Availability of Alcoholic Beverages During the Brazilian Navy Working Hours

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Abstract
This article presents and discusses one of the five main categories that emerged from the narratives of patients treated in a military outpatient clinic of the Brazilian Navy: the availability of drinks on board. A dense ethnography was conducted at this clinic from 2005 to 2009, and, in 2010, a participant observation was carried out in two treatment groups, during 24 sessions. Sampling, data collection, analysis, and interpretation occurred in an interactive way, rather than in a stepwise sequence. Data interpretation was possible by using the Peircean abduction reasoning of the peculiar categories that emerged in the participants’ discourse. A templum-synthesis was built according to the Boudon diagram to analyze and discuss the information. In conclusion, the institution seems to contribute to the production of the alcoholic habitus, unaware that alcohol availability may influence the emergence of alcoholism, leading to harmful impacts on the health of its contingent.

Keywords
social psychology, psychology, social sciences, alcohol, drugs, and tobacco, sociology of health and illness, sociology, sociology of work, social anthropology, cultural anthropology

Introduction
Alcoholism among military personnel has become 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 drug addiction treatment located in the Navy Central Hospital, Rio de Janeiro, Brazil. The creation of this Center is a pioneer enterprise of the Brazilian Navy, unparalleled in the Brazilian Armed Forces, launching the official beginning of a series of actions aimed at the treatment of drug users. Since then, several approaches related to prevention, treatment, and rehabilitation have been introduced by the Brazilian Navy. Nevertheless, still little is known about the impacts caused by the consumption of alcoholic beverages in the naval workplace. The first investigations on this matter have been made by the authors of this article, based on their research carried out at CEDEQ (Halpern, Ferreira, & Silva Filho, 2008; Halpern & Leite, 2010, 2011a, 2011b; Halpern, Leite, & Silva Filho, 2010).

The current hegemonic conception of alcoholism is predominantly related to patterns of consumption corresponding to the frequency and amount of use (McLeod, Stockwell, Stevens, & Phillips, 1999; Valencia-Martin, Galán, & Rodriguez-Artalejo, 2008). World Health Organization (WHO) classifies alcohol intake in the following categories: risky drinking, harmful drinking, and dependence (Babor, Campell, Room, & Saunders, 1994), while the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association [APA], 2013) establishes specific diagnostic criteria for alcohol abuse and dependence. Whereas the biomedical model recognizes alcoholism as a medical condition, a point of view that is predominant in contemporary society, it can also be explained as a sociological phenomenon that is individually and collectively managed (Fainzang, 1996). Therefore, alcohol dependence is more than a medical disorder; there is a wide range of effects that are elicited by alcohol intake, which vary according to different cultures, societies, and historic circumstances. Thus, in this present study, alcoholism was conceived as a feature of culture (Neves, 2004), or better, a typical event of complex urban societies. In fact, it can be understood as a multi-determined experience that can be examined from diverse angles.

Alcohol use and abuse are associated with social norms (Linkenbach, 2006, 2008), which influence consumption behaviors, though the interconnection between them is not completely clear (Linkenbach & Young, 2012). Drinking manners are affected by two types of social norms (Schultz, Molan, Cialdini, Goldstein, & Griskevicius, 2007): descriptive and injunctive (Bosari & Carey, 2003). Descriptive norms measure the prevalence of behaviors, while injunctive norms...
norms focus on what is usually approved or disapproved of in a culture (Reno, Cialdini, & Kallgren, 1993).

Thus, the main study aimed to analyze alcohol addiction in Brazilian military patients of CEDEQ, from a socio-cultural perspective, investigating the extent to which the institution facilitates the constitution of their alcoholism. The objective of this article is to present one of the key results of this research, that is, the availability of alcoholic beverages during working hours.

**CEDEQ—Field of Study**

The treatment program consists of group therapy that comprises five steps: motivational group, Phase I, Phase II, Phase III, and consolidation group. The treatment program, based on group therapy, requires that the patients progress along these five stages, each lasting no longer than 4 months. Treatment length depends on individual evolution, which is related to the achievement of abstinence, and changes in the individual’s beliefs and lifestyles. Above all, patients are expected to reach sobriety and change their patterns of behaviors and ways of thinking.

The 2-hr therapeutic sessions held twice a week involve compliance with specific objectives required at 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, believing that sobriety can be best achieved with group support (Alcoholics Anonymous, 1996). Each phase has activities, such as readings, lectures, and movie discussions, in accordance with the contract signed before the beginning of the treatment.

Although CEDEQ is available to all military personnel from the age of 18 on, the vast majority belongs to the enlisted rank, comprising 100% of the cases. In contrast, officers rarely seek help at CEDEQ, looking for private sessions instead. The enlisted military personnel, who rank lower in the military hierarchy, constitute the numerical majority of the organization and the base of the pyramid of chain of command. In general, they are responsible for equipment operation and maintenance of the facilities of their military units (Brasil, 1980). From a socioeconomic point of view, these patients ordinarily belong to an underprivileged group; they live far away from their workplace, in poor districts, or even in slums. Few can afford to buy a house and many build their homes on their relatives’ lots, while there are some who live on board because they have no money to commute. They have multiple loans, with interest rates of 50% per month, obtained from “loan sharks” (called *caveiras*, “skulls,” in Portuguese).

**Method, Collection Process, and Data Analysis**

A qualitative research study was conducted through a dense ethnography carried out at CEDEQ, from 2005 to 2009 (Geertz, 1973/2008; Hughes, 1960), based on the results of participant observation (Malinowsky, 1922/1984; Minayo, 2006; Minayo, Deslandes, & Gomes, 2007) performed in two CEDEQ therapeutic groups, during 24 sessions, in 2010. These groups corresponded to the motivational phase, the first stage of the treatment. There were constant changes in group composition during the study period due to admission of new members, as well as withdrawals. In general, the number of participants in each group was approximately 10: the age ranged from 21 to 62, all enlisted personnel, from Seamen Recruit up to Master Chief Petty Officers. Finally, though 90% of patients admitted to drinking, some reported that alcohol was not their drug of choice. However, alcohol was considered a central component, present throughout their experiences.

