

## Health, Well-Being and Intoxication

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### Abstract

After a brief exposition of the concept of the grey zone of health and illness, I will investigate the medical research on alcohol consumption, particularly in relation to intoxication. Intoxication is considered by medical science research to be a serious health risk. The WHO takes a very strict approach to alcohol consumption, now calling even moderate consumption a 'low risk' (as against a safe) activity. This paper will address the temptation to intoxication encompassed in social contexts in relation to the phenomenon of sociability. The frame of reference of medical science will be seen to be different to the frame of reference that makes the experiential truth of the magic territory opened up by social intoxication available. Drawing on the work of Gadamer and Plato, this difference will be examined in reference to the grey zone between health and well-being. The interrelation between sociability and intoxication will be developed as a feature of well-being.

Key Words: health, alcohol, intoxication, medical science, well-being, sociability, Gadamer, Simmel, Plato, dialectical hermeneutics

### 1. Alcohol Consumption and the Grey Zone

In a paneled room in the nether regions of one of Oxford University's more ancient colleges a group of graduates and undergraduates, who form its illustrious debating society, gathers.... An oak cabinet, stained with age, and referred to as the Ark, is solemnly placed on the table around which the group is assembled. From the cabinet is drawn, with reverence, a large two handled scone. All eyes are trained on the President of the society as she fills this vessel to the brim with strong beer. Raising it above her head as if it were the communion cup, she intones a Latin invocation of greeting to the foregathered company that ends with the solemn announcement, *Nunc est bibendum* ('Now is the time for drinking').

The scone is then passed slowly around the table, each celebrant gripping it by both handles and uttering a Latin formula ... before drinking a respectfully deep draught of the beer and handing it on.

Following this, a short talk on some agreeable nebulous moral theme is delivered – Honour, perhaps or Forgiveness – and then the entire table sets to with a will arguing over the points raised in convivial disarray, untrammelled by presidential intervention, and lubricated by copious quantities of wine and vintage port. At whatever time the room must vacated, the members will totter away across the quadrangle, still disputing with each other in amiable inebriation.... Drinking was not merely an incidental adjunct to make a lively evening the more commodious but had been ceremonially incorporated into the ritual so integrally that teetotalers need not have applied. The Platonic dialogue flows precisely from the sacred rite of intoxication, so that the meeting became a dialectical drinking session.... Without alcohol, the society's disputations would have been aridly futile.<sup>1</sup>

Alcohol consumption is rife with ambiguities. As Edwards summarized in his review of the historical, sociological, anthropological, scientific and medical research: "Alcohol is in its being and essence an ambiguous molecule, an instrument of pleasure and at the same time pain. And society's response to that molecule is, in all its dealings, and with total congruence, itself ambiguous. A congruence of ambiguities: that's the centre of the thing."<sup>ii</sup> In a similar fashion Walton states:

Alcohol has always lived a double life, which is to say that those who drink it have. On the one hand, it is invested with an almost sacred significance. It is the free flowing blood of Christ in the

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Transubstantiation, the elusive elixir of eternal life to the alchemist trying to isolate its soul or spirit (and thus giving the name of ‘spirits’ to their earliest rudimentary distillates) the offering of a bountiful nature spilling forth its annual cornucopia of berries gravid with fermentable juices.” On the other hand there is the “alcohol of the taverns and back alleys, the dangerously exhilarating potion that produces raucous laughter and embarrassing scrapes, indiscretions, the staggers and poisoned livers, a thudding head in the over-indulgent and a riptide of sentimental drivel from the lips of the incautious.... To be under its influence [is] either to be in a state of ecstatic spiritual union with the gods (or symbolic contact with the one God), or it [is] to be in a befuddled squalid fog of inebriation.”<sup>iii</sup>

Again, Kane writing of medical discourse and drink in James Joyce’s *Dubliners* says:

What drinking means at any moment might differ according to a number of social variables – among them the intended use of the drink; the type of drink; the class, race and gender of the drinker; the occasion or setting for the drink and the amount consumed – that determines whether the substance means festivity or dissipation, sacrament or crime, folly or vice, remedy or poison.<sup>iv</sup>

The idea that alcohol, in its essence, is ambiguous, that the human response to alcohol is ambiguous, that it leads to an intoxication that can be experienced as either ecstatic state or as inebriated fog, means that any investigation of the relation between alcohol consumption and health will be required to struggle with the centrality of ambiguity. To address the relation between intoxication and health deepens the struggle as the investigation now is required to struggle not just with the possibility that drinking raises but with this particular expression. Is the possibility and actuality of intoxication a less ambiguous concern (in that it is this very risk that makes moderate drinking ambiguous) or a more ambiguous concern (in that drunkenness has been an integral feature of almost all human cultures)? This paper seeks to explore the tension in this ambiguity as it relates to health, well-being and the intertwining of alcohol with celebration. It does so following a dialectical hermeneutic method.<sup>v</sup>

