

WOMEN AND ALCOHOL: A STUDY IN THE SOUTH OF ITALY

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Abstract: *This research [1] outlines the typologies and symptoms of female alcohol addiction in Southern Italy. Among the socially existing dependencies, female alcohol addiction has its own autonomy that goes beyond the mere act of drinking. As the results of this research show, women's drinking, which is often considered deviant, ridiculed (and stereotyped) by society, is instead a form of self-expression, support, achievement and maintenance of identity. On this basis, telling and referring to the lives of women, giving them leave to speak, means being aware of the need of listening continuously to the silent shout of daily life in relation to the consequent social dynamics, keeping in mind the evident individual roots of social crisis.*

Key words: *alcohol, consumption, social and cultural capital, identities.*

1. Introduction

Women's drinking, with particular regard to young women, has been the subject of many studies that have examined such behaviour's social and individual drives and the will to stigmatize it, by decontextualizing its contradictions, thus focussing on deterrence only. So the numerous contradictory situations in which women choose to take to drink (ranging from restless adolescents trying to enhance their identity in the peers' group to the ageing woman who feels she has no sex appeal anymore, on to the housewife who celebrates her own loneliness by her relationship with alcohol and so on) remain hidden, as well as the normality of the social pathway that led to such choices.

As a matter of fact, what goes unheeded in many studies is the solitude of women's life, their isolation within their home walls,

their getting lost in a love story that comes to its end or in a more or less desired pregnancy, their experience of other family members' crises mirrored by their own condition, their sense of time that passes by and makes them drop the habit of looking at themselves in the mirror, in a state of loneliness that often characterizes the real daily life of individuals (both women and youth).

As a matter of fact, when we talk about organized crime, we are reckoning with an *opaque figure* that does not allow us to quantify its overall size; in the same way, when we talk about substance abuse, especially alcohol abuse, we find ourselves in a situation of relative ignorance concerning who (especially women) and how much he or she drinks. And the fact that this female consumption takes place within the home walls shows that statistical surveys are mainly conducted out of social

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organizations, thus leaving us unaware of what happens inside the house, in the more or less prolonged solitude of women of different ages, who draw their life balance through alcohol every day, sometimes sharing it with other companions.

Therefore in many cases the researcher, in looking at the wealth of data on young women and alcohol cropping up even at the international level, should include in his own analysis of other especially female social realities a presumed relation with alcohol.

We should not forget that people like drinking, alcohol is tasted like wine, beer or whisky. Each addiction also contains its own negation of the friendly substance that changes in an ambivalent way and comes up again and again thus showing its now almost inextricable bond to that body-person.

The study surveyed a mainly rural territory that anyhow shows some peculiarities typical of globalized societies' time and space acceleration. The research follows three main axes [2]: first, drinking and the lexicon that represents it among adult subjects, both women and men; secondly, the analysis of the impact of social and cultural capital upon choices both in drinking and in ways to control unrestrained drinking; thirdly, the direct investigation into the world of alcohol abuse through women's stories.

2. Why do they drink?

Women, together with young people, are seen as the new category of consumers of alcoholic drinks. Since the second post-war period women's drinking habits have started to change, showing an increase in the quantity of alcohol and in alcohol-related problems, in ever more visible situations due to the growing social participation of women of all ages.

The distinctive ways in which women drink are related to the amount of alcohol they drink, when and where, like for example housewives at home, working women on their way home, young women with the peers group. As compared to men, who usually drink a lot in a short time [34], women's drinking is slower, stressed by their own doings as well as by their solitude, in between relations and absences. Women drink, as soon as they can, even modest amounts of alcohol (spirits, "bitters", and even beer or wine) to "feel oneself and not to feel oneself, to lighten your day a bit".

Women's drinking, mainly but not only in the case of adult women, has been for long, and still is in many cases, hidden, lonely and concealed behind the house walls, where you can escape any social criticism. Women's drinking, hardly tolerated in convivial contexts, especially when several women drink, is usually labelled as degrading, at other times it is seen as suggestive of behaviours that foreshadow promiscuity, sin, escape from one's own role and from self-control. From a male perspective, while a state of light drunkenness is welcome in a woman, as it is synonymous with disinhibition and "ease", her being drunk very often arouses embarrassment, annoyance, contempt, unless there is a will to deviate the relation toward sexual abuse.

As to the distance between the individual, concrete need and the abstract evaluation of female behaviours that such a condition can express, Franco Basaglia reminds us that there is a close relation between behaviour and control: "*Rules of behaviour, being a set of abstract codifications that do not mirror the real life of the majority of people, then act as a checking and controlling mechanism, both by threatening sanctions for those who break the rules and by levelling and flattening out experience*" [11, p. 284].

