The construction of the alcoholic habitus and alcohol consumption in the workplace among military patients of the Brazilian Navy

A construção do habitus alcoólico e o consumo de bebidas alcoólicas no trabalho entre pacientes militares da Marinha do Brasil

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ABSTRACT
The purpose of this study was to identify factors related to the military profession, which, directly or indirectly, influence the construction of alcoholism in military patients of the Brazilian Navy treated at the Center for Chemical Dependency. For six years, beginning in 2003, the role that alcohol consumption played in the labor routine was examined through the reports of such patients during the therapeutic sessions. For such, a qualitative research was applied, particularly the ethnographic methodology, in which two therapeutic groups were observed using the participant observation technique. As a result, the incorporation of standards of conduct related to the drinking throughout a military career was observed, constructing drinking patterns, which we named alcoholic habitus.

Keywords: alcoholism; military; work conditions; culture.

RESUMO
O propósito deste trabalho foi identificar os fatores relacionados à profissão militar, os quais, diretamente ou indiretamente, influenciam na construção do alcoolismo de pacientes militares da Marinha do Brasil, atendidos no Centro de Dependência Química. Durante seis anos, desde 2003, examinou-se o papel do consumo de álcool na rotina do trabalho por meio dos relatos de tais pacientes durante as sessões terapêuticas. Para tal, empregou-se a pesquisa qualitativa, particularmente o método etnográfico, por meio do qual foram observados dois grupos terapêuticos usando-se a técnica da observação participante. Como resultado, constatou-se a ocorrência da incorporação de normas de conduta relacionadas com o ato de beber durante a carreira militar, construindo padrões para consumo de bebidas, o qual foi nomeado de habitus alcoólico.

Palavras-chave: alcoolismo; militar; condições de trabalho; cultura.
INTRODUCTION

Despite the preponderance of the reductionist biomed- ical model that confers to alcoholism the status of disease, explained in terms of an underlying deviation from normal function, this disorder can be considered a biological and sociological phenomenon, which is individually and collectively managed. Ultimately, alcoholism becomes a multi-determined event that can be examined from different angles. Therefore, alcoholism is herein examined from a socio-cultural perspective, particularly among Brazilian military patients of the Center for Chemical Dependency (CEDEQ), based on their reports.

CEDEQ was created in 1997, and it is a treatment center in charge of providing outpatient care to drug abusers who are members of the Brazilian Navy. It is a pioneering initiative in the Brazilian Armed Forces, which reflects the official beginning of undertakings related to chemical dependency. The treatment program includes both group therapy and administration of psychiatric medication and it is carried out by a team of psychologists, psychiatrists, and social workers that assist servicemen. While it is available to military personnel of all ranks over age 18, the totality (100%) belongs to the rank of corporal: praças (enlisted personnel), who rank lower in the military hierarchy that consists of the majority of the military personnel.

The fact that there are no officers in the treatment, only praças, motivated the investigation of the relationship between the naval military profession and alcohol consumption among its members, a central aspect that will be discussed along this text. Therefore, the objective of this study was to examine how the Brazilian Navy environment contributes to the construction of alcohol abuse and alcohol dependency among Navy personnel, and its role in the production of what is referred here as an alcoholic habitus, by examining two groups of patients.

METHODOLOGY

This paper is the result of a qualitative research using the ethnographic methodology, in which the first author examined two therapeutic groups by means of the participant observation technique. In such method, the interactionist perspective was particularly useful, enlightening the symbolic dimensions of the alcoholism phenomenon, especially taking into account that people’s selves are products of social interaction. 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, researchers believe that this principle enabled them to gain better access to the patients’ experiences, feelings, and social worlds. Whitley et al. suggest: “The complete process can thus be envisioned as circular rather than linear, with feedback loops affecting the ongoing research development”.

The research happened during immersion in the field through long-term participant observation for six years, performed by the first author of this article, who is also one of the psychologists, a Brazilian navy officer, a Frigate Captain (Capitão-de-Fragata), and the Chief of CEDEQ, to generate breadth of comprehension and depth of understanding. Thus, a pattern was progressively formed while assistance was given to patients belonging to the same corps of praças. The inferences and impressions attained through direct observations were followed by permanent record after therapeutic sessions by using a field journal, following the first author’s reasoning.