This research is part of a wider interdisciplinary Canadian Institute of Health Research project called *City Life and Well-Being: The Grey Zone of Health and Illness*. The focus of the project is to investigate the indeterminate ground that haunts all determinate relations, including and especially the relation between health and illness. As was stated in the application,

The interpenetration of culture and medicine can be thought of as a zone of ambiguity in which the necessity for clear-cut actions and decision making of practitioners and clients involved in relationships to modern medicine is always haunted by unspoken assumptions, understandings and equivocations that cannot be completely mastered and made explicit. We call this region of ambiguity the Grey Zone because it is the space of indeterminacy upon which all determination ultimately depends.<sup>vi</sup>

The Grey Zone is not a physical location but an interpretive space ... in the sense that all action and interpretation has to assume matters that it cannot master through further information retrieval and computation, matters of value and relevance that remain unstated presuppositions in its decision-making and calculation of options and risks.”<sup>vii</sup>

The grey zone therefore refers to that fundamental ambiguity that is intrinsic to the human condition and thus one that pervades the relation between health, illness and everyday life. It does not merely refer to areas where there is a technical lack of information, nor areas that science is currently unable to answer (e.g. when does life in the womb begin?), though it can include these; rather, it points to the fundamental concern that all action, including the action to heal, operates in an environment where the actor has to make choices that cannot be just understood as formulaic, no matter how apparently clear the choice may seem. The project seeks to articulate this concealed ground in the relation within and between health and illness in order to throw light on this fundamental aspect of the human condition.

Alcohol consumption is one five areas of research to help articulate the nature of the grey zone in health and illness. Again, as stated in the application “health is not just a medical matter. Rather medical concerns like alcoholism implicitly rest on larger issues and the interrelations between the particular (alcohol discourse) and the universal (the being of the whole) need a research method that can bring this

out.<sup>viii</sup> As the paper seeks to demonstrate, reflexive dialectical analysis or phenomenological hermeneutics is the approach most appropriate to engage such tensions and grey zones. *When we reconceptualize the relation between health and illness as a Grey Zone, Gadamer's formulation of health becomes instructive for the study as a whole and for the research on alcohol consumption. As he says elsewhere "despite its hidden character health none the less manifests itself in a general feeling of well-being. It shows itself above all where such a feeling of well-being means we are open to new things, ready to embark on new enterprises and, forgetful of ourselves, scarcely notice the demands and strains which are put on us."*<sup>ix</sup>

## 2. Health, Alcohol Consumption and Intoxication

What is alcohol consumption? Edwards provides a short description that again illustrates the sense of its double nature.

There is no doubt that, as far as most people are concerned, when alcohol meets the brain the event is received as good news. If we look for a word to characterize this experience, 'euphoria' is probably a good summary description.... There is a dose relationship for many of these effects, so that with more drink the pleasure is increased. Eventually, however, unpleasant effects come into play and drinking becomes aversive. The wanted euphoria may be replaced by depression and maudlin misery. Nausea and vomiting may be other unwanted physical effects.<sup>x</sup>

Here again, we see the double life of alcohol consumption, but now in terms of its relation to what Plato calls the witless advisors of life, pain and pleasure. Alcohol is a mind-altering drug that gives pleasure but taken in excess it is also a source of pain. It brings about a state of euphoria that, in turn, can lead to nausea, a thundering hangover and depression. Its consumption therefore can be the source of a dilemma.

As an illustration he offers the example of a couple who have enjoyed two glasses of wine each during their meal: "Now they confront the drinker's dilemma incarnate – shall they finish the bottle or stuff in the cork? Or perhaps they are even siding towards tacit agreement that opening a second bottle would not be a bad idea.... It's Saturday, been a hard week for both of them, don't need to drink it all." Like many drinkers, this couple is familiar with the positive side of the dilemma: drink makes them feel good.

They know from experience that in safe surroundings a few drinks more will make them feel better still. That kind of intoxication can for a little while open for them a magic territory of elation, talkativeness, laughter, loosened mental associations and emotional intimacy.... Drink gives them immediate gain, and they do not need an expert of any kind to convince them of this experiential truth. And as for short-term losses, they are likely to be no worse than a bit of headache or sickness in the morning, regrets or recriminations over something stupid said, a wine glass knocked on the floor, a slight edge of unease perhaps as to whether it was altogether sensible to open that second bottle of wine. But, within the balance of only the short-term profit and loss account, it is likely that a hangover next morning will rate far lower than another drink poured at the supper table.<sup>xi</sup>

