ALCOHOLISM AND HOMOSEXUALITY: A THEORETICAL PERSPECTIVE

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ABSTRACT. Although causal relationships between homosexuality and alcoholism have not been established, the myths and assumptions surrounding this issue are numerous. Much of the available literature on the subject is from a psychoanalytic perspective, emphasizing latent homosexuality as a cause of alcoholism. Very little is from the perspective of gay and lesbian populations. This paper analyzes the assumptions underlying the biological and genetic approaches, learning theory, psychoanalytic perspectives, and sociological models as they relate to alcoholism and homosexuality.

Despite some indication of a high estimated rate of alcoholism among homosexuals (Fifield, 1975; Lohrenz, Connelly, Coyne, & Spare, 1978; Saghir & Robins, 1973), relatively little research focuses directly on the subject. This is due in part to the difficulty in delineating a representative sample of homosexual alcoholics. Alcoholism is difficult enough to define, and finding a cross-section of homosexuals (both open gays as well as those still repressed) is unrealistic. It is also due in part to the traditional resistance in social science to studying homosexuality. In either event, the available material is severely limited and of questionable reliability as the following analysis reveals.

The Journal of Studies on Alcohol is one of the most important publications in the alcohol field, publishing original articles and abstracts of current alcohol literature. The Journal's index serves as an important resource for the field of alcohol studies, with thousands of citations each year. From 1951 through 1980, however, there were only 42 references under the heading of homosexuality.1

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1Abstracting has not always been as systematic or comprehensive as in recent years. There is, however, no indication that references to homosexuality have been systematically omitted. If errors exist, they probably are randomly distributed throughout the years and across various subtopics. Thus, the numbers in Table 1 should be regarded as not absolute but rather as suggestive of the relative proportion of articles on the subject.

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Also in Alcoholism and Homosexuality, Thomas Ziebold and John Mongeon (editors), Haworth Press, 1982.
No attempt is made in this paper to define alcoholism specifically. Rather, the focus is on drinking patterns in general, with particular emphasis on problem drinking or alcoholism. The words "gay" and "lesbian" refer to those men and women who are open about their homosexual identity either to themselves or to others, although "gay" will be used for brevity to include both men and women. "Repressed homosexuals" are those who have not accepted their sexual identity.

The current trend, however, is clearly in the direction of research on homosexual populations and away from a psychoanalytic model. This is illustrated by the recent appearance of articles on alcoholism in gay magazines and newspapers (such as Abramson, 1979; Anderson, 1979 and Shilts, 1976 in the Advocate; Bowring, 1979 in Gay Community News; Ziebold, 1979 in Christopher Street), by special sessions of professional meetings (such as the 1980 National Council on Alcoholism in Seattle), by the formation of the National Association of Gay Alcoholism Professionals, and by the publication of gay-oriented materials by several alcohol agencies (such as Michael, 1976 & 1977 for CompCare; Schwartz, 1980 for Do It Now Foundation; Alcoholics Anonymous, Alcoholism Center for Women in Los Angeles, Hazelden Educational Services, and Wisconsin Clearinghouse for Alcohol and Other Drug Information). This trend coincides with major social and intellectual advances with respect to homosexuality issues between 1950 and 1980. However, many of the recent scholarly publications on alcoholism and homosexuality are anecdotal or contain serious methodological problems. In fact, the figures usually introduced to support excessive alcoholism rates among homosexuals come from studies with limited generalizability.

The most quoted figure is from Fifield's (1975) study conducted for Los Angeles County by the Gay Community Services Center. Gathering self-report data from 200 gay bar users, 98 bartenders and owners, 53 recovered gay alcoholics in treatment programs, and 132 users of the Services Center, Fifield estimates problem drinking rates in the gay population as three times higher than rates in the general population. Based on bartenders' estimates, Fifield concludes that 10.4% of the total adult gay population in Los Angeles County are a "primary target group of gay men and women in crisis or danger stages of alcohol consumption and in need of alcoholism services" (p. 8). A secondary target group in high risk of needed future treatment is estimated as 21% of the gay population. Thus, 31.4% of the Los Angeles County gay and lesbian population shows signs of alcoholism or heavy drinking. Given the dependency on bar goers and bartenders, the use of self-reported problem drinking, the lack of a control group of heterosexual bar goers, and the derivation of figures from previously estimated percentages, this study has limited generalizability and reliability.