And the emergence of a behaviour that can be stigmatized is invariably linked “to the lack of a territory from which one can defend himself from the intrusion of other people’s vices, meanness, abnormalities, abandonment, incorrectness, that automatically become obscene, antisocial and provocative when expressed in public”[11, p. 285].

The social status of those who find themselves in this condition will affect the kind of therapy and of social stigma they receive.

On the other hand, there is another dimension to women’s drinking which is inherently linked to such issues as pain, disease, death. Such events are at the same time fundamental in everybody’s life and in the affective bonds it is permeated with, even though they tend to be repressed. Pain in its complexity is above all an overwhelming element. Marc Schwob reminds us that the word “pain” “implies two things in its usual meaning: in the first place it is a unique, special, individual, incommunicable, untranslatable feeling that can always [...] be recognized as such by those who feel it; on the other hand, it includes all the physical, psychological or moral phenomena felt as ‘unpleasant’, ‘painful’ or ‘distressing’ [37, p. 102].

Women feel distress, although it is pushed into the backstage and concealed, even by themselves, disguised as restlessness and anxiety. Pain, in the form of suffering, takes us away from life, therefore it must either be concealed or made spectacular (the subject being involved in the show) because by representing it, we remove it away from us. Anyhow, despite technical progress, pain stays with us in our lives and asks to be given a meaning: in fact experiencing it, as it happens with disease and death, exposes human beings, especially women, to the radical danger of losing the self. Because of this many women escape into

something that inebriates them, thus alienating them from that pain and from its historical context. This “crisis of presence” (de Martino, 1948) makes the individual feel to “be acted by”, by an action driven in this case by alcohol, that decreases the subject’s autonomy, as the person cannot make decisions or choices anymore.

Women who drink to forget, to repress, to remove, to suspend, to put off, to bury, to rationalize a painful event, a crisis, or even just that “getting together”, nonetheless preserving their own identity all through that being-with, give the impression to perceive their own actions, their thoughts and feelings as a reflection, as external impulses they respond to passively. Paradoxically, alcohol, just by being a risk, becomes an experience that enhances a person’s individuality, a substance and a medium to which women surrender. So there is a connection between symbolical phenomena and aspects of the social structure: drinking in defiance of the community, of one’s own health, of one’s own life is dangerous not only for women but also for the community as a whole, as it breaks the established order. By the same token women’s drinking takes on a violent cultural and symbolical meaning.

Reading a person’s “malaise” as the “symptoms” of a disease triggers the process of medicalization that separates the “sick” body from the social, economic and cultural relations network it is deeply embedded in and that makes it meaningful. This reality is well known to women who quit drinking, who pay attention to relations among subjects, to rehabilitation centres and to people with alcohol-related problems. Women who drink have trouble in wielding their power at home and at work and their refusal of a pre-determined life course pushes them to the boundaries between being and not being there.

Drinking symbolically represents this ambivalence, since women of medium-high education are perfectly aware of the cultural, social and medical consequences of alcohol abuse. So drinking expresses the search for a different life, free from everyday life rules, from deep-seated habits of submission, since such known boundaries unfairly demarcate the meaning of their lived experience. Women often take to drink because of family crises, separations, difficult relations with their children; moreover any deprivation of the maternal function has an impact [13] that can give rise to alcohol dependence. So there is a contradiction between “being strong and looking weak”: women’s manifest fragility has been seen as a “leitmotif that can help to understand the male/female relation.[...]These secret, feminine strategies for daily resistance, like placing strong emphasis on one’s own helplessness as a cunning way to defend one’s own position from any challenge, actually testify to a de facto power” [38, p. 109-10].

3. Drinking and the lexicon that represents it: “challenging words” and differentiated groups

After several interviews with experts from the Irpinia territory concerning the number of women who drink to take stock of the conditions and factors determined by such process, we performed a language analysis to collect the lexicon used to describe women with alcohol-related problems, with special regard to sentences referring to: a- proactive well-being (for the individual and the society); b-education to self-acceptance (of one’s own body); c-awareness-raising campaigns against alcohol abuse (the social body),d- eco-environmental education (the body in space).

Interviews brought to light the deepest layers of the representations of socially relevant objects. In particular, we detected differential aspects in language related to ten terms (relevant to our research), presented to the subjects in a totally random order (Alcohol, Woman, Man, Science, Disease, Liberalism, Health, Prevention, Capitalism, Education) and to three open-ended questions about possible relationships and interactions with subjects committed to fighting against women’s marginalization and malaise in southern contexts, disseminating information about alcohol and institutions one collaborates and/ or plans to collaborate with. The survey was conducted on 30 people aged 18-64, divided by “gender” (taking account of the number of female alcoholics).