The dilemma for this putative couple, of course, is a dilemma that is experienced by many drinkers in many different social settings, whether restaurant, pub, home or any of the more communal settings of more traditional cultures. We note that the temptation of intoxication is the danger of the drinkers' dilemma here. The experience of the first two drinks is pleasurable and a few more will make them feel better still. Alcohol here is seen as a tempting, seductive agent, tempting people to move to an area that they may regret (because of pain, saying what should not be said, or coordination concerns). And yet, with intoxication there is not just more pleasure but, "for a little while" a new territory, "a magic territory of elation, talkativeness, laughter, loosened mental associations and emotional intimacy" is opened up for the collective (couple, group, party). The realm of intoxication is not just a temporary quantitative addition in terms of pleasure, as the first description of alcohol consumption suggests. Rather, it is an experience of a qualitatively different kind, an experience that makes its own truth available. What is the experience that collects "talkativeness, laughter, loosened mental associations and emotional intimacy?" Talkativeness, laughter, loosened mental associations can be features of everyday life, when we think of greetings, coffee breaks, neighbourly chats, etc. In those sorts of settings, they may make the situation more pleasant but we do not normally think that such activities open a magic territory. In fact, in some cases, talkativeness and

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loosened mental associations may make the activity (like the coffee break) more awkward or tedious or strange. What therefore is this activity, where these characteristics in association with alcohol consumption open a collectively shared magic territory. One way of collecting the talk is to see it as a description of sociability. “Since,” as Simmel says, “in sociability the concrete motives bound up with life-goals fall away, so must the pure form, the free playing, interacting interdependence of individuals stand out so much the more strongly,”<sup>xiii</sup> the artificial world of sociability is a way of formulating the experiential truth that Edwards alludes to. Simmel, in his work focuses on the nature of the shadow world of sociability and Edwards on the medical effects of alcohol consumption. Neither addresses what could be called the grey zone in the relation between sociability, well-being and intoxication. Is this magic territory an example of a grey zone and, if so, what is the relation between intoxication, sociability and the grey zone of health and illness?

Edwards pursues the issue of the “drinkers dilemma” in relation to the “great deal of research has been directed at the relationship between habitual alcohol consumption and “the likelihood of developing certain kinds of disease.”<sup>xiii</sup> That is, his focus is on the health consequences to people that regularly or habitually choose to pursue this magic territory. As he outlines, this research has led to the scientific consensus that consistent heavy drinking risks serious long-term consequences to health.<sup>xiv</sup> In his summary he states: “what most stands out is the sheer weight and repetitiveness of the core and general finding across time, across countries, across problems: measures which bear on the quantity drunk are likely to ameliorate the harm done by alcohol.”<sup>xv</sup> His review echoes many recent research reports done on alcohol consumption.

For example, the report done for the European Commission by Andersen and Baumberg summarizes the research in a comprehensive and succinct manner:<sup>xvi</sup>

Apart from being a drug of dependence, alcohol is a cause of some 60 different types of diseases and conditions, including injuries, mental and behavioural disorders, gastrointestinal conditions, cancers, cardiovascular diseases, immunological disorders, lung diseases, skeletal and muscular diseases, reproductive disorders and pre-natal harm, including an increased risk of prematurity and low birth weight. For most conditions, alcohol increases the risk in a dose dependent manner, with the higher the alcohol consumption, the greater the risk. For some conditions, such as cardiomyopathy, acute respiratory distress syndrome and muscle damage, harm appears only to result from a sustained level of high alcohol consumption, but even at high levels, alcohol increases the risk and severity of these conditions in a dose dependent manner. The frequency and volume of episodic heavy drinking are of particular importance for increasing the risk of injuries and certain cardiovascular diseases (coronary heart disease and stroke.

“Alcohol is the cause of some 60 different types of diseases and conditions” and it “increases the risk and severity of these conditions in a dose dependent manner.” Thus the couples pondering polishing off the bottle of wine, even opening a new one, are, according to this research, increasing their risk to a host of illnesses. That magic territory is a deceptively dangerous territory, posing risks for the individuals concerned and public health in general. On the basis of this kind of evidence Edwards concludes: “Science must thus unequivocally recommend to any government which intends to reduce the national burden of alcohol-related problems that measures which check or reduce alcohol consumption are an essential part of the effective policy mix.” The ambiguity and grey zone central to alcohol is now starting to look more black and white. On the basis of this research a clearer picture emerges regarding the dilemma of more or less alcohol consumption. In this regard, the World Health Organization in a “Framework for alcohol policy in the WHO European Region” report has:<sup>xvii</sup>

estimated that 4% of the global burden of disease is attributable to alcohol and, as such, alcohol was the fifth leading risk factor among the 26 selected risk factors for mortality and morbidity globally. As a response to this, the Fifty-seventh World Health Assembly in 2004 adopted resolution which urged Member States to give attention to the prevention of alcohol-related harm and promotion of strategies to reduce the adverse physical, mental and social consequences of harmful use of alcohol.”

