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**THE INFLUENCE OF PEER GROUP ASSOCIATIONS  
IN THE DEVELOPMENT OF ALCOHOLISM:  
A CASE STUDY**

**by**

**Ann Kathleen Hart**

**A THESIS**

**Submitted to  
Michigan State University  
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## **ABSTRACT**

### **The Influence of Peer Group Associations In the Development of Alcoholism: A Case Study**

**by  
Ann Kathleen Hart**

The following paper examines the influence of various peer group associations at different stages in the life of an individual subject over a period of ten years. Addressed in the paper is the question: To what extent did peer group associations influence the subject's drinking habits? It is argued that peer group associations significantly affected the subject's excessive drinking behavior.

The case study was employed as the primary research tool. The data were gathered in over sixty hours of unstructured interviews. The discussion and conclusion were developed through a literature review and the application of relevant research findings to the study at hand.

## ACKNOWLEDGEMENTS

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To Professors David Kallen, James McKee, and Barrie Thorne, I would like to express my appreciation not only for agreeing to be a part of my committee, but also for wading through a naive and sloppy first draft. Although the resulting comments were rather hard-hitting initially, they propelled me to work harder, read more and gain insight that I will value through my lifetime.

For his invaluable assistance, and for giving me a much-needed push, I thank Michael J. Duffy, Ed.D., Assistant Director of the Blue Water Clinic. Dr. Duffy gave me his time, shared his knowledge and his wisdom, lent direction to my literature review, and provided me with the incentive to keep going.

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## INTRODUCTION

It is the position of the sociologist that the addiction phenomenon--and its more general definitional descendent, substance abuse--is as much a social construct as it is a medical condition. (Alskne, 1981, p.78)

The issue of problem drinking has been simultaneously addressed by more academic fields than, perhaps any other single issue in the eighties. Each field, from its unique perspective, has attempted to understand the nature of problem drinking and how it effects and is affected by their theoretical focus. Representatives of the physical sciences, for example, have based their definition of alcoholism on the metabolic relationship between percent blood-alcohol level and sensori-motor behavior (Rockville, Md.: National Institute of Mental Health, 1972). While such a definition is useful in an examination of degree of intoxication, it is of little value to sociologists.

As students of society, sociologists want to learn why an identified behavior is more prevalent among some groups than others. Specific to the study at hand, this student would like to develop a greater understanding of the relationship between problem drinking and peer group

**associations in young adults.**

## STATEMENT OF THE PROBLEM

Louise H. Kidder (1981) argues that a major problem plaguing qualitative researchers is the fact that they work inductively rather than deductively. Seasoned qualitative researchers do not begin with an hypothesis; instead they generate hypotheses from their data.

Conversly, Glaser and Strauss (1967) argue that it is not this inductive approach that presents problems to the researcher employing qualitative methods. Rather, they argue, it is the resulting causal assertions that may violate some of the assumptions of statistical testing in quantitative research. They identify this as a potential problem area in all qualitative research, and caution researchers from drawing resolute causal assertions from single cases.

Taking this caution to heart, I developed my research question to reflect the relationship that had proved evident throughout the study, while at the same time working toward an examination of my research question rather than the formulation of a causal assertion.

### Research Question

I thus pose the following research question:

To what extent did peer group associations influence the subject's drinking habits?

My hope is not to determine whether or not a particular relationship caused the drinking. Nor do I hope to develop sweeping generalizations on adolescent drinking habits. Rather, I hope to answer my question by examining the degree to which one individual's drinking was facilitated or inhibited by the various associations identified in the study. In so doing, I hope to illuminate related research and arrive at a conclusion reflective of my findings.

As a secondary purpose, I intend to identify additional questions generated by the study. Such questions, I hope, will at some point be addressed in further research.

## METHODS

### Research Tool

The case study method was the primary research tool employed in the following study. A case study is, according to Foreman (cited in Franklin & Osborne, 1971, p.187), a depiction of either a phase or the totality of relevant experience of some selected datum. In presenting my data, I will utilize a narrative approach, from an historical perspective to depict a ten year span in the life of a young female alcoholic.

The study represents a "third person report" in that it is comprised of information primarily supplied by persons other than the subject (Foreman, cited in Franklin & Osborne, 1971, p.188). Although there was, to some degree, a reliance on personal documents supplied by the subject, the bulk of the data were gathered through interviews with family members and friends.