Among the ten challenging words we proposed, the one showing the highest number of associated links is “Prevention” (16% of the total), followed by “Alcohol” (13.7%), “Woman”(11.8%); instead “Liberalism” and “Capitalism” are those with the lowest number of associated links (5.1% and 3.4%). The words that are more frequently associated to the challenging words are the following: *Alcohol*: wine, beer, bitters, whisky, Bacardi, aperol; *Woman*: fragility, dependence, weakness, responsibility, greater genetic predisposition to get easily drunk, more sensitive to culture; *Man*: decision-maker, stronger from the cultural and physical standpoint, autonomous, independent; *Science*: progress, research, risk; *Capitalism*: money, wealth, malaise for the marginalized; *Liberalism*: freedom, democracy; *Health*: body well-being, relax, quick reflexes, serenity; *Disease*: hepatitis, cirrhosis, cancer, depression, breakdown, allergies, risks; *Education*: information, knowledge, risk avoidance, understanding so as to avoid abuse, making the right use of wine; *Prevention*:

feeling better, avoiding alcohol-related pathologies, not to get ill.

The words that were most frequently (in absolute terms) associated to the three questions in the open-ended answers are associated to possible relations and interactions with subjects committed to fighting against women's marginalization and malaise in Southern Italy contexts: a)- among youth (12); b)- with their families (5); c) with institutions involved in prevention (S.M.I., DSM, Ser. T) (6); d)- with schools (2). The activities organized to raise awareness of alcohol-related problems were: a)- educational campaigns (5); workshops on phenomena and pathologies caused by alcohol (9); c)- in-the-field visits to rehab communities, hospitals and/ or other institutions(0); d)- discussions about alcohol and alcohol-related problems (7). Institutions that are seen as possible partners: a) Schools (3); Territorial Health Service Units (8); Carabinieri (1); d) Customs officers (0); e) Police (1); f) local Associations (3).

The variables we have selected for differential analysis are related to the following subjects' characteristics: gender, political orientation, level of understanding/information about drinking-related issues. In short, the outcomes highlight an interesting differentiation among the groups we compared, both in terms of the amount of words produced and of lexicon. Women and "well-informed" people give longer answers as an average. As to contents, women "express emotionally connoted words", while men, as well as those "more informed about the issue", focus on the political and scientific aspects, taking a more "comprehensive" approach to the problem. Therefore it seems that social and cultural elements can permeate women's notion of "well-being", to the point of differentiating both its representation and related actions taken to organize training

activities and educational events for protecting and enhancing women's well-being even by campaigns against alcohol abuse.

4. The importance of social and cultural capital in gender differences

In their analysis of the social capital, Gidengil and O'Neill start from a historical fact: "*our economy, our democracy and even our health and happiness depend upon adequate shares of social capital*" [32, p. 27-28], a fact that is preceded by the statement that social capital refers to "*relations among individuals - social networks and rules of mutuality and trust originating from them*" [32, p. 19]. On the other hand, Putnam specifies, and this comes very much to the point when we analyze the relationship between women and social capital, that this can have "positive externalizations", "*far beyond their usefulness for solving an immediate problem [...] interpersonal ties serve many other purposes*" [33, p. 269-70]. Social capital, that forms part of individuals' relations, is made up of a combination of both formal and informal networks strategically used to produce or distribute goods and services. Informal networks are based on face-to-face relationships among friends and relatives and get structured into the types of communities they are embedded in.

A gender-oriented criticism stresses that, as far as the development of social capital is concerned, women participated less in relational processes because of a male prejudice either because they cannot or because they do not want, or because nobody asks them to do so. Anyhow we should take account of both a vertical (the total number of associations men and women take part in) and a horizontal segregation (the type of associations men and women are members of) so that, for

example, we have associations that are almost exclusively for men (political parties, sports clubs, professional associations, etc.). Instead, in some other volunteer associations women predominate, especially in those linked to arts education, in religious ones and in those providing services to the elderly and the disabled. This kind of gap becomes less wide in post-industrial societies [28].

So Vivien Lowndes [27, p. 533] was influenced by Peter Hall's observation that the female community has been increasingly involved by those who have supported social capital in Great Britain. From 1959 to 1990, Hall argues, women's participation in associations increased by 127%, whereas men's participation increased by 7% only [25, p. 417]. Actually, Hall's analysis highlighted that both men and women were involved in volunteer work and in the informal social networks originating from it, which proved, as was demonstrated by Onyx and Leonard (2000) too, that specific gendered activities characterized that sector. Moreover, all these elements affect the forms, features and difficulties of women's citizenship and create specific ties, within the community, that surround the activities characterized by such feelings [35, p. 219] and by female relationships of friendship that can provide a resource for women's social pathways [7], [10].

Women in fact carry out activities connected to health, social services and education, to visiting friends [27, p. 534], [29, p. 3]. And a gender analysis of social capital detects different forms in terms of its nature, distribution and use, ranging from inequalities in getting access to it, to the activities that can be engendered by it, down to existing power relationships.