The interactionist perspective (Whyte, 1943/2005) was particularly valuable, enlightening symbolic dimensions of the phenomenon of alcoholism, especially taking into account that people’s selves are products of social interaction (Blumer, 1986). Qualitative research allowed sampling, data collection, analysis, and interpretation to be related in an interactive way, rather than in a stepwise sequence. This principle enabled the researchers to gain better access to patients’ experiences, feelings, and social worlds (Tesch, 1990). Whitley and Crawford (2005) suggest, “The complete process can thus be envisioned as circular rather than linear, with feedback loops affecting the ongoing research development” (p. 110). Therefore, the dense participant observation carried out at CEDEQ, from 2005 to 2009, took into account an important and valuable source of information from within, a unique chance to actively experience how this Center actually worked, as well as its professional team. The first author of this article, who was one of the psychologists of the groups, conducted this study. She is the Chief of CEDEQ, and a Brazilian Navy Officer. The researcher’s familiarity with the field raised the issue that her proximity could invalidate the study, because of absence of neutrality, as she could be seen as a “native.”

Geertz (1973/2008) sheds light on the perspective of social theorist and philosopher W. B. Gallie, referring to the fact that cultural research analysis is intrinsically incomplete and “essentially contestable.” The primary commitment of the investigation should be to generate the interpretation of a culture. This is the realization of a single path, always unfinished, open to criticism, and eventual reinterpretations.

Nevertheless, transparency should not be disregarded; in fact, all the possible bias should be clearly stated, as it will be presented in the discussion of this article. As to the other researcher, she was the supervisor of this study. This article presents one of the findings of the first researcher’s doctoral thesis.

Inferences and impressions attained through direct observations (Malinowsky, 1922/1984) after therapeutic sessions were followed up by continuous records in a field journal, according to the first author’s reasoning (Whyte, 1943/2005). Afterward, data were gathered and organized, seeking to
grasp the core of the information collected. Verbal accounts were not recorded to avoid compromising the flow of group therapy. If, on one hand, accuracy could be jeopardized because the transcriptions did not derive from MP3 recordings, on the other hand, the therapeutic setting was preserved, trying to assure that patients and therapists were focused on the treatment, instead of being diverted by any research procedure that could affect or change it. The results presented and discussed in this article are based on patients’ narratives and opinions stated during group sessions. In fact, the researchers obtained permission to develop the research only at this clinic. Therefore, it was not possible to observe patients elsewhere.

Despite probable distortions that may interfere with the results of the data collected, there will always be some bias considering that there is no absolute neutrality (Malterud, 2001). That is why the first researcher returned to CEDEQ to interview 14 patients; this is a step of the study that will be discussed in another opportunity (Halpern & Leite, 2012a, 2012b, 2014b). At a certain point of the main research, the researchers found it necessary to check the results of the ethnography and the participant observation, as well as to discuss the findings with the interviewers. Only after this procedure was it possible to consider that the saturation was accomplished, when results seemed sufficient to understand their perspectives and experiences related to alcohol intake in the workplace.

The first author’s dual status as a researcher and one of the field members was a methodological aspect that was taken into consideration; that is, it was not overlooked, but observed with close attention as it could generate breadth of comprehension and depth of understanding, as the institutional peculiarities were familiar to her. Thus, the interactionist perspective (Whyte, 1943/2005) was particularly valuable, enlightening symbolic dimensions of alcoholism, especially taking into account that people’s selves are products of social interaction (Blumer, 1986). The participant observation, as a qualitative research method, was a useful tool that typically enables investigators to examine the perspective of a group in a given community. In fact, it highlighted the researcher’s role as a participant in this “community,” because the study does not make progress distantly or objectively, but actively (Spradley, 1980; Zhao & Ji, 2014).

The ethnographic study and participant observation were chosen because this was the first research in the Brazilian Navy concerning addictions. The institution is not open to reveal what is going on with its crew, mainly when the issue is quite disturbing. Presently, it is not possible to assess the situation of alcohol use on board from a representative sample of the universe of the Brazilian military personnel, because authorities would not allow it. Nevertheless, a qualitative study with patients was considered a less threatening approach to this subject, a strategy to investigate alcoholism in the institution overcoming barriers more easily. Furthermore, the number of patients who attend this clinic is rather small and would be insufficient to suit a quantitative study, as it does not reach 50 patients, less than 10 per group.

Data interpretation was possible by using the Peircean abduction (Peirce, 1935) reasoning of the peculiar categories that emerged in the participants’ discourse. A templum-synthesis was built according to the Boudon (1998) diagram to analyze and discuss the information. The hypothesis that the naval institution contributed to constitute the alcoholic habitus was checked by the abduction of five proofs: (a) availability of drinks on board, (b) ritualized drinking opportunities on board, (c) sailors’ duties characteristics, (d) sociabilities among servicemen, and (e) navy ambivalence about the practice of consuming drinks at work. They were organized to enable the analysis process, although, in reality, they are intertwined. Analysis and discussion of the templum-synthesis were presented on another occasion to its full understanding (Halpern & Leite, 2014b).

The Research Ethics Committee of the Brazilian Navy approved this research; register FR–No. 306557 and CAAE 0021.0.221.000.09.

**Context**

Besides the treatment offered at CEDEQ, other therapeutic options have been created since 1997. In the Brazilian Navy, there are military departments responsible for the implementation of preventive strategies and others for rehabilitation and detoxification. Unfortunately, they are offered on a small scale and very few people look for their help or advice. In general, the emphasis of health measurements is on individuals who have already been diagnosed as drug dependent, or who voluntarily looked for help. In fact, there is little research and minimal data concerning the involvement of crew members with alcohol and drugs. Naval authorities are unacquainted with the major issues related to alcohol abuse and to the negative repercussions on workers and in the workplace.

Despite the alarming and widely known records attesting that the issue of alcohol consumption in the work environment is a matter of great concern around the world, episodes of intoxication in the Brazilian Navy can be both denied and punished. Nowadays, those who provide evidences that they cannot manage their alcohol craving may be referred to CEDEQ by their superiors. However, as alcohol consumption is considered a naval tradition, authorities tend to encourage its use, creating opportunities to drink. This mentality seems to be supported by a notorious belief that this is an ancient custom, present in all Navies along the world history; therefore, a tradition that must persist.

Alcohol has served as a balm to soften the harshness of life on board and been especially helpful in quenching thirst. In accordance with Pack (1995), 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, 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, distributed according to a timetable, reduced the risk of accidents, sickness, and uncontrolled consumption, and was served twice daily. Nevertheless, inebriation and disruptive behaviors due to alcohol abuse never ceased.