I chose the case study method as my primary tool of research because I believed that the illustration of an actual case history would provide invaluable insight into the nature of adolescent alcoholism, as well as assisting me in my efforts to grasp a better understanding of a subject

of great personal interest.

The case study method is, by no means, a single procedure. Information utilized in such a study is actually gathered through a number of different methods. Researchers employing the case study (as well as other qualitative research methods) have long had to defend their approach as an adequate research tool (Foreman, cited in Franklin & Osborne, 1971, p.187). The typical defense of the utilization of case studies is the presumption that through the analytic reconstruction of a single case, a researcher will gain useful insights into the class of events from which the case has been drawn. The problem, of course, is the fact that there is no indisputable method of determining precisely how typical the selected case actually is. As a result, it is extremely hazardous to draw any steadfast conclusions from a single case study.

The primary justification for this and all case studies is thus the potential that they have for generating rich subjective data that can aid in the development of theory and empirically testable hypotheses (Stake, cited in Borg, 1983, p.489). Case studies are further justified in that they may focus concepts and categories for further analysis (Foreman, as cited in Franklin & Osborne, 1971, p.204).

The case study that is to follow will, by no means, enable this or any other researcher to formulate broad generalizations or draw resolute conclusions regarding the nature of alcoholism. I do, however, hope to utilize this

illustrative research tool to not only answer my research question, but also help to support past and incite future studies into the problem of adolescent alcoholism.

### The Subject and Informants

The selection of the subject, Jill<sup>1</sup>, was not random. Rather, Jill was a person with whom I was quite familiar. I had a relationship with family members, and I had met, though did not know, the other informants prior to the study.

I chose Jill for three reasons. First, she was willing to help. She said that I could discuss her with friends and family members, she would sign any consent form that might be necessary, and she would provide me with what little she had in the way of written documents. Second, I was familiar with Jill's history. Though statements and events revealed throughout the study continually surprised me, I had a general knowledge of the path that Jill's life had taken. Third, Jill was very agreeable to restrictions imposed by the informants. As many confidences were revealed, Jill's friends who participated wanted specific attributions to remain anonymous. Jill did not object to this. Upon reading the completed narrative, Jill did not question me as to who said what. In fact, I got the distinct impression that she genuinely did not care.

---

1 a pseudonym

The major problem in using Jill as a subject was the fact that she would not participate in any interviews. As she was institutionalized through much of the time during which the study was conducted, Jill was involved in very intensive therapy. She stated that she resented being "forced to discuss my [her] life" with therapists, and that she would not be willing to discuss it with anyone else. She said that she "got very upset" when she talked about things that had happened and that she did not want to subject herself to any further "emotional drain."

I carefully considered this limitation and finally came to the conclusion that, although interviews with Jill would add greater texture to the data, the potential damage might have outweighed the value. I am not an alcohol therapist, and I would not know how to appropriately deal with an emotional outburst. Thus, although the interviews could be useful, they could also be harmful. I felt this was a risk I was not in a position to take.

A second concern was the fact that I did know Jill and I feared that, perhaps, an occasional opinion might surface. To address this fear, I determined a minimum number of hours of interviews that would be personally acceptable. I felt that this would best facilitate a reliance on solid data rather than personal knowledge. In doing so, I soon found that my study became very systematic and Jill was very much a "subject." The use of a pseudonym further helped to reinforce this distance in my examination and subsequent



presentation of the data.

I selected the informants on the advice of Jill's mother. I asked her to provide me with the names of people who had been Jill's friends through the entire period covered by the study. She provided me with only three. Each agreed to help with one condition, that being anonymity in terms of specific attributions. They realized and accepted the fact that Jill, through a simple process of elimination, could conceivably guess their identities. They did not, however, want her to be informed of the exact source of specific recollections.

#### Data Collection

The primary data employed in this study were gathered in over sixty hours of unstructured interviews with the subject's immediate family members and three close friends. All of the interviews were conducted in the home of the subject's parents.

I also relied, to a lesser extent, on logs and diaries written by family members during the period of focus. In addition, the subject provided me with a short diary written during her final months in high school. This diary was, in reality, a forty-page notebook filled with thoughts and observations recorded by the subject while sitting through her final months in the classroom.

In collecting the data, I made each of the respondents fully aware of the intent of my study. I assured them of

their anonymity in the presentation of my findings, and agreed to keep the identity of each respondent from the subject. Although the subject is fully aware of the participation of family members, she was not made aware of the identities of the peer group respondents.

