Black alcoholism: Etiology, counseling and treatment

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Abstract
Alcoholism or alcohol abuse is a multi-dimensional social phenomenon that cannot be easily understood, nor can it be defined in a simplistic or straightforward manner (Roebuck & Kessler, 1972). Any attempt to comprehensively understand the nature of alcoholism among blacks must acknowledge the fact that it has multiple causes, many of which are external to the individual (Watts & Wright, 1983). Any discussion of black alcoholism must acknowledge that certain socioeconomic and environmental factors are key determinants of alcohol problems among blacks (Kane, 1981), from etiology (Helmer, 1975), to prevention (Crisp, 1980), to policy (Yabura, 1975), to treatment and all aspects of the problem.
BLACK ALCOHOLISM: ETIOLOGY, COUNSELING AND TREATMENT

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Alcoholism or alcohol abuse is a multi-dimensional social phenomenon that cannot be easily understood, nor can it be defined in a simplistic or straightforward manner (Roebuck & Kessler, 1972). Any attempt to comprehensively understand the nature of alcoholism among blacks must acknowledge the fact that it has multiple causes, many of which are external to the individual (Watts & Wright, 1983). Any discussion of black alcoholism must acknowledge that certain socio-economic and environmental factors are key determinants of alcohol problems among blacks (Kane, 1981), from etiology (Helmer, 1975), to prevention (Crisp, 1980), to policy (Yabura, 1975), to treatment and all aspects of the problem.

Alcoholism, when defined as a disease, is a chronic, primary, progressive, pathological love/trust relationship with a mood changing chemical -- alcohol (Bell & Evans, 1981). The progression of the disease can be stopped but not cured. The number of problematic adult drinkers within the United States is greater than 10 million and fifty-two percent (52%) of those people are black (U.S. Health, Education & Welfare, 1978).

Within the black community, alcoholism ranks as one of the most significant mental, as well as physical, health
problems (Bourne, 1973). Therefore, alcoholism is a primary concern for the black community.

Next to racism, alcoholism is the biggest threat to the black community (Larkins, 1965). That statement dictates the need for some strong counseling/treatment intervention. In treatment and prevention of alcoholism programs need to be "tailored to fit the client." In the case of cultural or racial differences, we need to meet the client where s/he is. When the client is not met on his/her own ground, treatment is sure to fail. When treatment or counseling does not consider the ethnicity and culture of the black client, s/he often leaves treatment with feelings of disconnectedness, as well as some unresolved issues (R. Anderson, personal communication, 1986).

The purpose of this paper is two fold. It is to help the counselor recognize the importance and validity in ethnic-sensitive counseling, especially in regards to black alcoholics, as well as to pumutate the need, while calling for more research and literature on the etiology and treatments of black alcoholism.

Literature and Black Alcoholism

There is little research on black alcoholism in the United States. The authoritative Third Special Report
to the United States Congress on alcohol abuse and alcoholism, (1978) stated:

"A Major barrier to treatment of alcoholism among blacks has been the lack of development of culture-specific treatment programs for black alcoholics. Further research could center on specific areas of investigation, including the patterns of alcohol use, social context of that use, definitions of alcohol abuse, and help-seeking patterns among blacks. There is also a need for data concerning middle and upper class blacks (p. 17)."

The paucity of books and research literature on blacks and alcohol implied that publishers were not interested in this topic and or prospective authors were not providing meaningful manuscripts for publications. On the topic of black alcoholism, review of the literature indicated that of 16,000 alcohol related articles cataloged, only 77 articles contained discussion on black alcohol use -- of which only 11 articles deal primarily with black populations. The majority of these 11 articles addressed the drinking patterns and behaviors of black adult males, but only briefly hinted at material concerning black females or youths (Harper, 1976a). No national survey on drinking
behavior has included black subjects since the work of Cahalan and Cisin (1968) and Harris (1971).

Harper (1974) analyzed the quantity of periodical literature on alcohol and blacks in black-related journals and magazines over a 25 year period (1950 through 1974) and found that only five articles existed.

By the 1980's, more articles and workshop booklets were available, but no major research reports were coming out of the National Institute on Alcohol Abuse Alcoholism (NIAAA). Booklets, reports and articles based on training programs and treatment plans are coming out with some encouraging frequency.

