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A DESCRIPTIVE STUDY OF MEXICAN AMERICANS
WHO RECEIVED SERVICES AT EAST VALLEY ALCOHOL
CENTER FROM JANUARY, 1977 TO JANUARY, 1978



A SPECIAL STUDY
SUBMITTED TO THE FACULTY OF THE
SCHOOL OF SOCIAL WORK

by

GONZALO CURIEL

IN PARTIAL FULFILLMENT REQUIREMENTS FOR THE DEGREE

OF

MASTER OF SOCIAL WORK

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A descriptive study of
Mexican Americans who

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Chapter I

Introduction

Alcohol abuse within minority population is increasingly becoming an area of concern. It is not recognized as constituting a problem of large magnitude. This concern about alcohol abuse is especially true among the Mexican American population. This is the largest minority population in the southwest. Few studies have been conducted to identify some of the reasons for the high incidence of alcohol abuse among Mexican-Americans. An identification of factors which contribute to the problem of alcohol abuse among Mexican Americans is the first step necessary in developing programs directed toward coping with this problem both from a preventive and a rehabilitative point of view. Alcoholism not only has a negative impact on the individual but it also affects the family and many times society in general. Its danger is especially seen in those who drive while under the influence of alcohol. These people are considered a menace to society and are dealt with harshly by the law.

A study directed at identifying those factors which appear to have a bearing on this problem among Mexican Americans appear a worthwhile one and may have significance for the field of social work. Social work is a profession which frequently comes into contact with families which are encountering psychosocial problems due to alcoholism.¹ Due to the possibility that Mexican Americans are a minority culture in a majority

¹Curtis Jensen, "Family Treatment for Alcoholism: A review", Social Work, 23, March, 1978.

society, it is quite possible that present treatment methods may not give due consideration to the importance of their culture in the provision of treatment. It is possible that present therapeutic approaches may have to be modified in order to effectively engage this population in therapy and to assist its members with problems of alcohol abuse in the improvement of their social functioning which is the goal of social work.²

The Purpose of the Investigation

The purpose of this investigation is to identify the characteristics of Mexican Americans who received services at the East Valley Alcohol Treatment Center during the period of January, 1977 to January 1978.

The Objectives of the Investigation

The objectives of this investigation are the following:

1. To identify the characteristics of the Mexican Americans who came to East Valley Alcohol Treatment Center for the period of January, 1977 to January, 1978;
2. To identify specific factors which may have an influence on the pervasiveness of drinking problems among Mexican Americans. It is speculated that these factors will be of a psychological, cultural and socio-economic nature;
3. To recommend on the basis of the findings and an analysis of them effective means of engaging and maintaining Mexican

² Helen H. Pearlman, Social Casework: A Problem Solving Process, Chicago, University of Chicago Press, 1972.

Americans in services. The changes recommended may be directed toward theory (knowledge) or program planning and service delivery.

Significance of the Problem to Social Work

Effective means of engaging Mexican Americans in therapy so that alcohol abuse among them may be lessened is a desired goal. Present literature suggests that Mexican Americans underutilize mental health services.³ At this point of time knowledge about the most effective approach in the engagement of Mexican Americans in services is sparse. The School of Social Work has a mission of training social workers to work with the Hispanic population, particularly Chicanos. In order for this mission to be accomplished, knowledge must be made available to those who work with Chicanos. The findings of this study should have significance in the identification of the approaches which may hold promise in successfully engaging Mexican Americans with alcoholic problems in therapy.

As stated earlier, alcoholism among the Mexican American population is a cause of national concern.⁴ This fact coupled with the knowledge that literature suggests an underutilization of services by this population arouses reasons for concern.

³ Xavier Martinez, "Innovative Mental Health Approaches for Mexican Americans: A Literature Review," Ann Arbor, University of Michigan, fall, 1976 (Mimeographed).

⁴ A. A. Alcoser, "Chicano Alcoholism," Northridge, California State Univ. March, 1975 (unpublished paper).

It is important to identify factors associated with drinking among the Mexican Americans for several reasons. These reasons may be viewed as being of a preventive and rehabilitative nature. Prevention is possible if those factors which strongly influence drinking among this population can be identified. Rehabilitative efforts would be more effective if therapy is provided in a manner which would take these factors into consideration in the planning of therapy. Therapy could be directed toward environmental, educational or psychotherapy depending on the factors identified as contributing greatly to the problem. In addition, the social worker in attacking the problems at a number of levels may need to employ a variety of social work methods such as casework, group-work, community organization and policy analysis. It is additionally possible that social work with this population because of the numerous problems encountered by them may be more successful if a generalist, systems approach was followed rather than a method orientation.⁵

This study not only has significance for the field of social work but it also has significance for the School of Social Work in the accomplishment of its mission.

⁵ Rodolfo Arevalo and John A. Brown, "An Emerging Perspective on School of Social Work," School of Social Work Quarterly, in press. Copy of paper made available to investigator.

Definition of Terms

A few of the terms used in this investigation require definition.

Mexican Americans

For this investigation, Mexican Americans are those people who identify themselves as members of this group. They are people of Mexican American descent.

Alcoholism

For this investigation, the definition of alcoholism used by the American Medical Association is employed:

Alcoholism is an illness characterized by preoccupation with alcohol and loss of control over its assumption such as to lead usually to intoxication if it is begun; by chronicity; by progression; and tendency to relapse. It is typically associated with physical disability and impaired emotional, occupational and social adjustment as a direct consequence of persistence and excessive use of alcohol.⁶

⁶ Manual of Alcoholism, New York, American Medical Association, 1968, p. 16.

Chapter II

Review of the Literature

A significant amount of materials has been written on alcoholism and alcohol abuse.⁷ In order to bring this magnitude of literature down to manageable proportions, this literature review focuses on several areas. These areas are (1) general theories of alcoholism, (2) alcoholism and the Mexican Americans, (3) alcoholism and the profession of social work, and (4) previous research projects on alcoholism among the Mexican Americans. The following social work journals were reviewed for the period 1960-1978 to determine if they had carried any articles relating to the topic under investigation, Mexican Americans and alcoholism:

Social Work, Social Service Review, Public Welfare and Social Casework.

The review of these journals revealed that articles on alcoholism were written and published in them, but they did not relate to the topic of investigation. Some articles were located in the Quarterly Journal of Studies on Alcohol. The Social Research Group of the School of Public Health at the University of Berkeley, California published in May, 1976, a selected annotated bibliography on alcohol among the Spanish speaking which was extremely helpful in the location of sources in this area. In addition several reports on Mexican Americans and alcoholism in California provided important information in this area.

⁷ Manual of Alcoholism, New York, American Medical Association, 1968.

Theories of Alcoholism

Presently the etiology of alcoholism is explained by several theories. These theories are essentially physiological, sociological and psychological in nature.

Physiological Theories:

Some researchers attempt to explain alcoholism in terms of physiological and biochemical mechanisms. Several viewpoints are expressed under the physiological heading. One of them is the Genetographic theory. This theory postulates that people have a genetically caused nutritional deficiency. People with this deficiency who come into contact with alcoholism develops an abnormal craving for the substance and the consequence is alcoholism. It should be stated that while it is generally believed that physiological factors may play a role in the problem of alcoholism, it has yet to be demonstrated that these factors have specific causative effects. It has been demonstrated, however, that certain physiological factors do play a role in the development of dependence on alcohol and the progress of the illness. Some of the common beliefs located in this area are:

- a. Alcoholism is held to result from an undefined metabolic disturbance which causes a craving for alcohol;
- b. Alcoholism is caused by abnormal sugar metabolism;
- c. Alcoholism is caused by endocrine deficiency;
- d. Alcoholism is due to glandular dysfunction such as liver deficiency;
- e. Alcoholism is caused by dietary or metabolic deficiency of vitamins, zinc, sodium or other substances.⁸

⁸ Stated in Alcohol and Health, New York, Charles Scribner's Sons, p. 156.

Another physiological explanation of alcoholism is the endocrine theory. This theory suggests a dysfunction of the endocrine system which leads to alcohol intake. Though these views suggest possible causes for the development of alcoholism, they have not been totally confirmed.

