ABSTRACT

SOCIAL WORK

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ATTITUDES OF AFRICAN-AMERICANS TOWARD THE USE OF ALCOHOL

Advisor: Professor Hattie Mitchell

Thesis Dated: May 1991

The overall objective of this study was to determine the factors which contribute to the impact on attitudes of African-Americans' use and abuse of alcohol. To attain this objective, the following variables were addressed by the researcher: a) environment; b) family relationships c) adaptability and coping; and d) health problems. A descriptive research design was used in the study. A self-administered questionnaire was given to thirty men and women who were patients at the Grady Memorial Hospital Outpatient Emergency Clinic in Atlanta, Georgia.
Simple descriptive statistics in the form of frequencies and percentages, along with standard deviations and correlations were used.

The results of the study indicated that factors leading to alcohol abuse were: 1) environment; 2) family relationships; 3) psychological adjustments and 4) health problems.

The study was an attempt to provide a clear understanding of the factors which contribute to the attitudes of African-Americans' use and abuse of alcohol and to assess the significance of the relationship.
ATTITUDES OF AFRICAN-AMERICANS TOWARD
THE USE OF ALCOHOL

A THESIS
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK

BY
BRENDA K. NOBLE

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
MAY 1991
ACKNOWLEDGEMENTS

The number of people whose contributions to this study are many. The writer wishes to acknowledge the great assistance of Professor Hattie Mitchell in overseeing the completion of this study. The writer dedicates this Thesis to the late Christopher J. Noble. The writer further expresses her appreciation for support and encouragement throughout this endeavor to my parents, Mr. and Mrs. Sylvester and Hazel Noble, and Margie Noble. I want to also acknowledge the contribution of my fiancee, Samuel Bragg, Jr., family friends, and God for their encouragement, faith, and understanding have been a source of inspiration throughout the period of this research. I want to particularly acknowledge Mr. James Reed and the Social Workers at Grady Hospital for their concern and support in the completion of my MSW Degree. In recognition and appreciation, this thesis is also dedicated to these persons without whom this study would have not been possible.

B. K. N.
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CHAPTER ONE

INTRODUCTION

Alcoholism has a long medical, legal, and social history in our society. However, it appears to be a neglected problem in social work literature, in terms of the largest ethnic minority group in America, the African-American. According to Harper (1979), King (1982), Watts and Wright (1983), the nature of alcohol problems among this ethnic group, African-American, stems from their unique history in America. This view is further supported by French and Hornbuckle (1980), that culture plays a significant role in the response to the problem of alcohol. This is a critical variable for social workers to consider when developing services for the African-American abuser and user of alcohol. Nevertheless, the writer feels that social workers' knowledge base needs to focus on the extent and nature of alcoholism among African-Americans. Therefore, social workers can assist African-Americans in understanding how alcoholism can directly contribute to their personal and collective oppression. According to Marshall
the history of social oppression shared by African-Americans must be addressed in order to understand the impact that alcohol has on this population. Hence, social workers' awareness of African-Americans experience with alcohol must be acknowledged so that practitioners can begin to develop effective treatment with African-Americans, who suffer from the disease of alcoholism.

Statement of the Problem

Alcoholism is a major health, and social problem among African-Americans (King, 1982). Alcohol abuse as a primary health problem contributes to reduced longevity among African-Americans. It is still viewed as a legal problem and a moral stigma within our society. These factors contribute to the attitudes among African-Americans and will have an impact upon their use and abuse of alcohol.

Historically, alcohol was initially used as a controlling mechanism by slave owners; today it serves as a coping mechanism for many African-Americans. This historical pattern of alcohol use has played a significant role in influencing the current drinking patterns and attitudes toward drinking among
African-Americans. To better understand alcoholism among African-Americans this study will focus on 1) the environment, 2) family relationship, 3) adaptability and coping, and 4) health problems.

Significance of the Study

The significance of this study is to explain how social and economic factors contribute to the impact on attitudes of African-Americans use and abuse of alcohol. This involves analyzing external, as well as, internal factors which might be associated with how attitudes can contribute to use and abuse of alcohol.