Another highly quoted finding comes from a study of 145 homosexual men selected from two Kansas university towns and two Kansas cities (Lohrenz et
treatment agencies and the services offered for gay men and women (Judd, 1978), a discussion of lesbianism and alcoholism (Hawkins, 1976), and an interview with a lesbian alcoholic (Sandmaier, 1979).

In sum, the direction of research in recent years is toward understanding alcohol use from within the gay community. However, the current literature on homosexuality and alcoholism does not yet include a systematic, rigorous epidemiological survey of alcoholism or of drinking patterns among the gay subculture. The attention that is growing and the interest in the topic that is developing are positive signs for future quality research. Understanding the assumptions underlying prior research on the subject and sharpening the conceptual frameworks for new research are important first steps in achieving the quality that is much needed in this area.

### Theoretical Perspectives

The shift from the historical dominance of the psychoanalytic model to the current trend in studying gay alcoholics from a sociocultural perspective, represents not only a major change in society's knowledge about and attitude toward homosexuality, but also a shift in theoretical perspectives and assumptions about alcoholism. An analysis of each of the major theoretical viewpoints and how it may relate to homosexuality will clarify the myths and assumptions many people hold about the connection between alcoholism and homosexuality and will enhance the ability to evaluate past research and to set the foundation for quality research. Several theoretical viewpoints exist concerning the etiology of alcoholism: biological-genetic, psychoanalytic, learning, and sociocultural (see Buss, 1966).

### Biological-Genetic Arguments

Some have viewed alcoholism as a function of anatomy, physiology, metabolic abnormalities, tissue chemistry, allergies, enzyme defects, or genetic transmission (see Kessel & Walton, 1965). One of the major studies supporting a genetic model is Goodwin’s (1976) work with Danish children. He demonstrated that male offspring of alcoholics, separated from their biological parents in early infancy and raised by nonrelatives, had “nearly twice the number of alcohol problems and four times the rate of alcoholism as the children whose parents had no record of hospitalization for alcoholism” (p. 73). This suggested to Goodwin a genetic predisposition to severe alcohol abuse. Goodwin (1979) has also argued that what is inherited is not a predisposition to alcohol, but a lack of intolerance for alcohol. Those with the allergy to alcohol are the ones who avoid it and remain nonalcoholic.

These studies tend to locate the etiology of alcoholism in biological or genetic abnormalities. Deficiencies or pathologies in the physiological system...
affect reactions and responses to alcohol. Although biological or genetic explanations cannot be ruled out entirely, no conclusive evidence has yet been presented to establish a dominant biological or genetic trait for alcoholism.

Similarly, some have presented biological or genetic abnormalities to explain homosexuality, usually emphasizing hormonal imbalances (Glass, Deuel, & Wright, 1940; Lang, 1940) or heredity (Kallman, 1952). Wilson (1978), from a sociobiological position, even discusses a genetic predisposition to be homosexual. However, no substantial evidence has been forthcoming to support these early studies in establishing a dominant biological or genetic basis for homosexuality (see West, 1967).

Although no one has made the connection explicit or published research on the subject, some dedicated biologically oriented theorists could easily attempt to search for biological or genetic variables to explain both homosexuality and alcoholism simultaneously. Perhaps, they might argue, the reason for high incidences of drinking problems among homosexuals is some shared gene or hormonal imbalance. More importantly, the assumptions underlying a nature-oriented form of inquiry involve a “what-went-wrong” philosophy: that is, deviations from “normal” or “natural” genetic/biological structures are used to describe why the individual ended up both homosexual and alcoholic. By locating the source of behavior in biological or genetic factors, oppressive social conditions are absolved or overlooked.