### Presentation

In organizing my data, I rewrote notes taken throughout all contact with respondents onto 4x6 index cards. I grouped these cards in chronological order. I then developed what I called a "date index" consisting of five small boxes, each containing notes covering two of the ten years spanned by the study. Cards that I felt would be most useful in the study were "flagged" by a triangle of red construction paper which I stapled to the upper left corner.

In writing my narrative, I utilized each box as it had been arranged, and presented the data in strict chronological order. I also relied very heavily on the date index for information and insights utilized throughout my analysis.

### Informed Consent

I fully informed each participant as to the purpose of the study, as well as its potential readers. Each was, therefore, aware not only of the reason for the study, but also who may be expected to read their comments at a later

date.

Initially I did not feel that any form of written consent would be necessary as the purpose of the paper is academic and it will not go beyond the academic community. Upon further consideration, however, I decided that perhaps it was better to be safe than sorry. I thus developed a rather crude document through which I secured written consent by each participant. A copy of this document may be found in the appendix.

## NARRATIVE

The following narrative is a compilation of data gathered throughout over sixty hours of unstructured interviews, as well as limited information provided by written documents. Although it was neither possible, nor feasible, to describe every event that happened in Jill's life during the period of focus, certain events were identifiable as prominent in the data, and it was those events that I attempted to cover.

### About Jill

Jill is the third of four children in an upper-middle class family. Her father is a small business owner. Her mother is an accountant. Both of Jill's parents are social drinkers, but neither drinks on more than one occasion per week, and neither to excess.

Jill is described by her mother as "a girl who always knew what she wanted to do and did it." Even as a baby, Jill's independence was evident to her family. According to her father, "Jill was the only one of the four kids who never cried when we left her with a sitter. In fact, we used to comment that she never looked back. She was always in a world of her own. She knew where she wanted to go and

what she wanted to do."

Jill's independent will was the subject of family confrontations from "the time that Jill could talk." Any form of restriction was very much resented and always the subject of a debate. Jill especially resented any curfew that was imposed upon her, and this was the primary focus of family battles prior to the point at which this study begins.

Although Jill had "been caught drinking on three or four occasions, it was not, to our knowledge, a problem," according to Jill's father. "Maybe we just didn't know what to look for. Our big problem with Jill at that point was getting her in the house when we told her to be in. We'd ground her, and she'd be out an hour late her first night off restriction. It was like she wanted to tell us that she didn't care. But drinking I don't believe was a problem until her junior year in high school. To this day, I believe it was the kids she met then."

### A Ten-Year Chronology

This study begins ten years ago as Jill was faced with one of the most significant events to happen in her lifetime. At seventeen years old (on her seventeenth birthday, in fact), Jill, her parents and her younger sister (her brothers were all ready on their own) moved nearly a thousand miles from the place that she had called home for over half of her lifetime. The move came between semesters

of her junior year in high school, thus the time for adjustment was not ample. Jill arrived at her new home on Saturday, and attended her new school on Monday.

Having been known throughout her life as a person prone to extreme changes in temperament, Jill surprised everyone in her family by fitting into her new surroundings rather easily. The move did, of course, elicit more than a few tears from everyone involved, but the initial anxiety appeared to pass rather quickly.

Jill made friends and socialized outside of the house by the second weekend. Being from a financially comfortable family, she had the means to attend concerts and other activities, her own car, and access to money as she needed it. On the rare occasions that Jill was at home, the house was always filled with friends.

Her mother notes that Jill was always quite popular. While those closest to her liken her personality to that of a rattlesnake, she rarely seemed to display such abrupt mood changes to those outside of the family. The one characteristic of her personality that everyone interviewed mentioned was the fact that as quickly as Jill could "turn" on you, she could also forgive you. She never wanted to make a final break in an intimate relationship or a friendship. Jill's father describes this forgiving quality by saying that "Jill doesn't know how to hold a grudge. She'll hate you at 10:00 and ask you to go for a ride at 10:05. Regardless of the circumstances, she always forgives

and expects similar forgiveness in return."

Her mother notes that Jill does not have an accurate memory "in any sense." "She has said that she hates me a hundred times in the past five years, but honestly can't remember ever having said it. By the same token, she forgets the unfavorable circumstance that caused her to say it. I've often thought, 'this is insanity'." This is again illustrated at a later point in Jill's volatile intimate relationships.

