

enos and later intimate friend of **Socrates**, who saved his life in battle. His brilliance enabled him in 420 to become leader of the extreme democratic faction, and his imperialistic designs led Athens into an alliance with Argos and other foes of **Sparta**, a policy largely discredited by the Spartan victory at Mantinea. He sponsored the plan for a Sicilian expedition to outflank Sparta, which ended after his recall in the capture of thousands of Athenians, most of whom died in the salt mines where they were confined, but soon after the fleet reached Sicily his enemies recalled him on the pretext of his complicity in the mutilation of the *Hermae*, the phallic pillars marking boundaries between lots of land. He escaped, however, to Sparta and became the adviser of the Spartan high command. Losing the confidence of the Spartans and accused of impregnating the wife of one of Sparta's two kings, he fled to Persia, then tried to win reinstatement at Athens by winning Persian support for the city and promoting an oligarchic revolution, but without success. Then being appointed commander by the Athenian fleet at Samos, he displayed his military skills for several years and won a brilliant victory at Cyzicus in 410, but reverses in battle and political intrigue at home led to his downfall, and he was finally murdered in Phrygia in 404.

Though an outstanding politician and military leader, Alcibiades compromised himself by the excesses of his sexual life, which was not confined to his own sex, but was uninhibitedly bisexual, as was typical of a member of the Athenian aristocracy. The Attic comedians scolded him for his adventures; **Aristophanes** wrote a play (now lost) entitled *Tripshales* (the man with three phalli), in which Alcibiades' erotic exploits were satirized. In his youth, admired by the whole of Athens for his beauty, he bore on his coat of arms an Eros hurling a lightning bolt. Diogenes Laertius said of him that "when a young man, he separated men from their wives, and later, wives from their husbands,"

while the comedian Pherecrates declared that "Alcibiades, who once was no man, is now the man of all women." He gained a bad reputation for introducing luxurious practices into Athenian life, and even his dress was reproached for extravagance. He combined the ambitious political careerist and the bisexual dandy, a synthesis possible only in a society that tolerated homosexual expression and even a certain amount of heterosexual licence in its public figures. His physical beauty alone impressed his contemporaries enough to remain an inseparable part of his historical image.

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ALCOHOLISM

The linkage of alcoholism and homosexuality has produced a long and fascinating body of literature. Both share similar characteristics: they are stigmatized behaviors, are subject to legal and moral sanctions, have etiologies that are not completely understood, are often concealed from others, have inconsistent definitions, and are dealt with in a variety of conflicting ways. How homosexuality and alcoholism are perceived is typically a function of the theoretical position taken. The shifts from a more psychoanalytic model, to a learning theory approach, to a sociocultural viewpoint illustrate the varied attitudes toward these stigmatized behaviors by the dominant culture. Each school, however, seems to accept that the rate of alcoholism among homosexuals is significantly higher than in the rest of the population.

The Psychoanalytic Model. The earliest connections evolved from the school of **psychoanalysis** founded by **Sigmund Freud**. Emphasizing the idea of latent homosexuality as the etiology of

problem drinking, neo-Freudians sought a causal model to explain what they perceived as sexual pathologies. Alcohol use was seen as the cause of regression to a level of psychosocial development in which latent homosexuality, sadistic and masochistic tendencies, and lewdness are released (Israelstam and Lambert). Excessive alcohol use, therefore, was the means of overcoming the repression of homosexuality and other sexual inhibitions.

The connection between homosexuality and alcoholism stressed the oral dimensions. Using such phrases as "oral neurotics" and "oral diseases," the psychoanalytic school focused on only certain aspects of drinking behavior and homosexuality. Alcoholics were seen to be fixated in the oral stage, to be anxious about masculine inadequacy and incompleteness, to have experienced traumatic weaning, or to have an irrational fear of being heterosexual (Nardi). Similar phrases were used to describe the etiology of homosexuality. Oral frustrations were linked to both homosexuality and alcoholism. Tennessee Williams' play *Cat on a Hot Tin Roof* (1955) reflects the prevalence of the psychoanalytic argument: Brick's alcoholism is linked to his frustrating relationship with his wife Maggie and his repressed homosexual feelings about his dead friend Skipper.

Much of the early empirical research on the linkage between homosexuality and alcoholism emphasized the psychoanalytic assumptions. However, rather than studying alcoholism among homosexual populations, researchers tended to look for homosexuality among alcoholics. Unfortunately, their definitions about what demonstrated homosexuality were faulty. Numerous studies used masculinity-femininity scales with the belief that high femininity scores indicated homosexuality in the male.