This study will attempt to clarify some of those issues that impact on alcoholism among African-Americans. This can be done by studying the cultural as well as environmental factors associated with this population.
CHAPTER TWO

LITERATURE REVIEW

According to the National Institute on Alcohol Abuse and Alcoholism (1987), African-Americans are the largest ethnic minority in the United States, numbering more than 27 million in 1983 - about 12 percent of the nonwhite population. However, few well controlled studies on drinking patterns and the effects of alcoholism on African-Americans are to be found in the literature.

Results of national surveys in 1979 and 1983 indicated that African-Americans of both sexes had higher rates of abstention than whites (Clark and Midanik, 1982). Among drinkers, white men were more likely to be heavy drinkers than African-American men. The reverse was true for female drinkers, with African-American women more likely to drink heavily than white women. This is further supported by a large-scale survey in California about these patterns and found significant age-group differences between African-Americans and white men (Caetnao, 1984).
Consumption among white men was high among 18 to 29 but rose sharply among those in their thirties.

A national survey in 1984 further confirmed these age group patterns among African-American and white men (Herd, 1985). Among women, the 1984 survey found similar racial differences in the age distribution of drinking patterns. This survey states that there are higher rates of abstention among African-American men and women. However, contrary to earlier findings, white women in the two heaviest drinking categories proportionately outnumbered African-American women, with 13 percent heavy drinkers versus 8 percent for African-American women (Herd, 1985).

Among white men, increasing income levels were found to be associated with increases in heavy drinking fell with increasing income. For both African-American women and white men, increasing income was associated with increases in heavy drinking, but among African-American men, rates of heavy drinking fell with increasing income. For both African-American and white women, increasing income was associated with increases in frequent, as opposed to heavy drinking.
Jacobson and Lindsay (1980), found that disposable income has been positively correlated with the amount of alcohol consumed. This indicated that among members of the upper socioeconomic strata there is a higher rate of light on social drinkers as well as a lower rate of abstainers.

In 1976, a study was completed by Noble that found the drinking patterns of African-Americans and whites are dissimilar. In his report to the United States Congress on Alcohol and Health, it was noted that 51 percent and 38 percent of African-American females and males were abstainers as compared to 39 percent and 31 percent of their white counterparts. This report also indicated that 22 percent and 4 percent of white males and females were heavy drinkers as compared to 19 percent and 11 percent of their African-American counterparts. Thus, it appears that although African-American females comprise the largest group of abstainers, they also have almost three times the risk of white females for developing alcohol problems.

Drinking among African-Americans tend to lead either to abuse or abstention. Thus,
African-Americans are more likely to be either abstainers or heavy drinkers as opposed to moderate drinkers, (Harper and Dawkins, 1976). Therefore, in some instances African-Americans' alcohol use and abuse manifests itself in ways that are distinct from those experienced by whites.

A similar geographic pattern emerged in a national survey of clients in alcohol treatment programs. In the urban northeastern states, the proportion of African-Americans in treatment in 1980 and 1982 were two to three times higher than their proportions in the states' populations. However, in the interior south, the number of African-Americans in treatment was generally proportional to their representation in the population (Herd, 1985).

Despite late onset of heavy drinking African-Americans were shown to enter treatment at younger ages than whites. African-Americans between the ages of 35 and 44 had the highest rates of admission to treatment programs, whereas the peak ages for whites entering treatment were between 45 and 54 (Herd, 1985).
Most of what is known about treatment for alcohol abuse and alcoholism among African-Americans is on the observations of health care professionals involved in providing services to African-American clients. According to a director of a large alcohol and drug abuse treatment program serving a primarily urban African-American community, African-American individuals and families tend to seek help for alcohol problems later in the progression of the illness that their white counterparts. As a consequence, African-American families are significantly now dysfunctional and resistant to messages of recovery than comparable white families (Noble and Goddard, 1988). Another author on alcohol and African-Americans noted that problems of alcoholism has not yet been recognized and accepted in that African-Americans were often allowed and at times encouraged to drink heavily in groups on holidays and weekends as an escape from long and tedious work hours (Douglas, 1962). During the reconstruction period, freed African-Americans especially men, drank in groups from city to city on public streets as a celebration of their newfound freedom or in the
process of searching for work. During the long period of Jim Crowism and de jure racial segregation, African-Americans, who were segregated from the mainstream social life, often recreational solace by drinking at private parties or in public taverns and speakeasies (Explosive Issues, 1985).

