Genevieve Knupfer, 1914–2005: turning presumption into researchable questions

Genevieve Knupfer died in October, 2005 after a full and varied life. A northern California resident for over half a century, she was born in Germany. Her American parents, living in Europe at the time of her birth in 1914, settled back in Brussels after World War I. From there, Genevieve returned to the United States for her higher education, beginning at Wellesley College in the early 1930s. Her PhD in sociology was completed in 1946 at Columbia, with Paul Lazarsfeld as her adviser. Knupfer later explained that her original dissertation interest had been in whether revolution was necessary in the United States (Knupfer 1988), as would be indicated by how much intergenerational mobility there was, but under Lazarsfeld’s influence the dissertation became primarily a methodological treatise on ways of measuring socio-economic status. Knupfer decided to turn to more practical work, gaining a medical degree from the University of Rochester in 1951 and becoming a psychiatrist. However, she soon returned to research, while also maintaining a practice for the remainder of her professional life. In 1959 Wendell Lipscomb recruited her to a leading role in setting up the California Drinking Practices Study (DPS), the inception of what became the Alcohol Research Group (ARG) of Berkeley, California. She directed the study from 1962 to 1968, and later returned to a productive role in alcohol research, particularly in the 1980s.

The early DPS studies were the first alcohol surveys with fully representative samples of adults in the general population. So little was known in quantitative terms about drinking practices of the general population that the field was wide open for Knupfer’s broad-ranging curiosity. One of her early interests was in the characteristics of abstainers and motivation for abstention (Knupfer & Lurie 1961). Considerable energy was devoted early in the studies to the question of how best to summarize drinking patterns, and Knupfer’s insistence on the importance of drinking pattern, and not just volume of drinking (Knupfer 1966), anticipated the swing towards taking patterns into account 30 years later. Her interest in ethnic differences in drinking patterns prompted an impromptu postal survey comparing Irish-, Jewish- and ‘Anglo’-American drinking patterns (Knupfer & Room 1967). With a feminist perspective well before the modern resurgence, Knupfer (1964) published a paper showing that wives drank less than their husbands more consistently than would be predicted simply from gender differences in distribution on amount of drinking. In 1963, Knupfer guided a broadening of the study’s interests in two directions: to a concern with measuring problems from drinking, and to following-up respondents longitudinally to measure changes in drinking practices and problems. For good measure, the study design included interviewing the spouses of married respondents. The interview schedule, covering a wide range of topics and with many open-ended questions, expanded to an average length of 3.5 hours, with a further self-administered questionnaire left behind for postal return by the respondent.

Knupfer was the main intellectual force behind the shaping of the study’s drinking problems scores, establishing a tradition of ‘social epidemiological’ conceptualization and measurement (e.g. Cahalan 1970; Caetano 1991). The scores reflected Knupfer’s stance toward what was then known as the ‘alcoholism’ field. Skeptical of the fuzzy thinking and platonic assumptions surrounding the term alcoholism, she chose to write instead of ‘problem drinking’ (Knupfer 1967). Viewing the relation between one type and another of problems from drinking as a matter for investigation rather than assumption, she
defined a number of discrete ‘problem scores’ for different conceptual areas, opening the way for the ‘disaggregationist’ perspective on alcohol problems which became part of the new public health approach to alcohol problems (Clark 1966; Room 2002).

In her later work, Knupfer continued her attention to both ends of the drinking spectrum. Adding together multiple samples, she finally assembled general-population data with sufficient numbers for a proper analysis of the risks of drinking which was indisputably heavy (Knupfer 1984). A landmark paper on ‘the daily light drinker fiction’ (Knupfer 1987) pointed out just how small a proportion of the general population reported drinking in the kinds of patterns recommended in guidelines on ‘healthy’ or ‘sensible’ drinking—e.g. drinking daily, but never drinking more than two drinks. This paper perturbed determined ‘wets’ in the field considerably; Knupfer (1991) took some delight in then turning her critical attention to a shibboleth of many on the other side, publishing a critique of ‘the fiction that even light drinking is dangerous’ to the fetus.

For those of us who worked with Genevieve her presence remains vivid, both in what she taught through example and in the memory of the vitality she brought to all she did. At the heart of her philosophy of research was an inclination to turn presumptions into researchable questions. Her restless mind sent research assistants like myself delving into various recondite literatures: ‘find out what is known about body type and alcoholism’, for instance. Only later did I realize that not all shared her commitment to starting from a thorough review of what was already known.

Genevieve had a strong social conscience, going to Mississippi as a civil rights physician in the dangerous summer of the Freedom Rides, and to jail in a sit-in against the Vietnam War. In the turmoil of the Bay Area in the 1960s, she showed through example that good research, good sense and a good conscience were not incompatible. With a strong sense of humour, she did not suffer fools gladly, but was equally adept at self-deprecation. She was a joy to know, and to learn from.

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References