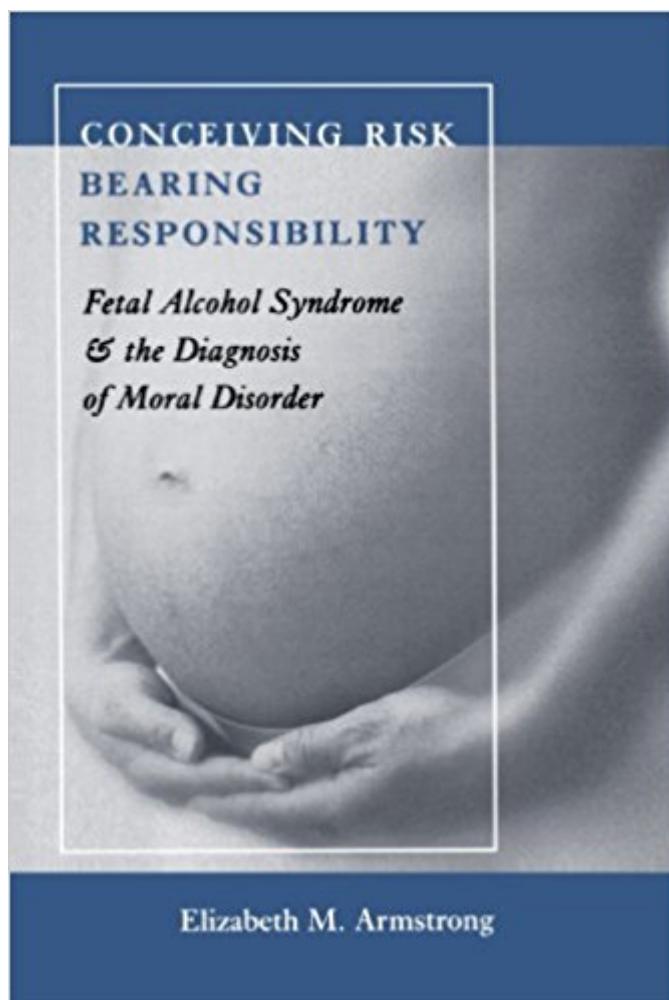


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Conceiving Risk, Bearing Responsibility: Fetal Alcohol Syndrome And The Diagnosis Of Moral Disorder



Synopsis

In American society, the consumption of alcohol during pregnancy is considered dangerous, irresponsible, and in some cases illegal. Pregnant women who have even a single drink routinely face openly voiced reproach. Yet fetal alcohol syndrome (FAS) in infants and children is notoriously difficult to diagnose, and the relationship between alcohol and adverse birth outcomes is riddled with puzzles and paradoxes. Sociologist Elizabeth M. Armstrong uses fetal alcohol syndrome and the problem of drinking during pregnancy to examine the assumed relationship between somatic and social disorder, the ways in which social problems are individualized, and the intertwining of health and morality that characterizes American society. She traces the evolution of medical knowledge about the effects of alcohol on fetal development, from nineteenth-century debates about drinking and heredity to the modern diagnosis of FAS and its kindred syndromes. She argues that issues of race, class, and gender have influenced medical findings about alcohol and reproduction and that these findings have always reflected broader social and moral preoccupations and, in particular, concerns about women's roles and place in society, as well as the fitness of future generations. Medical beliefs about drinking during pregnancy have often ignored the poverty, chaos, and insufficiency of some women's lives—factors that may be more responsible than alcohol for adverse outcomes in babies and children. Using primary sources and interviews to explore relationships between doctors and patients and women and their unborn children, Armstrong offers a provocative and detailed analysis of how drinking during pregnancy came to be considered a pervasive social problem, despite the uncertainties surrounding the epidemiology and etiology of fetal alcohol syndrome.

Book Information

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Throughout history, pregnant women have been advised and admonished. The 18th-century handbook *Rules and Cautions for the Conduct of Pregnant Women* counseled pregnant women to avoid "agitation of the body from violent or improper exercise, as jolting in a carriage, riding on horseback, dancing," and "whatever disturbs the body or mind." Restrictions on maternal behavior continued to tighten in the early 20th century and were, more often than not, based on the cultural and social biases of the times. It was not until the latter half of the 20th century that epidemiologic research on the effect of such maternal behavior on birth outcomes led to the relaxing -- or, in the case of prenatal physical activity, the reversing -- of extant guidelines. This has not been the case, however, for prenatal alcohol consumption. Indeed, guidelines regarding drinking during pregnancy have not changed since the 1981 Surgeon General's report recommending abstinence during pregnancy. Despite the implications of its title, Elizabeth Armstrong's book aims to reveal the insufficient basis for recommendations regarding maternal alcohol consumption as well as the moral condemnation of pregnant women who do drink. Drinking during pregnancy is not common in the United States. Approximately one in eight women reports having had at least one drink during pregnancy, and, of them, three quarters consume fewer than seven drinks per week. Furthermore, not every woman who drinks during pregnancy will give birth to a child with fetal alcohol syndrome. Even among heavy drinkers, rates of fetal alcohol syndrome are less than 5 percent. Thus, the identification of factors that place particular women at risk is a key issue that, as Armstrong points out, has not been adequately addressed. Little is known regarding the amounts and patterns of alcohol use that increase risk, the influence of concomitant factors such as drug use, nutritional deficiency, and stress, and the role of genetic susceptibility. Although Armstrong relies heavily on descriptive interview data to make these points, a critique of the original etiologic and epidemiologic studies (sparse though they are) of alcohol and fetal alcohol syndrome would have strengthened her arguments. Armstrong goes on to claim that the federally mandated labels on alcoholic beverages ("According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects") have directed public attention away from the social inequities that are at the root of poor birth outcomes and toward individual responsibility and blame. Although her advocacy for social change is compelling, it does not preclude the immediate public health need for guidelines at an individual level. The foundation for these guidelines may have gaps,