The two groups observed are called Motivational and Consolidation Groups, the former corresponding to the first stage of the treatment and the latter to the last stage, a post-treatment group. The treatment program, based on group therapy, requires that the patients progress along five stages, each lasting about four months. However, the treatment length depended on each individual evolution, which is related to the achievement of abstinence, and changes in the individual’s mindset and attitudes about life. Each phase has some activities to be completed, such as readings, lectures, and movie discussions, in accordance with the nature of the treatment contract that the patient signed to entry in the program. The two-hour therapeutic sessions were held twice a week, based on the 12-step program of Alcoholics Anonymous.

Despite the constant changes in the composition of the two groups during the study period, in general the number of members of each group was about ten and the age group was from 21 to 62, all praças, from seamen up to master chief petty officers. Finally, it is important to emphasize that in 90% of the cases alcohol was considered their “favorite” drug, present either alone or together with other substances.

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

Context

Recently, besides the outpatient treatment in CEDEQ, there are other preventive strategies and rehabilitation procedures for the military workforce. Unfortunately, they are provided on a small scale and very few look for help. In general, the emphasis of the health measurements is on the individual who is diagnosed of abuse and dependence by strict criteria
for the clinical diagnosis, including the existence of particular social, psychological, and physical symptoms, or who voluntarily seeks help. In fact, there are no researchers and very few data concerning the involvement of the crew members with drugs. Naval authorities are unacquainted with the major issues related to alcohol dependency and their negative repercussions on workers and on the workplace.

Studies that were discussed during the fifth Anti-Drug Week stressed that alcohol use was responsible for more than 339,000 occupational accidents in 2002, in Brazil. The director of the Department of Health and Safety of the Ministry of Labor alleged that alcohol use in the Brazilian workplace is responsible for 50% of absenteeism, 95% of chemical dependency, 90% of psychiatric emergencies, and 50% of deaths in traffic accidents.

As for drug abuse treatment costs, like those reported by the Brazilian Unified Health System in health units, from 2002 to June 2006, they corresponded to BRL 36.887.442,95 (about US$ 15.369.767,89)\(^8\). In addition, the 2007 National Survey on patterns of alcohol use in the population, conducted among 3,007 individuals over 14 years of age who were residents of 143 municipalities in Brazil, showed that beer was the most consumed beverage in all regions of the country\(^9\).

Despite alarming and widely known records attesting that the issue of alcohol consumption in the workplace is a matter of great concern, drunkenness in the Brazilian Navy used to be a mitigating factor for certain offenses and military crimes. Only recently this point of view has changed: the military codes began to consider intoxication as an aggravating circumstance. Accordingly, disciplinary measures were instituted to eliminate alcohol consumption on board in order to avoid severe consequences.

During the 19th century, Brazilian Navy cachaca (rum) was the preferred drink, disseminated among sailors and officers, which was inspired by what took place in the British Royal Navy. Alcohol served as a balm to soften the harshness of life on board and was especially helpful in killing thirst. According to Greenhalgh\(^11\), wine was replaced by cachaca as part of sailors’ diet, a practice that rapidly became widespread and was responsible for the majority of acts of indiscipline that occurred on military vessels and related establishments. Pack\(^22\) points out that water and beer were the two ways to ease thirst in the sea in 1655. During an attack in Jamaica, rum was introduced to the British Royal Navy vessels, and its daily distribution was allowed. However, in 1740, Admiral Vernon reformulated the ingredients of the ration of rum, adding lemon, sugar, and water to create grog. The new recipe reduced the risk of accidents, sickness, and uncontrolled consumption. Schedules for its intake, twice daily, were also arranged. However, inebriation and disruptive behaviors due to alcohol abuse never ceased.