Psychological Theories:

Theories in this area assume that alcoholism results from an underlying or emotional disorder. Several theories may be located under this view. They are psychoanalysis, learning theory and personality traits. In the psychoanalytic view, alcoholism is viewed as resulting from one or more of three unconscious tendencies. These are self-destruction, oral fixation and latent homosexuality.⁹ In the Alderian view, alcoholism is viewed as representing a struggle for power.¹⁰ This struggle for power compensates for a pervasive feeling of inferiority. The alcoholic person turns to alcohol as a means of enhancing his feelings of self esteem and power. Karl Menninger places much importance on the self-destructive tendencies of alcoholics. In his view a person resorts to alcoholism to avert a greater self-destruction.¹¹ Fenichel maintains that underlying alcoholics are passive, dependent narcissistic people with a wish to use the mouth as the primary means of achieving gratification.¹²

These views have not been proven conclusively. General agreement exists that psychological factors play an important role in the development of alcoholism. The psychological view heavily stresses the opinion

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

that alcoholism results from early emotional problems such as emotional immaturity. The alcoholic person is viewed as relying on alcohol to relieve such feelings as anxiety, hostility, depression, insecurity and guilt. The use of alcohol is reinforced through repetition and its abuse results from a need for the alcoholic to drink to find relief from internal discomfort. Psychoanalysis suggests that alcoholism may result from strong oral influences or problems encountered early in infancy or early childhood. The alcoholic is viewed as having a self-destructive tendency in that he may drink himself to death or abuse his loved ones.

Social Learning Theory:

Another view of reasons for alcoholism may be located in social learning theory. This theory (learning and reinforcement) explains alcoholism by viewing alcohol ingestion as a response to a stimulus. This response to the stimulus ($B = R(S)$) is viewed as a means of reducing an inner state such as the reduction of anxiety. This theory which rests on approach and avoidance suggests that people are drawn to pleasant situations and resist unpleasant or tension provoking situations. In this situation, alcohol thus brings about a sense of pleasure inasmuch as it reduces tension. Thus the need to drink becomes repetitive. In this view, alcoholism becomes a learned behavioral pattern. A stimulus occurs which elicits a response from the person which leads to his drinking. The conditioned response of drinking is viewed as being strengthened by the rewards it receives and the response begins to predominate. The

continual attempts to adapt to stress or to receive a reward through drinking becomes a learned pattern of behavior. In this theory, alcoholism is viewed as learned behavior; as alcoholism is learned behavior through behavioral techniques it can also be unlearned.

Personality Trait Theory:

Another view of the reasons for alcoholism is located in the Personality Trait Theory. This theory attempts to define the reasons for alcoholism in terms of an "alcoholic personality". Blane has identified some of the characteristics commonly seen in the personalities of alcoholics and suggest that these characteristics are relevant to treatment and rehabilitation of alcoholic persons. They are low frustration tolerance, sociability, feelings of inferiority, combined with attitudes of superiority, fearfulness and dependency.¹³ This view suggests that a predisposed personality constellation exists in people which lead to alcoholism. The individual with these traits faces stress and strains in the environment and resorts to alcohol.

While it is recognized that psychological factors play an important role in the pathogenesis of alcoholism, it is also recognized that psychological factors do not answer all the questions about why people become alcoholic. As stated in the Manual on Alcoholism, other factors are also operating:

¹³

ibid., p. 164.

Psychoanalytic resolutions of basic conflicts by no means cures every alcoholic patient of alcoholism and conditioning treatment aimed at helping the alcoholic "unlearn" his patterns have not been especially successful. Yet to ignore these factors or to relegate them to secondary importance is to court defeat in any treatment program.¹⁴

Sociological Factors:

Some researchers have looked to sociological factors as playing an important role in the development of alcoholism. Different cultures and nationality groups view alcohol differently and thus have different rates of alcoholism. Some groups with high rates of alcoholism are the Americans, the northern French, Poles, Swedes and Swiss and northern Russians.¹⁵ Groups with a low incidence include the Chinese, southern French, the Italians, the Portuguese and the Spaniards. It is recognized that within and among various cultures, societies and sub-cultures as well as ethnic and religious groups that alcohol serves different functions. Any group or culture may develop certain attitudes and values toward the use of alcohol. In some cultures, total abstinence is a value. In such a culture, alcoholism as a problem occurs rarely among its members. Attitudes located in other cultures may be that of ambivalence, permissiveness or total permissiveness. Permissiveness may sanction the use of alcohol under certain conditions. Total permissiveness may give general approval to the use of alcohol. In a sociological sense, alcohol is

¹⁴ Manual on Alcohol, op. cit., p. 21

¹⁵ Alcohol and Health, op. cit., p. 166.

used for various purposes in different cultures. Some of these purposes are religious, ceremonial, for cooking or medicinal purposes and sometimes just for pleasure. In some societies separate standards can be applied for the use of alcohol among the social classes. It is more likely that a person of the lower social classes would come into contact with the authorities than a person of the upper social classes. Other standards relating to alcohol located among the social classes are sex, age, position, education, experiences and financial status. Drinking before a certain age may be illegal but this does not mean that children may not enter into drinking patterns before they are legally of age. Liquor may be more readily available due to neighborhood location. The social position of an individual may determine how he is handled by law enforcement agencies relative to his drinking. The culture or nationality group of an individual may also have a bearing on how he is handled by law enforcement agencies. Group pressure as well as peer pressures may have a bearing on whether a person will drink. Heavy drinking or how well a person can hold his drinking may become a status symbol.

Horton suggests that the use of alcohol in primitive societies provided relief from anxiety.¹⁶ He further stated that primitive man lived at the margin of existence and faced many threats and dangers. This led to anxieties, fears and tensions which founded relief in drinking. Thus alcohol is viewed as having an anxiety-reducing capacity.

¹⁶ Ibid., p. 167.

Bales has suggested three ways in which culture and social organization can influence the rates of alcoholism. They are:

1. The degree to which the culture operates to bring about inner tensions or acute needs for adjustment in its members;
2. The sort of attitudes toward drinking which the culture produces in its members;
3. The degree to which the culture provides suitable means of satisfaction.¹⁷

Bales identifies a form of convivial drinking which tends toward the ritual in its seeming symbolism of solidarity expressed on such occasions as births, marriages, and wakes. He also sees utilitarian implications in the expected feeling of camaraderie. Bales also suggests that societies may provide alternatives to or substitutes for alcohol use. Some societies permit emotional outlets through ceremonies and rituals and thereby provide culturally accepted means of anxiety reduction.

Deviant Behavior Theory:

The concept of alcohol abuse as deviant behavior is also receiving attention. A society can determine if the use of alcohol will be illegal or illegitimate, acceptable or unacceptable. Concerns about the effects of alcohol provide a base for norms and regulations of its use. In the deviant theory perspective, society can label the alcoholic. Through this labelling he becomes a deviant and may play out this role.

¹⁷ Ibid., p. 168.

The anomic theory of deviant behavior provides another socio-cultural explanation. Anomie is viewed as resulting from a dysfunction between the goals shared by persons in the same society and the means for achieving them. Deviant behavior is viewed as resulting from the strain between perceived goals and means. This strain leads to stress which may result in alcoholism or other behavior.

Another view applicable to alcoholism and the deviant theory is referred to as social and cultural support theory. This view holds that a subculture may condition its members to perform behavior which is judged by another culture as being deviant.

Summary

It is clear from this review that no one reason can be put forth as being primarily responsible for alcoholism. It undoubtedly results from a multiplicity of causes. Searching for a single cause appears an unrealistic endeavor. Sociological, psychological, culture and physiological factors all may play an important role in the etiology of alcohol abuse. Plant suggests a tentative model which incorporates these factors:

An individual who (1) responds to beverage alcohol in a certain way, perhaps physiologically determined by experiencing intense relief and relaxation; and who (2) has certain personality characteristics such as difficulty in dealing with and overcoming depression, frustration and anxiety; and who (3) is a member of a culture that induces guilt and confusion regarding what kinds of drinking behavior are appropriate, is more likely to develop trouble than will most other persons.¹⁸

¹⁸ Ibid., p. 171.

However Plaut's model does not address itself to the stresses and strains of a minority group in a majority culture and how these conditions may also play a role in the etiology of alcohol abuse among certain groups. Additionally racism which affects self esteem and social opportunities for social mobility may create stress which influence people to find release in alcoholism. Alcoholism may well be an escape route for those with social inadequacies and little hope for improvement. Therefore, it is the investigator's view that alcoholism results from a multiplicity of factors; sociological, culture, psychological, physiological, and racism. Racism may be subsumed under sociological factors, but its importance merits it an independent place of its own.

