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### Author

Maguire, Tara Ann

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The Social Situation of Alcoholism in Japan

A Thesis submitted in partial satisfaction of the requirements for the degree of  
Master of Arts

in

Anthropology

by

Tara Ann Maguire

Committee in Charge:

Professor Janis H. Jenkins, Chair  
Professor Thomas Csordas  
Professor Stephen Parish

2011

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Chair

University of California, San Diego

2011

*To my parents, in gratitude for their endless love and support*

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ABSTRACT OF THE THESIS

The Social Situation of Alcoholism in Japan

by

Tara Ann Maguire

Master of Arts in Anthropology

University of California, San Diego, 2011

Professor Janis H. Jenkins, Chair

This thesis explores the ways in which alcoholism is defined in Japan and the ways in which people understand and deal with a diagnosis of alcoholism. Through examination of recent ethnographic work, this thesis seeks to answer the questions of how an assessment of alcoholism is made amidst the high tolerance for seemingly problematic drinking behavior in Japan, and argues that a Japanese emphasis on the relativity of ethics to specific social situations renders alcoholism difficult if not impossible to define outside of the situation in which it occurs. This thesis also examines other causes of ambiguity regarding alcoholism in Japan, namely the fine line between nurturing and codependent behavior as perceived by wives of alcoholics, and the lack of clarity regarding whether alcoholism is best

conceptualized as a physical disease, mental illness, or moral failing. Comparisons are drawn with concepts of alcoholism in the United States to further illuminate the distinctiveness of the Japanese situation as well as to highlight traits shared in both contexts.



## I. Introduction

Alcohol use has long played an important role in Japanese culture, and in recent years, the problem of alcoholism has become more visible to the Japanese public eye. However, alcoholism is not clearly defined or consistently recognized in Japan; as Christensen writes, “To study alcoholism in Japan is to study something confounding for its pervasiveness that remains somehow hidden in plain sight” (2010: 6). This paper will take up the question of the “somehow” in the above statement: why is alcoholism so often inchoate, and what causes it to emerge and be defined? I will look to theories of a Japanese tendency towards socially situated ethics and norms as an explanation (Lebra 1976, Benedict 1946). If rules about behavior cannot be made outside of the specific situation, as I will argue may be the case in Japan and elsewhere, it is difficult to establish objective norms for behavior that hold true across situations. Applied to drinking behavior, this means 1) that what is acceptable behavior in one specific situation with specific people may be unacceptable elsewhere and 2) the concept of alcoholism in Japan may best be viewed as located in the situation and not the individual. It can be argued that the two above assertions may be true anywhere. While this may be the case, I will argue that their applicability is a matter of degree. As various theorists assert that Japan is more focused on “the social” than other societies (Lebra 1976, Benedict 1946), and that this increased focus is a difference of degree, not kind, I will argue that the socially situated nature of drinking and alcoholism in Japan is not unique to

Japan but is still due to particularly Japanese cultural factors that enhance its socially situated nature.

After first reviewing theories about the social focus of Japanese culture, I will discuss Japanese drinking behavior, both normal and abnormal, and the specific situations in which normal and abnormal drinking behaviors are defined. The situations I will examine are that of the drinker with his peers and that of the drinker and his family.<sup>1</sup> In looking at drinking behavior in these situations, I will examine the concept of *amae* as helpful in understanding alcoholism in Japan as primarily conceived of as a disturbance in social relations.

I will then examine competing definitions of alcoholism that exist in the realms of general popular understanding, of the medical establishment, and of alcohol recovery groups. I will discuss the meanings of disease and moral responsibility contained in these definitions, as these inconsistent definitions--of alcoholism and of disease and responsibility--contribute to the unclear boundaries between normal and abnormal drinking. In this context, I will look at the Japanese emphasis on self-control regarding drinking as well as the specifically Japanese motivations for this self-control. I will compare these motivations with Valverde's (1998) theories about the reasons for self-control in the U.S. and Europe regarding alcohol use. In general, the Japanese are motivated to maintain self-control

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<sup>1</sup> I use the pronoun "his" because drinking has traditionally been a primarily male past-time in Japan. Although recently women increasingly drink, and increasingly identify as alcoholics, a once unheard-of phenomenon, female drinkers are just beginning to be studied, and are an important subject for future research (Christensen 2010).

regarding alcohol more for the sake of social harmony than for individual well-being, as compared to the motivations of Westerners; this difference is to be expected given Japan's overall high level of focus on the social. In trying to understand the moral implications of alcoholism in Japan, Zigon's formulation of morality as "a realm not of rule following, but of lived experiences that feed back into one another in a continuing process of re-evaluation and enactment" (2008:8) is useful. It is important to recognize, too, that a major factor in these lived experiences and their feedback to each other is interpersonal interaction in different types of social situations.

## II. Cultural Context: Japanese Focus on the Social

Many anthropologists have described Japanese culture as having a relatively high emphasis on the social domain of life, including sociality as related to morality. This tradition can be traced back to Benedict's (1946) *The Chrysanthemum and the Sword*, which is perhaps most famous for its assertion that Japan has primarily a "shame" as opposed to "guilt" culture, an assertion that Benedict sees as intimately connected with the social orientation of the Japanese. If shame rather than guilt is the motivation for moral behavior, people necessarily looks outwards to the social rather than inwards to the individual for moral guidance, as shame is felt in relation to other people's perception or possible perception of one's behavior, whereas guilt, traditionally, arises from one's own conscience, related to a more abstract code. Benedict writes, "True shame cultures rely on external sanctions for good behavior, not, as true guilt cultures do, on an internalized conviction of sin. Shame is a reaction to other people's criticism. [...] [I]t requires an audience or at least a man's fantasy of an audience. Guilt does not. In a nation where honor means living up to one's own picture of oneself, a man may suffer from guilt though no man knows of his misdeed and a man's feeling of guilt may actually be relieved by confessing his sin" (223). Benedict indicates that in designating a culture as primarily shame- or guilt-based she is not making a moral judgment; she asserts that in the U.S. shame is beginning to be felt more and guilt less, and that some interpret this as a lessening of morality. She writes, however, that this interpretation is held "because we [Americans] do not expect

shame to do the heavy work of morality. We do not harness the acute personal chagrin which accompanies shame to our fundamental system of morality” (224).