Recent studies suggest that African-Americans have continued this cultural propensity to drink in groups as opposed to drinking in dyads or alone. A review of research on African-Americans' drinking behavior by Sterne and Pittman (1972) noted several themes. The first is a pattern of weekend drinking. It is suspected that this pattern is partly linked to the weekly payday and also to the fact that Saturday, historically, has been a day of relaxation, visiting, and drinking. The importance of these taverns in the African-American community is the second theme. Taverns are especially numerous in lower-class neighborhoods and often serve as social centers. The third theme is the escape function of drinking among African-Americans, implying a desire to escape from personal problems through the use of alcohol. Compared to their white counterparts, African-American
urban youth are more likely to take their first drink in group situations, usually at a party (Dawkins, 1976). African-American female alcoholics are more likely to drink in a group and less likely to drink alone (Harper and Dawkins, 1983). African-American and skid row alcoholics are more likely to drink with a group of other public inebriates and more likely to return to their neighborhoods intermittently for the group support of family and friends (Blumberg, 1973). African-Americans’ heavy drinking tends to begin in the age group 20-24 and reach a peak in the age group 35-39. The consequences of this is that African-Americans tend to drink more and for a longer period of time and hence, are more likely to suffer from the negative consequences of long term heavy drinking as seen in high mortality rates due to cirrhosis of the liver (Noble and Goddard, 1988). In many communities street drinking has become a social custom with many African-Americans drinking on the street corners, outside liquor stores, in automobiles and in front of homes and stores (Harper, 1976). These historical and cultural patterns of
African-American drinkers indicate a preference for group dynamics.

Thus, in working with African-American alcoholics, there are certain assumptions which group leaders should be aware of. First, in general alcoholics tend to be difficult clients who often exhibit behaviors of resistance, denial of their alcoholism, manipulation, irresponsibility, and a lack of motivation to terminate their heavy and constant drinking (Froman, 1978).

Second, group leaders regardless of race should be familiar with values, lifestyles, cultures, group dynamics, and ethnic language of African-Americans in general as well as African-American alcoholics (Alcohol, 1978).

Third, alcoholic clients should not be assigned to outpatient therapy groups with non-alcoholics where possible, but should be assigned to groups where all members are alcoholics or have alcohol problems, for example, "common-problem group", "theme-centered group", or "self-help group", such as Alcoholics Anonymous (AA). Yalom (1975), observed that alcoholics tend to disrupt the therapeutic process in
"mixed outpatient groups" and are likely to be absent from group sessions, come late to sessions, or come to meetings under the influence of alcohol.

Fourth, AA groups can be helpful to some African-American alcoholics who are willing to participate. The AA groups in African-American community settings meaning, groups that are predominantly African-American, however it tend to be more helpful than those in white settings with predominantly white members (Harper, 1979).

Fifth, group work is one of the most effective strategies in the counseling of African-Americans and therefore should be favored as a treatment modality with African-American alcoholics.

Sixth, psychosocial and physical problems associated with alcoholism of African-Americans tend to be more grave in terms of consequences when compared to those of their white counterparts. These problems include physical violence, family conflicts, accidents, and physical illness (Bourne, 1979). In an era of high cost therapy and limited third-party payment, group work is a feasible and economic necessity for many lower income African-Americans who
cannot afford the privilege of individual psychotherapy (Williams, 1982).

A research study by psychiatrist, Chester Pierce (1974) has indicated that life in the urban African-American community is often characterized by an extreme mundane stressful environment. Pierce refers to stress that results when actors perceive no reward or relief from their constantly stressful quest to survive on a day to day basis. Living in the urban environment is an extremely stressful situation for the African-American population in general and particular for African-American adolescents.