Inspired by what took place in the British Royal Navy, during the 19th century, the Brazilian Navy distributed cachaça (a distilled spirit made from sugarcane juice) among sailors and officers. According to Greenhalgh (1998), cachaça replaced wine as part of the sailors’ diet, a practice that rapidly became widespread and responsible for the majority of the acts of indiscipline that occurred on military vessels and on other military facilities.

Studies involving the U.S. Navy young personnel confirmed the easy availability of alcohol (Gruenewald, Millar, & Treno, 1993), both amid the general population and in occupational settings (Ames & Grube, 1999). Furthermore, they attested the existence of ritualized drinking opportunities and inconsistent policies, which mold a work culture that facilitates heavy and binge drinking, encouraging alcohol consumption at work, on land bases, and during deployment liberties, as part of a cultural tradition (Ames, Baraban, Cunradi, & Moore, 2004; Ames & Cunradi, 2004/2005; Ames, Cunradi, Moore, & Stern, 2007). Many features that are specific to the U.S. military organization contribute to problems with alcoholic beverages, as there is a mind-set that emphasizes drinking as a mechanism to form alliances and to provide recreation and stress relief (Ames, Cunradi, Moore, & Duke, 2009).

De Boni’s (2011) research indicated the need to limit the physical availability of alcohol when studying the relationship between drinking and driving. She explained that the number of deaths per year caused by alcohol abuse and traffic accidents is 2.5 and 1.2 million, respectively, throughout the world. To prevent the consequences of alcohol abuse, this researcher concluded that alcohol outlets should be restricted mainly to establishments that sell liquors. Furthermore, areas for sale should conform to zoning criteria, following international recommendations. Therefore, the existence of bars, canteens, and dining areas in naval units that sell alcoholic beverages or distribute them to military personnel, free from physical and social barriers, is a matter that should be reviewed.

In fact, alcohol abuse is still one of the major social problems in the United States and other countries. The National Epidemiologic Survey on Alcohol and Related Conditions found that 30% of drinkers exceed either the daily or the weekly recommended limits (National Institute on Alcohol Abuse and Alcoholism, 2006). The Center for Disease Control (2004) reveals that almost 40% of traffic deaths involved alcohol intake, contributing to alcohol’s role as the third leading cause of preventable deaths in the United States.

In addition, The National Survey on Drug Use and Health conducted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Statistics, Office of Applied Studies (2007) has shown that the majority of U.S. workers exhibited a pattern of alcohol abuse and heavy drinking. Among them, 54.0 million were drinking abusively, 42.9 million were employed full-time or part-time, and among the 16.3 million heavy drinkers, 12.9 million were employed.

Therefore, one of the major motivations for conducting this study was the fact that alcohol is usually available, mainly because it is a legal substance in Brazil. The absence of physical or social barriers to consumption, particularly in the Brazilian Navy, certainly helps to increase alcohol accessibility. Thus, losses resulting from its use, especially in the workplace, are not taken into account because its presence is taken for “granted”; it is naturalized, without further reflection.

**Results**

According to patients’ narratives, ritualized opportunities are created as an excuse to offer drinks during the workday, namely, birthdays, cocktail parties, military ceremonies, commemorative historical events, and religious dates. Beverages are offered on Fridays at lunchtime, preferably *caipirinha* (a cocktail prepared with sugarcane brandy and lemon), when the dish of the day is *feijoada* (a Brazilian dish, a stew of beans with beef and pork). On these occasions, military personnel are expected to consume drinks as a demonstration of sociability, following a widespread custom:

It’s easy to drink on board, right? We have lots of events, parties in the barracks, celebrations. The guys drink a lot! It is tradition in the Navy: every day, with or without authorization, they drink anyway, because it is tradition in the Navy.

The research of Ames et al. (2004) confirms the cultural influence of work in drinking practices in the military bases of the U.S. Navy. The existence of drinking rituals and routines was observed, as well as aspects of the work environment that encourage drinking alcohol at work, on the military bases, and during deployment liberties, after disembarkation at some ports.

According to the opinions expressed in the therapeutic groups of CEDEQ, the usual norms established in the military units of the Brazilian Navy are aligned with the prevailing mentality that some participants “know how to drink,” while others “don’t know how to drink”:

The bar works well for those who can control themselves. In some military bases, there are pubs. Some drink “socially”; others drink “wildly.” The battalion personnel like to drink a lot! Many buddies only drink at lunchtime, just one dose to whet the appetite. Later, they go back to work happier, more relaxed.

The idea of “control” is misjudged and generally considered as a feature of the “good drinker.” It usually indicates...
the development of tolerance to alcohol, that is, when the person needs to drink higher quantities of ethanol to achieve the same effects as before tolerance was established. The individual who shows no signs of intoxication ends up being seen as the guy who is “strong.” In fact, alcohol tolerance may lead to (or be a sign of) alcohol dependence. However, the ability to drink “normally” or “socially,” in accordance with their perspective, can be “lost” after years of heavy drinking. Actually, it is not possible to predict if a person who drinks “only” at lunchtime will become an alcoholic in the future. Consequently, authorization for consuming drinks to “whet the appetite” may contribute to the progression of improper intake, up to the point of their becoming addicted.

On the contrary, there is a belief that beer does not produce harmful health effects due to its low-alcohol content. Therefore, military authorities generally accept the availability of beer in the workplace. As a rule, commanders are unaware that alcohol intake can lead to problems at work: “In the canteen of my military organization they only sell beer. The sale of ‘aguardente’ [or ‘cachaça’] is prohibited. Then, the guys bring ‘cachaça’ hidden in their bags and hide it in the lodging.”

Certain military bases paradoxically approve the distribution of *caipirinhas* during some meals, on behalf of the naval tradition, especially on Fridays: “On Fridays, lots of ‘caipirinhas’ are served with the famous ‘feijoada’ or ‘dobradinha’ [a Brazilian dish made with tripe].” Besides, according to some patients’ statements, they serve bottles of cachaça to help them accomplish heavy duties, “The staff working on board knows the cleaning system of the ship when it arrives at the port. It’s hard work. The chiefs distribute ‘cachaça’ for us to handle the job.” Apparently, it seems that there is no clear perception of the negative consequences of drinking liquors during the working day, for both the user and the institution. On the contrary, patients report that their colleagues feel joyful and rewarded, strengthening the ties of comradeship.