Alcoholism and the Mexican American

Increasingly investigations are being conducted on the Mexican American and alcoholism.¹⁹ Christmas in a recent article states,

The triple burdens of racism, poverty and unequal access to health care impose a heavy handicap upon minority groups in this country today. Hispanic Americans, Afro-Americans, and Native Americans are disproportionately represented among those who suffer from severe mental illness, from the consequences of malnutrition and from advanced alcoholism.²⁰

Dr. Christmas continues, "Yet human services generally and alcoholism services specifically have not been sufficiently directed toward meeting these needs. Alcoholism programs are by and large geared toward the middle aged white male of lower middle class status and recently employed."²¹

¹⁹ Drinking Practices and Alcohol Related Problems of Spanish Speaking Persons in Three California Locales, Sacramento, California Office of Alcoholism, June 16, 1977.

²⁰ J. J. Christmas, "Alcoholism Services for Minorities: Training Issues and Concerns". Alcohol Health and Research World, Vol. 2, No. 3, Spring 1978.

²¹ Ibid.

Dr. Christmas is not the only person to find a connection between racism and the type of services provided to minorities. Dr. Alcocer in a recent paper states that current estimates indicate a high rate of alcoholism among Chicanos, higher in fact than for a comparable Anglo or Black population.²² Literature though sparse suggests that alcoholism is a major problem among Chicanos. Madsen in 1964 suggested that acculturation rates and alcoholism may be related.²³ Madsen has since been joined by others who share this point of view. It is Madsen's view that the agringado alcoholic has value conflicts which result from a loss of identity and community. An agringado is defined as a Chicano who has been assimilated into the Anglo culture. Pearson in another study in 1964 suggests that Non-assimilated Mexican Americans have significantly higher rates of rehabilitation than assimilated Mexican Americans.²⁴ Graves in a study in 1967 compared a population of Indians, Spanish Americans and Anglo alcohol abusers. The findings from Grave's study indicated that the Spanish American alcohol abusers have consistently higher rates of drinking and deviant behavior than the other two groups.²⁵ Interestingly, Graves also discovered that non-accultured Spanish Americans internalize familial and religious controls which result in lower rates of alcoholism. He suggested "that as the influence of family and church begin to break down through acculturation, the incidence of alcoholism increases."²⁶ It may be

²² A. A. Alcocer, op. cit., p. 1.

²³ William Madsen, "The Alcoholic Agringado," American Anthropologist, LXVI, No. 2, 1964.

²⁴ A. W. Pearson, "El Tratamiento del Alcoholismo de Mexicanos que viven en Os Estados Unidos," Revista Mexicana Psicología, I, No. 4, 1964.

²⁵ T. D. Graves, "Acculturation, Access, and Alcohol in a Tri-ethnic Community," American Anthropologist, 69, 1967.

²⁶ Ibid.

stated that Mexican American culture would probably fall into three divisions: traditional dualistic and atraditional.²⁷ The traditional type would maintain cultural values and expectations. The dualistic would share two cultures, the American and the Mexican, and the atraditional would be fully assimilated into the American culture. Therefore the hypothesis that the more traditional the culture, the lesser the incidence of alcoholism due to cultural values and influence appear a valid one for future testing.

Edmanson in 1975 testified before the Subcommittee on Alcoholism of the California State Health and Welfare Committee. He testified that among those autopsied 52% of Mexican American men between the ages of 30 and 60 years of age died of alcohol-related liver disease as compared to rates ranging from 20% to 24% for Anglo men and women, Black men and women and Mexican American women. Edmanson further revealed that other alcohol related disorders such as pancreatitis, tuberculosis, peptic ulcers and cardiovascular pathy have been increasing over the last several decades as a cause of death among Chicano males. These studies in general strongly support the view that alcoholism constitutes a major problem in the Mexican American population.

Research on Alcoholism Among Mexican Americans

Studies appear to suggest a correlation between acculturation, poverty and alcohol abuse in the Mexican American community. Alcocer states there is little question that Anglo culture presents the consumption of alcoholic beverages in a highly desirable manner. He states that the availability of alcohol within the barrio is very high due to the number of liquor stores, bars and liquor departments in grocery stores. He finds

²⁷ J. W. Moore, Mexican Americans, New Jersey: Prentice-Hall, Inc., 1970, p.119.

the presence of these outlets in the Chicano community higher than in Anglo communities. As stated previously Madsen suggests that Latinos who identify with Anglo culture are very likely to have severe problems with alcoholism. It has been stated several times throughout this paper that alcohol relieves stress. Inasmuch as the Chicanos are exposed to many of the social ills of our society; unemployment, low educational achievement, poor housing, ill health and racism, it appears they would encounter much stress due to their poverty stricken existence which may be influential in leading to heavy drinking. Alcocer states,

Two factors regarding poverty are important to note in relation to Chicano alcoholics. The first has to do with poverty as a life situation characterized by chronic distress of every conceivable kind and a sense of helplessness to either avoid or ameliorate such distress. In this sense poverty is not defined as the absence of income since poor people are often underemployed than unemployed. The second has to do with a stressful life situation which results in higher rates of physical and emotional disorders. Consequently among the Chicano populations, where there exists a higher incidence of poverty, there appears all the resulting health disorders related to poverty. One aspect meriting investigation is the use of alcohol by acculturating Chicanos living in poverty as a means of ameliorating this stressful life situation. The prevalence of alcohol in the Anglo culture makes it a natural choice for this purpose.²⁸

In a recent study prepared for the California Office of Alcoholism, it was stated that a review of the literature, even though the results are not consistent, provides the over-all impression that "the Spanish speaking male tends to drink earlier, heavier and more frequently than his counterpart in other ethnic groups."²⁹ However, it was noted that the literature fails to conclusively identify specific causes for alcohol related problems among the Spanish speaking. Females were viewed from the literature review as displaying less than average prevalence and higher than average abstinence.

²⁸ A. A. Alcocer, op. cit., p. 3.

²⁹ Drinking Practices and Alcohol Related Problems of Spanish Speaking. op.cit.

Thus the over-riding view obtained from research is that a high prevalence of alcohol related problems exist among the Spanish speaking population in the United States.

Alcoholism and the Profession of Social Work

The purpose of social work is the "enhancement of social function."³⁰ Alcoholism adversely affects the individual and his family which may result in impaired social functioning. The profession of social work has long involved itself in problems of alcoholism.³¹ Nevertheless this profession has had problems in engaging and maintaining the Chicano in therapy. One of the most publicized issues in recent years has been the underutilization of mental health services by Mexican Americans.³² A review of case records by Karno revealed that ethnic patients were less often accepted for treatment, and those who were received shorter therapy than nonethnic patients. Some studies have revealed that Mexican Americans are most often treated by chemotherapy as opposed to dynamic types of therapy. It is suggested that Mexican American clients are typically referred for symptom relief but are not provided with cognitive skills or emotional strength to avoid or endure further stress.

Social work as a profession in its contacts with minorities has utilized the psychoanalytic model of therapy. This model may have shortcomings. If social work is to work effectively with the Mexican American

³⁰ H. H. Pearlman, op. cit.

³¹ J. L. Munt, "Fear of Dependency: A Factor in Casework With Alcoholics," Social Work, 5, January 1960.

³² Xavier Martinez, op. cit.

alcoholic, it must develop cultural knowledge of this group and its values. Thus while social work has worked with the problem of alcoholism in general, it must still develop knowledge of the Mexican Americans and identify the most effective means of engaging them in therapy.

Chapter III

Research Methodology

Research Design

This study is a descriptive one of an exploratory nature. The objectives are to explore an existing problem, to identify reasons for its existence, and to suggest means of coping with it. Exploratory research may generate hypotheses for future testing in refining the problem area of concern. According to Cook, descriptive research aims at answering the general question, "What exists?"³³ These studies are intended to portray facts of some kind. Van Dalen states,

Descriptive studies may describe the rudimentary groupings of things by comparing and contrasting likenesses and differences in their behavior. They may classify, order and correlate data seeking to describe relationships that are discoverable in the phenomena themselves.³⁴

Since the purposes of this study is to identify the characteristics of Mexican Americans seen at East Valley Alcohol Treatment Center, descriptive research appears appropriate for the purposes in mind.

Several types of descriptive research exists: analytical, developmental, predictive and survey. The type of descriptive research pursued in this investigation is analytical. The investigator will attempt to analyze the characteristics of Mexican Americans seen at East Valley.