Social environments are clearly important determinants of drinking, drinking styles, drinking behaviors, and comportment when intoxicated. Belief about drinking rewards for either drinking or abstaining, expectations about drinking, and sanctions against drunkenness are all linked to problematic drinking. The environment which consists of all that is external to the family and the individuals in the family, may include the neighborhood, peer groups, the church, the school or employer, governmental, and economic institutions. The person's ethnic identity
system, which imparts knowledge, values, and attitudes through cultural processes, mediates the individual's and family's interaction with these various environmental systems and hence influences the level of coping and adaption achieved by the family. The ethnic identity system is, itself, a part of the environment; it influences social interaction and is influenced by other factors in the physical environment (Pinderhughes, 1982). The environment should provide appropriate time in an appropriate way to enhance the cognitive, emotional, and social development of its members.

Billings and Moos (1983) study has shown that environmental factors may account for as much variance in treatment outcomes as do intake characteristics and treatment activities combined. Thus, where people come from and go back to are as important in determining how well they respond to treatment as who they are and what practitioners do to and for them. Working with clients on stressors in the family, work, and community environment is increasingly recognized as an important part of therapy with alcoholics. Nevertheless, family is also included in treatment of
alcoholism. The impact of alcohol abuse on the family functioning has sparked a growing interest in a systematic perspective on alcoholics and their families, which views all members as active participates in the creation of a family problem (Steinglass, 1982; Wilson, 1982; Jacob and Seilhamer, 1982).

The systems approach focuses on the pattern of interaction that characterize current family relationships, rather than focusing on individual members. The model according to Minuchin (1974), assumes the family as a system has properties that cannot be identified with any one member. He suggests that the family develop a structure as it differentiates and carries out its functions through subsystems.

The subsystem in the African-American community views moderate drinking as suitable behavior for the African-American male. The use of alcohol in social gatherings is generally accepted as a means of having fun and relieving tensions. As Alfred Pasteur and Ivory Toldson (1982), note expressiveness is positively in the mental health status of
African-Americans. However, African-Americans are more likely than whites to perceive excessive drinking as a disease. Rather, they perceive it as an individual problem. Bell and Evans (1983), concludes that African-Americans are not as quick to confront excessive drinking as a problem that requires professional help. Thus, the health effects of alcohol use is devastating. There is also evidence that African-Americans suffer a greater incidence of heart disease, hypertension, and psychological disorders as a result of alcohol abuse than do whites. One explanation of this increased occurrence of alcohol-related health problems among African-American is that they tend to have less knowledge of the effects of alcoholism and that fewer African-Americans have entered treatment (Harper, 1976).

Overview of Major Theoretical Orientation

Cultural Stress Factors. In regards to regulating whether and how alcohol will be used, cultural factors also contribute to the degree of stress that members of a given society are likely to be subjected. Horton's (1943), early study on social
stress revealed that the insecurity or anxiety level of the cultural was positively correlated with the amount of alcohol consumed, due allowance having been made for the availability of alcohol. Bales (1946) outlined three major contributing factors in determining the incidence of alcoholism in a given society: 1) the degree of stress and inner tension produced by the culture, 2) attitudes toward drinking fostered by the culture provides substitute means of satisfaction and coping with anxiety.

The sociocultural approach emphasizes the relationship between alcohol problems and normative patterns of alcohol use with a society (Blane, 1976). Problems of alcohol are considered likely to occur when the norms are conflicting. Problematic conflicts are viewed as personal ambivalence and anxiety about drinking that lead to alcohol abuse; juxtaposition of drinking events and social situations that generate social conflict and problematic consequences (Room, 1977); or as norms that in themselves encourage excessive and problem drinking. Norms can be interpreted through interactions between informal social controls and more formal regulations (Gusfield,
1975). In the sociocultural approach alcohol problems may be viewed at levels ranging from the individuals to the community (Cahalan and Room, 1974) to the national and international (Frankel and Whitehead, 1979).