Authorities appear to disregard that increased levels of alcohol in the bloodstream can be reached with ingestion of a greater number of “cans.” In other words, by allowing the exclusive sale of beer, prohibiting the sale of “hot drinks” (those that have a higher percentage of alcohol by volume, or better, ABV) in military bars, they believe that they are avoiding intoxication and protecting the military. Management of these issues seems to be rooted in misinformation about psychoactive substances.

According to what could be apprehended in the groups, alcohol inebriation tends to be seen as a problem restricted to the “bad drinker,” solved by removing him from his tasks. Drinking on board is accepted if the implied rules of conduct are not violated; in other words, if the prescribed ways of drinking are followed. However, it is noteworthy that whenever someone disturbs the completion of tasks because of alcohol overindulgence, he might be punished.

Military standards identify failures in terms of adequacy and capacity based on the 84 disciplinary misdemeanors listed in the Discipline Regulation of the Navy that can lead to punishments (Brasil, 1983). This regulation contains traces of the old spirit of the Armed Provisional Regiment (Portugal, 1796) and its articles of war (Portugal, 1800), both inspired by the draconian Code of the Count of Lippe (Schaumburg-Lippe, 1763). This code, the basis of Portuguese and Brazilian military legislation, was considered barbaric and monstrous. Although the Regulation (Brasil, 1983) should be applicable to all military personnel, in practice, it appears to be used according to subjective interpretation of what should be considered as proper behavior. For example, in accordance with Title II, Chapter I, Article 7, Item 41 of this Regulation, it is considered a military misdemeanor to wear the uniform in disagreement with the standard or have it in disarray. However, even this item is not so objective to be judged, as it seems; it depends on the perspective or “mood” of the observer. As a result, sometimes failures are submitted to correction, discipline, and sanction.

The use of the Discipline Regulation of the Navy (Brasil, 1983) is in accordance with the current view of human error related to insufficiency, as if there could be an appropriate behavior to be followed (Dejours, 2005). Underlying this logic, a moral judgment would attempt to identify the “pathological component” of behavior, which should next be fixed by means of supervision, correction, punishment, and/or training:

> Order is restored with the use of the Regulation, a moral-ethical code, legitimizing the normative standards of conduct and defining the criteria of normality. Homeostasis is restored after punishment, not because of the law, but due to the circumstantial interest in complying with the rule, applied according to circumstances, driven by interests, alliances, rivalries, fears, or passions. (Halpern & Leite, 2012b, p. 77)

In the past, using the whip for disciplining was a technique considered necessary for the ship’s survival, because of 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 (Martins, 2005). This corporal punishment persisted until the Revolt of the Whip, in 1910, an uprising that took place in Rio de Janeiro, involving thousands of Brazilian sailors who rebelled against the use of physical punishments for their faults.

Currently, although physical punishment is outdated, they may feel emotionally injured, because their selves are not taken into account when a mistake or an illness occurs: “They don’t believe that alcoholism is a disease; they think it’s a ‘kick out.’ We’re just pieces in the organization; nobody cares if you’ve feelings or family.” Therefore, based on their points of view, one can get drunk and make mistakes at work,
but he has to conceal his intoxication. For this purpose, he must apply “socialization techniques” about what is expected of a “good drinker,” following the prescribed ways of consuming beverages:

If the guy doesn’t draw any attention, he can get hammered. But he must be quiet, hidden, or he’ll be caught. The Commander doesn’t want any trouble for his administration. Otherwise, he’ll have to do something, you know? You cannot mess with his leadership.

According to Neves (2004), there are cultural uses of alcohol, or better, there are institutionalized patterns of alcohol use, a variety of modes of production, motives, and opportunities that allow drunkenness in certain places and occasions. Yet, if the military personnel does not follow a script of recommendations, and openly exposes his drunken state, leaving the command in evidence before their subordinates, the Director of the military base will be compelled to act ostensibly, punishing him. This situation disrupts the “balance” and “predictability” of the working routine, jeopardizing authority’s management and leadership. As a result, administrative measures must be taken, preferably in an open manner, as a way to discourage misbehavior.

Moreover, this episode will be recorded in his military assessments, as well as the corresponding punishment or admonition. Consequently, the frequent relapses and the succession of misconducts related to consumption of alcohol help to provide a seal of disapproval on these individuals, a kind of stigma, quite impossible to overcome (Halpern & Leite, 2011b, 2012a; Halpern et al., 2010).

I arrived drunk on board, I was so wasted!! I spent a lot of my money on booze. Nobody gives a damn about me! Now that I’m a patient of CEDEQ and I’m “clean,” everybody is tagging me. They say I’m a drunkard. They lowered my grade and kicked me out of the department.

Ames and Cunradi (2004/2005) identify that young sailors of the U.S. Navy believed that drinking with coworkers during the workweek would be an appropriate mechanism to deal with stress, boredom, loneliness, and the lack of leisure. However, attempts to prohibit or lessen alcohol consumption could be like “throwing a bucket of cold water” over the development of esprit de corps. In fact, alcohol minimizes stress and burnout caused by hard work, used as a means of compensation for their efforts and frustrations.

Moore, Ames, and Cunradi (2007) point out that physical and social availability of alcohol to young military men of the U.S. Navy included: the existence of low prices in the Navy Exchange base stores; frequent parties in the barracks; promotional sales in bars around the bases; and, finally, multiple opportunities for military personnel who are still adolescents, despite the age limitations established in the purchase of alcohol and the administrative efforts to restrain its use in the U.S. Navy.

In the Brazilian Navy, alcoholic beverages are extensively accessible to military personnel with the agreement and participation of superiors: “In the maneuvers, everyone brings their share of drinks. In the meantime, if you don’t drink you can’t really stand. Our chief always turns a blind eye to our drinking!”

On the contrary, alcohol availability at work may be a problem for those who struggle for sobriety, as can be seen in the next narrative:

I’m very good at acting sober while drunk so that’s not an issue. I usually hold a glass containing “guaraná” [a Brazilian soft drink containing guaraná fruit whose color looks like beer] pretending that it’s beer. Sometimes I say that I’m taking medicine and that my doctor said that I shouldn’t drink.

In fact, there are no barriers to the availability of drinks. The majority of the naval contingent appears to drink habitually. However, some do not drink because of religious principles, forming a separate group. Another patient said, “The Navy is divided into two groups: those who drink and those who are believers. You cannot sit on the fence. The guy who doesn’t drink on board is dumb.”