³³ David Cook, A Guide to Educational Research, Boston, Allyn and Bacon, Inc., 1968, p. 39.

³⁴ Ibid.

It will also seek through the analysis of data to identify the true picture of the types of services provided to Mexican Americans and to suggest ways of improvement.

Sample Selection

The sample consisted of 25 cases of Mexican Americans who were seen at the East Valley Alcohol Services Center during the period of January 1977 to January 1978. The sample was randomly selected from the closed cases during this period of time. A listing of cases was made available to the researcher. The researcher identified those with a Spanish surname and placed them in a pile. From this pile the researcher randomly selected cases until he had selected 25 which became the sample for this investigation. Following selection, the researcher then reviewed these cases to determine if the clients were Mexican Americans. In order to assure a sample of 25, the researcher selected more cases than were necessary. These cases were to be used as a backup in event selected cases did not contain necessary information. If the original sample contained cases which did not reveal the desired information according to the Data Gathering Instrument, these cases were to be discarded and another selected randomly to replace it. Fortunately this was not necessary.

The random selection of cases eliminated the possibility of a bias in sampling since all cases stood a chance of being selected and the sample would be representative of the population to which the investigator would generalize the findings. Following sample selection, these cases were analyzed for their contents. The cases were used if the clients identified themselves as Mexican Americans.

Data Gathering Instrument

The 25 cases were analyzed for their contents. The researcher developed a guide for data collection. (See Data Gathering Instrument, Appendix I) This guide sought information in several areas: family, cultural background, involvement with authorities and treatment outcomes. Treatment outcomes would be evaluated by success as evidenced by planned termination and failure as evidenced by unplanned termination. Success would be considered if the client completed the treatment plan by design which would be planned termination. Failure would be evidenced by unplanned termination, that is client terminated therapy on his own. The investigator also was interested in identifying the kinds of supportive help which the client sought during this period and the involvement of the therapist with other family members. Reasons for collecting data in these areas are discussed below.

Family:

Alcoholic problems adversely affects the family. The investigator wanted to identify if the family was viewed as a source of strength for the Mexican American with a drinking problem. The investigator was hopeful that family information might also provide a clue to the etiology of the drinking problem of the family member.

Cultural Information:

In this area we wanted to explore the client's culture and its value base to determine the effects of cultural values on drinking patterns. For instance, is drinking associated with machismo? Allied to this

cultural orientation, poverty as a condition of socio-economic class may be influential in the development of a drinking problem. Do people drink to escape their impoverished existence? Generally it was hoped that data on family and culture would provide insight into the reasons for drinking among this population. The data could also be useful in planning effective treatment programs.

Location of the Study

The East Valley Alcohol Services Center was the location for this investigation. This is a mental health agency funded by the County of Santa Clara. It is located at 1560 McKee Road in East San Jose. During the period of this investigation (January 1977 - January 1978) the Center provided services to 299 Spanish surnamed clients. Fifty-three of this number were women and the remainder (246) were men. The purpose of the Center is to serve families with alcohol problems or related concerns.

The East Valley Alcohol Services Center views alcohol abuse and alcoholism as very complex problems. In providing services, a variety of methods; individual, family and group and approaches are used, psycho-social, behavior modification. The Center's philosophy is to restore the client to a social functioning level as soon as possible and not to prolong therapy. Its orientation is that of brief therapy. In addition to the above approaches and methods, the Center also provides crisis intervention; it has an outreach program and makes home visits. It refers clients to other community agencies. It also provides consultation to agencies, schools and communities offering alcohol awareness classes. Social and recreation activities are available in the Center's drop in center. These

services are provided by bilingual, bicultural staff. A sliding fee scale is used. Sources of referral are the courts, the public health department and self. The Center serves as a field placement for students from the School of Social Work at San Jose State University.

Chapter IV

Data Collection and Analysis

This data was secured from 25 closed records which provided the sample for the study. Uniformity in the collection of data was assured by the Data Gathering Instrument which was applied to all of the cases. This Instrument was developed and used in selecting certain information from the cases for subsequent analysis. The majority of the cases contained sufficient information for analysis. However, one section had to be discarded from the Data Gathering Instrument due to a lack of sufficient information in the cases for analysis. This section focused on culture and is discussed below.

Social Information:

The Data Gathering Instrument was divided into sections. These sections were designed to secure specific information on the clients which would provide a descriptive picture of their characteristics. The Data Gathering Instrument was divided into the following sections: Social Information, basically demographic, Social Agency Information, and Psycho-Social Cultural Information. These areas were viewed as being important because the investigator wanted to secure information on the Mexican Americans who were seen at the Center. The Mexican Americans are a distinctive cultural group which comprise the largest minority population in the state of California.

Demographic Data:

This section collected information on age, birthplace, marital status, number and ages of children, religious affiliation and area of residence. The following information was collected:

<u>Age</u>	<u>Number</u>	
20-30	9	
31-41	10	
42-52	3	
53-63	3	N = 25

Analysis

The above data revealed that the majority of the clients (19) were in the age ranges of 20-42. This could suggest that Mexican Americans are more likely to come to the attention of mental health professionals when they have attained the ages whereby they are involved in marriage and family rearing. These are the age ranges which Blisten refers to as early adulthood (18/20-35) and middle age (35 to approximately 55).³⁵ One factor may be young adults find themselves preparing for the assumption of responsibilities which reveal themselves in occupation, marriage, parenthood and earning a living. These responsibilities can be stressful and may have a bearing on alcohol consumption as a way of avoiding stress or proving manhood. Responsibilities also continue throughout the middle age of social development as children become older, more children arrived, children enter school and the family acquires greater expenses. It is not known if the pressures of family life may lead to drinking. It is likely that these pressures would lead to drinking especially for those on marginal incomes who encounter

³⁵ Dorothy R. Blisten, Human Social Development, New Haven, College and University Press, 1971

stress in daily living. Trevino suggests that drinking is like a ritual in the maturing of a male in the Latin culture.³⁶ Machismo itself may include a man's ability to drink and hold his liquor well. It is suggested that (1) a continuing need to prove oneself which is a part of the Machismo syndrome and (2) and to desire to escape pressures may lead to drinking in the Mexican American culture. These years are those when the man comes into the height of his physical prowess and takes on the greater amount of responsibilities. That nineteen (19) of the sample were in the age brackets of 20-41, suggests a possible correlation between drinking and the assumption of adult responsibilities. This is a period in which manhood is in flower. The period of leaving adolescence and reaching young and middle adulthood may be stressful. For this sample, this was the time when the Mexican Americans came into contact with the East Side Alcohol Services Center.

Birthplace

<u>Place</u>	<u>Number</u>	
California	11	
Colorado	2	
Texas	5	
New Mexico	1	
Arizona	1	
Mexico	5	N = 25

³⁶ R. M. Elsa Trevino, "Machismo Alcoholism: Mexican American Machismo Drinking," Proceedings of the Fourth Annual Alcoholism Conference of the National Institute on Alcohol Abuse and Alcoholism, Rockville, Maryland, 1975.

Analysis

The majority of the Mexican Americans were born in four southwestern states. These are the states which consist of the largest Mexican American populations. Five of the Mexican Americans were born in Mexico. This data suggest that this group of Mexican Americans had the opportunity of maintaining contacts with other Mexican Americans because of their birth-places. These states are also in close proximity to Mexico and five of the sample were born in Mexico. It is speculated that contacts with other Mexican Americans play a significant role in the maintenance of cultural ties.

Ethnic Identification by Sex

<u>Sex/Ethnic Identification</u>	<u>Number</u>
Mexican American Males	19
Mexican American Females	6 N = 25

Analysis

This data revealed that the majority of the clients were males (19) and only six were females. This finding is not surprising, for according to Trevino drinking in the Mexican American culture is more closely identified with males. Trevino suggests that Mexican American males due to systemic inadequacies such as low socio-economic status, low educational attainment and in order to cope with their frustrations more easily males may seek an escape in the form of alcoholism and alcohol abuse. Seeking an escape through alcoholism may be accelerated due to the legality and accessibility of alcohol especially around towns bordering Mexico in which alcohol is available on a 24 hour basis.³⁷ Drinking may also fulfill some of their affiliation needs since they usually drink with peers.

³⁷ Ibid., p. 298.