Soon after the family's relocation, Jill began skipping school. By the end of the second month, she had been absent to the extent that summer school would be necessary if she were to be passed onto the senior level. On learning of this, her parents were puzzled because Jill had taken the car each morning, they assumed, to school, and she had returned at 3:00 each afternoon. They were not, however, surprised. Jill had a history of similar behavior in their last home. She had been caught skipping classes on several occasions, but never to the point of endangering her grades.

Shortly thereafter, Jill announced that she would be quitting high school. At the same time, her parents decided that they would be moving to a larger town about an hour away for business reasons. Jill and her parents thus agreed that she would attend night school immediately following the move and finish her high school diploma in this manner. At this point, everyone was in agreement. "Jill didn't fight us on this," noted her mother. "Jill's major gripe was

sitting in school all day. Most of the work from night school could be done at home, and that was fine with her."

This time, Jill was pleased with the idea of a move. In letters to friends, she wrote that she needed a fresh start. She had gotten off on the wrong foot academically after the last move, and she was ready to begin again. Jill's mother believed that Jill was actually excited to move and finish high school. She had even mentioned enrolling in a course or two in a nearby junior college after completing her diploma.

Night school, however, lasted only a few weeks. Jill was soon working part time in a clothing store and steadily dating a coworker. During this period of time, Jill began using alcohol heavily for the first time. She also began experimenting with other drugs. Jill's parents agreed that, for the first time, alcohol became a problem for Jill. She and her boyfriend would drink heavily and then begin to fight. "The phone rang at all hours. Either they couldn't make it through the night without talking to each other, or they couldn't make it without yelling at each other. It was hot or cold--never warm."

The relationship was volatile (though not physically abusive), and by the time Jill's parents decided to leave the state, the relationship had (seemingly) ended. Jill was anxious to move and begin a new life.

Jill made friends quickly in her new surroundings. Soon she became involved with a group of "cloggers" who got to-



gether for dancing and drinking once a week. The group met at a local pub, had one or two drinks, practiced, and then most went home. It was through this group that Jill met several heavy drinkers, and drinking readily became paramount in her social life.

Jill and her new friends would remain at the pub hours after the rest of the group had departed. She became attracted to one member, and it was this attachment that most clearly tied her to the group. Jill's father felt that she would not have remained involved with the group had it not been for this one particular individual. "Sammy was married, but Jill's mother and I were certain that Jill was attracted to him (Jill later admitted a romantic involvement to a friend whom I interviewed). Her involvement with the group allowed her to see him, and he was one of the group who closed the bar after dancing."

On Jill's nineteenth birthday, with her parents out of the country on vacation, Jill planned a large party and invited all of her fellow cloggers. Drinking and the use of other drugs was the only activity of the evening, and the party quickly became uncontrollable. The police were summoned by a neighbor, and the party was brought to a halt. The details reached the local newspaper the following day.

Knowing that her parents would learn of the party and the police involvement, Jill got in touch with her previous boyfriend and made plans to join him. On the day that her parents were to return, Jill left the state.

Jill's parents did not understand her reasoning in this sudden departure. They had been on relatively good terms with Jill prior to the party. In addition, it was unlike Jill to be so concerned of her parents reaction to her behavior and its consequences. Jill's father speculated that possibly something happened with Sammy that caused her to flee, or possibly Sammy's wife had learned of the relationship. This was, however, only speculation. When asked by a close friend, Jill denied it.

Several months passed before Jill called her parents. She phoned to tell them that she was very ill and needed plane fare home. They arranged it, and Jill returned home where she underwent a radical hysterectomy due to a pelvic abscess resulting from untreated fibroid tumors. Jill's mother suspects a link between the tumors and a family history of diabetes. Such a relationship was never proven, and Jill was tested negative for the disease at the time of the surgery. However, a family history of diabetes and any tendency toward it would present profound implications for Jill's drinking career.

When questioned about Jill's sexual behavior, her mother said she definitely would not describe Jill as promiscuous. According to her mother, Jill had never been a "boy chaser." Rather than intimate partners, Jill sought drinking partners.

The hysterectomy represented a major loss to Jill who, although physically healthy, did not recover quickly. She

had her first drink on the day that she left the hospital. From that point, drinking became a major part of her daily life. She sipped wine throughout the day and had typically consumed at least one bottle by the time she went to bed. According to her mother, "We knew that there was a serious problem, but she had just been through so much that no time seemed like the right time to discuss it. Eventually we ignored it."

When the family moved back to their home state, Jill was happy to go. She said that she wanted to "start again."