While genetic or biological theories might combine with other theories in explaining the issue and, thus, contribute to our understanding of alcoholism among homosexuals, the potential misuse of them as sole explanations could prove more detrimental to our understanding of behavior.

Psychoanalytic Tradition

Nowhere is the relationship between alcoholism and homosexuality more distorted than in psychoanalytic theories. As was demonstrated in Table 1, most of the published material cited in 30 years of the Journal of Studies on Alcohol abstracts, especially during the 1950s, derives from a psychoanalytic perspective and emphasizes a causal relationship between latent homosexuality and alcoholism. In fact, the link between the two has been explicitly made since the early 1900s. As Buss (1966) states: “Classical psychoanalytic theory emphasizes orality and homosexuality in the genesis of alcoholism” (p. 445).

Alcoholics are seen to be fixated in either the oral or anal stage, to overidentify with the father, to be anxious about masculine inadequacy and incompleteness, to have emotionally absent fathers and overindulgent mothers, to have experienced traumatic weaning, to exhibit penis envy, or to have an irrational fear of being heterosexual (Buss, 1966; Roebuck & Kessler, 1972; Small & Leach, 1977). These same phrases are often used by psychiatrists to describe the etiology of homosexuality (see Bieber, Dain, Dince, Drellich, Grand, Gundlach, Kremer, Rifkin, Wilbur, & Bieber, 1962; Socarides, 1968).

Modern psychoanalytic theory less often insists that homosexuality is basic to alcoholism, emphasizing more that homosexual urges are controlled by drinking behavior. Yet, erroneous assumptions and myths about homosexuality persist. For example, Hatterer (1970) responds as follows to a client troubled by his homosexual experiences: “You’re right about your homosexual activities being directly triggered by your drinking. I’d go so far to say now it’s possible you’d stop all of it if you were sober” (p. 249). Levy (1958) also draws on faulty reasoning when he writes:

Transient overt homosexual contacts while drinking . . . are not uncommon among patients. In most cases this represents the lack of concern with, and clear perception of, the nature and needs of the sexual object. In most cases a woman or a sheep might have done as well. (p. 656)

Similar sexist assumptions have guided research conducted with homosexuals as control groups. Rather than studying alcoholism among homosexual populations, researchers have tended to look for homosexuality (as defined by masculinity-femininity scales) among alcoholics. A 1959 study by Machover, Puzzo, Machover, & Plumeau, using M-F scales and projective tests, confirmed a hypothesis that remitted alcoholics would exhibit more homosexual tendencies than unremitting alcoholics. They based this hypothesis on “the clinical impression that tendencies toward feminine, including maternal, identification were more frequent among the remitted alcoholics” (p. 529).

Gibbons and Walters (1960) also assumed a psychoanalytic model to test the relationship between latent homosexuality and alcoholism, using a control group of “self-confessed manifest homosexuals” who had been “arrested for homosexual offenses.” They reason that

If there is any substance to the belief that alcoholic males are latent homosexuals, one might expect that they and nonalcoholic manifest homosexuals would perceive certain stimuli in their environment in a somewhat similar manner, i.e., that in some respects alcoholics would differ from normal subjects and resemble homosexuals. (p. 618)

However, their findings were mixed, failing to show any differences between subjects in one experiment and, in two other experiments, showing alcoholics as scoring between homosexuals and “normals.” Yet, Gibbons and Walters conclude: “While the experiments as a whole do not provide strong evidence for the psychoanalytic theory, the results suggest that this theory should not be lightly discarded” (p. 618). Interpreting results to conform to firmly held as-
sultions is also evident in one of Tahka's (1966) conclusions from his study of 50 male alcoholics in Stockholm: "All the subjects preferred men to women as drinking companions. This might be interpreted as an indication of latent homosexual needs" (p. 179).