This hard fact can be confirmed by alcohol desintoxication pathways: in fact in the Clubs of Alcoholics on Therapy [3] 2 men always receive support by wives,

mothers, daughters and/ or female friends, whereas the reverse is almost never the case. When women are on rehab therapy, other women (sisters, daughters, friends, sisters-in-law) give family support, following patterns of relations among women embedded in the social capital.

By taking social networks into consideration we have been able today to cast a fresh look upon the structural properties of relations among people with alcohol-related problems and their chances to get over their difficult situation. We owe this theoretical assumption to American sociologists who broadened progressively the concept of analysis of the social network, showing how such structures create constraints upon the behaviour of the network members [24], with special attention being paid both to self-centred networks, focussing on the individual, and to whole systems of networks, at the level of the community or of the working place.

Networks can affect the balance and health status also via the promotion of social participation and commitment, the enactment of relations in real life, getting together with friends, performing social functions, playing occupational or social roles, enjoying group recreational activities.

5. Women's cultural capital: the impact on consumption

The family background affects several factors in the life path of young women, from school failure (repeating or dropping out) to the adoption of more or less healthy eating habits, springing from educational (and very often cultural) inequalities. The family cultural and social capital affects the eating patterns of very young women causing inequalities among subjects that the school cannot easily redress today.

Differences in the eating habits of young women we interviewed are linked to their

cultural capital and point to the fact that they do not care about food and alcohol, its quantity and quality (functional and energy requirement of their own body). So 20 respondents out of 30 state that they eat and drink food and beverages bought anywhere, quite fat food or food high in sugar content (for example: sausages, hot dogs, chips, potato croquettes, carbonated beverages, etc.), alcoholic drinks (beers), even with a high alcoholic content.

In addition to this, out of 20 respondents, all born into middle and low class families by occupation and level of education of their parents, 12 state that they prefer sophisticated food rather than tasteless food, beer or Bacardi rather than wine: “*I like some tasty sauce on pasta or on what I eat better than those light meals that have no taste at all... they also make me feel weak, and if I can also have a nice beer, that's ok*” (17 –years-old respondent). In fact here, as with the other 11 respondents, the body is perceived as a car needing some rich food not to make it feel “weak”: “*if you do not put fuel mixture in your motorbike it stops, if I do not eat and drink something, maybe towards the middle of the morning or in the afternoon, I can't make it*” (16-years-old respondent).

Other respondents connote their eating habits by the consumption of “light” food and beverages. So 10 young women, with a high cultural capital, see eating as a desire, a pleasure rather than a need. They believe it is important to cut the calory intake because for them there is no connection with the metaphor of the “car-like” body, but rather with the body as a “project”, a representation of one’s own self amid the others. So the body is, for each respondent, a presupposition that provides the basis for defining oneself as a subject in good shape and presentable, according to an individual (and collective) project linked to one’s own physical and social well-being. For young women such

a project translates into a total adherence to the indications received by their education (ranging from such issues as healthy food to risky behaviours) as they believe they can prevent the onset of diseases.

Now the body must be considered as much an individual project as ,or above all as a product of society: being instrumental for the optimal achievement of one’s own performance along the biological and organic developmental process that leads to maturity, it is affected by many social factors penetrating into daily life actions [23]. So by saying that well-being and good health are nothing but “*body and mind in a good balance*”, *these young women allude to the easy and smooth social interaction that nice looks can provide, which brings us back to the theory of the body as capital, as expression of power and status, of forms of symbolic distinction able to guarantee a capital that can be reinvested onto other forms. That body tends to be increasingly considered as a project and an integral part of the sense of self* (Bourdieu, 1998), *an incomplete reality that by following a specific pathway can be converted into a social entity.*

These practices have an impact upon ways to develop, preserve and present one’s own looks, learned in a socially differentiated way depending on three factors: *social position*, that is the material conditions, as they are determined by class, under which an individual lives every day; *habitus*, or the socially constructed system of cognitive and motivational structures predisposing the individual to certain specific ways to cope with and classify both familiar and unfamiliar situations; *taste*, or the process of appropriation of constraints as voluntary choices and preferences [15], which are all factors that reproduce and perpetuate differences. In this regard, Bourdieu reminds us that the different social classes develop different

body concepts: working classes tend to establish an instrumental relation with the body, seen as a means to reach ends (machine-body), well-off classes see the body as a project, emphasizing the function of looks, of the “body for others” (presentation of the self).

Women in general are inclined more than men to develop an orientation towards their body as an object for others: this can then vary depending on societies and time, changing the relation between social position and body practices (eating styles, clothes, etc.). The lifestyles of the various social classes are not only inscribed in the bodies, but also make them fit for different activities, in such a way that *social, historical* differences are incorporated as *natural*.