Within one year of the move, Jill met and married an unemployed alcoholic who was ten years her senior. Their dating relationship had been short and abusive, resulting in several black eyes and one arrest. Jill told her mother that she was marrying this man because "no one else would want her." She said that she had never before met a man who didn't want children, and since she could no longer have any, she had to marry "the only man who would want her." "Everyone tried to convince her this was nonsense, but she wouldn't listen. She just became more determined!"

The marriage continued along a path of violence. Each partner was abusive. By this time, they experimented heavily with drugs. Drinking was a daily activity, and physical brawling was nearly constant.

By the end of the couple's first year of marriage, they had spent more time separated than together, and each filed divorce proceedings.

On her own, Jill established a lucrative career managing a health club. She became health and fitness conscious, and her drinking was greatly reduced. The only periods of heavy drinking came during the frequent attempts at reconciliation between Jill and her estranged husband. Each attempt ended in a physical battle. The divorce became final three years after they were married.

Shortly following the divorce, Jill became bored and seemed to lose interest in her job. Jill's mother remembers that Jill set goals for herself when she began the job. "She was going to lose X number of pounds and earn X number of dollars. She was totally dedicated to achieving the goals, but she literally fell apart when she got there." She frequently missed work, and she requested a transfer. Shortly after the transfer, she requested another. Soon she left the job entirely.

Rather than seeking employment in the health club industry, Jill decided to go into auto sales, a profession heavily dominated by men. She had no problem in getting a job and immediately fit in, drinking nightly with coworkers. She did not, however, sustain an interest in any one particular job. She went from dealership to dealership, finally exhausting all of the dealerships in the city. At this point, she returned to the town that she had left on her seventeenth birthday.

Anxious to socialize with old friends, Jill attended parties and went to the bar nearly every night. She

received a drunken driving ticket in the process of a serious accident and lost her driver's license within weeks of her arrival. Because local residents would know that Jill was without a license, working in a local dealership would be nearly impossible. She moved on within one month.

At this point, Jill commented to friends that the town had changed and old friends had become "hicks." She insisted that the townspeople drank excessively for lack of other entertainment, and this was causing her to drink heavily, too.

Jill moved to a larger city and settled into a job quickly. Again, she chose a job in auto sales. Her drinking steadily increased. Although it had, at this point, gone beyond her control, she became less restless and remained in a single job for a year. As the drinking increased, though, so did confrontations with friends and authorities. Jill was arrested several times for being drunk and disorderly, and she began to admit to confidants that she had a drinking problem.

With the encouragement of others, Jill sought help in the form of Alcoholics Anonymous. Though she admitted that she had a drinking problem, she was convinced that she was still able to drink socially without abusing alcohol. Because of this, she never entirely gave up the substance.

For a short time, social drinking appeared to be an acceptable solution to Jill's problem. There were no more scenes, loss of memory, or any of the other occurrences

related to drinking that she only much later revealed. This calm, however, was short-lived. Jill was arrested in a bar for public fighting, and she was given a choice of four weeks in jail or thirty days in the detoxification ward of a hospital. She chose the latter, and that is where she was residing at the close of this study.

An overriding theme in my interviews with friends and family members was the feeling that Jill's values had genuinely changed. Whereas she was once terribly concerned with her looks, clothing and accumulating possessions, none of this seemed to incite any interest in her at the close of the study. Although she had once been exceptionally weight conscious, she allowed herself to balloon to fifty pounds overweight. Cleanliness became unimportant to her. No longer does she have the desire to accumulate possessions, only to have the means to acquire what she needs at a given moment.

While the preceding narrative provides only a brief picture of Jill's life during the ten year period of focus, it does depict the events that were most prominent in the data. I will now draw from this depiction and relevant literature in an attempt to answer my research question.

## DISCUSSION

### Nature Versus Nurture

According to Curtishoff (1963), the absence of a family history of alcoholism is not atypical of the adolescent alcoholic. Curtishoff contends that, because the individual is highly susceptible to group pressures, social attitudes are a factor of primary significance in the incidence of drinking and alcoholism. Curtishoff argues that such group pressure may, in fact, be a more vital indicator of eventual alcohol dependence than ancestry. This theory was further exemplified by Haer (cited in Curtishoff, 1963, p.31) in his study of alcoholic trends. Haer concluded that individual patterns of drinking tend to follow more closely those of the peer group than those of the previous generation.