In light of this research the “drinker’s dilemma” appears to be less of a dilemma. Alcohol is the “fifth leading risk factor... for mortality and morbidity globally.” People who struggle with the horns of the dilemma of whether they should have another drink or not should know that by doing so they raise their risk factor for mortality and morbidity.

But what version of health is this? Medical science is a discourse and its claims about health need to be understood in relation to what health means within this discourse.<sup>xviii</sup> Within this discourse, the body is constituted in a dramatically different way than the lived experienced body. “The body of the patient [is] looked upon as a functional space where the disease resides. Bodily function, localized to systems of organs and tissues (and later to cells and molecules), and the diseases that interfere with these functions (or rather the effects of these diseases in organs and tissues),” are studied through “observation, palpation and auscultation of the living body of the patient, and through a dissection of the dead body....”<sup>xix</sup> This development in modern medicine has led to the dominance of ‘objectification (the reduction of the patient to a biological-physiological object) and specialization (the partitioning of this object between different medical specializations). The risk factor of alcohol is a risk for the biological-physiological object that is the body and this research is made available by different specialized disciplines. The consensus that has recently emerged is a consensus regarding the biological-physiological object that is the body. It is on the accumulative research results that Thakker concludes:

In recent years, an increasing number of such studies have shown that not only moderate but also light drinking involves risks of many kinds. As a result, drinking guidelines based on this evidence are generally even more restrictive than the guidelines on “sensible” and “responsible” drinking which were published in the late 1980’s. The most recent guidelines are thus concerned with low-risk drinking.<sup>xx</sup>

That is to say and in terms of the knowledge generated by medical science research, those exercised by the ‘drinker’s dilemma’ are now understood to be engaged in a risk-laden activity. For the putative couple, the two glasses of wine already constitutes a low risk activity and the move to further consumption and the “magical territory” of intoxication is a move into a high-risk activity in relation to the health of their bodies.

The language of this discourse is ‘unequivocal’. Despite the observation that the essence of the human relation to alcohol is ambiguous, scientific research is decisive in terms of what the situation calls for. The serious long-term health consequences of decisions “which bear on their lifetime risk of a raft of alcohol-related diseases” mean that the putative couple ought to think twice about finishing off that bottle of wine. Edwards, in concluding with advice to this couple sensibly advises: “Enjoy the drink, but less is generally better, getting intoxicated is never wise, drink is two edged.”<sup>xxi</sup> This advice corresponds very closely to the kind of advice the World Health Organization which states that given specific exceptions (pregnancy, medication, etc), “there is no reason” to discourage low risk drinking among the adult population: “By low-risk drinking, it is meant that (a) regular consumption of alcohol is low and (b) drinking to intoxication does not occur.”<sup>xxii</sup> The relatively moderate argument that Plato made in the *Laws*<sup>xxiii</sup> in support of drinking parties (symposia) and on occasion and for males over 40, for intoxication now seems hopelessly archaic. Plato’s conclusion that alcohol was invented for the health of our bodies and the well being of our souls now looks like a conclusion that suffers from ignorance of the knowledge that science provides. And Socrates who drank quite a bit on occasion, though he never got drunk, did not know that this occasional heavy drinking put him at risk for heart disease and stroke.

For Edwards, people need to know the facts generated by scientific knowledge in order to make informed personal decisions. In this case the double-edged character of drink is a dangerous seduction; like the snake in the Garden of Eden, drink invites one to a decision that has long-term deleterious consequences. Drink invites more while “less is better” and “getting intoxicated is never wise.” From the perspective of medical science research, the grey zone of health and illness resides in the gap between “experiential truth” which inform the decisions of everyday members and the “factual truths” of increased health risks that the scientific perspective makes available. An informed rational choice therefore would understand that the “magic territory” that intoxication opens up is the road to increased health risks. A ‘risk management’ approach to life requires highlighting the danger behind the seduction and invites rational discipline against the temptations of drink. That many in the population at large do not follow this advice,

illustrates the tension between the experiential truths that powerfully persuade everyday members and scientific truths that seek to highlight the danger in such truths.