In sum, the patients’ voices can help the authorities of the Brazilian Navy to realize that the availability of beverages and the opportunities to drink in military units have a central role in the construction of alcoholism, as well as in the constitution of the alcoholic habitus of these patients. It is believed that other military personnel of the corporation may be equally vulnerable to the harmful effects of alcohol; however, for various reasons, they do not seek help in at the CEDEQ clinic.

**The Alcoholic Habitus**

Understanding of the existence of an alcoholic habitus represented one of the most important results achieved along this
research (Halpern, 2013; Halpern et al., 2008; Halpern & Leite, 2011a, 2011b, 2012a, 2012b, 2013a, 2013b, 2014a, 2014b, in press; Halpern et al., 2010). It is a construct conceived by the present researchers, derived from the concept of *habitus* proposed by Bourdieu (2007), which is related to an ability of a particular social structure to be incorporated by agents (individuals) through certain ways of feeling and thinking. By incorporating Bourdieu’s concept, the alcoholic *habitus* could be understood as a phenomenon consisted of models of behaviors, attitudes, and thoughts related to ways of alcohol consumption. It refers to a matrix of perceptions and appreciations, internalization of a disposition, nearly postural, shared by individuals who have the same tastes and social trajectories. In fact, these patients revealed that along the working journey, an entire set of behaviors related to the accomplishment of military tasks tends to be associated with drinking practices, which can gradually lead to alcohol abuse or even dependence.

Furthermore, the alcoholic *habitus*, equivalent to a sort of discourse, full of meanings, seems to be inculcated in their minds since admission in the Brazilian Navy, and reinforced throughout their careers, based on myths and beliefs, mainly associated with both virility and happiness. Because they are immersed in the same culture, sharing a common language that includes the use of certain slang words, jokes, and gestures, bonds among mates are strengthened, cemented by the collective use of alcohol. Ultimately, alcohol use enhances feelings of belonging and increases ties of solidarity. Behavior standards are learned mostly through group interactions, molding manners of use in ritual opportunities (Masse, 2002; Neves, 2003), aggravated by the easy access to alcoholic beverages.

Those patients appear to share a drinking inclination, and the military system seems to create a disposition to drink that is socially determined. Collective practices of drinking tend to be reinforced, not restricted to the mere act of consuming alcohol. Drinking opportunities and alcohol availability progressively consolidate them, establishing bonds among comrades who are inclined to share a certain mood and mind-set. This makes them more willing to keep relationships of complicity and empathy, as can be seen in the following patient statement: “When we go to the drills, we form one team according to the preference of the group: if people drink, everyone must drink, no one can break this pact.”

The alcoholic *habitus* would consequently be the result of a learning process, which transmits, consciously or unconsciously, ways of living that are deeply internalized, directly or indirectly linked to the naval culture, values, and precepts. It is a consumption that is not explained exclusively by the physiological effects resulted by the use of this substance, but ingrained in the lives of these soldiers. The following patient testimony exemplifies it: “Each one takes his share of drinks in the maneuvers. In the intervals, everyone takes a sip. If you don’t, you can’t stand the heavy drills.”

The establishment of the alcoholic *habitus* encompasses a mosaic of aspects of one’s life, from the simple ingestion of a glass of beer, to the involvement in festivities full of liquors. This is a widespread and shared learning process, insidiously assimilated from the moment new recruits enter the ranks. Nevertheless, it does not mean to say that all military personnel will adhere to these practices or become addicted to alcohol. Finally, the alcoholic *habitus* would be more than a disease, related to psychological, familiar, or genetic factors; it reveals the involvement of the military organization in its construction, endorsed by Navy traditions that encourage the crew to drink on board.

**Discussion**

The participant observation provided a privileged opportunity to understand the role of the Brazilian Navy organization in the development of alcohol abuse and dependence. This period of observation enabled the researchers to capture and elaborate further meanings, particularly by gaining a broader perspective on patients’ alcohol addiction. This direct contact permitted to grasp a wider significance of their modes of behaving and ways of thinking that reinforce alcohol consumption. Therefore, it could be seen that the alcoholic *habitus* is formed not only with the support of naval traditions that produce drinking opportunities but also as a result of the incorporation of a profound association between alcohol consumption and accomplishment of work assignments in group, a learning process that daily teaches how, why, when, and what to drink. Nevertheless, the workplace is not the only arena where these experiences take place. They admit that they usually drink in brothels and bars, accompanied by prostitutes, to feel relieved from job pressures (Garcia, 2004): “We used to go straight to a tavern to have a time off. Sometimes I really need to forget my chief, my debts, and even my wife.”

It could be seen that this substance affects patients’ minds, acting as a shield capable of diminishing anxiety before conflicts, producing a dulling effect as a response to environmental pressures, and forging a shallow feeling of euphoria. Besides, the Brazilian Navy seems to send a double message to its military contingent, because of its ambivalent position toward drinking on board, both supporting and condemning alcohol intake.

Application of successive penalties to the patients of CEDEQ seems to lower their self-confidence and self-esteem, driving them to make more mistakes. According to their experiences, though the Discipline Regulation of the Navy (Brasil, 1983) has a general application, it is more widely applied to enlisted personnel than officers, indicating the existence of domination-subjugation processes in the workplace which may lead them to drink. In fact, this situation unveiling the prevailing gap between enlisted personnel and officers, a condition that reinforces the social and cultural factors that comprise the phenomenon of alcoholism (Halpern & Leite, 2011a). Seligmann-Silva (1995) considers domination and subjugation possible causes of the outbreak of psychopathological disturbances related to the loss of autonomy.
and the complete annihilation of desires. By hearing the patients, it is believed that Silva Filho (1989) stated that there is a kind of individual and collective resistance before domination by analyzing interpersonal complicity, secrets, and “scams.” Alcohol consumption may express a sort of silent and unconscious resistance, an attempt to escape from 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 comrades! They should be supporting us, but they are false.”

Patients report that they usually get lower scores on professional assessments, which jeopardizes their careers.

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. (Halpern & Leite, 2011a, p. 359)

Whereas officers try to hide their drinking practices to protect their careers and prestige, enlisted personnel are not so cautious about their drinking manners: “I used to drink a lot. From the moment I was caught, when I deserted, I was tagged as a drunkard. I was forced to go to CEDEQ against my will. Everybody began to label me as an alcoholic.” Actually, the patients’ ways of drinking appear 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 day’s routine.