The relationship between latent homosexuality and alcoholism is even expressed in artistic form in Tennessee Williams' 1955 play Cat on a Hot Tin Roof. Brick's alcoholism is linked to his frustrating relationship with his wife Maggie and his repressed homosexual feelings about his dead friend Skipper. Lolli (1956) sees in this play an illustration of the psychoanalytic refrain: "Oral frustrations contribute both to alcoholism and homosexuality. Therefore, the presence of latent homosexual traits in alcoholics is neither unusual nor mild" (p. 550).

Critics of this perspective attack the overemphasis on oral aspects of homosexuality. The typical psychoanalytic approach usually ignores the range of sexual practices and the emotional-love dimensions of same-sex relationships. Furthermore, it does not account for lesbians, for the repressed homosexuals who are not alcoholic, for the open gays and lesbians who are not alcoholic, and for the open gays who are alcoholic (Small & Leach, 1977). While repression of fundamental characteristics of self can often lead to destructive behavior, the focus of psychoanalysis is of particular relevance here. The relationship between latent homosexuality and alcoholism assumes that learning to overcome one's repressed homosexual feelings and to live heterosexually is the best "cure" for alcoholism. Thus, the focus of therapy is on one's sexuality, not on the drinking or the repression. In other words, when a pathology is linked to repressed homosexuality in psychiatry, the link is made to the homosexuality instead of to the repression (Adam, 1978). Szasz (1970) similarly has criticized psychiatry for manufacturing mental illness and labeling homosexuality as a disease, thereby obscuring the fact that homosexuals are medically stigmatized and socially persecuted.

Connecting a disease concept of homosexuality with a disease concept of alcoholism, however, makes sense from a psychoanalytic therapeutic viewpoint (see Conrad & Schneider, 1980). Each disease can then be cured with similar techniques: psychoanalysis or aversion therapy, and only by medical experts. Adam (1978) has described the historical role of therapeutic ideologies in perpetuating inferiorization and domination among gay people. The psychoanalytic model has served to maintain internalization of negative self-images. As Adam states:

The psychiatric literature provides a compendium of the responses to domination; it is a vast document of the contempt internalized by an inferiorized people from a society which stands opposed to its self-realization. The "cure" is the disease. Acting as an agent of inferiorization,
a gay subculture increases, often at first through bars, emerging gay people develop rationalizations and justifications for their behavior. Social rewards and minimization of anxiety over being different increase, thus leading to the continuation of homosexual behavior (Akers, 1973).

A learning model explanation of excessive drinking among gays and lesbians stresses tension-reduction and the more positive hedonistic aspects of the open and visible gay community. For some gay people just coming out, getting involved sexually with another of the same biological sex is possible only while intoxicated (Chafetz, Blane, & Hill, 1970). The tension, anxiety, and guilt feelings generated in the context of a society which does not condone homosexual behavior are reduced by increased alcohol use. The resultant strength and feelings of power allow emerging gay people to make sexual contacts and overcome social resistances.

Another possible explanation is the positive reinforcements of an open gay life-style which stresses bar life and drinking. The emergence of gay bars as a common institution for introduction into a gay community derives from their history of permissiveness and protectiveness (Achilles, 1967). Gay bars emphasize the leisure time dimensions of one's gay identity; they provide a new anonymity and segregation from the dominant culture and permit sexual contacts to be made with relative safety and respectability (Achilles, 1967). Hooker (1965) has also described gay bars as centers for communication among the gay community and as free markets retailing both leisure time activities, such as entertainment and drinking, and sexual services. That gay bars serve a wide range of needs, interests, and goals in often highly ritualized ways is documented in Read's (1980) ethnography of a working-class gay male bar. Whatever the motives of gay bar patrons, and whatever needs are being filled, the importance and availability of alcohol in achieving their goals is strongly evident in the gay bar subculture.