Currently, in the U.S. Armed Forces, heavy alcohol use is a persistent problem that concerns authorities leading them to constant development and application of protective health measures and instructions by the Department of the Navy, such as the Drug and Alcohol Abuse Prevention and Control Policy\(^13\). Studies involving military personnel revealed that they often use alcohol in an attempt to cope with stress, monotony, isolation, and the lack of other recreational activities. Furthermore, the use of alcohol can be influenced by the existence of shared beliefs and practices, particularly among those who work in groups\(^11,17\).

In addition, young Navy personnel confirmed the easy availability of alcohol\(^16\) both in the general population and in occupational settings\(^17\), as well as the existence of ritualized drinking opportunities and inconsistent policies, which mold a work culture that facilitates heavy and binge drinking in this population, encouraging alcohol consumption at work, on land bases, and during deployment liberties as part of a cultural tradition\(^18,19\).

### RESULTS

**Pracas of the Brazilian Navy: domination processes and alcoholism**

*Pracas* are positioned at the base of the social pyramid, in a field where they are submitted to specific rules of this social arena and they are evaluated by the relative weight of their possessions\(^20\). 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, that is, the absence of symbolic distinctions, which reveals their lower social position\(^21\). 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\(^22\). Officers (established) occupy a position of prestige and power, known as the “good society”; on the other hand, *pracas* (outsiders) receive a label of inferiority. Tagging and attributing an inferior human value assure the perpetuation of both the social superiority and the inferiority of a person or group. It involves domination, which is supported by the will to obey and by the belief in its legitimacy\(^23\).

Also, symbolic violence\(^20\) may also be present in the experience of this group, explaining the influence dominant groups exert on the dominated by imposing their categories.
of thought and perception. The subjugated group, in turn, takes the social order for granted, as if the dominants are “right”, thus perpetuating this condition. That is why Bourdieu considers it a more refined type of violence, which is present in institutions and in the core of each social relationship. In general, it is invisible, imperceptible, and unknown. It can be tolerated whenever certain virtues are involved, such as confidence, obligation, loyalty, debt, recognition, and compassion. Although the use of physical punishment is no longer permitted, symbolic violence may persist sometimes more powerful than the physical one, because it is embedded in the very modes of action and structures of individuals’ cognition. In fact, a subtle game related to the struggle for or maintenance of social positions may be present, evoking feelings of superiority and inferiority among military personnel, even though this experience may take place unconsciously. The following statement illustrates this: “I had to bear what my superior told me, with my mouth shut! He did not listen to me. I had a headache and my blood pressure spiked. Now that they know that I have that disease [alcoholism], my word became rubbish.”

The application of successive penalties to corporals of CEDEQ seems to produce a progressive annihilation of their personalities, lowering their self-confidence and self-esteem, and enticing them to commit even more mistakes. Indeed, though it has a general application, the Discipline Regulation of the Navy is more widely applied to corporals than to officers, suggesting the presence of domination-subjection processes in the workplace. By hearing the patients, it is believed that such situation may lead to alcoholism. Seligmann-Silva considers domination and subjugation processes as possible causes of the outbreak of psychopathological disturbances related to the loss of autonomy and the complete annihilation of desires, and the author hopes: “In the Navy, we feel coerced all the time. It gets to the point in which an individual becomes shameless, does not care about anything anymore, or becomes narrow minded, taking things too seriously.”

Silva Filho states that there is a kind of individual and collective resistance before domination by analyzing the interpersonal complicities, secrets, and “scams.” Alcohol consumption may represent a sort of silent and unconscious resistance, an attempt to escape on board oppression, superiors’ abuse, or colleagues’ betrayal: “Now, everybody is ‘picking on me,’ just because I came to the CEDEQ. The worst ones are the corporals themselves, worse than the officers! They should be supporting us, but they are false.”

Seligmann-Silva indicates that 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. Patients report that they usually get lower scores on professional assessments, which jeopardizes their careers: “When I arrived drunk on board nobody would say anything. Now that I am clean, everybody gives me a suspicious look. They lowered my grade and kicked me out of the department.”