### 3. Public Health Policy and Intoxication

It is precisely for this reason that public health policy comes into to play. A recent article on Canada's national newspaper, *The Globe and Mail*, illustrates this focus: "Most of the harms are problems of intoxication,' says Dr. Stockwell, who calculates that 73 per cent of alcohol purchased in Canada is consumed at levels above the albeit conservative Canadian guidelines for safe drinking. (No more than two drinks a day; nine a week for women, 14 for men.) 'And a lot of those are just regular people in the population, not people in clinics. They're just occasional heavy drinkers. It's not just focused on a small number of alcoholics. It's spread right across the population.'"<sup>xxiv</sup> From the perspective of medical science, people are misled by 'experiential truths' to the detriment of the health of their bodies, as physiological-biological objects. Instead of being tempted, this discourse argues, people should step back and take a rational self-interested approach. When they do so, what seems to be the horns of a dilemma in terms of their personal decision will offer a clear path: 'intoxication is to be avoided', 'it is never wise.'

The grey zone of health and illness is here seen as a technical rather than essential problem, remediable rather than intrinsic to the human condition. The indeterminacy between the experiential and scientific truths is to be resolved through public health policy that seeks to increase the controls (licensing laws, tax policy, health warning labels) to limit access to alcohol. This is where the public health debate on alcohol consumption now is.

Of course, in a capitalist based democracy, this debate has many interested parties. The alcohol conglomerates, the owners of licensed premises, along with the health spokespeople and the wider public itself all enter this debate with different interests and horizons of concerns. One such voice is the British wine critic Stuart Walton. In a sweeping and opinionated disquisition he critiques this medical science consensus and its focus on units of alcohol. "The unit is in fact an utterly spurious attempt to give some sort of quantification to concepts like 'moderation' and 'balance'.... But there is no international consistency on the matter. A UK alcohol unit at 8g turns out to be only two thirds of the American designation of 12g, and less than half that of Japan, where a rather festive 17g prevails. The system is doomed to irrelevance not merely because each individual has his or her own general tolerance of alcohol, but that tolerance is moreover affected by a number of physiological variables, such as blood pressure, stomach contents, the overall state of the immune system, the stage of the menstrual cycle, and so forth."<sup>xxv</sup> Moderation in alcohol consumption cannot be quantified: it is a judgement that needs to be made by each individual person in relation to his or her own experiential history. More to the point with regard to issue of avoiding the 'magic territory' of intoxication, all such advice about drinking less, he says:

However well intentioned falls at the final hurdle of failing to recognize that, for most, drinking is a social activity, not a solipsistic indulgence. The descriptions of alcohol use contained in these urgings of alcohol pressure groups often make it sound as though drinking were an experience akin to taking LSD, something one did purely for its own sake, in order to enjoy its range of effects, whereas in the majority of scenarios – in pubs, restaurants, and in the home – it is encompassed by forms of social interaction in which it takes place. Imagine ... entering every sip meticulously on one's personal organizer....<sup>xxvi</sup>

From the point of view of the pleasures of social interaction, narrow rational self-interest (based on knowledge made available by scientific research) looks obsessive and anti-social. As Andrew Barr states: wine is consumed primarily because it "enables the people who drink it to enjoy life more. The most important medicinal benefits of wine lie in its potential to reduce stress and to make people feel happier. If wine is good for us, it is because it gives us pleasure."<sup>xxvii</sup> Wine gives us the kind of pleasure that enables people to enjoy life more, to feel happier. More wine enables people to move to the magic territory of sociability. Sociability, like play and art, "draw their form from [economic, religious, family, community, politics, war, sex, medicine, and so on] realities but nevertheless leave their reality behind them."<sup>xxviii</sup> As "the play form of association" sociability is "related to the content-determined concreteness of association as art is related to reality." As such, the rational instrumental approach to sociability recommended by medical science and the World Health Organization makes this substance-less form a very challenging achievement.

The difficulty with the medical science approach is that alcohol consumption is understood in terms of the benefits or detriments that it causes the organs of the body. The body is merely an organic object that responds to causal interventions. Alcohol is one such causal intervention and over time (in terms of probability) it is shown that it increases the risk factor for a host of illnesses. However, the magic territory of elation, emotional intimacy, happiness, etc are the kinds of social interaction that in themselves resist being treated in an instrumental fashion. The “world of sociability ... is an *artificial* world made up of beings who have renounced both the objective and purely personal features of the intensity and extensiveness of life in order to bring about among themselves a pure interaction, free of any disturbing material content.”<sup>xxxix</sup> Drinking and intoxication (elation, loosened mental association) are a supplement or aid to the creation of that artificial world and thus the reason for the interrelation of celebration with alcohol in most cultures of the world. In this sense, medical science is speaking from a different frame of reference than the frame that leads to the experiential truth of intoxication. Pleasure, happiness and the ability to enjoy life more, all encompassed in a social context is the frame of understanding that the experiential truth emerges from. The orientation to pleasure, happiness and enjoyment of life rather than to the beneficial or harmful effects of certain substances to the organs is what dominates in this frame of reference. Medical sciences notion of health and the specialized knowledge it generates are, from the former perspective, negative (harm reduction) and reductionist. The scientific frame encourages an instrumental and detached approach to the body and a self-interested orientation of the mind. It panders to the idea that looking after yourself and your family is what is moral and prudent. Rational self-interest on the part of the individual and society is what is implicitly recommended by this discourse. This is not to say that the scientific focus is wrong, rather that it is unduly narrow and reductionist. Perhaps a fuller more multidimensional understanding of the good of health in relation to the whole of life, including social, cultural, communal, economic, as well as its biological and epidemiological concerns, is needed. The grey zone re-enters here in the distinction between organ survival and happiness, illness avoidance and enjoyment of life, between the medical science concept of health and a more multidimensional perspective that places the value of health in perspective.