Other social activities within the gay community, as well as the gay media, constantly encourage a fashionable social scene replete with alcohol (Warren, 1974). This mirrors the dominant culture's emphasis on drinking as an acceptable component of a successful social event. As Warren states: "There is pressure to drink alcohol. . . . Getting drunk in gay bars, like getting drunk at home gatherings, is normal trouble in the gay community, rather than deviance" (p. 58).

This might explain why some open gays and lesbians drink heavily, not because of anxiety or low self-esteem, but because of the acquired habit of drinking in gay settings. The positive aspects of being a part of a gay community reinforce drinking patterns. Drinking is not used to escape from something; rather it is used to join something. Initial socialization into a gay community often occurs by attending gay bars and by enacting the drinking roles perceived as essential for a gay identity. Whether heavy drinking may be for some the outcome of continually reinforced positive feelings engendered by the gay life-style and not due to negative feelings has yet to be systematically explored.

As with all subcultures, there exists a diversity of people within the group. There are many different types of homosexuals; there are many different types of alcoholics and alcoholism. Searching for a single etiology to explain all drinking by homosexuals or to explain all forms of alcoholism is a misguided task. For some open gays, a pleasure-seeking explanation is probably a more accurate learning model. For others just "coming out," a tension-reduction model may serve as a sharper explanation, especially in the context of emerging positive rewards as contact is made with a gay community. For those still "in the closet" and repressing their identity, a tension-reduction model may also be an appropriate framework for understanding their drinking behavior. Thus, learning theory can offer several avenues of research for analyzing drinking behavior patterns among various types of gay people at various stages of identity formation.

A Sociocultural Approach

Variations in rates of alcoholism from one society to another, and from one subculture to another, have led many to seek a sociocultural explanation for drinking patterns and behaviors. Kessel and Walton (1965) emphasize such factors as incitement (money, leisure time, advertising), opportunity (social class, occupation, number of area bars, laws), and example (peers and parents) as contributors to alcohol use and abuse. Trice (1966) has focused on the social values, rules, and meanings a particular group gives to alcohol, and Bales (1946) has offered a model of three interacting sets of factors: dynamic factors, alternative factors, and orienting factors. Dynamic factors include acute psychic tensions at the group level; alternative factors are culturally defined patterns of behavior other than heavy drinking but functionally equivalent in relieving acute psychic tensions; and orienting factors involve the group's traditional ways of defining the norms and attitudes about drinking.

Some have developed anomie theories for explaining the source of tension and anxiety experienced by the incipient alcoholic. Snyder (1964) emphasizes the low rate of alcoholism among culturally integrated and cohesive societies and the higher rate among societies with more social disorganization. Ullman (1958) similarly stresses the importance of inconsistent drinking norms and untruntegrated drinking customs in producing ambivalent feelings about drinking. Room (1976), on the other hand, rejects the concept of ambivalence as an explanation for problematic drinking behavior.

Others have argued that drinking behavior is related to definitions emerging out of social interaction, emphasizing the power of labels and socially constructed meanings within a culture. MacAndrew and Edgerton (1969), for example, refute the universality of the disinhibiting effects of alcohol. They ob-
served, in numerous cross-cultural settings, that social behavior while drunk is highly variable and situationally defined. How a society defines drinking and drunkenness, what meanings are constructed for behavior "under the influence," and what situational factors and social norms are relevant, all affect drinking patterns and definitions of alcoholism.

Furthermore, some argue that definitions of drinking problems and behaviors are imposed by those in power to make and enforce rules (Conrad & Schneider, 1980). The emergence of the temperance movement as a crusade symbolic of the power of the ruling class illustrates the process of socially defining, transmitting, labeling, and controlling drinking behavior (Gusfield, 1963). Duster (1970) also describes the relationship among social class, power, and definitions of substance abuse as immoral or illegal.

Changing social structural conditions also have been demonstrated to affect drinking behavior. Brenner (1973) shows that "psychiatric hospitalization of persons diagnosed as having psychosis with alcoholism increases sharply during economic downturns and decreases during upturns" (p. 225).