Number of Children

<u>Children</u>	<u>Number</u>	
0	7	
1-3	14	
4-6	4	N = 25

Analysis

This information bears our previous impressions about the age brackets (20-41) in which the majority fell. These years are the child bearing years in families. Some families had no children and some had 1-3. Only four families had 4-6 children. Essentially the clients in this sample had small families, were relatively young, and were still in the ages when more children might be expected. It is difficult to speculate if even these small number of children contributed to stress which might end in heavy drinking. Children do bring a greater expense to families. Also due to the small or marginal income of these families, it is quite possible that even one child can contribute to stress in a family.

Education

<u>Education</u>	<u>Number</u>	
Grade School (1-8)	6	
High School (9-12)	19	N = 25

Analysis

This finding is interesting. The majority (19) had some high school education. It is not known if any were high school graduates since this

information was not contained in the cases. It is also noted that none of the sample had any college education. This minimum amount of education, though in this sample it is higher than expected, is consistent with the low socio-economic conditions of the Mexican Americans and the absence of educational attainment.

<u>Employment</u>		
Employed	11	
Unemployed	14	N = 25

Analysis

Data revealed that the majority of the clients were unemployed. Unemployment can certainly bring about a state of stress which may lead to drinking as a form of escape. Robert Bales has suggested three ways in which culture and social organization may influence rates of alcoholism.³⁸ First are conditions which operate to create tension such as culturally induced anxiety, guilt, conflict, suppressed hostility and social tension. Second are culturally separated attitudes toward drinking and intoxication which determine whether drinking is an acceptable means of relieving tension or whether the thought of drinking is in itself sufficiently anxiety provoking to preclude its rise. Another study suggests that alcoholism becomes a response to stress primarily in those cultures where drinking customs create exposure to frequent intoxication where intoxication is a means of fulfilling

³⁸ Quoted in Robert Strauss, "Alcohol," Contemporary Social Problems, eds., Robert Merton and Robert Nisbet, New York, Harcourt Brace and World, Inc., 1966, p. 263.

individual rather than group function, and where there are no culturally approved alternatives of dealing with stress. Since unemployment is a stressful situation and inasmuch as Mexican Americans usually have accessibility to alcohol, it is suggested that unemployment (adverse socio-economic circumstances) can lead to stress which may further lead to drinking among Mexican Americans.

Sources of Income

Unemployment Benefits	2	
Employed	9	
Job Training Program	9	
Social Security	1	
Public Welfare	5	
Disability Insurance	1	
Wife's Employment	2	
Child Support Payments	1	N = 25

Analysis

This data revealed that the majority of the clients (14) were not in the work force and were existing off of marginal incomes. Nine of the sample were employed. From this data it may be concluded that the Mexican Americans in this study lived at virtually a subsistence level. It may also be stated that marginal socio-economic circumstances can be a factor inducing stress which may lead to alcohol abuse.

This data in effect reveal stress points for Mexican Americans in the area of employment which can be a contributing factor to heavy drinking. The marginal income in addition to minority status and family responsibility can be frustrating and stressful for Mexican Americans.

Marital Status

<u>Marital Status</u>	<u>Number</u>	
Married	12	
Single	3	
Separated	4	
Divorced	2	
Widowed	1	
Married More than once (previously divorced)	3	N = 25

Analysis

This data revealed that almost one half of the sample were married. The others had gone through divorces, deaths, separations and some had remarried. All of these events could have been stressful contributing to alcohol abuse.

Income Levels

<u>Income Level (monthly)</u>	<u>Number</u>	
\$100-199	2	
\$200-299	0	
\$300-399	0	
\$400-499	0	
\$500-599	3	
\$600-699	2	
\$700-799	0	
\$800-1099	2	
Above	1	N = 10

Analysis

This data refer only to those who were in some kind of gainful employment. It is to be remembered that 14 of the 25 in the sample were unemployed. The unemployed in all likelihood received unemployment benefits which would provide them with a marginal income. In general the total

sample revealed marginal income levels. The highest income was that of \$1,200 monthly which was paid to a postman. These findings again confirms the fact that the Mexican Americans lived under low socio-economic circumstances. Under these conditions, stress is a fact of their lives. Also the possibility strongly exists that due to their socio-economic status, they are more likely to be referred to public resources for assistance with alcohol problems.

Areas of Residence

<u>Location of Residence</u>	<u>Number</u>
West San Jose	1
East San Jose	19
South San Jose	4
North San Jose	1
	N = 25

Analysis

This data revealed the following information. East San Jose is a concentrated area of the Mexican American population. It consists of the lower class Mexican American. Based on previous data, it is expected that a high percentage of the sample would live in East San Jose due to the socio-economic conditions of the area. Also due to the agency's location and by contractual stipulation, the Eastside Valley Alcohol Treatment Services serves the eastside community. Therefore, it might be expected that a large number of the Mexican American clients would come from this area. This section of the city has a high concentration of families of lower socio-economic conditions. As revealed previously the sample was composed largely of people who had marginal incomes.

Socio-Economic Condition of
Area of Residence

In this section, the investigator has divided socio-economic status by class: lower, middle and upper. People in the lower socio-economic stratum would reveal the following characteristics: low self-esteem, marginal incomes, inadequate housing, low educational attainment.

<u>Socio-Economic Condition</u>	<u>Number</u>
Lower	22
Middle	3
Upper	0

N = 25

Analysis

The majority of the sample lived in low socio-economic circumstances, identified as lower class in nature. This finding supports other findings of this study, in the demographic areas of residence; employment status, and educational attainment. It supports the view that the majority of the sample lived in stressful situations of which alcohol may have afforded an escape. All of the conditions under which the Mexican Americans in this sample lived can be viewed as stressful. Stress may induce anxiety which requires some outlet. The cheapest outlet may be drinking. Bates in his study of the Irish culture suggested that the frequent excessive use of alcohol by the single male provides a relatively safe outlet for tension and hostility through a kind of institutionalized intoxication.³⁹ It is quite possible that this statement also holds true for the Mexican American and may also include the married male. The cultural sanctioning of alcohol

³⁹ Quoted in Strauss, op. cit.

may provide a cheap escape mechanism for Mexican Americans under stress.

Drinking may provide the opportunity by which the Mexican American may maintain these traits: respect, honor, dignity and pride. These traits may be threatened by his low socio-economic status. As Trevino states, "Machismo itself may include a man's ability to drink and hold his liquor well...and drinking is like a ritual in the maturing of a male in the Latin culture."⁴⁰ Generally it may be stated that the socio-economic conditions which are closely related to poverty may be an important influencing factor in drinking among Mexican Americans. This impression is consistent with that of Alcecer who has identified three factors as contributing to the higher incidence of alcoholism among Chicanos: acculturation, poverty and prevalence of alcohol.⁴¹

Religious Affiliation

<u>Religious Affiliation</u>	<u>Number</u>	
Catholic	14	
Lutheran	1	
Unknown	7	
None	3	N = 25

Analysis

The majority of the sample were of the Roman Catholic faith. It was not known if they were practicing Catholics or not. This finding is not surprising since Catholicism has been the primary religion among Mexican Americans. An important question which may be asked in the provision of

⁴⁰ Trevino, op. cit., p. 297.

⁴¹ Quoted in East Los Angeles Health Task Force Alcoholism and Alcohol Abuse in the Chicano Community, Los Angeles, East Los Angeles, Council on Alcoholism, undated (mimeographed).

treatment to Mexican Americans is the use made of the priest as a collateral. Strauss suggests that the Catholic church recognizes drinking as a highly personal matter, and that ethnic and other secular norms and sanctions are more important than religious norms in determining the drinking patterns of Catholics. If this is true then religion is not a barrier to drinking among Mexican Americans. Cultural values of the Mexican Americans legitimize drinking. In addition social conditions may also be conducive to alcohol abuse. Meeting places such as bars, bowling alleys, ball parks and other places where people congregate provide easy accessibility to alcohol. It is only when drinking is viewed as a problem and adversely affects the individual and his family that the priest will become involved.

The second section of the Data Gathering Instrument was divided into Social Agency Information. This information was designed to collect data on the interactions of the Mexican Americans with the agency and to reveal a picture of what occurred between the Mexican American and the agency.

Sources of Referral

<u>Sources of Referral</u>	<u>Number</u>
Probation Officers	12
Self-Referral	6
Mental Health Agency	2
Parole Officers	4
Public Health	1
	N = 25

The records revealed that the above were the sources of referrals to the East Valley Alcohol Treatment Center.