A topic that must be emphasized is the kind of methodology used for this study. As Spradley (1979) elucidates, the ethnographic method is a valuable instrument, capable of eliciting the participants’ perspective, and allowing an understanding of their world. Thus, issues such as oppression, conflict, struggle, and power, in accordance with the critical ethnography view (Cook, 2005; Schwandt, 1997), could be observed in the life stories of the participants. Besides, the critical research conducted in a section of a military naval institution, like CEDEQ, takes into consideration the historical, social, cultural, and political contexts of the Brazilian Navy (Fossey, Harvey, McDermott, & Davidson, 2002), enlarging understanding of the phenomenon of alcoholism. Undeniably, the knowledge achieved through the dialectical process of historical revision allows generalizations in similar settings (Guba & Lincoln, 1994), maybe inspiring the execution of future research in other naval departments. Therefore, the role of power relations in the Brazilian Navy setting became an important issue along this research, enlightening the existence of the alcoholic habitus, which considers the role played by the organization in the production of patients’ alcoholism.

The findings obtained through participant observation were embedded in the Navy context. An aspect that must not be overlooked is the fact that this observation took place in a segment of the Navy’s environment, in one of its facilities. In fact, this location is usually seen by patients as an extension of their workplace, a familiar atmosphere where they go during their working hours. Therefore, CEDEQ is more than a therapeutic site. In addition, after the group session, a sort of connection among them may persist, as they share the same universe. In general, most of them have already met before. They probably have friends (or even enemies) in common. Thus, their bonds are not necessarily extinguished after the treatment sessions; they might meet again in the near future: “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’ve changed, man!’—addressing the speaker.”

In addition, as the qualitative methodology demands that the explanation of the researcher’s role be better appraised, the transparency with which the research process is described becomes a fundamental requirement. This matter can be better understood by considering what Weber (2003) postulates about the role of the researcher in the investigation. Certainly, investigator’s values, personal interests, or social commitments can influence the selection of study topics. Besides, all the recognizable researcher’s perspectives, social positions, and professional background must be considered during the study design, execution, and analysis, and should be rigorously explicit, both to the researcher and to the addressees.

Nevertheless, she was constantly concerned that the investigation would be divested of value judgments about the patients and that the focus would be on understanding the meanings of their addictions. This attitude allowed for more accurate perceptions, enabling her to “read between the lines.” The gap between researcher and patients was progressively reduced by her permanent attention and careful attitude about their differences. Undoubtedly, the dual status of the author, personal and professional, required a constant position of suspicion, that is, an “ethnographic state” (Duarte & Gomes, 2008). 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 key elements (Bourdieu, 2005). At a certain point, the patients themselves asked if she could be their spokeswoman, someone who could bridge the gap between officers and enlisted personnel: “I wonder if you could represent us, explain to our supervisors 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.”

As the chief of CEDEQ, she was in a privileged position from which she could easily undertake the investigation, obtaining official access from within. This enabled her to develop an understanding of a sociological configuration after a long period of observation. Researchers mentioned...
how difficult it is to access the Brazilian Army (Castro, 2004). It is particularly hard to overcome the chain of command, denials, administrative requirements, and suspicions, chiefly when the subject is alcoholism.

Indeed, it is noteworthy that a researcher’s chances of obtaining permission to conduct studies in the naval organization are remote, because the Brazilian Armed Forces are not usually open to investigations. If a non-native researcher could conduct a study in the Brazilian Navy, representatives of the naval organization would exhibit their most charming and prestigious facet, especially their politeness, neatness of uniforms, cleanliness of the environment, good maintenance of the facilities, and organization of the military units, probably enchanting the civil investigator. It is likely that a significant number of masks could interfere between the researcher and naval institution, revealing only information that would be the most “appropriate.” Moreover, the permanence of an external investigator could motivate dissimulation among the parties involved, triggering an aspect that characterizes the Brazilian Navy: investment in appearances.

Polite acceptance and even friendship do not always mean that access will be granted to the confidential regions of the life of those who extend it. The stranger will be excluded from a large and vital area if he is seen as one who will not safeguard secrets, and especially if he is identified as a member of one of those groups from which the secrets are being kept. (Berreman, 1962/1980, p. 174)

Along the present investigation, the “impression management” (Berreman, 1962/1980) was played by both the researcher and the patients, in an attempt to negotiate their identities to be mutually accepted. It refers to a conscious or unconscious goal-directed process in which people attempt to influence the perceptions of others. Moreover, a constant “presentation of self” (Goffman, 1959) also occurred, that is, all the participants in this particular social interaction were enacting their roles on the “stage of life” and in the therapeutic setting.

Conclusion

The patients of CEDEQ may not be considered a representative sample of the entire Brazilian Navy population in statistical terms, but unable to typify the naval contingent as a whole. Yet, an explanatory model could definitely be built from this small scale and promptly tested, expanded, or even revised to investigate similar aspects on a larger scale (Elias & Scotson, 2000). Although these patients represent a tiny fraction of the naval contingent, they reveal wider dimensions of the alcohol addiction issue at the core of this institution. Still, this segment highlighted the characteristics of a greater set, displaying typical behavior forms related to alcohol consumption (Alberti, 2004).

The ambiguous position of the naval organization regarding the use of alcohol in the workplace shakes its own pillars, as it provides protection and safety for the crew, necessary for its own functioning. Transparent and consistent application of regulations to all members, guided by clear rules, helps to ensure worker’s physical and mental integrity. Otherwise, he would be more vulnerable to stress and suffering (Brant & Minayo-Gomez, 2005), increasing his chances of getting drunk in search of support.

The patients’ voices may help naval leaders to understand that availability of alcohol as well as drinking opportunities in military bases play a central role in the construction of their alcoholic habitus. In fact, the Brazilian Navy appears to be unaware that alcohol availability may cause the emergence of alcoholism, leading to harmful impacts on the health of its contingent.

Other military personnel of the corps may be equally vulnerable to the pernicious effects of consuming beverages on board, though many may never look for help. Consequently, protective measures for military personnel could minimize human and material damages in the Brazilian Navy, especially if naval authorities realize that they should reexamine the traditions of alcohol consumption on board.

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References

Alberti, V. (2004). Ouvir contar: Textos em história oral [Listening to tell: Texts in oral history]. Rio de Janeiro, Brazil: Editora Fundação Getúlio Vargas (FGV).

Alcoholics Anonymous. (1996). O Grupo de AA: Onde tudo começa [The AA group: Where it all begins]. São Paulo, Brazil: Junta de Serviços Gerais de Alcoólicos Anônimos do Brasil (JUNAAB).