Alcohol problems may be seen as difficulties in their own right the properties of alcohol combined with the sociocultural milieu generate alcohol problems. Also, alcohol problems may be seen as one set of problems in a cluster of other problems that occur in the individual's relationship to immediate and more distant social structures (Jessor and Jessor, 1980).

Nevertheless, the relationship between the sociocultural and the distribution of consumption models remains unclear, though attempts are underway to make the two sets of theory compatible (Edward, 1980; Frankel and Whitehead, 1979). The alcohol problems field has grown so complex that fresh assessments are under way to try to make sense of the variety of theories and findings for purposes of establishing better prevention policy (National Academy of Sciences, 1981).
Definition of Terms

ATTITUDE - is the individual's organization of psychological processes, as inferred from his behavior, with respect to some aspects of the world which he distinguishes from other aspects (Kolb, 1964).

AFRICAN-AMERICAN - refers to a group of Americans of African descent are defined as a racial group and have been subject to discriminatory treatment because of race. The degree to which individual African-Americans have suffered racial oppression in the United States has varied according to urban or rural residence, region, economic class, darkness of skin, sex, and historical period (Encyclopedia Americana, 1989).

ALCOHOL ABUSE - consumption of alcohol in such a way as to harm or endanger the well-being of the user of those with whom the user comes in contact (Barker, 1987).

ALCOHOLISM - refers to a primary, progressive, pathological love/trust relationship with a
those with whom the user comes in contact (Barker, 1987).

ALCOHOLISM - refers to a primary, progressive, pathological love/trust relationship with a mood-changing chemical, alcohol. The chemical is used at the repeated expenses of a person's values and goals (Bell and Evans, 1981).

Statement of the Hypotheses

The following hypotheses were proposed tested:

H1 There is a relationship between alcohol consumption and the environment, family relationships, adaptability and coping and health problems of African-American alcoholics.

H2 There is not a relationship between alcohol consumption and the environment, family relationships, adaptability and coping, and health problems of African-American alcoholics.
CHAPTER THREE

METHODOLOGY

Research Design

This study is a descriptive exploratory study which seeks to determine the degree of the relationship between alcohol consumption and the environment, family relationships, adaptability and coping, and health problems of men and women in an emergency outpatient clinic in Metropolitan Atlanta.

A descriptive study is one that is concerned with discovering the truth with respect to the present situation. Descriptive methods are closely related to practical needs since they are vital for determining facts which indicate a problem exists as well as any other facts related to the problem.

Descriptive research is a structured attempt to obtain data—facts and opinions about the current condition on status of things. It seeks to ascertain the prevailing condition at the time of the study. This particular design was utilized because it focuses on many aspects of the particular situation understudy. Descriptive research involved a clearly defined problem with definitive objectives.
Sampling

Convenience or accidental sampling is the sampling technique used in this study. This technique was chosen because it is a non-probability sampling technique that is less complicated, less expensive, and convenient.

This particular sampling can be performed at a moment's notice so as to take advantage of available respondents without statistical complexity of a probability sample. The researcher had a readily available and convenient population from which information can be obtained.

Grady Memorial Hospital located in Metropolitan Atlanta, was used as the setting for the research. Permission was granted by the hospital administration to administer a questionnaire to the outpatients of the emergency clinic.

All the participants in the study were identified as males and females with ages ranging from 30 to 82, who were seen in the outpatient emergency room at the hospital and diagnosed as having alcohol abuse.
Data Collection

The procedure used to gather the data will be the Survey Research method. This attempts to explore the relevant variables. The instrument utilized was a self-administered questionnaire designed by the researcher which included scales from Walter Hudson, Index of Family Relations. The questionnaire contained 49 questions designed to measure the environment, family relationship, adaptability and coping, and health problems.

Data Analysis

Descriptive statistics will be used to access whether one or more factors significantly impact upon their use of alcohol. Actual statistics used to measure each participants response on the questionnaire were percentages and frequencies, standard deviation, and correlation tables. The SPSSX Batch System was utilized in processing the data at Georgia State University.
CHAPTER FOUR

PRESENTATION OF RESULTS

This chapter presents the statistical analysis and discussion of data for this study. The findings are divided into five sections: (1) Demographic data; (2) Environment; (3) Family Relations, (4) Psychological adjustment; and (5) Health problems. Explanation of the data will be presented for each finding.