Analysis

The findings revealed that the majority of the clients were referred by law enforcement agencies. Self referral constituted approximately only a fourth of the sample. The fact that law enforcement agencies referred the majority of the clients (16) would place them in the category of non-voluntary clients. This fact further suggests that there may have been some resistance towards receiving assistance for their drinking problem. Mental Health agencies referred only a few clients to the agency for services from this sample. This data also suggests that Mexican Americans, if they drink heavily, are likely to become involved with the legal authorities. This may be a result of their low socio-economic status, i.e., once they become involved with the law they will also become involved in other social systems.

Reasons for Referral

<u>Reasons for Referral</u>	<u>Number</u>	
Drunk Driving Violation	9	
Condition of Parole	4	
Psychological Problems/	12	N = 25
Physical Discomfort		

Analysis

In this section, the investigator had divided reasons for referral into three categories: Driving while under Intoxication, a condition of parole and psychological and physical discomfort as a result of drinking which led to some kind of rehabilitative effort. The majority of the clients were referred due to some stress brought on by alcohol. The next highest number was referred due to involvement with the authorities as a result of driving while under the influence of alcohol. It is interesting to note that the majority sought help due to psychosocial stress associated with drinking. This fact suggests that among the Mexican Americans alcohol abuse can become a motivating factor in seeking professional help. It is not known if these individuals sought help on their own initiative or if they were influenced to seek help by others.

Length of Time Seen at Agency

<u>Length of Time</u>	<u>Number</u>	
1-3 months	10	
4-6 months	11	
7-9 months	3	
9-11 months	0	
12 months or more	1	N = 25

Analysis:

This data revealed that the length of services at the agency was for a brief period. Twenty-four (24) of the clients were active only for a period of one to nine months. This brief treatment approach is consistent with the agency's philosophy. The short period of therapy may raise several questions: (1) the type of alcoholic problems which the clients' encountered, (2) the outcome of therapy, and (3) the basis on which short term therapy was selected as the mode of intervention. These questions may be pursued in additional research studies on this population.

Diagnosis

<u>Diagnosis</u>	<u>Number</u>	
303.0	3	
303.1	10	
303.2	5	
303.9	1	
Marital Adjustment	1	N = 25

Code for Diagnoses: 303 Suggests a general category of alcoholism.

303.0 is used to describe "episodic excessive drinking". 303.1 is used to describe "habitual excessive drinking". 303.2 alcohol addiction.

303.9 is used to describe "other (and unspecified) alcoholism".

These codes are made available to the social workers who use them in formulating diagnostic assessments.

Analysis

The diagnostic classifications into which these clients were placed (303.0 and 303.1) suggested that only five of them had "severe alcoholic problems which bordered on addiction. Eighteen (18) became involved with alcohol abuse on a sporadic bases during the year, either from four to twelve times a year. This information suggests that the drinking problems of this group does not appear severe and possibly amenable to short term therapy.

Planned Termination

Yes/planned	10	
No/unplanned	15	N = 25

Analysis

This is an interesting finding. It certainly throws question on treatment effectiveness with this group. The majority of the clients terminated therapy on their own (unplanned) and ten terminated by plan. In excess of 50% may be viewed as not completing the therapy program. Ideally in therapy termination should be planned. Since the majority of these terminations were unplanned, it must be assumed that they were client initiated. This fact does not mean that therapy was unsuccessful. It is only significant in terms of the number of unplanned terminations. This must raise the question of total treatment effectiveness. However, ten (10) cases were terminated by design. This suggests that in little less than half of the cases treatment was completed.

Number of Home Visits in Cases

Yes/Home visit	1	N = 25
No/None	24	

Analysis

This is also an interesting finding particularly since problems of alcoholism are generally viewed as affecting the total family. It is also interesting in that the small number of home visits in these cases appears inconsistent with agency's philosophy. The absence of home visits cannot be construed as meaning that other family members were not involved in treatment efforts. However, it is generally accepted that home visits can be valuable in revealing communication and patterns among family members. Home visits are also used as important diagnostic tools in assessing family stress. The absence of home visits interferes with the opportunity of seeing the family on its own grounds and enlisting their full cooperation in the treatment efforts. It is equally possible that the clients did not want other family members involved, or the therapist did not ask to see other family members. Nevertheless the lack of involvement of the home suggests a serious gap in therapy, particularly in a group of clients in which the family is so highly valued. The absence of home visits may also prevent the therapist from gaining important diagnostic information which may be of value in planning and facilitating therapy.

Involvement of Family Members

Yes	4	
No	21	N = 25

Analysis

These figures support previous findings on the lack of involving the home in therapy with Mexican Americans. In the overwhelming majority of cases (21) family members were not involved, and therapy was performed on an individual basis. Family members may be a helpful source of support to those faced with alcoholic problems. The lack of involvement of family members especially with the emphasis placed on the family in the Chicano community is a questionable practice since it suggests a lack of attention to the client in his total environment of which culture must be an important part.

The lack of contacts with family members in the Mexican American culture may lead to negative consequences or ineffective therapy.

(Fifteen cases dropped out on an unplanned basis.) The East Los Angeles Task Force report states,

Also, considering the traditional closeness of the Chicano family and the emphasis placed on the Chicano as the head of his family, treatment usually involves an alcoholic family member rather than an alcoholic family member.⁴²
(underlined for emphasis.)⁴²

Pearson has suggested that the non-assimilated Mexican Americans were more successful in treatment because of the entire family's acceptance of and cooperation with the treatment program.⁴³

⁴² East Los Angeles Task Force Report, op. cit., p. 7.

⁴³ Ibid.

Our findings suggest that the Mexican American Family was not involved in the treatment efforts at East Valley Alcohol Treatment Center. Family contacts were minimal. It is possible that greater effectiveness may result with the involvement of family members. This hypothesis should be tested:

The greater the involvement of family members,
the more effective the treatment with Mexican
Americans encountering alcoholic problems.

The Mexican American culture can be viewed from three vantage points. It can be traditional which would bring about strong family involvement due to cultural values. It can be dualistic, a blending of the old (Mexican) and the new (American) culture, or it can be atraditional. It is our speculation that if the family lives in an atraditional culture that greater focus will be placed on the individual. In the traditional culture more emphasis would be placed on the family. Since this sample was composed essentially of younger and middle age adults, the investigator speculates that their cultural orientation was more atraditional which might account for the lack of involvement of family members. This is merely a speculation as the lack of involvement of family members may also have been due to the therapist's preference.

Use of Collaterals

Collaterals can provide important sources of data and assistance in working with clients.

Yes/used collaterals	3	
No/none	22	N = 25

Analysis

In the overwhelming majority of cases, collaterals were not consulted. This is an interesting finding inasmuch as a number of the clients were referred by agencies; it is quite possible that collaterals could have provided useful information. The lack of involvement of family members and the minimal use of collaterals suggests that the clients were being treated in isolation. Attempts were not made to involve others in the social systems. The Mexican Americans in these cases were treated in a vacuum. Contacts with significant others such as priest, compadres may be indicated if effective therapy is to be given to the Mexican American.

Alcoholic Anonymous As a Source of Referral

Yes	3	N = 25
No	22	

Analysis

Alcoholic Anonymous has an effective record in working with alcoholics and their relatives. It is not known if this resource can be helpful to Mexican Americans with alcoholic problems. Nevertheless it is interesting that in the greater number of cases it was not used as a referral source. The lack of referrals to this source suggests that the social workers may not be making use of all the resources which are available to them in assisting the Mexican American alcoholic and his family.

Recommendations Made to Client at Point
of Termination

Yes	0	
No	25	N = 25

Analysis

The fact that no recommendations were made to the clients at the point of termination is surprising. Usually this is viewed as good social work practice. Referring back to previous information, it is revealed that in a number of cases termination was unplanned and therefore recommendations would be unlikely. However, no recommendations were made to the clients by the therapists in any of the cases, even those in which termination was by plan. This finding again throws question on total effectiveness of treatment. It is presumed that at the time of termination the therapist would provide the client with some parting information about how to stabilize gains achieved or what to do in terms of recurrence of problems. This finding appears very significant.

Follow-up Following Termination

Yes	3	
No	22	N = 25

Analysis

Follow-up has become viewed as a means of providing support to clients following termination as well as to evaluate effectiveness of therapy. The lack of follow-up is a serious flaw in agency's practices. It limits the agency's knowledge of effectiveness of treatment and interferes with the agency's collecting data for research purposes.

