher and the patients, in an attempt to negotiate their identities in order to be mutually accepted. It refers to a goal-directed conscious or unconscious process in which people attempt to influence the perceptions of others. Moreover, a constant presentation of self [50] also occurred, that is, all the participants in this particular social interaction were enacting their roles on the stage of life and on the therapeutic setting. The use of socio-anthropological method takes into account this type of interference, because it is intrinsic to the event. However, the researcher had to be aware that both parties always modulate their roles, consciously or not, by the rules of politeness and decorum, selecting what they want to display or hide from each other, elements to which access is invariably controlled, protecting the free entry in their intimacy [49].

The familiarity of the researcher with the field put into examination the issue of the proximity of the researcher with the object of the study. In fact, initially, since she could be considered a "native", she believed that this could invalidate the research, because of the absence of neutrality. It is noteworthy that a researcher does not have to be one (the patient) to understand someone. Inversely, the challenge is to be able to see things from their points of view, no matter if the researcher belongs or not to the field. The fieldworker has got to develop perceptiveness since the findings are never found in its "pure" or "natural" state, they are affected by the views and circumstances, including those related to her own perceptions.

She (inter)mediated the narratives of the patients, interpreting them from her personal perspectives, trying not to impose structured concepts and values on the patients. Indeed, the cultural research analysis is intrinsically incomplete and "essentially contestable". The primary commitment of research should be to leverage an interpretation of a culture. Therefore, this study dealt with the realization of a single path, always unfinished, open to criticism and to reinterpretations [18].

The ethnographic method was a valuable tool [51], capable of eliciting the participants' standpoint and allowing an understanding of their world, mainly discerning the presence of the alcoholic habitus. In addition, it unveiled issues such as oppression, conflict, struggle, and power, in accordance to the critical ethnography goal [52,53]. Critical research enabled the inspection of organizations, such as the Brazilian Navy, to examine it within its historical, social, cultural, and political contexts [54], a highly useful key to enlarge knowledge through the dialectical process of historical revision that allows generalizations in similar settings [55]. Therefore, this research considered this perspective, mainly the analysis of the role of power relations in the Brazilian Navy setting. The participant observation [19,20,21] provided a reflexive learning by using direct observation and participation.

The results obtained through participant observation were embedded in the Navy context; that is, in one of its facilities, a section of the Navy's natural environment. At the CEDEQ, patients take part in the same therapeutic process and are submitted to similar norms, language, and codes. In fact, CEDEQ is not only a clinic site, it is the Navy itself.

## Conclusion

Finally, the voices of the patients may help naval authorities understand that the availability of alcohol and drinking opportunities in military bases played a central role in the construction of the

alcoholic habitus. Other military personnel of the corporation may be equally vulnerable to the harmful effects of consuming beverages on board, though they may never look for help. Consequently, protective measures for workers could minimize human and material damages in the Brazilian Navy, especially if the whole organization realizes that the traditions of consuming drinks on board should be reexamined.

### Limitation of the Study

As it was mentioned before, due to the fact that this is an innovative study concerning the consumption of alcohol in the Brazilian Navy, the major obstacle encountered was to develop a research concerning a delicate subject. Because of that, the CEDEQ and its patients were the best choice available, though they may not be an accurate sample of the naval contingent. Thus, further studies need to be undertaken in order to explore the present results in a large sample.

