Group 1 - Background Information

Coffee and Sociability

The spread of coffee throughout the world began in the Horn of Africa. The very first coffeehouse opened in Mecca and spread quickly throughout the Arab world. A new way was established: a public place where social and business life could coexist in a comfortable atmosphere, open to anyone who desired a cup of coffee. The first reference to a burgeoning coffee culture in North America in literature was in 1668, followed by established coffeehouses in Boston, Philadelphia, and New York (ICO 2011).

Coffee demand continued to increase in the United States into the 20th century. “U.S. consumption continued to grow reaching a peak in 1946, when annual per capita consumption was 19.8 pounds, twice the figure in 1900” (ICO 2011). Coffee is vital in the world economy today. For many years, it was only second in importance to oil as a foreign exchange source. For multiple Least Developed Countries (LDC), exports make up more than fifty percent of their foreign exchange earnings (ICO 2011).

Location is essential in understanding coffee culture. The impact of coffee is different in the United States than, for example, in Australia. In The Starbucks Corporation’s attempt at globalization, poor decisions were made in bringing their establishments to Australia without proper research. They did not adjust their franchise to fit with local lifestyles as seen in Figure 1. While Americans were ready to embrace Starbucks when it began dominating the scene in the 1990s, Australians did not need the franchise. They had already established tastes in coffee, and the majority of them did not care for the atmosphere that Starbucks attempted to bring into their culture. In 2008, Starbucks closed seventy-three percent of their Australian stores (Berg 2008).

A coffee shop is considered a “third space” of social interaction. The first two spaces, according to the Habermasian public sphere definition, are work and home life (Toft and Solomon 2011). The individual social spaces associated with coffee shops depend on the surrounding environment. Toft and Solomon give the example that a shop in Greenwich Village, “a neighborhood of a culturally vibrant history as home for subcultures, artist- and gay communities”, has more lively atmospheres than Manhattan’s financial district (Toft and Solomon 2011). A coffee shop’s atmosphere will attract different types of people into its social setting.

There is a correlation between coffee presence and culture. Culture has a tremendous impact on what becomes ingrained in society and what gets thrown aside. Coffee shops have sprung up all over America, Britain, and Australia. However coffee also has a dark past that deals with global inequality, spurring the growing popularity in fair-trade coffee. Coffee drinking is seen globally, more recently gaining popularity in the East, and has thus “transformed into a daily ritual for subjects under the capitalist demand of productivity and efficiency in the West” (Yi-Ping et al. 2010). Ultimately, the diverse and ever-changing American culture has embraced coffee into society, and therefore provides an excellent opportunity for anthropological research.

Coffee and Its Health Implications

“Caffeine is the most widely used mood-altering drug in the world,” stated Professor Roland Griffiths of Johns Hopkins School of Medicine, “It is estimated that as much as 80 percent of the world’s population consumes caffeine in one form or another.” (Payne 2009). In fact, according to the National Coffee Association, the caffeine-containing product, coffee, is regularly consumed by 56% of Americans (Marcus 2010). The health implications of consuming this product so frequently and in such large quantities are important to this large percentage of the United States population. For many decades, research has been conducted on the risks and benefits of consuming coffee. This research, however, has produced some mixed results.
A considerable amount of research has been done on coffee and the complex chemicals in it. The FDA declared caffeine as a substance that is generally safe when added to a cola-like beverage. On the other hand, Health Canada advises citizens to limit caffeine intake to between 400 to 450 mg per day, or three eight-ounce cups of coffee (Kumar and Ravishankar 2009).

Many believe coffee to be unhealthy, as it is generally connected to symptoms such as insomnia, headaches, nausea, and irregular heartbeat, among others (Payne 2009). In fact, research does show that if any of these symptoms exist regardless of caffeine consumption, drinking coffee would be a serious health risk (Klein 2010). Insomnia would worsen, as well as heart-related problems. In recent years there has been growing evidence that caffeine intake may also be linked to additional, more serious ailments. Several studies have been conducted based on theories that caffeine intake may affect the development of coronary heart disease, fibrocystic breast disease, and several types of cancer (Kumar and Ravishankar 2009). However, in 2010, a study showed that there was no correlation between coffee intake and colorectal cancer. In fact, some evidence suggests that coffee may even protect against advanced colon cancer (Peterson et al. 2010).

Due to caffeine, coffee has a stimulating effect on the central nervous system, the heart, and blood circulation. However, epidemiological studies have concluded that there is no connection between coffee consumption and risks such as hypertension, heart infarction, or diabetes. Furthermore, it was proved that there was no evidence that coffee or its caffeine entity could cause genetic alterations or deformities, as some have previously suggested (George, Ramalakshmi, and Rao 2008).

In addition, the habit of adding too much cream and sugar to a cup of coffee is simply an unhealthy addition of fat and calories to a daily diet (Klein 2010). Coffee products such as Starbucks’ Frappucinos can be quite unhealthy, containing high levels of saturated fat, calories, and carbohydrates (Marcus 2010).

Ultimately, the only major known harmful effects of coffee are connected to people who are severely sensitive to stimulants. Besides this, there is little evidence to prove that coffee consumption could be the reason for adverse health effects. A moderate intake of three to four cups of brewed coffee per day, assuming the caffeine concentration is no higher than 85mg, is most likely good for the human body. (George, Ramalakshmi, and Rao 2008).

In contrast, much research has also been done concerning the health benefits of consuming coffee. For example, it has been shown that coffee contains essential antioxidants. A 2005 study revealed that coffee is the number one source of antioxidants for many Americans, surpassing foods like berries and beans, which actually contain more antioxidants (Klein 2010).

Many studies concluded that a benefit of coffee is that the risk of developing type 2 diabetes is reduced. This effect is not even linked to the caffeine component of coffee, as the risk decreased among caffeinated as well as decaffeinated coffee drinkers (Payne 2009).

Another health benefit is potential protection against the development of liver cancer, as “some research shows an association between drinking coffee and lower blood concentrations of bio-markers that indicated liver damage.” (Payne 2009). Although this study showed a negative correlation between drinking coffee and liver cancer, it is not one hundred percent clear that coffee is the direct cause. More research needs to be conducted (Payne 2009).

Most research that has been conducted on coffee consumption and the health implications associated with it have concluded similarly. Many studies are inconclusive; it is not clear that coffee is the cause of the health issue being studied. Enough research has not been performed in order to deduce that coffee is healthy or unhealthy.

This is well-written and nicely researched. Some reference to the video would have been appropriate. Also, I wish you had cited the important new research at Harvard on coffee (e.g. http://www.hsph.harvard.edu/multimedia/flash/2010/coffee/benefits.html). Still that is a minor point here since you address many of the issues.

Berg, Chris.


George, Sunitha E., Kulathooran Ramalakshmi, and Lingamallu J.M. Rao


International Coffee Organization


Klein, Sarah


Kumar, Vinod and G.A. Ravishankar


Lyon, Sarah


Marcus, Mary Brophy

McDonald, Michelle


Payne, January W.


Peterson, Sabrina, Jian-Min Yuan, Woon-Puay Koh, Can-Lan Sun, Renwei Wang, Robert J. Turesky, and Mimi C. Yu


Toft, Tanya and Solomon, Rory.


Yi-Ping, Shih, and Chang Cheng-Heng.