Repeats at Agency Following a
Year After Case Closure

Yes	3	
No	22	N = 25

Analysis

The majority of the client did not return for agency's services within a year following termination. This fact cannot be construed as a sign of the agency's success in treatment. It is to be remembered that fifteen (15) cases terminated in an unplanned manner. This is an interesting finding. It suggests a need for additional research of a follow-up nature to determine what happened to these clients. It is also significant that referral sources did not make contacts with the agency's following the unplanned terminations. Nor did the agency inform the referral source of this happening. The East Valley Alcohol Center should conduct a follow-up study on a periodic basis to determine how well clients are doing following therapy, or even to ascertain why such a large number of clients terminate on an unplanned basis.

Historical Information

The third section in which data was sought concerned itself with historical information on the client.

Client/Problem First Contact
with Agency

Yes	17	
No	8	N = 25

Analysis

The majority of the clients were not previously known to the agency. This finding should not be accepted as suggesting that the client's involvement with drinking was of recent origin. The data may be analyzed as suggesting this was the client's first formal contact with the agency though the drinking problem may have been of long existence. Previous information revealed that the majority of referrals came from probation officers. This data therefore reveals that clients become involved with the agency as a result of their involvement with legal authorities. It can be concluded from this data that contacts with legal authorities lead to the client's first contact with formal agencies.

Incidence Which Led to View
of Drinking As a Problem

<u>Incidence</u>	<u>Number</u>
Driving under Influence	12
Condition of Parole	2
Physiological Symptoms	2
Psychosocial Problems:	9
Marital	
Family	
	N = 25

Analysis

This data revealed that clients became involved with the agency for two primary reasons: Driving under the influence of alcohol and psychosocial problems. The psychosocial problems were creating stress for the client in his social environment. From this data it is suggested that Mexican

Americans seek help for alcohol problems when the stress creates problems for them in their interpersonal relations or when they come into contacts with the authorities due to drinking behavior. They may be divided into voluntary and non-voluntary clients with the preponderance being given to the non-voluntary.

Client's View of Drinking

As A Problem

Yes/a problem	16	
No/not a problem	9	N = 25

Analysis

Surprising the majority of the clients viewed drinking as a problem. This finding suggest that the clients had awareness of their drinking problems and its effects on them. This may be viewed positively since the literature on alcoholism suggests that the denial rate is high. This finding contrasts significantly with the report of the East Los Angeles Health Task Force:

The phenomenon of denial of alcohol abuse, common to all alcoholics, is particularly important with a Latino population. The Latino culture views alcoholism as a weakness of character which is incongruous with the concept of "machismo."

The East Los Angeles study suggests that the Chicano views his ability to hold his liquor as a characteristic of machismo which means that he will deny his inability to control it. The findings of this study reveal that the Mexican American recognizes his drinking as a problem and will seek assistance. Seeking assistance does not necessarily affect his image of himself or his machismo. However, Trevino states that excessive drinking is restricted by fear of credibility and the concept of machismo

carries built in controls.⁴⁴ Excessive drinking by Mexican American males may lead to loss of control and thereby credibility and loss of respect may lead them to recognize that drinking is negatively affecting them and their images. Therefore, it may be viewed as a problem and they seek help with it either at their own initiative or the suggestion of others.

Attitudes of Family Members and
Significant Others Toward Drinking

<u>Attitudes</u>	<u>Number</u>	
Unknown	19	
Drinking a Problem	6	N = 25

Analysis

The fact that the attitudes of family members and significant others is not known is not surprising. Family members and collaterals were not contacted. However, this is a significant area due to the importance of the Mexican American family stressed in the literature and the need to involve it in the therapeutic efforts if they are to be successful. A question which must be asked in view of the lack of family involvement is if the therapists at East Valley view alcoholism as a family or an individual problem?

Paine states, "Alcoholism services need to establish their credibility with and relevance to the ethnic community..." Because of the importance of the family in the Chicano culture more emphasis should be placed on family outreach. However, another question also needs to be answered and researched.

⁴⁴ Trevino, op. cit., p. 297.

Is the Mexican American family undergoing change and is therapy becoming more an individual than a family affair? The degree of acculturation will have some bearing on this answer as well as the culture (traditional, dualistic, atraditional) in which the individual finds himself.

The remainder (6) of the sample viewed drinking as a problem. This suggests that drinking affects the family and the individual negatively and had harmful effects. Though this number is small. It is encouraging since significant others may recognize the drinking as constituting a problem before the alcohol abuser and may encourage him to seek help.

Did Drinking Bring Client Into
Contact with the Authorities?

Yes	19	
No	6	N = 25

Analysis

This data revealed that an overwhelming number of the clients had contacts with the authorities due to drinking. As revealed earlier, sixteen (16) of the sample had been referred by probation or parole officers and twelve (12) of the sample had been referred due to drinking while intoxicated. This data supports the view that involvement with the authorities is one of the main reasons for Mexican Americans to come into contact with alcohol services agencies.

Was Alcohol Easy To Get?

The cases reviewed and analyzed did not contain information by which this question could be answered. However due to the low socioeconomic statuses of the clients, their frustrations and areas of residence, it is speculated that the securing of alcohol posed no problem. This view is consistent with that located in the literature. In the East Los Angeles Health Task Force, a 1978 survey revealed 111 liquor outlets within a five mile commercial residential area.⁴⁵ On the basis of this finding, the investigator is also concluding that easy access to alcohol may also contribute to a high rate of alcoholism in certain areas, particularly those of low socioeconomic conditions. This investigation further suggests that due to the many sources of stress in economically deprived areas, alcohol may become viewed as a "crutch" or a folk medicine by acculturating Chicanos to tolerate difficult life situations. (The East Los Angeles suggested a similar impression.)

Historical Data

A section of the questions was developed to secure limited psychological, social and cultural information on the Mexican American clients who were seen at the East Valley Alcohol Center. A pre-run of the Data Gathering Instrument revealed that this information was not available in the record. (See Historical Section, Data Gathering Instrument.)

⁴⁵ East Los Angeles Study, op. cit. p. 5.

The investigator thinks this information is significant particularly because the Mexican Americans constitute a minority group. If the therapist desires to render effective treatment, he must have awareness of cultural factors and be able to use this knowledge in his therapy. Because this knowledge was not available in the records, the question must be raised as to the extent of cultural awareness employed by therapists in their contacts with Mexican Americans. Additionally, lack of knowledge in this area makes it difficult to conduct research on the Mexican Americans seen at the Clinic. The investigator will address this area in his conclusions but thinks that this area requires immediate attention and should be corrected.

Social Work Practice:

Social work practice is defined as a "constellation of skills, values and methods. This section attempted to secure data for analysis primarily on how social work practice was carried out at East Valley Alcohol Services Center. Literature has consistently stressed the view that traditional methods employed in social work practice are ineffective with Mexican Americans:

In view of the unique characteristics of the Chicano alcoholic traditional Anglo approaches to alcoholism have questionable treatment for the Latino. Techniques and methods developed for a white middle class population cannot be expected to apply to widely differing group. Certainly innovative approaches utilizing bilingual, bi-cultural staff are necessary.⁴⁶

⁴⁶ Trevino, op. cit. 299

Treatment Objectives

This area revealed a diverse number of treatment objectives which made it literally impossible to categorize them. Even taking into consideration the uniqueness of the individual and his situation, these multitude of objectives and possibly their idealism when the socioeconomic conditions of the clients are considered throws question on diagnostic assessment as a necessary part of treatment.

Analysis:

The treatment objectives ranged anywhere from "education about alcohol abuse and alcoholism" to "insight, motivation to change and total sobriety." Other objectives were "individual support", "enhance self esteem" to "keep sobriety, solve marital problems as well as economics."

A number of these objectives appeared highly idealistic. Surprisingly the majority of the objectives were directed toward the area of intrapsychic change instead of environmental conditions. Previously the exclusion of the family in treatment has been identified as well as the lack of making use of community resources. This data strongly suggest the treatment emphasis at East Valley Alcohol Services Center is directed toward the psychological model and is individually focused.

Treatment Modalities

<u>Treatment Methods</u>	<u>Number</u>	
Alcohol awareness class	9	
Family and individual counseling	4	
Detoxification and medical	4	
Individual counseling	1	
Alcohol awareness class and individual counseling	4	
Group therapy, medication	1	
Family counseling and group	1	
Medical treatment, individual, vocational referral	1	N = 25

Analysis:

These treatment modalities are varied. The majority falls into Alcohol Awareness Class (9). The diversity of these treatment methods in the sample may again speak to "individualization" but one must question this diversity among a population of low socioeconomic people. It calls into question the basis on which treatment modalities are selected. Do the therapists select treatment modalities based on diagnosis or do they arrive at such decisions from other means?