Many have taken issue with the Benedict’s designation of Japan as a shame culture; others have defended her analysis. Some have objected to her assessment of Japan as a shame culture, according to Lebra (1976), because they feel that this was intended as a criticism; Lebra, although she thinks Benedict’s overplays the importance of shame to the Japanese, does not consider Benedict’s characterization a negative evaluation of Japanese culture and therefore does not object to it on those grounds. De Vos (1973) argues that while shame plays an undeniably large role in social control, guilt is also powerful but not as easily visible to Western eyes. He argues that this is because guilt in Japan is primarily related to failing to meet obligations to family members and not to live up to an abstract moral code; basically, Japanese guilt does not resemble Western guilt in all respects, and so Westerners sometimes fail to recognize it as guilt. Whether guilt is relatively unimportant in Japanese culture or is highly important but not identical with guilt as typically seen in the West<sup>2</sup>, the major theorists about shame, guilt, and ethics in

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<sup>2</sup> Much anthropological work on culture and emotion has focused on shame, guilt, and their inter-relation in various cultures. Levy (1973) analyzes shame as hyper-cognized and guilt as hypo-cognized in Tahiti. He also analyzes “arofa,” a term best translated as “empathy/pity/compassion (Levy 1973: 342) as performing much of the work that guilt does; it may involve feeling bad for someone one has hurt. Levy writes:

It is applied in discussions of self-control where, through one’s feeling of empathy with someone, one realizes that one must pity him. Why?  
Because he has suffered some harm because of one. (1973:342-343)

This function of “arofa” looks much like the Japanese form of guilt as analyzed by De Vos. It can be argued that shame is hypercognized and guilt hypocognized in

Japan agree that standards of right behavior are created there in relation to specific social situations as opposed to existing outside of these situations.

Lebra links these ethical standards to the importance of status and role in Japanese culture. In this case, Lebra defines status as “a position in a hierarchical social system” (1976: 69) and argues that performing the duties associated with one’s status in Japan is extremely important. Lebra titles a chapter discussing the importance of status and role “Occupying the Proper Place,” echoing Benedict’s chapter in *The Chrysanthemum and the Sword* on “Taking One’s Proper Station”; both works discuss the Japanese emphasis on the importance of proper behavior in relation to one’s social position in relation to others. Lebra further discusses the different situations in which certain behaviors occur and the different sorts of behaviors appropriate to each category of situation, or as she terms it, frame. These frames are “Intimate,” in which the participants are completely relaxed around one another and experience a sense of unity or even merging; “Ritual,” in which the participants experience themselves as separate individuals seeking the other’s approval; and “Anomic,” in which there are no social ties between the participants

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Japanese culture. Interestingly, according to Frijda and Mesquita (1994), this form of guilt may be less unusual in Western cultures than the above research suggests. Analyzing data from the Netherlands, they conclude that, in general “guilt emotion does not necessarily reflect awareness of having transgressed some norm but, rather, having behaved carelessly, or having caused loss of love, or both. Considering these data, guilt emotion appears indeed to follow from the mere fact of having unintentionally caused harm in someone else” (Frijda and Mesquita 1994: 79). It is possible that this aspect of guilt is hypocognized in American and European societies.

(such as the situation of being among strangers on a train). According to Lebra, the most common frame in day-to-day interaction with others is “Ritual;” she writes

The ritual situation that elicits ritual behavior ranges widely, from the extremely structured situation, such as a ceremony, to the undefined, accidental situation, such as an unexpected encounter with an acquaintance on the street, from play scenes to work scenes. What links them all is that Ego defines Alter or a third person (or both) as an outsider whose opinion he cares for. The reasons may also vary widely, but, most generally, Ego cares because Alter has some influence over him and Ego thinks Alter would exercise his influence variably depending on Ego’s performance. (1976: 120)

Lebra continues with a description of general components of ritual behavior:

Among the indicators of ritual behavior are posture (tense, unrelaxed way of sitting or standing), gestures and countenance (deep bowing, somber facial expression), style of speech (formal, polite style with honorifics, or ceremonial speech), and physical distance between Ego and Alter. (1976: 121)

The above analysis of Ritual behavior is also important as an example of the strict social rules in play in much of Japanese life. By contrast, in an “Intimate” situation, according to Lebra,

Boisterousness, crying, postural indulgence such as lying on the floor (which would be a grave faux pas in other situations), falling asleep in front of others while the party is still going on—such violations of conventional norms are endorsed or even permitted in intimate interaction (1976: 116).

As will be discussed below, Smith (1988) analyzes the use of alcohol as a means of transitioning from a “Ritual” to “Intimate” situation.

Lebra theorizes that Japanese morality is rooted in the social as it concretely exists. She attributes this to what she sees as a Japanese cultural tendency to be extremely attuned to social relationships<sup>3</sup>:

The overwhelming impression from the literature, as well as from my personal observations, is that the Japanese are extremely sensitive to and concerned about social interaction and relationships. [...] When the individual experiences inner pleasure or pain, joy or suffering, hope or despair, he tends to be preoccupied with his relationship to some *hito* [person(s)—the word can indicate either singular or plural]. I shall call this orientation “social preoccupation.” (1976: 2)

Lebra sees this “social preoccupation” as informing many other areas of Japanese life, and contrasts an attitude of “interactional relativism” she associates with the Japanese social orientation with “unilateral determinism,” which she associates with the West (1976: 7-8). Lebra writes, “Explaining actions governed by interactional relativism involves situational variability and complexity and consideration of the overall balance among relevant factors. The whole thing ‘depends.’” (1976: 8). By contrast, Lebra defines unilateral determinism as oriented towards the idea of a “prime mover” in any situation. Lebra writes that

the prime mover may take various forms: a “spirit,” as in Hegelian metaphysics; an “idea,” as in Platonic realism; the so-called natural law; or from the point of view of historicism, “history.” Nor does it have to be of such lofty quality. The prime mover could be an individual human being, either superhuman, such as a dictator or a savior, or an ordinary citizen, as in sanctified individualism. Or, as

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<sup>3</sup> Clancy (1986) analyzes this social attunement as arising through mother-child verbal interaction, in which the mother’s communication style shapes the child’s awareness of others needs and expectations through the use of indirect statements and avoiding refusal, for example. As will be explored later, the mother-child relationship is seen as extremely formative in Japan.



in the tradition of metaphysical materialism, it may be matter that determines every phenomenon. (1976: 11)

Unilateral determinism, therefore, is oriented toward a single cause linearly affecting something else, whereas in the framework of interactional relativism, elements in a system interact with each other and mutually determine the situation. Although Lebra asserts that her description of “interactional relativism” and “unilateral determinism” is of ideal types that are more exaggerated than the social reality—meaning that any society will have aspects of both attitudes, she argues that the Japanese ethos is closer to the description of “interactional relativism.”