So the interaction among social status, habitus and taste determines the body orientations: culture is embodied by habits (structuring structures and guiding principles of all choices) and expressed by the body style, an accurate education and the promotion of lifestyles. That body mirrors social inequalities, helping to perpetuate them (clothes, sports, diet) and constitutes a capital that can be converted into other forms (symbolic, economic, cultural, social).

So there are systematic differences in tastes and eating practices between those who believe that food must be functional for the body's needs and those who see it as a means to keep in good shape and to represent oneself, through consumptions, in different ways connected to the different social positions, thus reproducing such inequalities.

Interviews were distinguished into two groups to help understand women's linguistic expressions along these two lines, the intake of food or beverages to feed energy into one's own body or to represent it, as an expression of one's own ego (healthy, beautiful, in good shape,

etc.). The first group uses such terms as “abundance”, “satisfaction of one's own taste-palate”, “preparation of tasty food”, “carbonated and alcoholic drinks”, “neglect of the table and of its layout”, “understanding of nutritional issues based on common sense”. The other group uses such expressions as “moderate amounts of food”, “pursuit of well-being” - “to avoid binges that then make you feel guilty”, “simple and light food” (healthy, low salt and fat content) water and fruit juices plus beer and alcoholics, “care in laying the table”, “moment of pleasure and conviviality”, “understanding dietary issues”.

Actually before reporting in detail this “description” of the “narratives” we should recall that one thing is the body we discuss about and another thing is the body we live in, as by this second meaning we make reference to the inevitably “devastated” body of the subject addicted to a substance (which is alcohol in our case, but can also be tobacco, food or other substances). In other words, the body that gets “sick”, “infected”, “polluted”, “disfigured”, whose “decadence”, that is to say its “falling into another state” takes it into a time dimension, that of “feeling sick”, the awareness of which changes also (on the part of the subject as well as on the part of the other, of the others, often with the support of science) some considerations about the self that lead to define a typology: abundance versus moderation, physical satisfaction versus hedonistic satisfaction, Heavy versus Light, Hurry versus Conviviality, popular Discourse versus expert Discourse.

The logic of consumptions is not only affected by traditional social structure anymore; young women, as even others in general, utilize the different symbols made available by consumeristic culture to reconstruct, to create their own identity of perfectibility that goes (also) through a

specific quest for (healthy!?) eating and drinking: being informed about a correct diet is synonymous with knowledge, culture, being and feeling fit. In terms of alcohol consumption, 20 out of 30 young respondents have drunk alcoholic beverages, but only one of them drinks spirits. If we take account of the frequency in drinking, disparate behaviours can be observed among young women of the same age: the predominance of smokers and occasional alcohol drinkers is greater among women with a high cultural and social capital, whereas regular drinkers (at least one or two glasses of wine and one beer a day) predominate among those with a low or medium cultural and social capital.

The analysis of interviews shows that the prevalence of women who smoke and drink alcoholics generally increases with age, reaching its apex towards the twentieth year of age. We gathered from the interviews that the socio-cultural status of their families does not make the difference between regular and non-regular consumers of alcohol. In fact young women of middle-low social classes are more familiar with wine and spirits consumption than those who belong to bourgeois or middle-high social classes.

So while cultural and social capital affect issues connected to healthy eating as a way to preserve one's own body and oneself in good health, they do not affect the part of the interview referring to alcoholics consumption. The cultural capital does not seem to have the same meaning/impact upon modes of alcohol consumption among young women. It is meaningful that 23 out of 30 respondents state that they had an experience or contact in risky situations. For example they state that at some parties they had alcoholics and spirits plus some soft drugs, as a way to "get in touch" with others: in conclusion, this is the only form

of socialization with peers available to young women at parties.

The social and cultural background of our respondents shows that the connection between alcohol abuse and social and cultural malaise is not always mechanically determined. Even young women who do not experience any problem in coping with their daily life context drink, or have drunk at least once alcohol and spirits. Therefore, should we think that they resort to these ways to relax themselves to get over some relational problem we would be narrow-minded.

We should explain why alcohol appeals to apparently trouble-free girls. Malaise cannot be the only explanation, since our respondents tell us that they drink or smoke too much on rare occasions while they abstain from drinking and smoking in between parties (even for two or three months), which means that young women live their experiential contexts following different rules. In the past adolescents used to break the rules out of ignorance or defiance, to stand up against the adult world and to communicate through transgression. Nowadays young women are more aware, so spending one night smoking cigarettes or hashish is nothing but a temporary transgression, after which they can go back (or "try" to go back, as it is not always possible) to "normal".

6. Typologies of gender drinking as described by women

In the last stage of our research that was dedicated to women who quit drinking or are still addicted to alcohol [4], we identified three drinking typologies.