**Etiology of Black Alcoholism**

In counseling the black alcoholic client (as with any client), the first consideration has to be what causes the client to drink. Many theories ranging from the concept of biological predisposition to alcoholism including the idea that alcoholism is a response to the negative effects of psycho-social environmental controls have been published (Watts & Wright, 1983). The theories of genetic disposition cannot be discredited, but were not fully supported. There has, however, appeared to be some validity to the relationship of alcohol tolerance and race. Certain groups (ie. Asians
and American Indians) are thought to lack some necessary enzymes to metabolize alcohol; therefore, accounting for the flushing experienced by some Asians and the low alcohol tolerance associated with American Indians (Werbel-Orlando, 1987: Yu & Liu, 1987). This did not imply that the lack of enzymes will create alcoholism. The majority of research still implies that alcoholism though a disease, is not solely caused by racial biological factors.

Quite early social organization and cultural phenomena were indicated to have extreme influence on the rates of alcoholism. The three general ways Bales (1946) found these phenomena influential included the degree to which culture operates to bring about acute needs for inner tension in its members, the sort of attitudes drinking that culture produces in its members and the degree to which culture provides suitable substitute means for survival.

Historical Review

Because alcohol use was not an accepted practice in African tradition, it was only utilized in ritualistic ceremonies (Watts & Wright, 1981). That suggested that those Africans brought to America as slaves had little or no exposure to alcohol. As slaves, however, some were encouraged to drink heavily on weekends and
holidays to celebrate, and/or to deter thoughts of freedom and flight. This practice continues today as most blacks drink heaviest on weekends in comparison to whites (Watts & Wright, 1983). The celebration associated with the weekend is present in both black and white cultures, but seems to be more prevalent among blacks.

Physical Environmental Causes

Because there is an inordinately high number of liquor stores in the black community in comparison to other business, there may be some link to the high rate of black alcoholicism and the availability of alcohol. Harper (1974) implied that the availability and convenience of alcohol may sabotage the efforts of an alcoholic trying to abstain.

Societal-Cultural Pressures

Benjamin and Benjamin (1981), having recognized the connection between alcohol consumption and culturally patterned behavior, stated that serious consideration must be given to sociocultural factors surrounding drinking. Speaking about black alcohol usage, they noted:

There is an urgent need to obtain baseline data within the Black populations, with follow-up studies to include interracial
studies that address age, regional and occupational differences and sociocultural consequences (legal, employment, family problems, etc.) of alcohol use and misuse. On the basis of such a series of studies, comparative studies could be done interracially including empirical indicators that have been conceptualized with sensitivity to Black life-styles and culture that have been empirically tested. This would contrast with many of the current studies that have conceptualized research variables and design with an a-priori assumption that race is not a significant variable in research design and empirical measurement (Benjamin & Benjamin, 1981, p.243).

As the average black person experiences much external tension such as racism, unemployment, under education and limited social resources, alcohol became the coping mechanism or crutch used to "get by" (Bell & Evans, 1981). Merton's (1938) theory which implied that blacks feel a social structural strain because they are barred from attaining social growth, upward mobility and other legitimate opportunities, suggested that alcoholism develops out of a need to restore balance
that was destroyed due to the differences of between wanted goals and the lack of opportunity to attain those goals. Fifty years later, Watts and Wright cited Bell (1981) in reference to the same theory. They concurred that the larger number of abusive drinkers within the black community stems from a need for coping devise. Anderson (1978) added that the external forces of oppression are coupled with role maintenance. He suggested that black males need to promote the "tough-guy" image in order to be respected in his environment and this is the basis for much of the black males drinking patterns. If alcoholism is to be defeated, there is a dire need for a substitute means of support (Bell & Evans, 1981).

Community Effects of Black Alcoholism

The black alcoholic makes up a large sector of the black community, and therefore, the effects of his/her behavior are widely felt. The continuation of a people, the economic success, and the survival of the social structure is dependent upon the cessation of the progress of alcoholism/drug abuse in the black community (R. Anderson, personal communication, 1986). There seems to be an association or correlation among problem
drinking, health problems and social problems in crowded black communities (Harper, 1976).