Lebra holds that one of many areas in Japanese culture where this tendency towards interactional relativism is influential is morality. She writes:

An earthly cosmology is further reflected in the sphere of morality. The clear-cut dualism of good and bad, right and wrong that is characteristic of unilateral determinism is not congenial to the Japanese sense of morality. For the Japanese, goodness or badness is a relative matter, relative to social situation and impact, whose complexity may often be beyond any judge’s comprehension. [...] The Japanese tend to hold everyone involved in a conflict responsible for it. [...] Nor are the Japanese, who consider morality socially relative, keen on systematizing moral doctrines as independent entities. (1976: 11)

I will argue that the lack of clear-cut standards of normal and abnormal drinking in Japan is likely due in part to this orientation to morality, as alcoholism, even though conceptualized as a disease, simultaneously remains an issue of personal responsibility towards others, and therefore a moral issue. As Chenhall and Oka note, alcoholism is “most commonly referred to by leaders of Danshukai [a group similar to AA] in Tokyo as a ‘disability of human interaction.’” (2009: 123). If

alcoholism is “a disability of human interaction” it can be argued the problem lies in the interaction and not the actor, and evidence from Japan suggests this as a possible interpretation.

### III. Norms of Drinking in Japan

Before further examining alcoholism as a failure of situational ethics, it is important to discuss the concrete practices of drinking in Japan. Two recent ethnographies, Smith's *Drinking and Sobriety in Japan* (1988) and Christensen's *The Fragility of Sobriety: Alcoholism and Masculinity in Japan* (2010), address alcohol use and to different degrees, alcohol abuse in Japan. Although the ethnographies are separated by almost twenty years, much of the alcohol-related norms in Japan appear to have remained the same, as have the treatments in place for those who do not follow these norms and become alcoholics. Alcohol consumption is and has been a key component of male social life in Japan (Smith 1988, Christensen 2010, Moeran 2005, Allison 1994, Borovoy 2005). As Moeran writes, "Drink and drinking in Japan are a serious business" (2005:45). All the authors listed above note the ability of alcohol consumption to break down strict hierarchical barriers.

As well as breaking down social barriers and easing social interaction, alcohol often functions to allow certain behaviors that would not be allowed otherwise; it does so in Japan as it does in many, if not most, other alcohol-consuming societies in the world (McAndrew and Edgerton 1969; Smith 1988; Christensen 2010). Several scholars have noted that Japanese culture is remarkable for the degree of its acceptance of drunken behavior. Smith writes, "Drunken comportment in Japan permits behavior that is notably less restrained than that

which is considered acceptable by middle class American standards” (141). He continues:

There is frequently an almost abrupt transformation from staid self-control to boisterous silliness. Finally, those who have spent time in Japan comment on the number of respectable looking Japanese who achieve such drunken excess that they pass out or vomit in public. (N.B. Obviously none of these traits is unique to the Japanese. It is the frequency and/or extremity of the traits that it is noteworthy.) (1988: 5-6)

Similarly, Christensen discusses his experience of passing by drunken businessmen at train stations on the way back from AA meetings and observing the provisions made for inebriated travelers:

The sawdust [in canisters at the train station] is used to contain and dry pools of vomit left by intoxicated individuals on their commute home, and the contrast I felt leaving an AA meeting in which members spoke of the difficulties they have talking about their alcoholism with others, against the tolerance and preparation afforded public drunkenness, remained jarring throughout my time in Japan. (2010: 115)

Although alcoholism and drunkenness are not equated by definition in America, where the current definition of alcoholism originated, they appear to be more closely associated there than in Japan. (I will discuss definitions of alcoholism in more detail below.) Foreign reaction to the incongruity of tolerance of public drunkenness and lack of acceptance of alcoholism is a result in part of the observers’ own cultural ideas about alcoholism (Smith 1988: 6). However, it still remains striking that certain sorts of problematic behavior stemming from drinking, as in public vomiting, are tolerated, while others may lead to a diagnosis of alcoholism. In any case, the permissiveness of Japanese culture towards drunken

behavior differs from that of American culture chiefly in degree—both cultures loosen restrictions on behavior when drunk, as do most cultures where drinking occurs (McAndrew and Edgerton 1969). The relatively high Japanese permissiveness toward drunken behavior may relate to the rigid and hierarchical social rules in effect during ordinary life (Smith 1988, 1998; Christensen 2010). When drinking social norms are much more relaxed, and men may say things to each other—including their superiors—that would be completely inappropriate under other circumstances. Smith writes:

Japanese men are supposed to be serious (*majime*). Seniors, and people in positions of authority, ought to set good examples. Subordinates should respect their seniors. Sexual topics, in the context of co-workers of the opposite sex, are inappropriate. Individuals should not draw attention to themselves.

All these “shoulds”, [sic] “oughts”, [sic] and “inappropriates” belong to the world of ideal behavior, and are rules often bent in daily social intercourse. But the behavior described in the anecdote above, and so much of what goes on during interactive drinking, exceeds even the most lenient standards of normal, acceptable, Japanese adult decorum. (1988: 132-3)

Most others who write about drinking in Japan echo Smith’s observations (Allison 1994, Christensen 2010, Borovoy 2005). Allison notes, “Tired of the rules and rituals that control their actions during the day, men use alcohol regularly, almost fiercely, after hours. [...] Thanks to the social blind spot, what they do will be excused, what they do over-looked” (1994:46). And Smith continues:

Drunken comportment in Japan permits behavior that is notably less restrained than that which is considered acceptable by middle class American standards. Because the workaday comportment of Japanese is generally more constrained than that of their American

counterparts, the Japanese transformation from sobriety to drunkenness seems all the more striking. (1988: 141)

He stops short of drawing a causal connection between more restrained sober behavior and less restrained drunken behavior, however.

Smith, Christenson, and others note that in Japan, not only is “drinking to get drunk” not frowned upon, as it is in other cultures (notably in America), but it is instead encouraged. Smith explains that being “drunk” is, in fact, necessary to the drinking occasion. And, according to Smith, drinking is commonly seen as an unambiguously positive activity in Japan, unlike in other countries where alcohol also plays a large part in social life, such as in America and parts of Europe, where ambivalence towards alcohol is more common (Alasuutari 1992; Smith 1998; Gusfield 1996). According to Smith, this positive view of alcohol is directly due to its effects of loosening social norms, which Smith analyzes in the framework of moving from a ritual to an intimate situation, following the work of Lebra discussed above. Smith writes:

All societies contain safety valves, limited alternate social situations, in which behavior that is ordinarily negatively sanctioned becomes permissible. In the context of Japan the term “Ritual” has been used [originally by Lebra] to label normative behavior and the term “Intimate” to label exceptional, permissible behavior. (1988: 160).