and the mode of their delivery may be flawed, but the need remains nonetheless. As the authors of a review article on fetal alcohol syndrome in the Journal pointed out a quarter-century ago (S.K. Clarren and D.W. Smith. Letter to the editor. 1978;299:556), "a large number of congenital malformations and central-nervous-system dysfunctions will be prevented through maternal avoidance of heavy liquor consumption during pregnancy." The goal for the future should be the further refinement of evidence-based advice for pregnant women -- a far cry from an anecdotal "handbook" of admonitions. Lisa Chasan-Taber, Sc.D. Copyright © 2004 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS. --This text refers to the Hardcover edition.

"Easy and interesting to read from a historical as well as from a sociological perspective." (Doody's Book Review Service)"In this well-written book, Elizabeth Armstrong provides an in-depth analysis of fetal alcohol syndrome as a social problem." (Virginia Chang American Journal of Sociology)"A welcome and long overdue critique of the knowledge production in the United States surrounding alcohol use by pregnant women and the diagnostic category of fetal alcohol syndrome (FAS)." (Social History)"Excellent... FAS, because it is seen as preventable, allows society to blame pregnant women who transgress agreed-upon norms rather than seek solutions to the structural problems that lead to adverse birth outcomes and chronic alcohol consumption in the first place." (Rebecca Tiger Theoretical Criminology)"An interesting and informative exploration of the construction of Fetal Alcohol Syndrome (FAS) as a major social problem within the US. It combines an historical overview, epidemiological data, and qualitative interviewing to show clearly how moral values affect medical and policy pronouncements." (Pam Lowe Sociology of Health and Illness)"The book succeeds as a social history of the medicalization of FAS." (Constance Weisner, DrPH, MSW JAMA)"Armstrong fully explores how our propensity to apply medical labels to social phenomena is worked out within a particular cultural context." (Mairead Moloney Social Forces)"A well-researched, highly readable, and convincing example of the ways in which modern medicine continues to create myths, stigmatize the poor and pathologize gender." (Hera Cook Social History of Medicine)"A rich and highly readable descriptive account of the gendered politics of moral entrepreneurship in American health research and policy regarding FAS." (Erica Prussing Medical Anthropology Quarterly)"Armstrong draws attention to some important questions about our perceptions of responsibility for alcohol related harm sustained during pregnancy... I hope that her book will lead to a healthy debate and a more objective ethical, medical and scientific approach to this field in the future." (C. C. H. Cook Addiction)"An important book that offers a welcome critique of FAS as a

social construct." (Claudia Malacrida Health)"There is much to admire in Armstrong's account: her clever deconstruction of the advocates' invented history of FAS, her sure-handed discussion of the politics of reproduction, and her often-fascinating interview material." (David T. Courtwright Perspectives in Biology and Medicine)"Armstrong insightfully mines historical, interview, medical and demographic data to create a virtual tour de force presentation. The book is sure to create controversy around current pregnancy, fetal, and alcohol policies and be a benchmark in alcohol and reproduction research for a long time." (Peter Conrad, Brandeis University)"An extraordinarily lucid and well-balanced analysis. Using the tools of history, epidemiology, and sociology, Armstrong has made the social construction of fetal alcohol syndrome a site for illuminating research— and not a one-dimensional polemical slogan. This accessible book should be of interest to anyone interested in the formation and implementation of social policy—as well as historians of medicine and gender." (Charles E. Rosenberg, Harvard University)

This book will completely change not only how you think of FAS, but how you think of the entire medical professional and how you think about "risk." It is amazingly well researched. Armstrong had to do a lot of legwork to compile all these studies on FAS and FAE, as well as delve into historical research to find out drinking patterns before FAS was "discovered." Her writing style is very clear and accessible. After reading this book, I could not stop talking about it and recommending it to everyone I know.

Armstrong examines how FAS developed through medical practitioners' attempts to diagnose moral order, building upon previous literature in the medical sociology field.

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