The Brazilian military profession is regulated by the Military Statute, a document that regulates the status, obligations, duties, and prerogatives of Armed Forces members (terms such as “individual” or “subject” are not used in the text of this Act), who must show personal and professional involvement. 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. They develop the military pride, love, and enthusiasm, which is necessary to construct a professional military identity throughout a process that occurs through the interactions among peers. The incorporation of hierarchy and discipline precepts as the institutional basis of the Armed Forces further narrows the professional links and personal commitments of members. These aspects comprise the very foundation of the military organism (a body with autonomous existence), which can be understood as the perfect duty execution by each component, such as the parts of an assembly with mechanical function, indicating an impersonal way of treating individuals. Although service people are informed about the existence of these aspects in military training schools, it is possible that many are neither fully aware of their seriousness and/or are unconscious of the full meaning of the loyalty oaths they proclaimed to their country, including the sacrifice of one’s own life.

While military personnel are subject to the Military Statute, there is a gap between what is written and what actually occurs routinely. It is difficult for the military personnel to fulfill what is expected from them. Nevertheless, they are evaluated, judged, or condemned by their noncompliance with the laws. It is believed that in between these gaps, disturbances, failures, and transgressions may occur as a manifestation of the discrepancy between practice and theory. However, these expectations must not be naturalized; they were historically and socially determined. The current military profile based on certain principles, values, and ethics is the result of a construction that began during the creation of the Modern State in the 16th century, as evidenced by its administrative, authoritarian, and centralized features. Certain concepts were introduced during then, such as hierarchy, inspection systems, and parades, marching in file, permanent registration, and judgment and measure-

molds behaviors, than its use varies according to subjective interpretation of what should be applicable to all military personnel, in practice, the basis of Portuguese and Brazilian military legislation, was discipline Regulation of the Navy, and its articles of war (approved in 1800), both inspired by the spirit of the Armed Provisional Regiment (approved in 1796). 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 Portuguese and 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 proper behavior. As a result, failures should be submitted to correction, discipline, and sanction.

In the past, a sailor needed to have physical strength to survive the adverse conditions of ocean life, such as rotten food and water unsuitable for drinking, an environment suitable only for "subhuman" types recruited by force. The use of brute force, such as in whipping, which persisted until the "Whip Revolt – it took place in Rio de Janeiro and involved thousands of Brazilian Navy sailors who rebelled against the use of physical punishments for their faults. Since then, this sort of punishment has been abolished – in 1910, was a method considered necessary for the ship's survival. Currently, although the use of whip is outdated, whenever a member disregards the articles of the Discipline Regulation of the Navy, he/she will be judged and could be punished. Based on the patients' reports, their subjectivity is not taken into account when a mistake or an illness occurs: “They do not believe that alcoholism is a disease; they think it is a ‘kick out.’ We are just a single piece in the organization; nobody cares if you have feelings or family.”

Alcoholism became a subsistence maneuver, particularly among enlisted men. Consequently, alcohol use enables a cycle whereby drinking, as a way to ease stress, produces more failure in the work routine, thus increasing the chances of being punished again. Accordingly, another patient said: “I count the minutes to go out with my buddies to the bar. I need to forget everything, my chief, the ‘cleanups,’ the charges. There I can relax!”

Alcoholic habitus

The concept of habitus, proposed by Bourdieu as an ability of a particular social structure to be built by agents (individuals) through conditions of feeling, thinking, and acting, helped identifying the existence of the alcoholic habitus, which is a concept conceived by Professor João Ferreira da Silva Filho that shapes individuals' social experiences in the Navy work environment. Likewise, by incorporating Bourdieu's concept, the alcoholic habitus molds behaviors, attitudes, and thoughts for consuming alcohol. 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 permanently updated and gradually assimilated by individuals and sustained by the Brazilian Navy traditions. In fact, the patients revealed that along the working journey, an entire set of behaviors related to the accomplishment of military tasks tends to be linked to drinking practices that can gradually lead to alcohol abuse or even dependency.