Fear versus self-assurance

Drinking allows to repress fear. Some of our respondents, despite generational, cultural, social, educational and even ethnic gaps, have stated that alcohol spurs

them to do more and better and allows them to overcome inhibitions to action. One of the earliest statements made by Orchidea is the following: “*When I start drinking I know I can do anything*”, so alcohol becomes a companion that provides self-assurance, well-being and the capacity to do anything. Unlike many other women, she drinks in public, even at work; another respondent too, an immigrant, drinks to relieve her anxiety, arising from the fact that she is forced to prostitute herself. Drinking helps her to overcome the anxiety and impact with other bodies, the other sex, her clients.

Company/ friends versus Loneliness/ New friend

Another typology is loneliness as a life companion, not determined from the outside, but as a choice made by many women in the place of connections, affects, relationships. Two women, very different the one from the other, stand as an example of this kind of situation. Edera is 49-years-old and has chosen loneliness instead of friendship because she was bitterly disappointed by her husband who cheated her with her best friend. She lives in a rural area, owns a wine-making firm, so it is easy for her to drink without being noticed, even though everybody knows her condition now. The other woman, Rosa, from an upper class family, same age as Edera, a graduate, has always taken care of her family, first her parents, then her husband and children, while having at the same time an intense social life, characterized by conviviality and hospitality (even due to her husband's political and civic commitment). She knows what a labelling process is, nevertheless not only does she start drinking, but also she does it to show off her personality, skills and deep malaise to others.

A woman who gets drunk can be seen as the equivalent of a mad woman. The woman herself adds to this construction of madness by her own behaviour (as shown by interviews). All that a woman is comes from nature: beautiful, seductive, stupid, maternal, submissive, sweet [16]. So whatever differs from that goes against nature, runs counter to the cultural values of established society; hence a society in which the different gender theories hardly recognize women's deviancy, as well as their criminal potential, ends up with medicalization. This view of the female sphere sees women mainly as sexual objects and also, by an almost perpetual prolongation, as mothers. Sacrificing oneself for the family, a desire and a destiny predetermined by a society of men and mothers, will make women “different”, leading them to overcome difficulties by means of substances and alcohol precisely because they are “different”. Such a pathway takes the direction of essential but subordinate roles (mother) oblivious of autonomy [16]

Problem versus no problem

Another typology is that of women of disparate cultural and social backgrounds who drink to deny that they have got a problem. They may have faced many adversities, ranging from relational problems to discovering that their daughter drinks, to sudden economic difficulties, to forms of marital violence which all inevitably lead to alcohol abuse in a form that often induces violence even in the victim. Because, as a respondent aged 32 put it, it is difficult to admit that “*when everything is ok there is something that goes really bad instead and you do not want to see it*”.

Shame versus boldness

Another story makes us understand that problems are experienced subjectively by

each of us, unlike any other. Margherita, the daughter of two farmers, has trouble accepting to be known and judged by her birth. She attends university and has a double addiction, to alcohol and other substances. She has always drunk because at home wine and home-made grappa are always on the table, and she remembers that she got drunk for the first time at her eighteenth birthday together with some of her cousins and friends. But now *“the need to drink and to take other substances is linked - she says - to something that troubles me when I say where I come from and who are my parents”*.

Going back to the shame expressed by this woman, we are faced with that idea of differential shame developed from the theory of labelling, which explains why a person can be oriented toward deviant behaviours by replacing legitimate opportunities with illegitimate ones [14]. This happens within a subculture inducing in our respondent differential learning and value transmission shaped by it and contrary to the establishment. Braithwaite explains how the influence of the subculture raises feelings of shame in individuals just like the established moral order. Katz (1988) points out that the motivations driving individuals to deviancy cannot be exclusively traced back to material, economic or financial benefits, but also to a specific fascination, as they also offer opportunities for amusement and excitement, by allowing in our respondent's case to escape constraints and restraints or to recover from humiliation via a new identity.

Social Deviancy versus Biological Deviancy

In the drinking typology we find what we would call the shift from a deviancy linked to alcohol (therefore social) to other deviant behaviours and to a biological deviancy. Among the respondents coming

from similar cultural, social and economic backgrounds, ex-alcoholics describe how they started to drink. Their life involvement with their partners made them cling to the bottle as a prerequisite for overcoming their labelling on the part of the community.

A case of unaccepted biological deviancy, as it is marked by social deviancy, is that of an adult woman who starts drinking because she does not accept the sudden death of her husband and the consequent rearrangement of her whole life. *“A story that”*, she says, *“I cannot say is finished yet”* because she started drinking eleven years ago and still today has not *“got over it yet”*. Eleven years ago *“I could not even look at my child anymore”* who was four then, when people, after her husband's death, *“a highly respectable person”*, surrounded her with care and affection [5].