### References:

1. Halpern EE, Ferreira SMB, Silva Filho JF da (2008) The effects of the labor situations in the construction of the alcoholism of the Brazilian's Navy military patients *Cad Psicol Soc Trab* 11: 273-286.
2. Halpern EE, Leite LMC, Silva Filho JF da (2010) Drinking on board: learned tradition. *Antropolítica* 28: 151-176.
3. Halpern EE, Leite LMC (2010) The dry law on board: preventive challenges in Brazilian Navy *Arq. Bras. Psic.* 62: 103-114.
4. Halpern EE, Leite LMC (2011a) The construction of the alcoholic habitus and alcohol consumption in the workplace among military patients of Brazilian Navy *Cad. Saude Colet.* 19: 356-365.
5. Halpern EE, Leite LMC (2011b) Deciphering the meanings of navy ethylic behaviors of military patients. *Bol. Psicol.* 61: 177-191.
6. Halpern EE, Leite LM (2012) [Representations on patient illness and cure at the Chemical Dependency Center of the Central Navy Hospital]. *Cien Saude Colet* 17: 1079-1089.
7. Halpern EE, Leite LMC (2012b) The 'cooked crab' uniform and the 'branquinha': life narratives of a military alcoholic patient *Cad. Psicol. Soc. Trab.* 15: 65-80.
8. Halpern EE, Leite LMC (2013a) The connection between sailors' duties and alcoholism *Rev. Psicol. Organ. Trab* 13: 111-126.
9. Halpern EE, Leite LMC (2013b) Opportunities to drink on board: characteristics of naval labor *Physis* 23: 1277-1296.
10. Halpern EE, Leite LMC (2014a) Alcoholism in the working day: peculiarities of naval life *Saúde Soc.* 23: 131-145.
11. Halpern EE, Leite LMC (2014b) Examining the role of Brazilian Navy before alcohol intake in the workplace *Psych* 5: 104-108.
12. Halpern EE, Leite LMC (2014c) Traditions and punishments: the white rum of the sailor and the whisky of the commander Dilemas. In press.
13. Halpern EE, Leite LMC (2014d) Brazilian Navy: a trajectory of uniform(ization) Antíteses. In press.
14. Brasil (1980) Lei no 6.880 de 9 de dezembro de 1980. Dispõe sobre o Estatuto dos Militares. *Diário Oficial da União*.
15. Alcoholics Anonymous (1996) O Grupo de AA: onde tudo começa. São Paulo: JUNAAB.
16. Fainzang S (1996) *Ethnologie des anciens alcooliques: la liberté ou la mort*. Paris: Presses Universitaires de France.
17. Hughes EC. (1960) Introduction: the place of field work in social science. In BH Junker (Edn) *Field work: an introduction to social sciences*. Chicago: University of Chicago Press: X-XV.
18. Geertz C (1973) *The interpretation of cultures*. New York: Basic Books, Inc.
19. Malinowsky B (1922/1984) *Argonauts of the Western Pacific: an account of native enterprise and adventure in the Archipelagoes of Melanesian New Guinea*. Illinois: Waveland Press Inc.
20. Minayo MCS (2006) *O desafio do conhecimento: pesquisa qualitativa em saúde*. São Paulo: Hucitec.
21. Minayo MCS, Deslandes SF, Gomes R (2007) *Pesquisa social: teoria, método e criatividade*. Petrópolis: Vozes.
22. Whyte WF (1943/2005) *Sociedade da esquina: a estrutura de uma área urbana pobre e degradada*. Rio de Janeiro: Jorge Zahar Ed.
23. Blumer H (1986) *Symbolic interaction: perspective and method*. California: University of California Press.
24. Spradley JP (1980) *Participant observation*. Holt, Rinehart and Winston, New York, NY, USA.
25. Zhao M1, Ji Y2 (2014) Challenges of introducing participant observation to community health research. *ISRN Nurs* 2014: 802490.
26. Clarke JB (1999) Hermeneutic analysis: a qualitative decision trail. *Int J Nurs Stud* 36: 363-369.
27. Whitley R, Crawford M (2005) Qualitative research in psychiatry. *Can J Psychiatry* 50: 108-114.