In the null hypothesis, it was hypothesized in this study that there was no relationship between alcohol consumption of African-Americans and the environment. Based on the results from the frequency table analysis (Table 2), the null hypothesis was rejected and the research hypothesis was accepted.

In Table 1, the respondents consisted of 22 men (73.3) and 8 women (26.7). The ages ranged from 30 to 82 years. Twenty-six respondents fell within the age range 30-35; sixteen percent (6) fell within the 36-40 age range; twenty percent (5) fell within the 41-45 age range; thirteen percent (4) fell within the 47-51 age range; ten percent (3) fell within the 53-62 age
range; and ten percent (3) fell within the 71-82 age range.

Fourteen of respondents (46.7) were never married; 4 (30.0) were divorced; 3 (10.0) were widowed and 4 (13.3) were married.

Fifty percent (15) of the respondents were high school graduates, thirteen percent (4) had some high school, and (10) attended college and vocational school.

Seventy percent (21) of the respondents had a monthly income which ranged from $0 to $600 dollars. Thirty percent had monthly incomes which ranged from $601 or over.

Table 1

Frequency Distribution of Demographic Data (N=30)

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Table 2 reveals that the majority of the sample felt the environment influenced their decision to drink. However, 33% did not feel the environment’s role was significant. Only 3.3% of the sample responded that they were not sure.
Table 2

Frequency Distribution of the Environment Impact on Drinking

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<td>No</td>
<td>2</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>3</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Not Sure</td>
<td>4</td>
<td>1</td>
<td>3.3</td>
</tr>
</tbody>
</table>

The mean and standard deviation reveal that 62 percent of the respondents feel that their family relations had an impact on their attitudes toward alcohol consumption. The majority fell within 1 standard deviation from the mean.

Table 3

Mean and Standard Deviation of Index of Family Relations

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I really do not care to be around my family.</td>
<td>1.400</td>
<td>.5477</td>
</tr>
<tr>
<td>2. There is no sense of closeness in my family</td>
<td>1.400</td>
<td>.5477</td>
</tr>
</tbody>
</table>
Table 3 (Cont’d).

Mean and Standard Deviation of Index of Family Relations

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. My family gets on my nerves.</td>
<td>1.200</td>
<td>.4472</td>
</tr>
<tr>
<td>4. My family does not understand me.</td>
<td>1.400</td>
<td>.5477</td>
</tr>
<tr>
<td>5. I feel left out of my family.</td>
<td>1.200</td>
<td>.4472</td>
</tr>
</tbody>
</table>

Table 4 shows that the majority (73.3 percent) of the sample received health care services from doctors in the last year. While the sample showed (26.7 percent) did not receive health care.

Table 4

Frequency Distribution of Health Care

<table>
<thead>
<tr>
<th>Value Label</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>22</td>
<td>73.3</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>26.7</td>
</tr>
</tbody>
</table>

Figure 1, reveals that the majority of the respondents used drinking as a coping mechanism, while forty-six (13 percent) did not.
### Figure 1

**Contingency Table Analysis of Psychological Adjustment: Drinking as a Coping Mechanism**

<table>
<thead>
<tr>
<th>Drinking</th>
<th>Male</th>
<th>Female</th>
<th>Row total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>10</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>63.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>46.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>21</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>75.0</td>
<td>25.0</td>
</tr>
</tbody>
</table>
CHAPTER FIVE

SUMMARY AND CONCLUSIONS

The purpose of the study was to determine the relationship between alcohol consumption of African-Americans and the environment, family relationships, psychological adjustment and health problems.

The results indicated that the majority of the respondents indicated that the environment, family relationships, psychosocial adjustment and health were significant factors which influenced their attitude to drink.

As indicated in a study conducted by Nobles, et al., (1988), most of the respondents said that more than one factor contributed to their decision to consume alcohol.

An examination of cross tabulation and correlations among reasons indicated the prevalence of one or more factors.