#### 4. Well-Being, Intoxication and Sociability

For this paper the concern is with intoxication and its relation to sociability? What are the implications of the direction of this advice for ‘magic territory’ sociability and what if any relation does this have to health? Is there more to health than harm avoidance. The orientation of science is on causes. As McHugh et al say, to limit an inquiry to a focus on causes is to limit how one thing effects another thing.<sup>xxx</sup> This overlooks if not gloss that neither thing is understood in itself. Neither the magic territory of intoxication nor health is really understood in its own right.

What is health and what would it look like from such a perspective? According to phenomenological hermeneut, Gadamer, the experience of health is fundamentally of a different order than the experience of illness and so it is an error to see health and illness as two ends of a continuum. Health is not just the absence of illness. Illness forces itself upon our attention, reminding us of the health we have been able to take for granted. This taken for granted character becomes a fear that the World Health Organization exploits. Yet, good health, in the best sense, is experienced when it is taken for granted, when it is not the focus of our attention. As Gadamer phrases it:

Illness can make us insistently aware of our bodily nature by creating a disturbance in something, which normally, in its very freedom from disturbance, escapes our attention. Here it is a matter of the methodological primacy of illness over health. But of course it is the state of being healthy which possesses ontological primacy, that natural condition of life, which we term well-being, in so far as we register it at all. But what is well-being if it is not precisely this condition of not noticing, of being unhindered, of being ready for and open to everything?<sup>xxxi</sup>

Illness and health involve us in very different relations to the world. Illness is a disturbance that makes us “insistently aware of our bodily nature... creating a disturbance in something which normally escapes our attention.” Its presence creates an urgency that forces our attention on the pain or disabling condition and the need to relieve or eliminate it. But health possesses ontological primacy that “we term well-being, insofar as we register it at all.” Health is intrinsically an enigmatic experience in that it is

experienced through our not noticing it by virtue of the way it frees us to be “ready and open to everything.” If we register it at all, we do not think we are healthy because we have received the ok on our annual check-up but rather by our ability to give ourselves without interference to our life projects, and as such, the term well-being more accurately describes that reflection. “Despite its hidden character health none the less manifests itself in a general feeling of well-being.... Such a feeling of well-being means we are open to new things, ready to embark on new enterprises and, forgetful of ourselves, [where we] scarcely notice the demands and strains which are put on us.”<sup>xxxii</sup> Thus, though it sounds provocative to state, the public health warnings regarding the need to always avoid intoxication, need to be placed in a context. The person entering every unit of alcohol on their personal organizer, striving to stay within World Health Organization guidelines at all times, could not be said to be experiencing well-being. The obsessive ness with health outcomes prevents the self-forgetfulness that is the value of health in the first place.

Gadamer’s formulation of health is now instructive for the question of the relation between well-being and intoxication. The feeling of openness, of being ready for new enterprises, of self-forgetfulness mirrors the experience of intoxication<sup>xxxiii</sup> described by Edwards in the ‘drinkers’ dilemma’, and it mirrors the delicacy of sociability described by Simmel in his famous essay. In both cases there is a fleeting experience of indeterminacy, haunted by the glimpse that this is the fundamental truth of the world, but now as a transiently enjoyable experience.

The intoxication that is the object of this paper is the intoxication that is socially encompassed. According to Simmel, sociability has a “democratic structure” because “the pleasure of the individual is always contingent on the joy of others, no one can have his satisfaction at the cost of contrary experiences on the part of others.”<sup>xxxiv</sup> Despite its delicacy and fragility, the experiential truth of sociability is realized “by a feeling for, by a satisfaction in, the very fact that one is associated with others and that the solitariness of the individual is resolved into togetherness, a union with others.”<sup>xxxv</sup> Thus the joy, relief, vivacity of intoxication in sociability is only possible if it is collectively shared. This means that alcohol by itself is neither a necessary nor a sufficient condition for the accomplishment of sociability, as the key focus is not one’s own pleasure but the joy and vivacity of the other.