Additionally, 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 associated with both virility and happiness. While they are immersed in the same culture, sharing a common language that includes the use of certain jargon, jokes, and gestures, the bonds among mates are strength-
enched, as it is their desire to consume beverages. Ultimately, alcohol use enhances feelings of belonging and increases ties of solidarity. Behavior standards are learned mainly through group interactions, molding manners of use during ritual opportunities.

Thus, patients of the CEDEQ share a drinking inclination, and the military system helps to create a disposition to drink that is socially determined. A universe of individual and collective practices of drinking is present, not restricted to the act of consuming alcohol, but including the existence of elements that reinforce it: drinking opportunities, creation of partnerships, and learning specific grimaces and manners of speaking, all of which comprise an alcoholic habitus. It is progressively consolidated among military personnel and molds the identities of those who share a certain mood and mindset, making them more inclined to keep relationships of complicity and empathy, as it can be seen in the following statement of a patient: “I go with my pals to ‘Broadway’ – a place near the Navy district in Rio de Janeiro where they drink and have fun –. There, we ‘loosen up’ and forget the issues on board.” Thus, 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.

DISCUSSION

The long-term participant observation, not only in chronological terms, but also as a methodological posture, provided a privileged opportunity to understand the role of the Brazilian Navy organization in the development of alcohol abuse and dependency. This period enabled the researchers to capture and elaborate further meanings, particularly by gaining a broader perspective on patients’ alcohol addiction. This direct contact allowed us to grasp a broader significance of their sociability, modes of behaving, and ways of thinking that reinforce alcohol consumption and the correlated behavior problems. 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 a result of the incorporation of a profound link between alcohol consumption and the accomplishment of job assignments by a group, a learning process that daily teaches how, why, when, and what to drink. However, the workplace is not the only arena where these experiences take place. The professionals are commonly seen drinking in brothels and bars with vagabonds and prostitutes as masculine behavior and a way to experience relief from job pressures. “We used to go straight to a tavern to have a time off. I can forget my supervisor, my problems, even my wife. I will tell her I am on duty, I cannot go back home, not today” (CEDEQ patient).

It has become evident that alcohol abuse and alcohol dependency are more than medical disorders; additionally, alcohol is not only a substance that produces chemical effects on individuals. There is a wide range of effects that are elicited by the use of alcohol, which varies according to different cultures, societies, and historic circumstances. In fact, it could be seen that this substance affects patients’ minds, acting as a shield capable of diminishing anxiety in the face of conflicts, producing a dulling effect as a response to environmental pressures, and forging a shallow euphoria. In a certain sense, this may be regarded as in line with the notion of blasé, a typical consequence of the lifestyle in big cities that overwhelms the subjectivity of the individual and provides a way to assure personal liberty. Durkheim’s anomie, a result of the frustration caused by the rough and uncertain social conditions of existence in urban centers, in which norms are weak, conflicting, or absent, could also help to understand the increase in alcohol abuse.

Alcohol use could be one way of dealing with intricate professional and personal requirements, a mean to manifest opposition to these expectations. In reality, the military organization sends a double message to its contingency: it maintains a sort of ambivalent position towards drinking on board, both supporting and condemning alcohol use. A great number of service people is 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: “I used to drink a lot. From the moment I was caught, when I deserted, I was tagged as a drunker. I was forced to go to CEDEQ against my will. Everybody began to label me as an alcoholic.” Therefore, there is a difference between “being a drinker” and “being a drunkard.” 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 boundary line that was disrupted. This study confirms previous observations in this same setting showing that certain working conditions and labor processes peculiar to the Brazilian Navy may make individuals vulnerable to alcohol abuse and alcoholism. In a different context, their “mistakes” could have passed unnoticed. Actually, the patients’ way of drinking appears to be a life strategy to fulfill their existence, and, paradoxically, it is an escape. Beverages endow brief
moments of power, freedom, and happiness after a hard daily routine.

Those individuals are immersed in a social network, a web of social meanings, considering that people exist in webs of significance. The phenomenon of alcoholism is a language that unveils inconsistencies within the institution. It addresses the existence of other institutional issues 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 dependency.