The study revealed that the respondents felt that the stressful environment made alcohol more accessible.
Sixty-percent of the respondents revealed that family relationships were lost due to drinking. Despondency led to increased consumption.

The majority stated that they used alcohol as a coping mechanism. While the minority were under the care of a doctor during the last year.

It can be concluded that the African-American community is faced with social and economic problems such as employment, poor housing, crime, limited education, and discrimination which greatly influenced their attitudes toward alcohol use.

Family relationships greatly influenced attitudes toward drinking when consumers try to avoid family and friends causing respondents to resort to drinking when they are unable to communicate.

Women in the study stated they use alcohol as a coping mechanism more than men. It can be concluded that the men were more psychologically adjusted than the women in the study. The skilled professionals were better adjusted than the unskilled professionals.

The majority of the respondents, mostly males were under the care of a doctor. It can be concluded
that the females in the study had fewer health problems than the males.

While females made up only 29% of the sample, 50% of them felt that drinking was more important to them than everything else.

Limitations of the Study

The literature on alcoholism among African-Americans is limited. However, this study was limited to a sample utilizing only one outpatient emergency room in the Metropolitan Atlanta area. Hence, the sample is not necessarily representative of all outpatient emergency rooms in the Metropolitan area.

As a result, one cannot generalize these findings to the total population of alcoholics in Atlanta, or in other parts of the country.

The emergency room was appropriate for the purpose of this study will need to be conducted in other emergency rooms for the more detailed information.

Suggested Research Directions

Further research indicated and should be directed toward the use and abuse of alcoholism in the
African-American community with special emphasis on their concerns and recommendations.

Researchers should examine the development of African-American alcoholism from the beginning of drinking through treatment and aftercare to gain information for techniques and models for use with intervention.

Also, more current available literature and publications need to be published on alcohol among minorities.
CHAPTER SIX

IMPLICATIONS FOR SOCIAL WORK PRACTICE

This study offers additional and more contemporary information regarding the abuse of alcohol. The degree of commitment that society has for the well being of its members directly affects social work practice.

The theoretical base critical to this research, sociocultural theory, clearly shows the relationship between alcohol problems and normative patterns of alcohol use within a society. Social work practice is concerned with people interacting with their environment. There is responsibility on the part of the profession for treating those people whose needs may not be met through family, friends, and social institutions.

In the area of family relations, social work professionals can explore the relationship among alcoholism and significant others and examine the interactions that occur among them. This as a result will give the professionals more knowledge about this area and keep them abreast of current information that
can be helpful in working with this population. A helping relationship is enhanced by a knowledge and understanding of those who are to be helped.

The implications here are that African-American female alcoholic women have specific needs that should be addressed if they are to successfully enter and complete treatment.

Social work practitioners are in need of an intensive training effort to prepare them to work effectively with the African-American alcoholic. An awareness of values, cultural and lifestyle is a strength in social work practice.

The programs that are designed for treatment (AA groups and group work are two of the most effective strategies in the counseling of African-Americans) must change with the character of the clientele. Indicative of this is the need to address the problem of alcoholism.
BIBLIOGRAPHY


APPENDICES
Dear Participant,

This is a questionnaire which will be used for statistical purposes in a research study. As you will notice there is no designated space for you to include your name (this is confidential). Be assured that your answers will be completely anonymous. I would like for you to answer each item as carefully and accurately as possible. Your time and care in completing this questionnaire is greatly appreciated.

Sincerely,

Brenda Noble,
MSW Candidate

Hattie M. Mitchell
MSW Thesis Advisor
PART I. DEMOGRAPHIC DATA

Please complete the following questions by circle the one that applies to you.