28. Bourdieu P (2007) *O poder simbólico*. Rio de Janeiro: Bertrand. Brasil.
29. Bourdieu P (1974) *A economia das trocas simbólicas*. São Paulo: Editora Perspectiva S.A.
30. Elias N, Scotson JL (2000) *Os estabelecidos e os outsiders: sociologia das relações de poder a partir de uma pequena comunidade*. Rio de Janeiro: Jorge Zahar Ed.
31. Weber M (1922/1999) *Economia e sociedade: fundamentos da sociologia compreensiva*. Brasília: Editora Universidade de Brasília: 2.
32. Seligmann-Silva E (1995) Psicopatologia e psicodinâmica no trabalho. In R Mendes (Edn) *Patologia do trabalho*. Rio de Janeiro: Editora Atheneu: 207-310.
33. Coelho EC (1985) *Em busca de identidade: o Exército e a política na sociedade brasileira*. Rio de Janeiro: Forense Universitária.
34. Castro C (2004) *O espírito militar: um antropólogo na caserna*. Rio de Janeiro: Jorge Zahar Ed.
35. Brasil (1983) Decreto no 88.545 de 26 de julho 1983. Aprova o Regulamento Disciplinar para a Marinha e dá outras providências. *Diário Oficial da União*.
36. Martins HL (2005) João Cândido e a Revolta de 1910 *Navigator* 1: 76-84.
37. Masse B (2002) Rites scolaires et rites festifs: les "manières de boire" dans les Grandes Écoles." *Sociétés Contemporaines*. 47: 101-129.
38. Neves DP (2003) Apresentação do dossiê: maneiras de beber: proscições sociais *Antropolítica* 15: 11-18.
39. Douglas M (1987) *Constructive drinking: perspectives on drink from Anthropology*. Cambridge: Cambridge University Press.
40. Fainzang S (2007) *Curar-se do álcool: antropologia de uma luta contra o alcoolismo*. Rio de Janeiro. Niterói: Intertexto.
41. Seligmann-Silva E (1990) Saúde mental e trabalho. In N Costa, S Tundis (Edn) *Cidadania e loucura: políticas de saúde mental no Brasil*. Petrópolis, RJ: Editora Vozes/ABRASCO: 217-287.
42. Garcia AM (2004) E o verbo (re)fez o homem: estudo do processo de conversão do alcoólico ativo em alcoólico passivo. Niterói: Intertexto.
43. Simmel G (1950) *The Sociology of Georg Simmel*. Translated, edited and introduced by Kurt H. Wolff. London: The Free Press.
44. Alberti V (2004) *Ouvir contar: textos em história oral*. Rio de Janeiro: Editora FGV.
45. Becker HS (1963) *Outsiders: studies in the sociology of deviance*. New York: Free Press.
46. Weber M (2003) A 'objetividade' do conhecimento nas ciências sociais. In G Cohn (Edn) *Max Weber: Sociologia*. Rio de Janeiro: Ática: 79-127.
47. Duarte LFD, Gomes E de C (2008) *Três famílias: identidades e trajetórias transgeracionais nas classes populares*. Rio de Janeiro: FGV.
48. Bourdieu P (2005) *Esboço de auto-análise*. São Paulo: Companhia das Letras.
49. Berreman G (1962/1980) Por detrás de muitas máscaras. In A Zaluar (Edn) *Desvendando máscaras sociais*. Rio de Janeiro: Livraria Francisco Alves: 123-174.

- 
50. Marshall SK, Tilton-Weaver LC, Bosdet L (2005) Information management: considering adolescents' regulation of parental knowledge. *J Adolesc* 28: 633-647.
  51. Spradley J (1979) *The ethnographic interview*. Fort Worth, TX: Harcourt Brace.
  52. Schwandt T (1997) *Qualitative inquiry: a dictionary of terms*. Thousand Oaks, CA: Sage.
  53. Cook KE (2005) Using critical ethnography to explore issues in health promotion. *Qual Health Res* 15: 129-138.
  54. Fossey E, Harvey C, McDermott F, Davidson L (2002) Understanding and evaluating qualitative research. *Aust N Z J Psychiatry* 36: 717-732.
  55. Guba EG, Lincoln YS (1994) Competing paradigms in qualitative research. In NK Denzin, YS Lincoln (Edn) *Handbook of qualitative research*. California: Sage Publications: 105-117.