Their experiences suggest that their bond with the military profession is not automatic; this occupation produces deeper and global identity dimension effects and requires stronger commitments involving different facets of one’s life, both professional and personal. In addition, hierarchy produces conflicting experiences, along with ambivalent feelings of love and hate for the institution. Adaptation difficulties and resentments may be expressed by the emergence of diseases and misbehaviors, which indicates difficulty in fulfilling the requirements and expectations set forth in the Military Statutes.

The patients of the CEDEQ may not be considered a representative sample of the entire Brazilian Navy population in statistical terms, 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. Although 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. However, this fraction could highlight the characteristics of a greater set, displaying typical behavior forms related to alcohol consumption.

Moreover, there was no intention to judge the position of dominant groups (established) in relation to praças (outsiders). The argument of this article is derived from a choice of a certain angle of analysis: the patients’ viewpoint. To deeply understand them, it was necessary to give full weight to their perspective, mainly the analysis of the role of power relations in the Brazilian Navy setting. The participant observation provided a reflexive learning by using direct observation and participation.

The findings obtained through participant observation were embedded in the Navy context; that is, in one of its facilities, a faction of the Navy’s natural environment. This location, in contrast with what occurs in civil hospitals, appears to provide a familiar atmosphere since a great number of military personnel went there during their working hours, as they consider it an extension of their workplace. At 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 therapeutic site, it is the Navy itself, another facet of the Brazilian Navy.

Additionally, in contrast with what occurs in the civil sphere, after the group session a sort of connection among patients may persist, since they all share the same universe. In general, they have already met before and have friends, or even enemies, in common. Thus, their bond is not extinguished after treatment; there is always a chance to get together again.

“I know this pal! We used to go to the bars during the deployment liberties. I am impressed! You should have seen this guy drinking then; he liked to ‘take booze’ ‘You have changed, man!’ – addressing the speaker.”

The qualitative methodology requires the elucidation of the researcher’s role, a central issue in this study, since appraising qualitative research depends on the transparency with which the research process is described. As Weber postulates, the selection of research topics can be influenced by the researcher’s values, personal interests, or social commitments. He also notes 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 explicit, both to the researcher and to the addressees. The relevance of the interaction between interviewers and respondents is demonstrated in a study carried out by Richards et al.

First, the previous theoretical frames related to psychoanalysis influenced the researcher’s initial observations, since she is a psychologist and one of the therapists of the groups. In the beginning of the research, she focused chiefly on alcohol consumption as a symptom of the patients’ psychic disorders. Additionally, probably because of her military education and immersion in the military context, she was influenced by the predominant belief among officers that career problems and punishments are derived mainly from their bad behavior, a result of their inability to run their lives and avoid drinking. Nevertheless, there was constant concern to ensure that the
investigation would be divested of value judgments about them and that the focus was on understanding their behaviors and meanings of their alcoholic disturbance. This attitude allowed more accurate perceptions, such that internal motivations and personal stories did not prevail in their speeches.

Likewise, as an officer and a woman, the researcher was conscious of social background differences, as well as ways of living and thinking. The patients usually belong to an underprivileged group, from a socioeconomic point of view. For example, it is increasingly common for them to live far away from their work, in poor districts, or even in slums. Few can afford to buy a house and many build their homes on the same land as a relative, while there are those who live on board because they have no money to go back home. The majority of these patients have multiple loans, with an interest rate of 50% per month, obtained from “loan sharks” (called caveiras – “skulls” – in Portuguese).

Eventually, the gap between the researcher and the patients was reduced by her permanent attention and cautious attitude about these differences; she kept her mind focused on what they had to say and put them at ease with her psychoanalytic listening skills, the ability to “read between the lines.” Thus, she developed a deeper understanding of the meaning of alcohol compulsion after hearing their life stories in depth, resulting in reduced prejudices and misconceptions, both about alcohol abuse and about the group of praças.