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

Ames, G. M., Baraban, E. A., Cunradi, C. B., & Moore, R. S. (2004, June). A longitudinal study of drinking behavior among young adults in the military. Paper presented at the Research Society on Alcoholism Annual Scientific Meeting, Vancouver, British Columbia, Canada.

Ames, G. M., & Cunradi, C. B. (2005). Alcohol use and preventing alcohol related problems among young adults in the military. Alcohol Research & Health, 28, 252-257. (Original work published 2004)

Ames, G. M., Cunradi, C. B., Moore, R. S., & Duke, M. (2009). The impact of occupational culture on drinking behavior of young adults in the U.S. Navy. Journal of Mixed Methods Research, 3, 120-150.
Ames, G. M., Cunradi, C. B., Moore, R. S., & Stern, P. (2007). Military culture and drinking behavior among U.S. Navy careerists. *Journal of Studies on Alcohol and Drugs, 68*, 336-344.

Ames, G. M., & Grube, J. W. (1999). Alcohol availability and workplace drinking: Mixed method analyses. *Journal of Studies on Alcohol, 60*, 383-393.

Babor, T., Campbell, R., Room, R., & Saunders, J. (1994). *Lexicon of alcohol and drug terms*. Geneva, Switzerland: World Health Organization.

Berreman, G. (1980). Por detrás de muitas máscaras [Behind many masks]. In A. Zaluar (Ed.), *Desvendando máscaras sociais* (pp. 123-174). Rio de Janeiro, Brazil: Livraria Francisco Alves. (Original work published 1962)

Blumer, H. (1986). *Symbolic interaction: Perspective and method*. Berkeley: University of California Press.

Bosari, B., & Carey, K. (2003). Descriptive and injunctive norms in college drinking: A meta-analytic integration. *Journal of Studies on Alcohol, 64*, 331-341.

Boudon, P. (1998). L’abduction et le camp sémiotique [The abduction and the field of semiotics]. In G. Brunel (Ed.), *Le tiers communicationnel: Communication, légitimation, abduction* (pp. 255-284). Montreal, Quebec, Canada: Harmattan.

Bourdieu, P. (2007). *O poder simbólico [The symbolic power]*. Rio de Janeiro, Brazil: Companhia das Letras.

Bourdieu, P. (2005). *Sobre o Estatuto dos Militares*. Rio de Janeiro, Brazil: Serviço de Documentação da Marinha.

Bourdieu, P. (2004). *A interpretação das culturas [The interpretation of cultures]*. Rio de Janeiro, Brazil: LTC. (Original work published 1973)

Goffman, E. (1959). *The presentation of self in everyday life*. New York, NY: Doubleday.

Greenhalgh, J. F. L. (1998). *Presigangas e calabouços ou prisões da Marinha no século XIX* [“Presigangas” and dungeons or Navy prisons in the nineteenth century]. Rio de Janeiro, Brazil: Serviço de Documentação da Marinha.

Gruenewald, P. J., Millar, A. B., & Treno, A. J. (1993). Alcohol availability and the ecology of drinking behavior. *Alcohol Health & Research World, 17*(1), 39-45.

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117). London, England: SAGE.

Halpern, E. E., Ferreira, S. M. B., & Silva Filho, J. F. da. (2008). The effects of the labor situations in the construction of the alcoholism of the Brazilian’s Navy military patients. *Cadernos de Psicologia Social do Trabalho, 11*, 273-286. doi:10.11606/issn.1981-0490.v11i2p273-286

Halpern, E. E., & Leite, L. M. C. (2010). The dry law on board: Preventive challenges in Brazilian Navy. *Arquivos Brasileiros de Psicologia, 62*(2), 103-114.

Halpern, E. E., & Leite, L. M. C. (2011a). The construction of the alcoholic habitus and alcohol consumption in the workplace among military patients of Brazilian Navy. *Cadernos de Saúde Coletiva, 19*, 356-365.

Halpern, E. E., & Leite, L. M. C. (2011b). Deciphering the meanings of navy ethlyc behaviors of military patients. *Boletim de Psicologia, 61*(135), 177-191.

Halpern, E. E., & Leite, L. M. C. (2012a). The “cooked crab” uniform and the “branquinha”: Life narratives of a military alcoholic patient. *Cadernos de Psicologia Social do Trabalho, 15*(1), 65-80. doi:10.11606/issn.1981-0490.v15i1p65-80

Halpern, E. E., & Leite, L. M. C. (2012b). Representations on patient illness and cure at the chemical dependency center of the Central Navy Hospital. *Ciência & Saúde Coletiva, 17*, 1079-1089. doi:10.1590/S1413-81232012000400029

Halpern, E. E. (2013). *The “uniform” and the “glass”: the constitution of the alcoholic habitus in Brazilian Navy*. PhD thesis – Institute of Psychiatry, Federal University of Rio de Janeiro, Rio de Janeiro.

Halpern, E. E., & Leite, L. M. C. (2013a). The connection between sailors’ duties and alcoholism. *Revista Psicologia: Organizações e Trabalho, 13*, 111-126.
Halpern, E. E., & Leite, L. M. C. (2014a). Alcoholism in the working day: Peculiarities of naval life. Revista Saúde e Sociedade, 23(1), 131-145. doi:10.1590/S0104-73312013000400013

Halpern, E. E., & Leite, L. M. C. (2014b). Examining the role of Brazilian Navy before alcohol intake in the workplace. Psychology, 5, 104-108. doi:10.4236/psych.2014.52016

Halpern, E. E., & Leite, L. M. C. (in press). Traditions and punishments: The white rum of the sailor and the whisky of the commander. Dilemas: Revista de Estudos de Conflito e Controle social.

Halpern, E. E., Leite, L. M. C., & Silva Filho, J. F. da. (2010). Drinking on board: Learned tradition. Bozeman: National MOST of Us Institute, Montana State University. Available from www.mostofus.org

Linkenbach, J. W. (2006). How to use social norms marketing to prevent drinking: A MOST of Us Toolkit.

Linkenbach, J. W. (2008). Perceptions, policies and social norms: Transforming alcohol cultures over the next 100 years. In C. L. Jurkiewicz & M. M. Painter (Eds.), Social and economic control of alcohol: The 21st amendment in the 21st century (pp. 139-158). New York, NY: CFC Press.