“Ritual” situations in Japan are those governed by strict rules and hierarchy; “Intimate” ones are less rule-bound. Smith, following McAndrew and Edgerton in *Drunken Comportment* labels Japanese drinking situations “Time Out” situations. These drinking situations, as “Time Out” from the “Ritual” situations more typical in Japanese life, are also “Intimate” (Smith 1988). Smith therefore superimposes

McAndrew and Edgerton's framework onto Lebra's. McAndrew and Edgerton first articulate the idea that drinking occasions provide a break from societies' ordinary rules; they write, "In a word, drunkenness in these societies [the members of which use alcohol] takes on the flavor of 'time out' from many of the otherwise imperative demands of everyday life" (1969:90). Smith asserts that "Time Out" situations can be established by a number of cues, including certain relationships (he cites the relationship between parent and child), social events, and settings. These are cues in that they indicate to the participants in the situation that normal rules for behavior are to be relaxed, according to Smith. Smith argues that alcohol is "a social cue, a symbol, designating an interactional arena to be governed by alternate Time Out (or if you will, Intimate) rules of behavior" (1988: 161). Alcohol is therefore, according to Smith, a signal that the situation has transformed from an ordinary one in which "Ritual" rules apply to an "Intimate" situation in which these rules are suspended. Japanese drinking behavior very closely matches Lebra's description of "Intimate" situations as breaking the rules of ordinary interactions.

For alcohol to fully define a situation as "Intimate," according to Smith, everyone must partake in it; this is because a culturally constructed, as opposed to purely, physiological drunkenness, allows the situation to move into the "Time Out" realm, in Smith's analysis. This is why, according to Smith, abstaining from alcohol is stigmatized; abstention is a refusal to participate in "Time Out," and a sober person is a reminder of stricter, "Ritual" social rules that must be followed

regarding the sober person. Smith writes that the non-drinker “does not share in the emotional warmth and camaraderie that goes with drinking and therefore inhibits others who do drink” (1988: 150). According to Smith there are a few, legitimate temporary excuses for not drinking; these include that the abstainer cannot drink due to doctor’s orders. This is an interesting exemption because alcoholism, in Japan, is medically diagnosed; however, as will be discussed further below, most Japanese do not view alcoholism as a disease.

The stigmatization of the non-drinker is taken up in greater detail in Christensen’s work with members of AA and Danshukai in Tokyo. He analyzes abstention as a deviation from masculine norms, as drinking is primarily a male activity in Japan, and sobriety groups as performing a sort of “marginalia,” writing in the margins of this dominant norm (2010: 98). According to Christensen, admitting an inability to control alcohol consumption is tantamount to admitting a lack of masculinity:

Yet with the alcoholic this [the Japanese standard of spiritual strength] becomes problematic as the individual’s lack of spiritual strength becomes a basis for criticism at their inability to control and maintain “normal” alcohol consumption levels, their inability to drink like everyone else. A lack of spiritual strength as the means to overcoming bodies that are socially constructed as physically weak serves to make alcoholism particularly problematic among Japanese men. The men who identify as alcoholics must then acknowledge their socially ascribed deficiency of spiritual strength and an inability to perform a masculinity that includes alcohol consumption. (2010: 126)

Basically, a mental or “spiritual” inability of alcoholics to control their physical actions is equated with physical weakness in Japanese culture and thereby



undermines the masculinity of anyone identifying as alcoholic. This may be compounded by the lack of endorsement and awareness of the disease model of alcoholism by the Japanese public in general; however, even sobriety groups that recognize alcoholism as a disease assert that it takes mental/spiritual willpower to overcome it, almost paradoxically. (As will be discussed below, this is not unique to the Japanese, either.) This is contradictory in that, at least in its ideal type, a disease happens to its victim and cannot simply be willed away; a disease would seem to eliminate responsibility for one's disease-produced behavior (Valverde 1998). These ideas will be further explored in Section V. Notably, the problem with the lack of "spiritual strength" necessary to control alcohol consumption is that it causes "an inability to perform a masculinity that includes alcohol consumption"; this performance is necessarily social, and related to a key aspect of social life. The purported lack of self-control is apparently not problematic in itself, or not primarily a problem in itself, but rather because it prevents participation in important social situations.

Rudy (1986) argues that people become labeled as alcoholics through breaking certain social rules and/or failing to meet social expectations; this insight can be applied to Japan as well. The rules of appropriate drinking behavior are arguably less strict in Japan than elsewhere, as Smith asserts: "Popular evaluation of drinking and drunkenness tolerates levels of behavior that, in a different cultural

context, might lead to concern criticism, or intervention” (1988: 199).<sup>4</sup> There are few absolutely forbidden behaviors when drunk: physical violence, which ruptures any positive social bond, is the major one Smith (1988) notes. Other drinking norms, however, appear to be more flexible, according to Smith’s analysis. He writes that Japanese people say that drinking in the morning is unacceptable and may cause alcoholism (although, interestingly, it is not seen as a symptom of it). Smith states, “It is a point of Japanese received wisdom—an unconsidered cliché—that the Japanese never drink during the day, only at night”—however, he goes on to note that this is not strictly true, based on his observations and what he has been told by informants (1988: 147). Additionally, according to Smith (1988) mixing drinking with work is seen as unacceptable—a mixing of work and leisure settings that should remain separate. However, this does not mean that this mixing does not occur, as is evident in Smith’s own writing that references business being conducted over drinks. Certain rules about inappropriate drinking, therefore, are not rigid. In general, according to Smith (1988; 1998) and Christensen (2010), Japanese drinkers are given wide latitude regarding their drunken behaviors, particularly in contrast to the rules constraining their behavior when sober; but at certain points their behavior regarding drinking is deemed problematic and they come to identify as alcoholics. To an extent, the above statement may be true of

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<sup>4</sup> It can also be argued that the rules of drinking in Japan are not so much less strict than differently patterned elsewhere. However, although a certain sort of drunkenness—somewhat cheerful and boisterous—seems to be the norm, other behaviors when drunk are tolerated, such as crying, arguing, and clinging, even if others in the situation find them annoying (Smith 1988).

any culture where some people are seen as having drinking problems; however, what makes the Japanese case unique is the seeming unclarity of the norms regarding drinking: sometimes a behavior may be acceptable and sometimes it may not. The fluidity of these norms is understandable in light of situational ethics as discussed above, especially when the concept of *amae* is brought into play.