Although in the beginning they were suspicious of her role as a military therapist, they overcame their uncertainties as the therapeutic process advanced, eventually substituting mistrust with confidence and closeness. The Navy personnel perceived that she could understand them as well as their universe, including their labor routine, slangs, and customs, similar to her own experiences, challenges, and difficulties as a military officer. At first, the patients were cautious about expressing their complaints against the Brazilian Navy; later, as they felt more confident, they shared their disappointments and resentments about it. At a certain point they asked if she could be their spokeswoman, someone who could bridge the gap between officers and praças: “I wonder if you could represent us, explain to the authorities about our disease. You know, alcoholism is a disease. We are not kidding! We need doctors, medications. When you meet them, please, explain our situation.”

Furthermore, during the first years of observation, her aim was strictly therapeutic. Then she realized that her personal records could be a source for a research, especially after identifying the institution’s responsibility in the development of alcohol abuse and alcoholism, a dimension of great importance that is often neglected. Only later she realized that the cultural and social aspects of the drinking habit on board could be understood as an alcoholic *habitus*. In the effort to investigate the development of the alcoholic *habitus*, it was easier to gain access to this group, which was available twice a week, in good disposition to share their thoughts and feelings due to the therapeutic rapport. As the chief of CEDEQ, she is in a privileged position from which she could easily undertake the investigation, having access from within, even the understanding of a certain sociological configuration could be outlined after a long period of observation and intimacy. Different researches conducted in any other site of the Brazilian Navy would have imposed obstacles, such as the obtaining of authorization to be an observer or an interviewer on a ship. Researchers have mentioned how difficult it is to access the Brazilian Army\(^3\). It is particularly hard to overcome the chain of command, denials, administrative requirements, and suspicions, chiefly when the subject is alcoholism.

The researcher’s reasoning was not produced linearly\(^4\), there was an attempt to capture the movements of mutual interaction between the researcher and the elements of the field, not only by hearing their reports, but also by observing how they accomplished Navy job requirements during the period of treatment, including the obstacles they had to overcome to go to CEDEQ. They usually have to overcome administrative and military requirements to obtain permission to be absent from daily duties to commence therapy. They frequently report that they have to endure constant skepticism about the treatment’s relevance and they have to face the resentment of colleagues who have to take over their assignments, while they are away on treatment. Generally, supervisors and colleagues expect that they give up the treatment or get better quickly to keep up with their job assignments, since duties are usually considered more important than the treatment.

**CONCLUSIONS**

Finally, though alcohol abuse and alcoholism are issues widely present in the naval military daily life, only a few are aware of the predominant vision that alcoholism is a disease. In fact, the main standpoint of this article, considering that alcohol abuse and alcoholism should be understood from a cultural understanding perspective, is even more uncommon. The idea that it is a matter that should be dealt administratively is predominant. Nevertheless, we hope that this study could help to move this discussion forward, at least indicating the existence of certain inconsistencies.

It should be stressed that even professionals that belong to CEDEQ have many doubts and have to face contradictions. In fact, they are not completely comfortable about their role,
the therapeutic techniques, and the aim of CEDEQ. They have to deal with differences of objectives of the patients and the institution. They try to conciliate certain oppositions and paradoxes. Despite the fact that they stimulate abstinence, during the therapeutic sessions they do not press them to do so; they try to help them understand the reasons why they need drugs.

In conclusion, this study faced the task of dealing with the subject of alcohol consumption in the Brazilian Navy demonstrating that it is not an object of interest, making it difficult to map the scope of involvement in the problem, particularly its repercussion in the workplace. If authorities were aware of the real situation, workplace alcohol policies could be created to avoid heavy and binge drinking, mostly during the working hours, to protect service people and the institution itself. Although its consumption is a strategy used to endure certain obstacles, patients often have to face dreadful consequences, mainly losses in several levels, like financial problems, health conditions, and family disorders, that is, issues that could be avoided or reduced if the authorities had a better and wider understanding of the institution participation in the construction of this phenomenon. Thus, this study may help to change the prevalent idea that the patients should be blamed for their situation. Many other aspects are involved in the construction of alcoholism. Finally, we hope that Brazilian Navy can start to realize that alcohol abuse and alcohol dependency is not a matter restricted to the user, it involves other issues, namely social and cultural ones.
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