In short, a sociocultural view of alcohol use emphasizes the norms and values of the society toward drinking, the meanings people attach to drinking, and the definitions and laws imposed by those in power to enact and control the norms.

Similarly, one can develop a sociocultural analysis of homosexuality, focusing on a society's definitions, norms, and attitudes toward it. By viewing the social context in which an individual is socialized (for example, social class, ethnic background, religious influences, family dynamics), a clearer understanding can emerge of how a person acquires a sexual identity and what is done with it by society and by the individual. Instead of defining homosexuality as an illness or pathology, therefore, a sociocultural perspective emphasizes the meanings given by people and by those in power to homosexual behavior. Stigma, oppression, individual rage and anxiety are seen to be created by the social context and cannot be fully understood apart from the dominant culture's values and beliefs (Hills, 1980). The fact that homosexuality has been variously regarded through time as a sin, a sickness, a moral issue, a legal issue, and a life-style illustrates the importance of social definitions in how gay people are treated and how they perceive themselves (Conrad & Schneider, 1980).

An analysis of drinking behavior within gay and lesbian subcultures, then, employing a sociocultural model, leads to a more complex and less reductionistic understanding of the issue. Unless the problem is viewed from the perspective and social context of gay people, inappropriate research methodologies and misguided assumptions will persist. As Robinson (1976) states in his call for a sociological study of alcoholism:

we must not take for granted at the outset what "alcoholism," or "drinking problem," or "being an alcoholic" is. What is needed instead is an understanding of what these things mean to particular people in particular situations. (p. 8)

If one focuses on the social context in which gay people find themselves, how they define reality and perceive their situation, and what symbols and values they hold with respect to alcohol use, a more complete picture of the relationship between homosexuality and alcoholism begins to develop.

Emphasizing the point that gay people congregate in bars is too simple an explanation for understanding their drinking patterns. It is only one factor ('opportunity' in Trice's perspective, or "orienting factors" in Bales') among many which interact. A necessary starting point in understanding homosexual drinking patterns is to focus on

the inner world of alcoholism—with the view from inside out rather than outside in. . . . We must, in effect, put aside our own frame of reference and be willing to enter into that of another to see how he makes sense of his experiences and reacts to them. (Wallace, 1977, p. 6)

Understanding how certain gay individuals manage and control their feelings in an oppressive social context illustrates this phenomenological perspective. A homophobic society instills in those coming to terms with their sexuality a variety of feelings about the immorality and deviant nature of homosexuality. A typical response is to deny to oneself (and often loudly to others) that one is homosexual. Self-hatred, fear of being different, and lowered self-esteem often lead to strong ego defenses and rigid denial (Ziebold, 1978). Hiding one's feelings, sexual and otherwise, becomes normative. Thus, homosexuals trying to "come out" find they must struggle not only against society's expectations, but also against their own perceptions. Some may give up, becoming alienated from their own feelings. They hide behind the closet door, locked securely by the illusion of safety while slowly destroying their own identity and mental health.

These dynamic factors may also lead some to increase their consumption of alcohol to aid in their "coming out" process or to maintain their concealed identity. As Ziebold (1979) writes, "Homosexual individuals who have been forced to develop rigid defenses against social reaction to their sexual and affectional orientation may unknowingly let these same reflexes reinforce a budding dependency on alcohol" (p. 39). Given the orienting factors of socially approved drinking settings, such as parties and gay bars, alcohol can easily become, for those coming out, one means of coping with the perceived oppressive social situation and personal psychic confusion. The absence of significant, subculturally valued alternatives to drinking settings, especially in the smaller, less urban centers, contributes to the dependency on alcohol as an acceptable solution to feelings of anxiety, alienation, and low self-esteem. This, of course, is not much different from the role of alcohol in heterosexual
society, except that for many heterosexuals, there are numerous socially sanctioned, positive alternative sources of dependency. Social interaction does not always depend on singles' bars; family bonds may often be stronger, and work-related friendships may be closer. For those heterosexuals who also find these factors absent, vulnerability to the alcohol alternative increases. Although the absence of these factors can often be replaced by newer social ties to gay groups and "families" (Nardi, in press), the gay person just "coming out" or the repressed homosexual would probably not as yet have made these new connections. For some open gays for whom the absence of these factors may be acute, for those homosexuals not yet involved in a gay subculture (still "in the closet"), and for those still repressing their identity, alcohol can easily become a source of dependency and strength. Ziebold (1979) clearly illustrates this sociocultural model when he writes:

A high level of psychic stress, polarization towards bars and cocktail parties as the primary basis for social interaction, and a closing off of alternative modes of relief in everyday living: these are the forces of oppression, and alcoholism is one of the resulting symptoms. (p. 40)

The dilemma faced by gay and lesbian alcoholics is further heightened when one considers the additional stigma of alcoholism. Concealing from oneself and from others that one is an alcoholic is a common practice. Whether this is a function of an unconscious denial process, is due to a society imposing negative labels on certain forms of drinking behavior, or is a result of epistemological confusion [i.e., difficulty in coming to know oneself due to conflicting beliefs, social comparisons, and mixed outcomes with alcohol use (Wallace, 1977)], there is clearly an attempt to hide oneself behind another closed door. Alcoholism has historically been treated as a crime, a sin, a moral issue, a legal matter, or, more recently, a disease (Conrad & Schneider, 1980). But even today, it is kept quiet in families, concealed at work, and hidden from others. Being labeled alcoholic has been as stigmatizing as being labeled homosexual (see Goffman, 1963).

Confined by double closet doors, gay and lesbian alcoholics must work on opening both. As alcoholics, homosexuals must hide their drinking from other gays for fear of rejection; as homosexuals, alcoholics must hide their sexuality from heterosexual alcoholics or therapists for fear of rejection (Ziebold, 1979). The problems are further intensified if the gay alcoholic is a member of another minority also oppressed and stigmatized by society. Women, blacks, Hispanics, and Native Americans are some of those who face additional blocks to finding positive alternative sources of identity and support. Alienation, low self-esteem, and morally weak labels are maintained by the social system, thereby increasing vulnerability to addictive behavior. How society defines and regulates interactions and roles for homosexuals, alcoholics, and other minorities must be

analyzed first. Studying how these people define their situation and attempt to express their feelings in this social context will lead to a fuller understanding of the complex, dynamic relationship between homosexuality and alcoholism.

Summary

As with any social phenomenon, adopting a particular theoretical framework structures the kinds of questions asked and limits the range of answers offered. A biological or genetic perspective tends to focus on deviations from what is assumed to be natural. Anomalies, illnesses, and pathologies are described, and variations in "normal" behavior become so labeled. Overlooked or de-emphasized are the social structural factors and environmental strains which may be contributing to the "deviant" behavior.

Psychoanalytic paradigms focus attention on latent homosexuality, thereby failing to account for problem drinking among open gays and lesbians. Furthermore, assumptions underlying this perspective emphasize the "deviant" sexuality and not the societal conditions leading to the repression.

Learning theory models best contribute to our understanding of why some of those openly gay and involved in a gay subculture may become alcoholic. Socialization into a hedonistic, positively reinforcing life-style revolving around bars and other alcohol-oriented social functions is offered as an explanation by this perspective. Future research needs to focus more on the positive dimensions many perceive while learning to become a member of a gay subculture of bars and parties.

A more encompassing viewpoint is the sociocultural one, emphasizing labeling theories, conflict models, and interactionist perspectives. Understanding drinking behavior and patterns among gay populations necessitates analysis of the meanings and definitions of alcohol use people within a subculture evolve. How those in power structure the roles of gay people and alcoholics, how they define problem drinking and alcoholism, and how gay people in turn respond to these structures and definitions are the issues this perspective emphasizes.

By clarifying models for research and assumptions underlying various theoretical perspectives, our understanding of the relationship between homosexuality and alcoholism will be enhanced and our strategies for prevention and treatment can only improve.

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