Intoxication, however, creates friendly conditions for the achievement of as well as being an exemplification of this artificial world removed from the demands and seriousness of everyday life. The ecstatic elements of intoxication have that sense of standing apart from everyday routine and banal repetitiveness of everyday life and also the enhancing of social solidarity in that it is encompassed by social interaction. In Dionysian fashion, it takes us outside of ourselves and connects us with others at a fundamental level. “So if they drank and made merry like that, the revelers who took part in the proceedings would sure benefit? There would go their way on better terms with each other than they were before.”<sup>xxxvi</sup> In this case, the tangible benefits for the social self enable the transitory experience of well-being, a well-being that requires distance and reserve toward a (modern) life that is “overburdened with objective content and material demands.”<sup>xxxvii</sup>

### St. Jerome's University in the University of Waterloo

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What is intoxication? Plato in *The Laws* (112) says of drinking parties. “A gathering like that, of course, inevitable gets increasingly rowdier as the wine flows more freely.... Everyone is taken out of himself and has a splendid time; the exuberance of his conversation is matched only by his reluctance to listen to his companions.” Leo Strauss (36) interprets this to mean: “under the influence of wine, everyone is filled not only with the ability and willingness to say everything but also with unwillingness to listen to what others, any others, say: he does not listen to authority.” We can see here the source of the danger that intoxication raises, which makes the general condemnation in western society understandable. The historic concerns about intoxication and inebriation have generally come from, at first Church authorities, later state authorities and today the authority of medical science. However Plato, who is not considered an anarchist or someone subversive of either authority or public order, makes an argument that a place has to be made for the beneficial effects of reverent if unruly drinking parties.



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## Notes

- <sup>i</sup> S Walton, *Out of it: A cultural history of intoxication*. Hamish Hamilton, London, 2001, p. xiv
- <sup>ii</sup> Edwards (*Alcohol: The world's favorite drug*, St. Martin's Press, New York, 2000, p. 191)
- <sup>iii</sup> Walton, op. cit., pp. 18-19
- <sup>iv</sup> Kane, J 1995, "Imperial Pathologies: Medical Discourse and Drink in Dubliners." in *Literature and Medicine* vol. 14.2, 1995, p. 200
- <sup>v</sup> Gadamer, H G, *Truth and Method*, Sheed and Ward, London: 1975
- <sup>vi</sup> "In the thematic description above, 'culture' is treated as if it exists along side other factors ("social... environmental...") whereas our approach differs by treating culture as an elemental core of understanding and interpretation that pervades our most particular actions. We understand the concept of culture then, not as a distinctive identity, say of a group as in 'multiculturalism,' but as the dimension of meaning-making and the discourses it makes possible that enter into the knowledge we apply and contest critically in a complex modern society that must come to terms with the ambiguity of the promise of enlightened knowledge in every sphere of life. By and large in this research, we focus upon the ways in which culture penetrates a modern society, even through its scientific emphases and conventions, because medical practice must be informed and grounded by the culture of science, while yet science is only one part of what we might think of as the common culture of health. A Blum, "Introduction." A Blum, 'Introduction,' In *City life and well-being: The grey zone of health and illness*. Funding application to the Canadian Institute of Health Research, 2006, p. d
- <sup>vii</sup> A Blum, 'Introduction,' In *City life and well-being: The grey zone of health and illness*. Funding application to the Canadian Institute of Health Research, 2006, p. d
- <sup>viii</sup> The explicit intertwining of the particular [in this case alcohol consumption] with the universal and the importance of understanding each in light of the other makes the hermeneutic element of radical interpretive methodology most appropriate. (See Bonner, 1998: 1-3, 151-155)
- <sup>ix</sup> HG Gadamer, *The Enigma of Health: The Art of Healing in a Scientific Age*, Translated by Jason Gaiger and Nicholas Walker, Stanford University Press, Stanford, California, 1996, p. 112
- <sup>x</sup> Edwards op.cit., pp. 8-9
- <sup>xi</sup> Ibid., pp. 181-2
- <sup>xii</sup> G Simmel, 'Sociability', *On Individuality and Social Forms; Selected Writings*, D N Levine (ed) University of Chicago Press, Chicago, 1971, p. 129)
- <sup>xiii</sup> ibid, p. 182
- <sup>xiv</sup> ibid., pp. 181-206
- <sup>xv</sup> ibid., p. 203
- <sup>xvi</sup> P Anderson and B Baumberg, *Alcohol in Europe: A Public Health Perspective*, A report for the European Commission, Institute of Alcohol Studies, UK, June 2006, p. 4. Available at [http://ec.europa.eu/health-eu/news\\_alcoholineurope\\_en.htm](http://ec.europa.eu/health-eu/news_alcoholineurope_en.htm)
- <sup>xvii</sup> World Health Organization *Framework for alcohol policy in the WHO European Region* 2006, p. 8 Available at <http://www.euro.who.int/document/e88335.pdf>.
- <sup>xviii</sup> F Sveneus, *The Hermeneutics of Medicine and the Phenomenology of Health*. Kluwer Academic Publishers, Dordrecht/Boston/London, 2000, pp. 22-3 " "Modern medicine essentially arose through the unification of two phenomena: the medical clinic and pathological anatomy.... Patients were classified through an investigation based primarily, not on what they told the doctor about their symptoms, but rather on the signs detected through inspection of their bodies. Systematical records were kept through with the course of illness of different patients with similar signs of disease could be compared. ... In Paris, to this systematic, empirical approach to the diseases of *living* patients in the hospitals was linked a study of their