#### IV. *Amae* or (Co)Dependency?

The concept of *amae* plays a role in recent analyses of drinking and alcoholism in Japan (Christensen 2010, Smith 1988, Borovoy 2005). Doi, a Japanese psychiatrist, originated the analysis of *amae* in *The Anatomy of Dependence* in 1971. *Amae* is a common Japanese word that does not translate easily into English, which Doi takes as evidence that the concept it represents is underdeveloped in English. Doi defines *amae* as a style of relating to others based on the relationship between a mother and an infant, in which the infant knows that the mother will anticipate his needs; he also defines it as the emotion of wanting to be indulged in this way. According to Doi, this principle of “passive love”—expecting to be indulged—is key to many, if not all, Japanese relationships. People expect others to anticipate their needs and know this is expected of them. He writes that he first became aware of this as an especially Japanese phenomenon when living in America, and describes his initial negative reaction to an American host inviting him to “help himself”: basically, this phrase seemed unfriendly in comparison to Japanese customs in which a host would try to anticipate his guest’s needs without asking.

Other researchers have further commented on and extended Doi’s ideas. Kato (2005), in *Functions and Structure of Amae: Personality-Social, Cognitive, and Cultural Approaches*, begins by discussing Doi’s construction of *amae*. Kato finds fault with Doi’s assertion that *amae* behavior is driven by a desire for indulgence per se; in Kato’s subsequent research he finds that *amae* behavior in

most cases is not driven by a need for passive love, but is rather enacted for other social purposes. Kato is also concerned with theorizing the difference between “good” and “bad” *amae*, the latter of which he more closely associates with “dependency.” (Although *amae* is translated as “dependency” in the English version of Doi’s book, both Doi and Kato agree that there is no near English translation of the Japanese word.) The difference between good and bad *amae* has to do, in large part, with the effects of the *amae* behavior on the person being asked to indulge the person. Kato’s research subjects characterize good *amae* as playful and interactive, whereas negative *amae* behavior can be coercive. Kato gives a hypothetical example of a young man manipulating his mother through guilt into continuing to take care of his child on a regular basis as an example of bad *amae*. Tellingly, as Kato points out, at one point the mother “is at a loss for words,” and therefore unable to interact due to her son’s behavior. Negative *amae* behaviors can lead to a break down of social relationships and communication between people, as negatively charged *amae* situations cease to be reciprocally interactive. Kato writes, “Given the fact that good *amae* interactions involve mutual communication and facilitate mutual emotional merging in asymmetric relationships, it [*amae*] can be considered interdependent. On the other hand, bad *amae* interactions hinder such mutuality’ (2005: 66).

According to Kato, then, *amae* can be a positive or negative experience, based on its effects on the participants in the interaction. Kato writes that “when A’s *amae* behaviors went beyond a certain line or when B’s situation did not allow

room to accommodate A's request, B faced conflicts between desires for accepting A's *amae* due to empathy (or compassion, sympathy, and pity) for A and situational or social constraints [...] and the pains that B might have to suffer from accepting" (2005:101). In these situations, the rules for "right" or "wrong" behavior become dependent upon the participants in the interaction, and the interaction is negotiable between them. This recalls Lebra's concept of interactional relativism, as discussed above; what is right or wrong depends on the effects on the participants in the situation. This insight can be applied to alcoholism in Japan as well. In fact, Borovoy extensively analyzes the centrality of *amae* and the flexibility it lends to social rules in relation to alcoholism.

In *The Too-Good Wife: Alcohol, Codependency, and the Politics of Nurturance in Postwar Japan*, Borovoy explores the way women with alcoholic husbands have come to use the term "codependency" in understanding their relationships with their husbands. Borovoy discusses the relationship between the concepts "codependency" and *amae*, and argues that the idea of codependency allows women to express previously under-articulated problems inherent in *amae*. "Co-dependency" is, of course, an imported phrase in Japan, having originated in American Adult Children of Alcoholics groups and popularized in Japan by the psychiatrist Dr. Saito. According to Borovoy, Saito

found, in his own words, that the concept of codependency neatly described the behavior he associated with Japanese women married to alcoholics: they seemed to "blur" their husbands' needs with their own; they spoke about their husbands "as if they were speaking about themselves"; they had "impoverished" facial expressions (2005:14)

Codependency in Japan refers to self-sacrifice and taking care of someone (especially an alcoholic) at the expense of the caretaker's needs; in this sense it represents one side of the *amae* interaction, and is at the same time quite similar to the concept of codependency in the U.S. However, unlike in the U.S., according to Borovoy, people in Japan do not see codependency as an individual pathology, given that it so closely approximates the norm for female behavior. Codependency indicates a problem with society and social norms to those who use the term, according to Borovoy: Japanese society is codependent; wives of alcoholics were simply fulfilling the prescribed social rules. By extension, "codependent" women aren't sick; society is. However, this distinction is not always clear-cut in Japanese conceptualizations of co-dependency. Borovoy writes of Saito's work on codependency, "He pathologizes the work of the wife and mother in a way that makes many social workers and clients uncomfortable. And yet, through the language of pathology, Saito has called attention to latent patterns in Japanese society that had not previously been described as problems" (2005: 56-58). However, according to Borovoy, when Japanese social workers and wives of alcoholics adopted the term codependency, they did not see it as entirely pathological or problematic, in contrast to the American use of the term in the 1980s. She writes:

Women often talked about their codependency in affectionate, almost proud, terms (particularly with respect to their children), telling stories of how they couldn't resist spoiling their children or lending them money, even when this occurred in the context of destructive behavior. Nor did social workers view Japanese

codependent women as deviating from rational behavior, succumbing to psychodynamic compulsions, or lacking self-control. (2005: 63)

According to Borovoy, then, “codependency” as used in relation to Japanese alcoholism is not identical as “codependency” in America, chiefly because codependent behavior is normative behavior in Japan, at least until it becomes destructive. Here, again, Lebra’s concept of interactional relativism is useful: codependent behavior is not problematic outside of the problematic situation it occurs in; it is not motivated by individual difficulties (irrationalities, compulsions, or lack of self-control), or at least is not analyzed from that angle. (Interestingly, Krestand and Bepko argue that codependency should be viewed similarly in America in “Codependency: The Social Reconstruction of Female Experience.” Although “codependency” is seen as essentially a social problem in Japan, this has not been the case in America. According to Krestan and Bepko, families rather than individuals should be seen as the source of codependent behavior. Whereas the term “codependency” may be liberating for Japanese women, it can have the opposite effect in America, where the definition centers on the codependent person and not the society that creates this behavior. It is arguable that the Japanese interpretation of codependency may be valid for more than just their culture.)