Again this was illustrated in the Glasgow study by Davies and Stacey (1972) which examined alcohol use among children aged 14-17. Upon an examination of alcohol consumption within each age level, the researchers concluded that, as children grow up, the influence of their home wanes and that of the teenage peer group becomes dominant.

The absence of a family history of alcoholism does not, however, lessen the impact of the family on subsequent drinking patterns. More important, perhaps, than the

heredity link, is that network of relationships and attachments that exists within each family.

Drawing upon Hirschi's (1969) bonding theory, we can identify attachment as a primary factor in the development of future patterns of behavior. According to Hirschi, the closer one's ties to others in society, especially one's parents and peers, the more likely one will conform to society's expectations.

Throughout the interviews, Jill's father made frequent reference to his belief that Jill's attachment to family was weak from her earliest years. According to bonding theory, Jill would, therefore, be more inclined to adopt behaviors that did not conform to familial expectations than would a child with a more pronounced feeling of attachment to her parents. Taking Hirschi's theory one step further, perhaps we can apply this lack of early attachment in our attempt to gain a better understanding of Jill's ability to freely move from one peer group to another. This illustration is, of course, and oversimplification and, perhaps, an unjustified application of Hirschi's theory. However, the role of early attachment in one's ability to freely vacillate from one network of relationships to another poses interesting questions for further research.

Martin Plant (1979) attributes the influence of significant others at given points in time to individual development. Plant argues that influential people in an individual's life change as a person develops. He states



that, as children mature, the peer group of other young people of the same age becomes the main influence. Further, he states that social behavior and attitudes change according to which particular kinds of people are significant at a given time.

It is, however, essential to bear in mind the source of much of the information utilized in the analysis. We are necessarily risking a degree of bias when relying on immediate family members for any data. In considering the preceeding section, as well as the study as a whole, it is imperative to recognize this methodological problem.

### Occupational Peers

The influence of the occupational peer group is, I believe, clearly illustrated in an examination of Jill's drinking habits while working in a health club versus her previous and future drinking habits. Throughout the health club employment, Jill's drinking was significantly reduced. I contend that this change in the pattern of her drinking was very much a factor of peer group influence.

While in a profession in which heavy drinking was not an acceptable social behavior and might, therefore, incite sanctions, Jill's drinking was significantly reduced. Conversely, as a member of social networks in which heavy drinking was an acceptable social norm (e.g. employment in automobile sales), Jill's drinking greatly increased.

This profound influence of occupational peer groups was

the subject of several studies by Martin Plant (1979). Plant argued that, when a person drinks heavily it is usually for purely social reasons and his or her drinking habits may be influenced by the type of job he or she has. Plant noted that certain occupational groups have far greater alcoholism rates than others. He identified factors contributing to the "high risk" of certain occupations as availability of alcohol during work hours, strong pressure to drink from workmates, separation from normal home life and freedom from supervision.

In applying Plant's high risk criteria to the case at hand, we can identify a position in auto sales as meeting at least one of the criteria, that being freedom from supervision. Pressure to drink from workmates is also a frequent characteristic of such employment. Conversely, employment in the health club industry ensures a near antithesis of Plant's criteria for high risk occupations. Accordingly, Jill's drinking was heaviest during her employment in auto sales, and was most controlled during her limited health club career.

In conclusion, Plant argued that a person may drink heavily in a social group where such heavy drinking is the norm, and then drink less in a different social group. Thus, in most cases, people who encounter difficulties with their drinking will have to change their way of life not only by modifying their former patterns of alcohol use, but also by attaching themselves to new social groups.

Throughout his findings, Plant stressed the origin of alcohol addiction as social rather than physical or psychological.

An application of Plant's theory to the case of Jill lends support to my contention that peer group associations were, in fact, a significant influence in the development and maintenance of Jill's problem drinking.

### Observability

As indicated by Martin Plant (1979), freedom from supervision is a primary characteristic of high risk occupations. Specifically, the extent to which the individual is free from observation by coworkers will dictate the degree to which the individual will deviate from the dominant group norms without facing sanctions.

While members of certain high risk occupational groups may view heavy drinking as an acceptable social behavior, few will condone the use of alcohol on the job or to an extent such that it interferes with the individual's subsequent ability to perform his or her job functions. If alcohol use is to be a factor during work hours (with the exception of accepted "martini lunches"), it is best facilitated in a position which is not highly visible to peers and superiors.