Clearly, then, a problem with these early studies is the faulty assumptions underlying the empirical and theoretical models. There is an overemphasis

on oral aspects of homosexuality, thereby ignoring the range of sexual practices and the emotional-love dimensions of same-sex relationships. It is also assumed that only homosexuality has these oral dimensions to it, while implying that heterosexual practices do not. Furthermore, the psychoanalytic approach 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 and lesbians who are alcoholic (Small and Leach).

While repression of fundamental characteristics of self can often lead to destructive behavior, the focus of psychoanalytic perspectives is of particular relevance here. The relationship between latent homosexuality and alcoholism assumes that learning to overcome one's repressed homosexual feelings and to love heterosexually is the best "cure" for alcoholism. Thus, the focus of therapy is on one's sexuality, not on the drinking or the repression. The pathology is the homosexuality, not just the alcoholism.

During the 1960s and 1970s, however, the psychoanalytic models started losing favor. With the introduction of humanistic Rogerian psychology, the existential models of R. D. Laing, and the sociological approaches of labeling theory, the link between homosexuality and alcoholism took on different emphases (Israelstam and Lambert). With the rise of gay and lesbian rights movements, research began to look at a newer link: the relationship of homophobia and alcoholism. The tone was no longer on sexual repressions and regressions to oral stages, but on the social contextual dimensions of gay lifestyles. The theories now emphasized behavior and the role drinking played in integrating people into a subculture or in reducing stresses caused by hostile social settings. Alcoholism was seen as a response to situational factors, not as a correlate of homosexuality. While some argue for the dominance of biological and genetic explanations for alcoholism (and

homosexuality as well), most researchers believe that the social context plays an important part in understanding the connections.

The Learning-Theory Approach.

Social learning theory has contributed much to our understanding of the link between context and deviant behaviors. Alcoholism is seen as a learned behavior resulting from reinforcement of pleasurable experiences and the avoidance of negative ones. Tension reduction, relaxation, peer approval, and feelings of power have all been connected to alcohol consumption. Thus, a learning model explanation of excessive drinking among gay men and lesbians stresses tension-reduction and the positive reinforcement of participation in an open gay lifestyle of bars and other alcohol-related social events. 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. For some, the resultant feelings of power allow gay people to make sexual contacts and overcome social resistances.

The role of the gay bar becomes an important component of this approach. The emergence of gay bars as a common institution for introduction into a gay community derives from their history of permissiveness and protectiveness. Gay bars provide some anonymity and segregation from the dominant culture while contributing to and maintaining a gay identity for its patrons. The positive aspects of belonging to a gay community tend to reinforce drinking patterns. Heavy drinking, in this model, is not used to escape from some latent fears or to fulfill oral needs, but as a way to participate in a group. Initial socialization into a gay social network often occurs by attending gay bars, cocktail parties, and meals involving alcohol. Achieving a gay identity, for some people, necessitates learning roles which include an alcohol component.

Since there are many different types of homosexuals and many forms of

alcoholism, searching for a single link to explain all drinking by homosexuals 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 approach may serve as a clearer explanation. For those still "in the closet" and repressing their identity, alcohol may serve as a means to disinhibit their feelings or to deny them further. Whichever is used, all illustrate a learning model, stressing the importance of the situation for understanding problem drinking. The shift away from pathologies and oral fixations represented a major step in the theoretical understanding of the linkage between homosexuality and alcoholism.

Sociocultural Perspectives. The approach to studying the linkage took another direction with the growing emphasis in the 1970s of a gay lifestyle and subculture. From this viewpoint, drinking patterns are a function of a group or subculture's norms, values, and beliefs. How a culture defines drinking and drunkenness, what meanings are construed for behavior while "under the influence," and what situational factors are relevant, all affect drinking rates. The whole lifestyle must be taken into account: the connections between drug use, alcohol consumption, and sex; the value placed on attending bars; the laws and norms directly related to alcohol consumption in that geographic area; and the attitudes of the larger social context toward the stigmatized group.

This theoretical approach 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. Understanding the linkage between homosexuality and alcoholism, thus, requires understanding how certain gay individuals manage and control their feelings in an oppressive social context. In other words, homophobia is seen as a contextual explanation as to why some

gay men and lesbians drink excessively. Being a homosexual is not the pathology leading to alcoholism; alcoholism is the response to a homophobic environment. Alienation, low self-esteem, and morally weak labels are maintained by the social system, thereby increasing vulnerability to addictive behaviors. To study alcoholism and homosexuality now means researching the subculturally approved responses to perceived and actual homophobic situations. Gay men and lesbians become the focus of study; their thoughts, behavior, and perceptions are the data. Rather than looking at alcoholics and assessing whether they are latent homosexuals or high scorers on a femininity scale, current research, under the socio-cultural model, goes directly to gay alcoholics and studies their views and responses to their social situations.