According to Borovoy, because codependency is almost normal in Japan, it may be a more useful idea for effecting change than the idea of codependency in the U.S. is. Borovoy writes that

ironically, to the extent that codependency is seen as being surprisingly close to “the normal” in Japanese social life (and



therefore less easy to pathologize), it may carry the potential to produce a somewhat more useful conversation in Japan than it has in the United States (in its popular rendition), allowing women to explore the often subtle distinctions between “healthy” and “destructive” interdependence. (66)

As the title of her book suggests, Borovoy is specifically analyzing codependent (or nurturing) behaviors by wives towards their heavy-drinking husbands. She writes that what women come to see as codependent, enabling behavior toward their alcoholic husbands is very close to what had become the cultural norm of the wife taking care of her husband as much as possible, in a somewhat motherly way.

Additionally, Borovoy writes of the dilemmas facing Japanese mothers:

The difficulty in embracing the tough love discourse reflects the difficulty of distinguishing love and nurturance from self-sacrifice, spoiling, and declining to hold children responsible for their own actions. The distinction between nurturance and self-sacrifice (or nurturance and overindulgence) is obscured by dominant discourses of childhood as a celebrated state of dependency and motherhood as the paramount accomplishment of womanhood. (160)

This passage, although specific to mother-child relationships, can be generalized to other relationships, especially if one accepts as true Doi’s thesis that *amae* feelings and behavior are based on the mother-infant relationship. Borovoy makes apparent the problem of the fine line separating positive and negative *amae* behaviors, causing them to appear at times almost identical. What separates them—the only separation, it appears—is the effect on the people involved. A parallel can be drawn between the fine line dividing positive and negative nurturing behaviors and positive and negative drinking behaviors—a fitting parallel, in fact, as nurturing and

drinking are often two sides of the same interaction that revolves around alcohol consumption in Japan.

*Amae* is also a factor in male drinking behavior among men, as well as in the interactions between male alcoholics and their wives. Smith explores the interactions of *amae* and male drinking behaviors, and first begins by analyzing the way *amae* is supposed to work in these situations. He writes that drinking occasions are seen as times where *amae* behavior is to be expected and indulged:

Japanese are socialized to seek the indulgence of intimates for behavior that exceeds the boundaries of role (*amaeru*), and to indulge those who try to elicit toleration of exceptional behavior (*amayakazu*). The result is part of a pattern of mutually reinforcing of extranormal behavior among drinkers. (171)

Smith's choice of the word "extranormal" here is telling; it denotes behavior that is outside certain norms but not abnormal. However, in being outside the norms, it would seemingly be a close cousin to abnormal. According to Smith, problems with *amae* are associated with alcoholism, and while drunken people may push the boundaries of appropriate *amae* behavior, some Japanese hold that a mark of an alcoholic is that he takes this boundary-pushing too far:

Members of Danshukai [...] say that the inability to *amae* correctly is a symptom of alcoholics. According to Danshukai, some alcoholics are so egotistical that they are unwilling to seek any assistance; this is said to be more typical of American alcoholics. On the other hands [sic], Japanese alcoholics are more likely to *amae* excessively, seeking indulgence in all their desires. (1988: 165)

It seems, from the conception of *amae* previously accepted, that what desires can and can not be indulged are dependent on the person the drinker is seeking indulgence (*amae*) from. Therefore, there would not necessarily be one set script of

right and wrong, normal and abnormal drinking behavior that transcends a concrete situation with particular people.

## V. Disease vs. Moral Failing

Another ambiguity arises when defining alcoholism in Japan; this is related to the multiplicity of definitions of alcoholism used and the contradictions at the heart of the one used by AA and Danshukai (and by extension most of those who identify as alcoholics in Japan). Alcoholism has a long history of occupying a contested space between disease and moral failing, as Valverde (1998) describes in *Diseases of the Will: Alcohol and the Dilemmas of Freedom*. Valverde discusses alcoholism in the West; I will argue that although the moral components of alcoholism differ somewhat in Japan than in the West, the idea of self-control is still problematized in both places, albeit for different reasons. While alcoholism has remained a moral matter, it has also been described as a *disease* in which one's self-control is out of one's control. Japan has not viewed "alcoholism" per se as a problem until the twentieth century, and many in Japan still do not recognize it as one. Similar to the tensions inherent in the idea of alcoholism in the West, however, and traceable in part to various Western influences, alcoholism in Japan is variously defined as a physical disease, a more-than-just physical disease, and a moral failing. Those identifying as alcoholics contend with these contradictory definitions (Christensen 2010).

A disease explanation of alcoholism would seem to preclude a moral explanation; however, the two explanations have existed side-by-side and interacted in the history of alcoholism in the West, according to Valverde. Valverde discusses the competing conceptualizations of alcoholism as abuse vs. habit, writing:

The habit vs. disease contrast aligns habit with the freedom of the will. Anything that is managed as a disease is something we have little or no control over; by contrast, a habit, even if, like heavy drinking, it has become second nature, is nevertheless subject to some degree of personal control. (1998: 39)

In light of this, AA's naming of alcoholism with a disease conflicts with its treatment of it as a habit; or, at least, AA uses "disease" in a way that differs from Valverde's interpretation of a strictly medical model of disease. Valverde traces the AA concept of disease to discourse on habit appearing in the work of William James. In *Principles of Psychology* (1890) James discusses the importance of establishing good habits through initial acts of will; the habits then become non-volitional over time. However, Valverde writes "In the context of alcoholism, habit often appears not as the other of freedom and volition, as it did in William James' work, but as the other of disease" (1998:39). Valverde notes that "habit" came to occupy an intermediary place between disease and vice, as applied especially to alcoholism. However, alcoholism is now most frequently referred to as a disease, if not precisely treated as one; the expectation of alcoholics to do moral work on themselves to get better is incongruent with a strictly (bio)medical model of disease.

In the case of alcoholism in Japan, the contradiction and competition among different models of the phenomenon also hold. According to Smith, the medical definition of alcoholism in Japan is formed "by both popular culture and the history of modern Japanese medicine" (1988: 184). The largest influence on Japanese psychiatric medicine in 20<sup>th</sup> century Japan, according to Smith, has been the

German, biomedical model in the manner of Kraepelin, as opposed to the Freudian, psychoanalytic model associated with America for much of the 20<sup>th</sup> century. Smith writes that the Japanese medical model of alcoholism, at least at the time of his writing in 1988, does not align with the American concept of alcoholism as a mental disorder, but rather focuses on the physical effects of heavy alcohol use, not the behaviors related to it. This focus is, Smith writes, in line with the German emphasis on physical components of mental disturbance.