Linkenbach, J. W., & Young, D. J. (2012). Accounting for changes in alcohol use and abuse in the United States. SAGE Open, 2(3), 1-8. doi:10.1177/2158244012459742

Malinowsky, B. (1984). Argonauts of the Western Pacific: An account of native enterprise and adventure in the archipelagoes of Melanesian New Guinea. London, England: Routledge & Kegan Paul. (Original work published 1922)

Malterud, K. (2001). Qualitative research: Standards, challenges, and guidelines. The Lancet, 358(9280), 483-488.

Martins, H. L. (2005). João Cândido e a Revolta de 1910 [João Cândido and the Revolt of 1910]. Lisboa, Portugal: Na Officina de Antonio Rodrigues Galhardo, Impressor do Conselho do Almirantado in Lisboa. Retrieved from http://archive.org/details/regimentooprov10port

Masse, B. (2002). Rites scolaires et rites festifs: Les “manières de boire” dans les Grandes Écoles [Rituals and festive rites school: The “manners of drinking” in the Grandes Écoles]. Sociétés Contemporaines, 47, 101-129.

McLeod, R., Stockwell, T., Stevens, M., & Phillips, M. (1999). The relationship between alcohol consumption patterns and injury. Addiction, 94, 1719-1734.

Minayo, M. C. S. (2003). O desafio do conhecimento: Pesquisa qualitativa em saúde [The challenge of knowledge: Qualitative research in health]. São Paulo, Brazil: Hucitec.

Minayo, M. C. S., Deslandes, S. F., & Gomes, R. (2007). Pesquisa social: Teoria, método e criatividade [Social Research: Theory, method and creativity]. Petrópolis, Brazil: Vozes.

Moore, R. S., Ames, G. M., & Cunradi, C. B. (2007). Physical and social availability of alcohol for young enlisted naval personnel in and around home port. Substance Abuse Treatment, Prevention, and Policy. Retrieved from http://www.pubmed-central.nih.gov/articlerender.fcgi?artid=1934352

National Institute on Alcohol Abuse and Alcoholism. (2006). National epidemiologic survey on alcohol and related conditions: Alcohol alert 70. Retrieved from http://pubs.niaaa.nih.gov/publications/AAT0/AAT0.htm

Neves, D. P. (2003). Apresentação do dossiê: Maneiras de beber: Proscrições sociais [Presentation of the dossier: Drinking manners: Social proscriptions]. Antropolítica: Revista Contemporânea de Antropologia e Ciência Política, 15, 11-18.

Neves, D. P. (2004). Alcoolismo: Acusação ou diagnóstico? [Alcoholism: indictment or diagnosis?]. Cadernos de Saúde Pública, 20(1), 7-36.

Pack, J. (1995). Nelson’s blood: The story of naval rum. Stroud, UK: Alan Sutton.

Peirce, C. S. (1935). The collected papers of Charles Sanders Peirce, volumes V and VI: Pragmatism and pragmaticism and scientific metaphysics (C. Hartshorne & P. Weiss, Eds.). Cambridge, MA: Harvard University Press.

Portugal. (1796). Regimento provisional, para o serviço, e disciplina das esquadras, e navios da Armada Real, que por ordem de Sua Magestade deve servir de regulamento aos commandantes das esquadras, e navios da mesma senhora [Provisional rules of procedure, for the service, and discipline of the squadrons and ships of the Royal Navy, which by order of Her Majesty should serve as a regulation to commanders of the squadrons, and ships the same lady]. Lisboa, Portugal: Na Officina de Antonio Rodrigues Galhardo, Impressor do Conselho do Almirantado in Lisboa. Retrieved from http://archive.org/details/regimentooprov10port

Portugal. (1800). Artigos de guerra [War articles]. Lisboa, Portugal: Galhardo e Irmãos.

Reno, R., Cialdini, R., & Kallgren, C. A. (1993). The transsituational influence of social norms. Journal of Personality and Social Psychology, 64, 104-112.

Schaumburg-Lippe, W. (1763). Regulamento para o exercício e disciplina dos regimentos de infantaria dos exércitos de Sua Majestade Fidelíssima [Regulation for exercise and discipline of the infantry regiments of the armies of Your Faithful Majesty]. Lisboa, Portugal: Régia Oficina.

Schultz, P. W., Molan, J. M., Cialdini, R. B., Goldstein, N. J., & Griskevicius, V. (2007). The constructive, deconstructive, and reconstructive power of social norms. Psychological Science, 18, 429-434.

Schwandt, T. (1997). Qualitative inquiry: A dictionary of terms. Thousand Oaks, CA: SAGE.

Seligmann-Silva, E. (1995). Psicopatologia e psicodinâmica no trabalho [Psychopathology and psychodynamics at work]. In R. Mendes (Ed.), Patologia do trabalho (pp. 207-310). Rio de Janeiro, Brazil: Editora Atheneu.

Silva Filho, J. F. (1989). Saúde mental e trabalho (Doctoral thesis). Universidade Federal do Rio de Janeiro, Brazil.

Spradley, J. (1979). The ethnographic interview. Fort Worth, TX: Harcourt Brace.

Spradley, J. (1980). Participant observation. New York, NY: Holt, Rinehart and Winston.

Tesch, R. (1990). Qualitative research: Analysis types and software tools. New York, NY: RoutledgeFalmer.

United States Department of Health and Human Services, Substance Abuse and Mental Health Statistics, Office of Applied Studies.
(2007). U.S. Results from the 2007 national survey on drug use and health: National findings. Available from http://www.oas.samhsa.gov/

Valencia-Martín, J. L., Galán, I., & Rodríguez-Artalejo, F. (2008). The joint association of average volume of alcohol and binge drinking with hazardous driving behaviour and traffic crashes. Addiction, 103, 749-757.

Weber, M. A. (2003). A “objetividade” do conhecimento nas ciências sociais [The “objectivity” of knowledge in social sciences]. In G. Cohn (Ed.), Max Weber: Sociologia (pp. 79-127). Rio de Janeiro, Brazil: Ática.

Whitley, R., & Crawford, M. (2005). Qualitative research in psychiatry. Canadian Journal of Psychiatry, 50, 108-114.

Whyte, W. F. (2005). Street corner society: The social structure of an Italian slum. Chicago, IL: University of Chicago Press. (Original work published 1943).

Zhao, M., & Ji, Y. (2014). Challenges of introducing participant observation to community health research. ISRN Nursing, 2014, Article 802490. doi:10.1155/2014/802490

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