Health and Physiological Effects

In many black communities, homicide, accidents, disease, and heavy drinking are viewed as a way of life (Harper & Dawkins, 1977). Blacks, according to Rimmer et al., (1971), surpass whites in rates of the disease alcoholism and in rates of physiological illness resulting from alcohol abuse. Their findings stated that more blacks (52%) than whites (11%) reported hospital admissions for medical complications associated with alcohol use. Black alcoholism also shows a higher rate of alcohol-related psychoses (Rosenblatt & Gross, 1971). However, Harper (1974) reported that though blacks may be ill more often, they seek treatment far less than the white community. Locke et al. (1960) suggested that the differences between black/white alcoholism treatment may be in the quality of medical treatment. As much of the health facilities made available to blacks are poorly equipped public hospitals and clinics, the failure of black alcoholics may reflect the services benefited them (Rosenblatt & Gross, 1971).

Crime Rates in the Black Community

There are empirical studies which support an association between alcohol abuse and crime (Harper,
1978). One study reported that black men tend to get into more trouble with the law while drinking and many had police records of offenses committed while under the influence of alcohol (Robins et al., 1968). Moreover, Harper (1976) found that alcohol-related homicides in 1974 occurred more often in the black community. Findings indicate that in 214 homicides in Atlanta 63 percent of victims were under the influence of alcohol. Robberies, street violence and spousal violence all showed a marked increase of incidence when alcohol was in use.

Social Maintenance

A party without liquor or a street rap without a bottle is often perceived as unimaginable. These attitudes about drinking shape the thinking of the youth growing up seeing liquor stores next to their schools, churches and homes (Harper, 1978). Liquor stores and drug dealers often permeate the black community, while liquor stores are confined to commercial or business zones in the white community. Churches, civic groups, fraternities and sororities attempt to counteract the effects of alcohol abuse. However, as a whole, the black community has yet to realize or admit that alcohol abuse has been an integral source on the destruction of black people, black families, and black communities.
(Harper & Dawkins, 1977). If the black community is ever to realize the cessation, or at least the digression of alcoholism it must learn to utilize the existing human service facilities while actively working to erase the ill-placed priorities concerning alcohol (Harper, 1978).

Counseling the Black Alcoholic

The importance of addressing individual client issues as well as developing community-wide norms is illustrated by the fact that the rates of retention of black clients in alcohol treatment programs appears to be lower than it is for whites, and the recidivism rate for blacks after alcoholism treatment appears to be higher (Belt & Evans, 1981). Understanding the diversity of counselors' attitudes and behaviors toward the black alcoholic client is essential to effectively reverse these trends (Bell & Evans, 1981). Better techniques and greater understandings must be developed for non-black on black and black on black counseling. There must also be an understanding of the varied personalities and identities within the black community.

White on Black Counseling Styles

Interaction between a non-black counselor and a black client may be perceived as overtly racist and
hostile covertly prejudice, cultural ignorant; colorblind or culturally liberated. The racist counselor may act out his/her deep seated prejudices towards black people in the counseling interaction (Bell & Evans, 1981). Action like this will often result in the termination of the counseling relationship unless the client is forced to remain in the setting by legal or other bonds. The abusive power the counselor possesses may dehumanize the client and cause him/her to react passively or actively toward off the assault (Bell & Evans, 1981).

The shrewd counselor who is aware of his/her fears and/or dislikes for black people may hide his/her true feelings beneath the surface of the counseling structure. Because the counselor realizes that his/her cover/prejudices are inappropriate and will alienate the client, he/she tries to suppress them. However, the therapeutic interaction will most likely betray the counselor and display his/her lack of empathy. These factors will make for a non-productive relationship (Bell & Evans, 1981).

The most innocent negative interaction takes place between the black client and the culturally ignorant counselor. Because the counselor has no prior connection or exposure to black people, he/she is
fearful that he/she may be ineffective in their relationship. Without adequate processing, these fears become self-fulfilling prophesies and the counseling fails (Bell & Evans, 1981).