Interestingly, the DSM-IV-TR does not now offer diagnostic criteria for “alcoholism” per se—and so cannot be used to diagnose alcoholism as an official mental disorder in America—but rather provides criteria for substance abuse or dependence, the former diagnosis based on harm (primarily to the drinker) resulting from substance use and the latter based on an inability to stop using a substance. Older concepts of alcoholism combine these two categories. However, as Valverde (1998) notes and the popularity of AA attests to, alcoholism has remained a culturally salient category in America; she writes, “Renaming alcoholism under the supposedly neutral banner of ‘substance-related disorders’ has not sufficed to eliminate the morally and culturally specific values that have always been integral to the process of distinguishing excessive drinking” (1991:27). The moral and cultural value Valverde sees as most integral to alcoholism is that of free will as it relates to self-control; she sees this as a particularly Western concern. I will argue, after discussing in more detail the criteria for alcohol problems in Japan, that self-control is similarly problematized in discourse over addiction in Japan, but for other

ends than the importance of a free self. As can be seen in the work of ethnographers discussed in this paper, alcoholism is becoming a culturally salient category in Japan, as well. However, those identifying themselves as alcoholics, both in Japan and America, identify themselves as having a disease that the doctors do not identify in quite the same terms, or even give the same name to.

According to Christensen, the disease model of alcoholism as it originated in the United States—which differs from the Japanese medical model above, and also, although less completely, from the American medical model—is used by members of AA in Japan and Danshukai, as both groups derive from AA in America. The AA model differs from the Japanese medical model in that the Japanese medical model traditionally focuses exclusively on physical problems associated with alcohol use, whereas the AA model describes alcoholism as both a spiritual and physical affliction (Rudy 1986; Anonymous 2001). The AA model uses the language of disease in a different way than the Japanese medical establishment has—and for that matter, in a different way than the American medical establishment does.

However, neither disease model is popularly accepted in Japan. Most Japanese do not see alcoholism as a disease of any sort (Christensen 2010; Smith 1988); alcoholics and the medical establishment do see it as a disease, even though they disagree on its specific constitution. However, they are in the minority. Regarding the general Japanese view that alcoholism is not a disease, Smith writes:

It is widely held that an alcoholic is one because he is weak-willed (*ishi ga yowai*). The argument goes that people who become

alcoholics a priori like alcohol. After all, if they did not like alcohol, they would not drink so much. And, what's not to like? Alcoholics enjoy drinking but they do not have enough strength of character to delay gratification and wait for an appropriate occasion. Instead, they drink when the desire hits them. This definition of the alcoholic as weak-willed, makes the act of drinking volitional and the alcoholic responsible for his own failings. (1988: 180)

The popular discourse about alcoholism appears to revolve around responsibility and self-control. At first this may seem to contradict, or at least sit oddly with, the extent to which a drinker is not held responsible for his actions, as Smith details elsewhere. He writes, "Drunken improprieties are [held to be] a product of the alcohol, not of the drinkers' intentions. Theoretically, behavior under the influence of alcohol is to be forgiven and forgotten" (1988: 149). How can we understand that what a drunk does is not his fault, but that alcohol abuse is still the fault of the drinker? One explanation lies in the idea of the "appropriate occasion." Socially agreed upon drinking occasions are, as McAndrew and Edgerton and later Smith assert, "Time Out" occasions. Later Edgerton, in theorizing the exceptions to social norms allowed under certain circumstances, discusses the importance of "rules for breaking rules":

No rules, no matter how clear or how strictly enforced, can prevent deviance or conflict altogether, but clear rules that provide exceptions to rules can serve to restrict deviance and conflict in two ways. First, they can relieve the pressure for exceptions that some people may feel and express [...]; second, by being defined as rules, these exceptions can reinforce the principle of clearly defined responsibility. A rule that requires everyone to behave in a certain way, *unless* one or more specific conditions exists, is still a rule that can be enforced as strictly as a rule without any "unless" provisions. (1985: 257)



This theory is relevant to Japanese drinking norm because drunkenness is a way to break rules that are otherwise in effect; by Edgerton's reasoning, the exemptions allowed by drunkenness in fact reinforce the strict standards of behavior in effect at other times. If this is true, then the "Time Outs" that drinking situations are characterized as are not only a break from everyday norms, but may serve to reinforce them. Lack of self-control is not a problem in this scheme as long as it does not disrupt the established norms, the "rules for breaking rules." However, lack of self-control is a problem—and, potentially, a moral failing—when it threatens this system. Drinking inappropriately, such as at inappropriate times, is dangerous because it threatens the structure of Japanese society, in which social and appropriate drinking provides an important release valve for social pressures (Christensen 2010, Smith 1988).

The moral threat of loss of self-control inherent in alcoholism therefore differs in Japan as compared to America, as can be seen when comparing Smith's work on drinking in Japan with Valverde's exploration of the alcoholism as a disease of the will in America and the West. Basically, according to Valverde, the loss of self-control is chiefly a problem in the West because a large part of the individual's self-worth is determined by his perceived ability to control himself and his environment. Valverde suggests, regarding the possible ethnocentrism of alcoholism, that "if alcoholism is culturally specific, it is because the very thought that the pursuit of self-control and the maximization of the will's freedom are tremendously human endeavors is culturally specific" (1991:18). Here, she

suggests that a drive for freedom motivates the prioritization of self-control, and self-control as regards to drinking, in the West. However, self-control can be prized for ends other than individual development. The focus on problems stemming from alcohol are defined primarily socially in Japan and primarily individually in the West. “Primarily” is a key point; for surely, alcoholism has long been recognized as damaging those around the alcoholic in America and Europe, and as is evident from Christensen’s work, Japanese alcoholics experience their sufferings individually. Notably, however, the biggest suffering they discuss in sobriety support groups, according to Christensen, is their inability to drink: their inability to fully connect with society.

In Japan, the individual is seen as needing self-control so as to act appropriately with other people. Although lack of self-control can definitely cause problems with other people in Europe and the U.S., an American or European, in the end, owes it to himself and his quest for self-actualization to maintain self-control (Valverde 1998). In relation to ideas of self-control, then, as well as to ideas of *amae*, Japanese ethics situated in concrete social situations and focusing on the social realm of life influence the definition of alcoholism.