When Jill was employed in the health club, she was highly visible to both members and occupational associates. Drinking and the subsequent effects of drinking were not

acceptable in this setting. Compliance with the norm of controlled drinking was easily monitored by peers as a result of the high visibility of the position. Jill's drinking decreased accordingly and she was able to successfully function on the job.

It is important to note that Jill's drinking outside of work was also greatly reduced during this period of employment. Jill had become attached to a new social group, that being her occupational peer group. This group did not utilize alcohol as a major component of their social behavior. Throughout the time that Jill identified with this group, her overall drinking was reduced to the accepted level of consumption.

Conversely, as Jill's occupational peer group association was transferred to members of a less observable occupation, her drinking was more easily facilitated. The spatial organization of an automobile dealership is such that employees are primarily observable only to the extent that they wish to be. Employees are paid on a commissioned basis so they are permitted, to a large extent, to function autonomously. In this occupational setting, Jill again increased her drinking to problem proportions.

Similarly, at the times in her life when Jill was most visible to family members, her drinking was considerably less than when her primary social involvements were exclusive of her family.

### Stressful Events

A notable exception to Jill's tendency to control her drinking when such drinking was conspicuous to family members was the period following her hysterectomy. Not only did Jill drink in quantities and at times that were not in keeping with familial norms, but she did so in a manner that was highly visible to her entire household.

Anthony W. Clare (1979) argues that solitary drinking can frequently be traced to periods of crisis or significant life events which have led to serious instability, confusion and role stress. This is not to say that a non-drinking individual will suddenly become an alcoholic, but Clare contends that previously accepted convention regarding alcohol use can lose significance to the individual experiencing extreme stress or instability. Clare identifies menopause as a common factor leading to heavy alcohol consumption.

Certainly the stress and profound implications of Jill's hysterectomy were factors in her subsequent social isolation and altered drinking behavior. The weight of such stress versus the lingering influence of previous social factors and life experiences in determining Jill's reaction to the hysterectomy, however, is unknown.

The influence of Jill's hysterectomy versus the influence of the social isolation on the development of excessive drinking patterns would be an interesting question for further research. Indeed, the effects of hormonal



changes resulting from a hysterectomy on subsequent drinking behavior presents questions not only for the social sciences, but for the biological sciences as well.

### Peer Group Influence and a Question of Choice

To consider the means by which one person can influence another is paramount in any examination of social interaction. Specific to the study at hand, we are concerned with the degree to which Jill's drinking behavior was influenced by peer group associations.

Several different means of influence may be delineated, and an individual may be the target of influence from a number of sources at any given point in time. For purposes of this study, however, we are focusing our concern on the power of the peer group as reference group, or as an "influence base." We can refer to this as referent power (Tedeschi, 1972).

The phenomenon of referent power has been studied by a number of theorists using various sociological terms to identify the concept. It is the equivalent of Deutsch and Gerard's notion of "normative power" (cited in McGinnes, 1970, p. 148), Thibaut and Strickland's concept of "group-set" (cited in Tedeschi, 1972, p. 25), and Kelman's "mechanism of identification" (cited in Tedeschi, 1972, p. 25).

The influence base paralleling referent power is perhaps most clearly illustrated by the process of identification,

and corresponds to the internalization of values, attitudes, and behaviors constituting compliance to influence attempts from a value-congruent rather than sanction-mediated basis (Tedeschi, 1972, p. 25). Referent influence, then, depends to an enormous degree, upon a person's identification with the influencing agent, as well as a person's conscious desire for such identification (Raven and Rubin, 1976).

In the case at hand, we can clearly see, with few exceptions (most notably the health club career), that Jill identified with other heavy drinkers. One can thus speculate, given the body of supportive research, that referent power did, indeed, wield a significant influence upon the development and perpetuation of Jill's alcoholism.

There remains, however, a missing link in our understanding of such influence, that being the matter of choice. This notion of selective exposure has received a great deal of attention from theorists Brehm and Cohen and Festinger as a core proposition of dissonance theory (cited in Tedeschi, 1972, p. 182). Tedeschi (1972) argues that one of the most widely accepted principles of mass communication is that voluntary exposure to information is highly selective. Freedman and Sears (cited in Raven and Rubin, 1976, p. 47) contend that in seeking a referent, a person will ordinarily seek someone who is seen as similar. Festinger further hypothesized (cited in Tedeschi, 1972, p. 183) that the extent to which a person will seek or avoid discrepant information (or referents with discrepant



attitudes and beliefs) will depend upon how confident the person is that his or her position is correct.