Research Problems and Prospects. Unfortunately, the reliability about the extent of alcoholism problems in the gay community has suffered from faulty research methodology. Small sample sizes, lack of control groups, non-random samples, inconsistent definitions of alcoholism and homosexuality, and anecdotal information typify much of the recent research in this area. Generalizations to the diversity of homosexuals are very difficult to make. Not only are those "in the closet" impossible to study, but generating non-middle-class samples of open gays and lesbians is not an easy task. In addition, asking people to relate their drinking patterns with honesty and accuracy becomes problematic the more they drink excessively.

Despite these problems with current research, the move away from the neo-Freudian, psychoanalytic models is an important step in understanding the linkages between alcoholism and homosexuality. Results from many of the recent studies seem to indicate an alcoholism rate at two to three times that of the rest of the population. While some of this is due to the same factors that affect other alco-

holics (such as low self-esteem, difficulty in expressing one's feelings, having an alcoholic parent, ethnic and religious background, and other drug use), it is the unique aspects of establishing and maintaining a gay identity in a generally hostile environment that has become the focus of attention in recent research.

The theoretical approaches discussed (psychoanalytic, learning theory, and socio-cultural perspective) represent specific sociological and psychological viewpoints. Other models can, and have, been developed to assess alcoholism using economic, political, biological, and genetic variables, and explanations. Each of these can be used to further an understanding of the linkage between homosexuality and alcoholism.

Treatment and Prevention.

Which model one adopts can have important implications for the development of treatment and prevention programs. Some people define alcoholism as a disease, thereby invoking a medical model with very different consequences from a learned behavior model adopted by others. Those stressing the psychoanalytic approach focus on curing the pathology of homosexuality, while the socio-cultural model leads to the emphasis on getting the client to act on one's homosexual feelings. In general, most practitioners today believe that treating the alcoholism is the first priority. This, however, typically requires a climate in which the patients can feel comfortable about discussing their identity openly. Being honest about oneself and one's feelings is essential for recovery. This cannot be attained in a homophobic context. Some, therefore, strongly encourage homosexual clients to seek treatment in gay and lesbian facilities. When these are not available, it is very important that treatment programs and therapists can accept and encourage gay and lesbian clients to be themselves. While the techniques for treatment may be the same for everyone, the importance of establishing a climate in which the clients can express

themselves openly becomes of prime importance.

Similarly, while prevention and education programs have messages relevant to all people, some specific tailoring to the needs, issues, and language of gays and lesbians is essential. For example, recent evidence on the role alcohol and drugs play in lowering immune system functioning has important prevention implications for AIDS. There are also some indications that excessive alcohol use can lead to higher risk taking, especially in sexual situations, thereby increasing the possibilities of engaging in practices with a higher probability of contracting the AIDS virus. Prevention and education programs aimed at the gay and lesbian populations must, therefore, take into account the unique dimensions of their lifestyles and sexuality. It is in prevention and treatment programs that the link between homosexuality and alcoholism becomes an important aspect.

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ALETRINO, ARNOLD (1858-1916)

Dutch criminal anthropologist and literary figure. Of Sephardic Jewish ancestry, Aletrino published works on homosexuality in Dutch and French. A follower of the school of Cesare Lombroso, who had sought to explain criminality with reference to inherited degeneracy of the central nervous system, Aletrino broke sharply with his teacher by asserting in a

Dutch article of 1897 that homosexuality ("uranism") could occur in otherwise perfectly normal and healthy individuals, and in later works he campaigned for the end of the legal and social intolerance that still oppressed the homosexuals of early twentieth-century Europe.

At the fifth congress of criminal anthropology in Amsterdam in 1901, his defense of the homosexual brought a storm of abuse on his head from the psychiatrists and criminal anthropologists who accused him of "defending immorality"—the first harbinger of the later antipathy of the medical profession to the gay rights movement. Down to the end of his life he continued to collaborate with the initial pioneers in enlightening the general public on the subject, and was involved in the founding of the Dutch branch of the **Scientific-Humanitarian Committee** in 1911. His literary compositions still keep his memory alive in the Dutch-speaking world.

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ALEXANDER THE GREAT (356-323 B.C.)

King of Macedonia and conqueror of much of the civilized world of his day. The Hellenizing aspirations of his father Philip II caused him to summon Aristotle from Athens to tutor his son. On his succession to the throne in 336 Alexander immediately made plans to invade Asia, which he did two years later. In a series of great battles he defeated the Persian king and took possession of his vast empire. Unwisely extending his expedition into India in 327-325, he returned to Babylon where he died.

Historians still debate the significance of Alexander's plans for the empire: it now seems unlikely that he intended a universal culture melding the diverse ethnic components on an equal footing.