Though the least dangerous, the color-blind white counselor may do damage to his/her client. Having the positive social image and attitude wished for in the civil rights movement, the counselor may project an image of "I'm on your side." If this can be done without losing sight of the need to confront the alcoholic often, this style can be successful (Bell & Evans, 1981).

In counseling black clients, the culturally liberated counselor is the most successful. This counselor does not claim to be without prejudice, only non-fearful of racial differences. This liberated counselor has studied and practiced cross-cultural counseling and is capable of expressing positive regard and honest confrontation across racial lines. The client is encouraged to express his/her feelings on blackness and creates a sharing relationship. This relationship will not allow racism or oppression to excuse inappropriate behavior, but it will allow for understanding the black clients frame of reference (Bell & Evans, 1981).
Black on Black Counseling

A relationship consisting of a black counselor and black client may appear to be the ideal situation, but this is not always true (Bell & Evans, 1981). The distrust within the black community makes individuals question the ability of black providers (R. Anderson, personal communication, 1986). The implications of self-hate (on the part of counselor or client) will destroy the relationship. The positive issues such as shared experiences, openness to honest confrontation and the lack of fear and prejudice often give the black counselor the head start on effectiveness with black clients (Bell & Evans, 1981).

A positive, honest, confrontive and ethnic sensitive counseling relationship will increase the black retention rate, while lowering the recidivism rate. This counseling relationship will "loosen the grip" of alcoholism on the black community (R. Anderson, personal communication, 1986).

Heterogeneity in the Black Community

The second most often made mistake in counseling black alcoholic clients is "lumping" them into one category (Harper, 1981). To create a better understanding, Watts and Wright (1981) divided the black
community into four interpersonal styles, Acculturated, Biocultural, Culturally Immersed and Traditional.

The acculturated client has made conscious decisions to reject general attitudes, behaviors, customs, rituals and stertotypic behaviors associated with being black (Watts & Wright, 1981). The client has rejected his/her black identity as s/he sees it as inferior to the white norm. Though the goal of this behavior is to avoid oppression and emotional pain, the client may sabotage his/her success in treatment because his/her rejection of him/herself has brought bout an even larger need for a coping mechanism. In the counseling relationship, the need to "face" ones self may make the acculturated client cease treatment (Watts & Wright, 1981).

The Bicultural client is proud of his/her racial identity black history and culture. S/he is comfortable in working with both blacks and whites. This client is able to work in integrated settings and even seems to thrive on them. The problems arise with the emotional pain that comes from cultural or racial schizophrenia (Watts & Wright, 1981). As a cultural defense, bicultural black clients may periodically run back to the black community for comfort and reduce the effects of cultural schizophrenia.
The culturally immersed client, who can be called "pro-black" as opposed to "anti-white", runs into difficulty when his/her counseling relationship is reduced to a power struggle. Denial and rationalization or racial grounds are strong defenses for these clients. Counseling difficulties arise because the client may be unwilling to share emotional pains that are at the root of his/her alcohol problem (Watts & Wright, 1981).

Traditional black clients are the most difficult to counsel. The philosophies and techniques of modern counseling are often foreign to the traditional client's way of life. Because this client is often lacking in academic skills, treatments based on reading and intellectualism are doomed. As these clients are strongly tied to the church, there in lies their most successful alcohol treatment. Many traditional blacks are in need of alcoholism services, and yet they are the most difficult to reach (Watts & Wright, 1981).

In counseling the black client, it is necessary to realize that the interpersonal styles described are fluid and may be found in any combination in a client. What is important of major importance to the alcoholism counselor working with black clients is that the feelings, defenses and stresses associated with any of
the styles are important issues to explore in treatment of the black alcoholic (Watts & Wright, 1983).

Conclusion

Alcoholism, in any culture, is destructive and debilitating, however in the black community, it is threatening the continuation of the social structure. When counseling black clients, counselors are faced with the manipulative mindsets that result from oppression. In order to move past the crippling effects of racism, societal pressures and alcoholism, counselors need to be ethnic-sensitive and confrontive while the client needs to be committed and receptive to change. It is not, in my opinion, important whether the counselor is black, white or brown, only that s/he realizes that an alcoholic can no more be separated from his/her ethnicity than a alcoholic from his/her psyche.
References


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