1. What is your age: __________

2. Gender
   a) Male
   b) Female

3. Marital Status
   a) Never married
   b) Married
   c) Separated
   d) Divorced
   e) Widowed

4. Type of Living Accommodations
   a) House (1. Rent 2. Own)
   b) Apartment
   c) Boarding Facility
   d) Parents
   e) Other

5. Income (Monthly)
   a) $0 - 300
   b) $301-600
   c) $601 - 900
   d) $901 - over

6. Education: Number of years completed school
   a) 0 - 6 years
   b) Junior High School, 7 - 9 grades
   c) High School, 10 - 12 grades
   d) College
   e) Graduate School
   f) Vocational School
7. Occupation
   a) Professional
   b) Clerical
   c) Skilled Labor
   d) Unskilled Labor
   e) Other ______________________

8. Longest length of time position held
   a) 6 months - 1 year
   b) 1 year - 3 years
   c) Over 3 years
   d) Never employed

PART II. ATTITUDE

Please answer each item by carefully and accurately placing a number by each of the following questions.

1 = Yes
2 = No
3 = Not Applicable
4 = Not sure

1. _____Alcoholism is a disease.

2. _____Alcoholism is hereditary.

3. _____Alcohol is a social and health problems.

4. _____A person who is under the influence of alcohol is less likely to become violent than when he is sober.

5. _____Alcoholic individuals can be helped.

6. _____The surrounding environment which I live has an impact upon my drinking.
7. _____ I use drinking as a coping mechanism because of various socioeconomical problems in my life such as: no income, poor housing, unemployment, poor health care, high crime, no support system, no education, and discrimination.

8. _____ I drink to relieve stress.

9. _____ Drinking means more to me than anything else.

10. _____ I believe drinking is one's own business.

11. _____ I believe drinking is morally wrong.

12. _____ Alcohol is accessible in the African-American community.

13. _____ There should be more treatment centers for individuals addicted to alcohol in the African-American community.

14. _____ If I have any symptoms of problem drinking I will seek treatment.

15. _____ If needed, I will attend Alcoholics Anonymous meeting(s).

PART III. INDEX OF FAMILY RELATIONS (IRF)

This questionnaire is designed to measure the way you feel about your family. It is not a test so there is no right or wrong answer. Answer each item as carefully and accurately as you can by placing a number beside each one as follows.

1 = Rarely or none of the time
2 = A little of the time
3 = Sometimes
4 = Most of the time

1. _____ I really do not care to be around my family.

2. _____ There is no sense of closeness in my family.
3. [  ] My family gets on my nerves.
4. [  ] My family does not understand me.
5. [  ] I feel left out of my family.
6. [  ] I believe alcoholism should be treated as a family illness.
7. [  ] I feel that my drinking has caused family members to seek help.

PART IV. Please answer each item by carefully and accurately placing a number by each of the following.

1 = Yes
2 = No
3 = Not Applicable
4 = Not Sure

1. [  ] I feel guilty of "bad" about his/her drinking.
2. [  ] I find it difficult not to drink when others are drinking.
3. [  ] I sometimes feel very depressed and wonder whether life is worth living.
4. [  ] I get terribly frightened after I have been drinking heavily.
5. [  ] I have been in a psychiatric hospital or psychiatric ward where drinking was part of the problem.
PART V. ACCESS TO HEALTH CARE

Please answer each item by carefully and accurately placing a number by each of the following.

1 = Yes
2 = No
3 = Not Applicable
4 = Not Sure

1. ____ Have you had a physical examination or been under a doctor’s care in the last year.

2. ____ I have been diagnosed as having liver trouble or cirrhosis.

3. ____ I have changed my drinking behavior since learning of my current diagnosis.

4. ____ It is difficult for me to discuss (talk about) my drinking problem.

5. ____ I have stopped drinking with my friends since being diagnosed.

6. ____ I now question my friends about their drinking habits.

7. ____ I am more selective about choosing friends since I learned about alcoholism.

PART VI. DRINKING BEHAVIOR

Please answer each item by carefully and accurately placing a number by each of the following.

1 = Yes
2 = No
3 = Not Applicable
4 = Not sure

1. ____ Age at onset of drinking.
2. _____Age at onset of heavy drinking.
3. _____I prefer drinking alone.
4. _____I prefer drinking in a group (family, friends, or in a bar).
5. _____I drink to socialize.
6. _____I like to drink to satisfy peers.
7. _____I am a (circle one): 1. Light drinker
   2. Moderate drinker
   3. Heavy drinker