Use of the disease model of alcoholism, by deeming it a disease, attempts to remove moral responsibility from problem drinking; and the medical establishment and those who identify as alcoholics embrace this a version of this model. However, even AA, a major force in popularizing the disease concept of

alcoholism, endorses moral explanations as well: Rudy discusses the use of both disease and moral explanations by American members of AA. Rudy writes:

Disease explanations are firmly grounded in AA's belief that alcoholism is a spiritual, physical, and mental disease. Disease explanations explain one's behavior and one's alcoholism as a function of an allergy to alcohol, as not of the actor's making. Moral explanations reflect particular interpretations as they relate to becoming alcoholic. They suggest that a member's alcoholism was developed or exacerbated by character flaws. (1986: 45)

The combination of these two types of explanations mean that the alcoholic both is and is not at fault. Christensen writes that among Japanese alcoholics "alcoholism is lived as a charge to be endured" (2010: 105), suggesting that strong moral explanations (i.e. condemnation) remain salient even to those not endorsing them. However, Christensen also discusses Japanese alcoholics' frustration with others not viewing alcoholism as an illness (2010: 95), suggesting the tension between moral and disease explanations is evident among Japanese alcoholics, as well. The conflicting standards for what makes someone an alcoholic, and the conflicting explanations as to what causes and constitutes alcoholism, contribute to a difficulty in discerning who is or is not an alcoholic—a difficulty that likely extends to other places than Japan.

## VI. Conclusions

Regarding drinking in Japan, many definitions are blurry: what is the line between normal and abnormal drinking? What is the line between nurturing and codependency—between a good wife and a “too-good” wife? Where is the line between responsibility and disease? None of these dilemmas, in general terms, are unique to Japan—what is unique is the close relationship between nurturing and codependency, alcohol use and abuse, both pairs of which can be conceptualized as components of *amae* interactions that can be positive or negative. The line between disease and moral failing is not uniquely blurry in Japan, but is blurry in its own way nonetheless, due to the particularities of Japanese culture discussed above.

With these ambiguities in play, the question becomes how people come to make distinctions regarding normal and abnormal behaviors regarding drinking. Borovoy shows that although the idea of codependency is a borrowed concept, it is useful in illuminating aspects of Japanese life. Another concept that may be helpful in understanding alcoholism in Japan is Foucault’s (1999) analysis of the idea of the “condition,” as he describes in *Abnormal*. Foucault writes that “a condition is not exactly an illness with a starting point, causes, and processes, indeed, it is not an illness at all. The condition is a sort of permanent causal background on the basis of which illness may develop in a number of processes and episodes. In other words, the condition is the abnormal basis upon which illnesses become possible” (311-12). While alcoholism is considered by medical authorities to be a disease, in the lived experience of Japanese alcoholics it appears to be more like a condition, or

rather there appears to be a condition as the cause of alcoholism. A condition is an ambiguous state that is open to interpretation and is undefined until interpreted, as are the states that can become known as “alcoholism” and “codependency” in Japan today. However, in Foucault’s analysis a condition is, in the end, an individual affliction, although produced by social structures; codependency has been argued to be a social one—both in Japan and by some in America—and alcoholism can be viewed through this lens, as well. The question arises, then, of whether a social abnormality causes alcoholism. This would be a good question for further research; a complete answer is outside the scope of this paper. However, the phenomenon of alcoholism in Japan, at first seemingly contradictory due to the fact that normal and abnormal drinking in Japan can appear quite similar, can be illuminated through keeping in mind the Japanese emphasis on the social in general and through paying attention to the concrete social situations in which normal and abnormal drinking occurs. Drinking norms in Japan may seem inscrutable in part due to the leeway given the inebriated—at least in appropriate circumstances. Drinking is inappropriate when it is at the wrong time—which is relative to the people drinking or not drinking more than to the actual time of day—or when people drunkenly impose too much on others—although an increase in this *amae* behavior is expected with drinking. Importantly, how much one can impose on others is defined by how much the other person will allow himself to be imposed upon, as discussed above and analyzed by Kato. Much like *amae* itself, drinking behavior is valued situationally, in relation to other people in the situation—in the frame of what Lebra

terms “interactional relativism.” This tendency to embrace social bases of behavioral norms and morality that can help explain the ambiguity of drinking norms in Japan, the distinction between which parallel that between *amae* and “codependency.” Over all, alcoholism is defined in Japan using norms that change in relation to specific situations and in relation to the people involved.

As a final note, the power of language is striking in its ability to create or at least highlight states of feeling and interacting, as is evident in relation to alcoholism in Japan. This is particularly apparent in comparing material on alcoholism in Japan with alcoholism in the U.S. A direct translation for *amae* does not exist in English, and *amae* behavior plays less of a role in English-speaking countries than in Japan, according to Doi; however, this does not mean that aspects of *amae* do not exist in English-speaking countries (Doi 1970). Similarly, Borovoy writes of the ability of the term “codependency” to give voice to women’s discontents, often related to *amae* behavior (in this case, caretaking). An English word can help illuminate Japanese behavior, and vice versa. Alcoholism is another such word with contested definitions in Japanese and in English. In this case, the differences between English and Japanese views on alcoholism may help illuminate each other. Alcoholism and other addictions are often seen primarily in the West as matters of individual free will; the effect on others, while discussed, is in the end downplayed in a search for individual salvation. By contrast, in Japan, the emphasis is more on the social effects of drinking: “Once they [alcoholics] have lost their control, or the wider perception of control, they are no longer *shakaijin*,

societal people, no longer adults who are capable of appropriately conducting themselves” (Christensen 126). And Smith writes that men may be diagnosed as alcoholics when they have worn out their social support systems:

Most patients who are diagnosed as alcoholics have come to that situation because of disturbances in their social relations. Specifically, men who get violent when they drink, yet persist in drinking, eventually exceed the ability, or desire, of their families to make excuses for them. (1988: 185-6)

The above description is reminiscent of Kato’s idea of bad *amae*: an interaction between two people in which one asks for too much eventually fails. And violence is necessarily a rupture of reciprocal social relations. Smith’s analysis seems to locate the phenomenon of alcoholism in the relationship between the problem drinker and his family, in a way that is not emphasized in American accounts of problem drinking.

A final question arises, then, of whether the Japanese conception of alcoholism captures something the popular American under-emphasizes: the necessary social situation of alcohol problems and the ways in which they become drinking becomes problematic in relation to other people.

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