In the case at hand, we have seen not only that Jill associated primarily with individuals similar to herself in attitudes, values and behaviors, but that she routinely avoided exhibiting her drinking behaviors when among those who might express opposition. Thus, according to Festinger (cited in Tedeschi, 1972, p. 183), it would be fair to assume that Jill was not extremely confident that her behaviors were, in fact, "correct" behaviors. It would also be fair to speculate that selective exposure was very much an active agent in Jill's peer group associations and the subsequent influence of such associations upon her drinking behavior.

## CONCLUSION

In conclusion, I address my research question: To what extent did peer group associations influence the subject's drinking habits?

In answering this question, I drew upon relevant literature in the area of substance abuse to consider such issues as nature versus nurture, occupation, observability, stressful events, and conscious choice. I then carefully examined my data and attempted to apply the findings identified in the literature to gain a better understanding of the impact of all of these issues on the development of Jill's drinking habits. In so doing, I found that peer group influence was both profound and consistent.

Evident in Jill's behavior was not only a tendency to increase alcohol consumption when associating with heavy drinkers, but also a tendency to decrease such drinking among peers who attached a negative value to excessive alcohol use.

As indicated in my discussion and supported by the literature, the influence of the peer group in determining alcohol use is, perhaps, most significant in early drinking behavior. However, we can see that, in Jill's case, peer groups consistently influenced Jill's behavior even though the groups were comprised of entirely different people at

different points in time.

Obviously, Jill's alcoholism is not an isolated deviance within her life. However, all studies must limit, in some way, the range of variables that will be considered. The focus of this study has been on Jill's peer group associations and how these associations impacted her drinking behaviors. This student is very much aware of the limitations and is, therefore, unable to make any claims beyond the intended focus.

I believe that the course of events that have formed Jill's life over the last ten years clearly illustrates the significant influence of peer group associations on social behavior. Specifically, in an examination of the case at hand, I believe that we can align high and low periods in Jill's drinking career to her attachment to groups displaying like patterns of drinking. Certainly this alignment is neither exact, nor thoroughly consistent, but we can identify a strong tendency for Jill to emulate the drinking patterns of the peer group with whom she identifies at given points in time.

The unknown factor in such an identification, as previously noted, is whether Jill was, in fact, emulating the drinking patterns of her peer group, or if she consciously chose peer groups which would facilitate her drinking habits. On the basis of the experiences I have had and the information I have gained in completing this analysis, I would hypothesize that the answer to this

question would change as the individual's drinking progressed from alcohol use, to abuse, to dependence. However, the movement from primarily emulation to conscious choice would, I suggest, follow the stages of dependence, with the initial impetus of the drinking being emulation and the final stage of development being conscious choice. I further contend that conscious choice would come into play early in the drinking career.

Bearing in mind the body of supportive research for the principle of selective exposure, I thus contend that Jill's selection of peer groups entailed a conscious consideration of the group attitudes, values and behaviors regarding alcohol use.

In summary, I conclude that, in the case of Jill, peer group influence clearly affected Jill's evolving drinking patterns and subsequent alcohol dependence. I further contend that as the patterns of drinking were established, Jill consciously sought peer group reinforcement and that the extent of her drinking was highly dependent upon her success in obtaining such reinforcement.

Finally, in agreement with Martin Plant (1979), I conclude that Jill's success in overcoming alcoholism will be primarily dependent upon peer group influence and reinforcement. Not only will Jill need to modify her former patterns of alcohol use, but she will also need to develop new peer group associations.

The hypotheses and conclusions presented are not

intended as a complete analysis of this case or similar cases, but are instead presented as hypotheses for consideration in future analyses. In closing, I reiterate my earlier caution regarding the methodological problem of relying on family members for data. In so doing, we are necessarily risking a degree of bias. Although written documents and interviews with informants were utilized to address this concern, the risk was nonetheless present and does represent a methodological problem with this and similar case studies.

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## **APPENDIX**

# STATEMENT OF INFORMED CONSENT

I \_\_\_\_\_ give my full permission to Ann Hart to utilize at her discretion the information I have provided to her. Ms. Hart has explained to me the context in which such information is to be revealed, as well as its potential readers. Further, I understand that Ms. Hart will not reveal my true identity, and will utilize a pseudonym in the presentation of the information I have provided to her.

My signature also means that I have read this form and fully understand its content and implications.

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