Her pain for that loss leads her to cope with situations by drinking: her relationship with the bottle begins in a conscious way, to cope with suffering, loneliness and sudden change in her life. Memories are her companions: *“Everybody turned to my husband for advice, to ask for a favour, even to get letters read out, sometimes to say: can you look at this letter for me? Can you look at this other one? Can you give me your advice?”*.

After years *“spent with the bottle”*, she says, some forms of epilepsy appeared and after that the community got closer to her again. The main thing here is the reversal of the deviancy process. The behaviour rejected by the majority comes this time to be legitimated by a science, the medical science, which wipes out the fact that she took to drink out of pain. As soon as there is a new recognition of drinking, legitimated and justified in this case by love, the community acknowledges it as such and stops labelling it.

Personal Condition versus impersonal Condition

Another typology emerging from our interviews is that of women who talk about themselves in the third person, as if they were talking about other women who drink, as if they had eradicated their relationship with alcohol after they quit drinking. This points to their will not to identify themselves with that experience of “suspension of time” in their life course. Primula, who is 46 today, tells her past story in the third person: “*When she used to drink, she was a different woman, who knew better how to get along with other people, who amused them, who continuously organized cheerful get-togethers*”. There is a need, in some of our respondents, to find an environment suitable for their lifestyle or at least to avoid labelling, prejudices and stigmatizations in the urban reality that allows individuals to express themselves freely [31], [6].

Mothers versus Daughters

There are women who tell other women’s stories, mothers who have alcoholic daughters; mothers who report dramatic discussions at home when they discovered that their daughter had taken to drink, maybe bitters, or that they had been told: “*I have seen your daughter there, in that place with a bottle of beer or whisky in her hand*”. Here the scene in which women tell other women their story adds another perspective from which we may look at drinking as a phenomenon. The mothers who talk about their daughters who get drunk and consume alcohol blame the peer group and their meetings for it: so drinking becomes a way to recognize each other in some groups. According to Sutherland’s theory (1939) individuals live in several groups, sharing different norms and values. So in our mothers’ narrative the drinking behaviour is learned together with others,

via processes of interaction with individuals or groups inclined to alcohol or substances consumption. This kind of drinking is not governed by the norms and values of the primary group the two girls belonged to, but rather, always according to friends’ testimony, by those of positively appreciated members.

The peer group becomes the agent promoting and implementing *negative* behaviours by interaction and identification with models that propose deviant behaviours.

When a family becomes aware and accepts the predicament of a son or a daughter, it shows an ambivalent attitude, alternating acceptance with rejection of the problem (and of the person), hoping that the problem vanishes as if by magic. The two mothers, who did not tell their husbands what was happening, tell us about their daughters who drink, and blame for it their way to get together with others, to spend their days or to stay at home.

Betrayals versus Utopia

Another drinking typology is the one that conceals suffering and betrayal. A respondent who defines herself as an alcoholic, is well-off, a graduate and started drinking when she discovered at her own home her husband’s betrayal, “*a betrayal I have never mentioned. It makes me feel very sick, I do not even know why I decided to talk about it*”. The story of this respondent is similar to that of many families in which wives decide, after they find their husband with another woman, not to split, to keep together a “semblance” of family. She tells us that nine years ago she caught her husband in the kitchen with the housemaid; she started to drink after that, to “cheer” herself up and to avoid talking to her son and her husband about “that afternoon”. We would define this typology as the “betrayal” typology.

Loneliness versus Solidarity

Another drinking mode is the complicity mode; some respondents become attached to alcohol when they discover that their partners are alcoholics. We have already mentioned that women sometimes become alcoholics as a demonstration of love for their partner who is a drug-addict; the modes by which these two women approached drinking differ from those of lonely drinking, or of hidden drinking that would otherwise undermine the female role, socially associated to the role of mother, wife, keeper of the home environment, of the normality of social reproduction.

The traditional gender role division assigning women to the private sphere and men to the public one still plays an important role, so women, despite their growing engagement in traditionally male sectors are not exempted from the work of “representing” their own gender by contributing to their country’s welfare system, linked to the often mentioned concept of “double presence” [9]. Ardigò argued that being protagonists in two spaces that are no more connected turns women providing the “double presence” into split subjects even though work partially integrates them into society.

On the other hand their job “offers a promise of citizenship”, as Ergas reminded us in 1981, and their presence on the labour market seems characterized by the awareness of economic citizenship and is not only determined anymore as the need for two jobs, one at home and another one out of it. Gender difference affecting the health status springs from this will and this obligation. In fact the health status and life expectancy are affected by the well-being of individuals, determined in the first place by their socio-economic position and by their placement within power relationships, the socio-political system, daily and private life. One of the respondents says:

“My husband was always violent, got angry for a trifle, as soon as we had problems he would beat me up, I understood that it was because of alcohol and that he felt threatened by me and my children for the way we looked at him when he drank and at that point it was like I said, well, we have been engaged for such a long time, we got married, we became very close to each other, we made love, so it is only right that I drink with you to share this thing with you.”