*deceased* bodies by means of dissection. It is at this point that the subjection of medicine to what the philosopher Hans Jonas calls the ‘ontological dominance of death’ commences.”

<sup>xix</sup> *Ibid.*, p. 23

<sup>xx</sup> K D Thakker, ‘An overview of health risks and benefits of alcohol consumption.’ *Alcoholism: Clinical and Experimental Research* vol. 22.7 (285-98) p., 295

<sup>xxi</sup> Edwards, *op. cit.*, p. 190

<sup>xxii</sup> World Health Organization, *op. cit.*, p. 15

<sup>xxiii</sup> Plato, *The Laws*. Translated with an Introduction by Trevor J. Saunders, Penguin Books, Middlesex, 1970, Books I-II

<sup>xxiv</sup> *The Globe and Mail*, “Alcoholics accelerated” March 24, 07

<sup>xxv</sup> Walton *op. cit.*, 202-3

<sup>xxvi</sup> *ibid.*, 203

<sup>xxvii</sup> *ibid.*, 204

<sup>xxviii</sup> Simmel, *op. cit.*, p. 128

<sup>xxix</sup> *ibid.*, pp. 132-3

<sup>xxx</sup> P McHugh, S Raffel, D Foss, and A Blum, *On the Beginning of Social Inquiry*, Routledge and Kegan Paul, London 1974, pp. 43-46

<sup>xxxi</sup> Gadamer, *op. cit.*, p. 73

<sup>xxxii</sup> *ibid.*, p. 112)

<sup>xxxiii</sup> See Wilson, 2004, Maloney, Brisset, (above) Mulford, Harold A. “What If Alcoholism Had Not Been Invented? The Dynamics of American Alcohol Mythology.” *Addiction*, 1994, 89, 5, May, 517-520; Room, Robin. ‘Dependence and Society’ *British Journal of Addiction*, 1985, 80, 2, June, 133-139)

<sup>xxxiv</sup> Simmel, *op. cit.*, p. 132

<sup>xxxv</sup> *ibid.*, p. 128)

<sup>xxxvi</sup> Plato, *op. cit.*, 2.672

<sup>xxxvii</sup> Simmel, *op. cit.*, p. 133

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Water intoxication is rare, and it is very difficult to consume too much water by accident. However, it can happen – there have been numerous medical reports of death due to excessive water intake. Water intoxication most commonly affects people participating in sporting events or endurance training, or people who have various mental health conditions. Sporting events. Water intoxication is particularly common among endurance athletes. It can happen if a person drinks a lot of water without correctly accounting for electrolyte losses. For this reason, hyponatremia often occurs during major spo

Clinical management of acute pesticide intoxication: prevention of suicidal behaviours. 1. Pesticides - poisoning. 2. Pesticides - standards.Â Intentional self-poisoning with pesticide as a suicidal behaviour came to the attention of the Department of Mental Health and Substance Abuse of the World Health Organization (WHO) in the early years of this decade. well-being, understand the relation between drinking and health, explain the reasons to drink or not to drink, and describe their most common drinking or having-fun situations.Â The 'social health' approach differs from that of 'physical health' by emphasising partying and intoxication as important elements of a healthy lifestyle and well-being, while the 'physical health' approach takes distance from intoxication and underlines the importance of a healthy diet, physical activity, fitness and bodybuilding. Based on these observations, we focused in the second wave of interviews on what kinds of gendered categories, practices and social spaces young people relate to intoxication and health. Well-being. a positive state that includes striving for optimal health and life satisfaction. a state characterized by health, happiness, and prosperity. generally, how can you achieve good well-being? by actively participating in health-enhancing behaviors, thus increasing your health and happiness and life satisfaction. the Biopsychosocial Model. a model that illustrates how health and illness result from a combination of 3 general factors, that go in this specific order in a circular cycle.Â more oxytocin in your body= more trustful= higher well being and more healthy. thus, oxytocin INCREASES trust ---- possibly does so by it increasing social bonds. relationship between spirituality and health.