This woman attends the Club of Alcoholics on Therapy together with her husband, following a pathway that seems to put together again what alcohol had destroyed in their personal, relational, friendly and marital relationship, helped by the social networks she and her family got and still get access to. The typologies that lead us to think about women who drink alone are not able to grasp solitude when it is experienced as anxiety, depression, anguish, loss of one’s role, as is the case for women who start drinking at an elderly age, at the beginning of menopause, using alcohol as a partner through the uncertainties of their crisis. Because thanks to its “adaptive” character, alcohol becomes the partner you go to bed with at night and it allows to “tidy up” a situation, “adapting” oneself to it, becoming part of it.

7. Conclusions. The deviant woman and the desired balance

Available data, that are often partial and scanty vis-à-vis the observations prompted by women’s drinking, suggest that attention and research should take many directions because the number of people who drink is growing (especially young women), because they start drinking at an increasingly early age, with a female predominance and all that follows from it, because that opaque figure of women drinkers is certainly growing as we shift

from a public to a private dimension, because of the continuity of the stereotype that is set into motion when women drink, in many cases replacing any reflection on the existential and historical characters of the process. And we are aware that the myth of “perfect” legislation for addictions, and for alcohol abuse in our case, cannot cover the wide range of individual factors, inherent in women’s daily life, that we have tried to delineate as the basis for the relationship with alcohol.

The more we shall clarify the contradictions of our life, of existential pathways, of personal identity construction, of the sense of one’s own life, by reviving relations that have been reduced to mere individuality by crisis, the more self-esteem will be fostered by new dynamic juridical tools. This may lead us to think that this dependency, so many times reduced to a stereotype, might be enriched with a human dimension the threshold of which can paradoxically mark the beginning of a new relationship, with a totally different awareness vis-à-vis the substance (alcohol in our case). Narrating and reporting women’s lives, giving voice to their feelings means being aware of the absolute need to listen to the silent cry coming out of daily life in its relation with social dynamics.

Notes and References

1. This article is an elaboration of a larger research published in Italy in a book entitled *Women and Alcohol*. The desired balance.
2. We carried out a qualitative survey based upon several interviews. We had 30 interviews with men and women (aged 18-64) concerning socially constructed images and perceptions of women’s drinking; 30 more interviews with young people (women only, aged 15-28), to understand how cultural capital and social networks affect social knowledge concerning eating lifestyles, as far as alcoholic drinks and spirits are concerned; finally we interviewed 30 women with an ongoing or past history of alcoholism (aged 26-59, 24 of them natives and 6 immigrants).
3. CAT (Clubs of Alcoholics on Therapy) founded in Zagreb by Hudolin (1964), set up in Italy in Trieste (1979), is made up of self-help and mutual help groups of alcoholics and their family members. Each group can include 12 families at maximum; if the number is higher, then another group is set up. Today in Italy there are about 2400 CAT, connected in a pyramid-shaped structure to related to the level pyramid, the Zonal Associations (ACAT), Provincial (APCAT), Regional (ARCAT) and National (AICAT).
4. At this stage we interviewed 24 women, 7 alcoholics, 12 ex-alcoholics, 5 with alcoholism problems in the couple. They are aged from 26 to 59 years; as to their level of education, 9 finished their primary school, 6 junior high school, 6 have earned their school-leaving certificate, 3 have graduated. They belong to different classes: 10 belong to low-class families, 11 to middle-class and three are from upper class families. Most of them are housewives; some of them also earned a high school certificate and one graduated, one of them is a free-lancer, four of them are employees. We also interviewed 6 more immigrant women, who are growing in number in the area under study (see STAP, 2005). They share dissatisfaction with something in their lives as their prime driver to drinking. We identified in the interviews (the respondents’ names are fictitious,

- while their age is real) a drinking typology similar to that of national and international studies, a distinctive typically Southern culture carrying an identity connected to a historical, political, geographical, cultural and social past (and present).
5. According to the marxist theory, women fall victims to the oppression of the capitalist society and bourgeois family, depending upon someone else's wage, be it their husband's or father's:" [20, p. 84]. For an intense, contradictory, heterogeneous discussion of the relation between women's status and the Marxist theory, see Foreman, 1977; Sargent, 1981; Vogel 1987; Davis, 1990; McDowell, Pringle, 1992; Davis, 2001).
 6. In Chicago Robert Park promotes an urban research project unique for its specificity and scope. Among the analytical categories of that hypothesis there is that of *social disorganization*, linking up deviancy to the social disaggregation that originates from the city, which is the locus in which primary groups influence diminishes, social relations change [31, p. 24-5] and the traditional moral order (and social control) resting upon those relations is undermined.
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