Other factors are interesting also. Family counseling either in conjunction with group or individual counseling is viewed as the treatment method in only five cases. If the Mexican American is heavily family centered, then therapists at East Valley Alcohol Services Center are not viewing the family as an important part of the treatment effort. Additional questions must be asked about the number of Mexican Americans who are referred to alcohol awareness classes as the treatment modality of choice. Are these classes primarily educationally oriented, therapeutically oriented or a combination of these objectives?

Use of Diagnosis

Social workers make use of three kinds of diagnoses: etiological, dynamic and clinical. East Valley Alcohol Services Center essentially make use of the clinical diagnosis (303.0, 303.1, etc.) This diagnosis merely describes the behavior presented by the client and allows the therapist to place him in a category. It does not help in explaining the origin of the problems or the present dynamics acting on it.

Analysis?

The use of the clinical diagnosis to the exclusion of the etiological and dynamic (psychosocial diagnosis) does not allow therapists the opportunity of considering the conditions which may be acting on the clients. Use of all the diagnosis would provide the opportunity for planning therapy from a richer base than is presently provided at the Center. It is possibly due to the absence of the etiological and dynamic diagnoses and to the preference given to the clinical diagnosis that therapy is primarily psychologically and individually oriented.

This section on social work practice, treatment objectives and method selection raises serious question about social work practice at East Valley Alcohol Services Center with Mexican American clients. The agency does not focus on a multi-cultural approach. This study does not attempt to judge the effectiveness of treatment of these twenty-five (25) cases, however, certain issues should be addressed as they pertain to Mexican Americans.

Some of these issues are: Are alcohol awareness classes used as primary treatment methods and if so are they effective? Or should they be used only as a part of the treatment program. Do clients see relevance in them? Fifteen (15) unplanned terminations may have something to do with treatment methods, treatment objectives and the type of diagnoses employed in planning treatment (clinical).

Chapter V

Conclusions and Recommendations

These conclusions are based on the data collected and analyzed from the closed records on the Mexican Americans (N=25) who were seen at the East Valley Alcohol Clinic during the period of January, 1977 to January, 1978. The sample was small and the statement made by Goldstein must be borne in mind as the results are considered:

In good research only limited generalizations are made unless the sample is relatively large and representative.⁴⁶

While the sample appeared representative of the population of Mexican Americans who received services at the Clinic, the generalizations made must be limited and may be peculiar only to the Mexican Americans who came to this Clinic.

The purpose of this investigation was to explore and collect data of a descriptive nature on the Mexican Americans who came to the Clinic. This data was to be used in arriving at a picture which described the Mexican Americans seen at the clinic during the identified period. The research design accomplished this purpose. The data sources were of a primary nature (closed cases). It is recognized by the investigator that the case records analyzed may not contain all the pertinent data which may present a true picture about the agency and its operations. Informal procedures within the agency may influence the data placed in case may not be in total accord with reality. Therefore, the analysis

⁴⁶ Harris K. Goldstein, "Criteria for Evaluative Research," Social Casework, 43, November, 1962.

and the conclusions drawn are held entirely to the sample and no generalizations are made to the wider population of Mexican Americans in Santa Clara County or elsewhere. This limitation is strongly stated. Nevertheless the researcher cannot accept responsibility for the fact that existing case records may not represent true agency operations. The investigator can only be held accountable for the data contained in the records and used for analysis. As a student at the agency, the researcher has seen definite changes in agency operations. The agency is sincerely attempting to engage and meet the needs of the Mexican American population through the hiring of bi-lingual, bi-cultural staff and through outreach into the Mexican American community. This data may describe a situation which has already been corrected. Therefore it is recommended that this study be repeated in the future so that the findings can be compared.

The findings of this investigation are similar to those of other researchers who have evaluated services to the Mexican American population in the area of alcoholism. The Mexican Americans in this sample shared the following characteristics: young and middle aged, low educational status, poor socio-economic circumstances, high unemployment rates, and living in general impoverished areas where alcohol appeared easily accessible. The majority of the clients came to the attention of the agency through referrals from legal authorities. A majority of them terminated treatment on an unplanned basis. (This may be typical for the alcoholic client.) Family and community resources were rarely contacted.

The theoretical orientation of the therapists appeared strongly psycho-dynamically oriented even though other therapeutic modalities were employed such as crisis intervention.

In order to improve and expand the program at East Valley Alcohol Services Center the investigator believes the following recommendations should be implemented:

1. The agency must sensitize its staff to the importance of cultural knowledge in working with and planning therapy for Mexican Americans;
2. The agency should employ more bi-lingual, bi-cultural personnel;
3. The agency should include among its methods outreach into the Mexican American community (community organization);
4. The agency must view the family and other collaterals as ~~vital and necessary sources of support in working with the~~ Mexican Americans.
5. The agency should evaluate existing social work methods used for effectiveness. Present methods are traditional in nature and middle class oriented with a population of low socio-economic circumstances. An unplanned termination rate of fifteen (60%) appears high.
6. Social work practice within the agency in regards to the Mexican Americans should be evaluated and changes made as indicated based on this evaluation. Present objectives appear global in nature. Clinical diagnosis is used to excess in evaluating problems and planning treatment. Etiological

and dynamic diagnoses do not appear to receive the attention which they should, particularly since they are of greater use to the social worker than the clinical assessment.

7. The psycho-social study of the client should be expanded and include a section devoted especially to the cultural traits, values, customs, roles that he plays, generation (traditional, dualistic and atraditional) etc. The use of clinical diagnosis does not guarantee that variables will be considered by therapist. Whether or not these social cultural factors affect the client's function. On the other hand, the use of etiological and dynamic diagnosis will specifically consider the preceding factors that affect the client's behavior and functioning.
8. It is recommended that record keeping at East Valley Alcohol Services Center should be given more attention to include factors relevant to that psychosocial functioning of the client in the cortex which his behavior arose and he is presently is exhibiting.⁴⁷

This investigator analyzed closed cases for the period of January, 1977 to January 1978. It is found that the agency has addressed some of the concerns identified in the study. The changes have undoubtedly resulted from a self-evaluation on the part of the agency which indicates it is progressive and anxious to provide services to the Mexican American population in Santa Clara County.

⁴⁷ Helen H. Perlman, Social Casework: A Problem Solving Process, Chicago, University of Chicago Press, 1972.

For instance at the time of the study, there was only one Spanish-speaking psychiatric social worker, now there are two. In addition, the activities of the drop-in center and outreach into the community have expanded.

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APPENDIX I

Data Gathering Instrument

Social Information (Demographic)

1. Date of Birth _____ (Age)
2. Birthplace _____
3. Ethnic Identification (if possible) _____
4. Marital Status _____
5. Number of Children _____ Ages of Children _____
6. Employment Yes _____ No _____

Notes on Employment History (if possible)

(regular, irregular, etc.)

7. If unemployed (source(s) of income) _____
8. Areas of Residence _____

(barrio, housing project, neighborhood)

9. Religious affiliation _____

Social Agency Information

1. Source of Referral _____
2. Reasons for Referral _____

Data Gathering Instrument

3. Length of Time Seen at Agency _____
4. Was termination planned or unplanned _____
5. Were home visits made? Yes _____ No _____
6. Were family members involved in treatment? Yes _____ No _____
7. Were collaterals consulted? Yes _____ No _____
(employer, priests, physicians, etc.)
8. Was Alcoholic Anonymous used as a referral source? Yes _____ No _____
9. Were recommendations made at time of termination? Yes _____ No _____
10. Did client return to the agency following year after case was terminated? Yes _____ No _____
11. If yes, what were the results?

12. Was there a follow-up? Yes _____ No _____

Historical Information

1. Was this client's first contact with agency? Yes _____ No _____
2. What happened to cause drinking to be viewed as a problem

3. Does client view drinking as a problem? Yes _____ No _____
4. What appears to be the attitudes of family members and significant others to client's drinking.

Data Gathering Instrument

3

5. Did drinking bring client into contacts with the authorities?

Yes _____ No _____

6. Was alcohol easy for the client to get? Yes _____ No _____

Psychological/Cultural/Social Data

1. What is the client's perception (culture) of his drinking?

2. Did drinking adversely affect employment and social relations?

Yes _____ No _____

3. Did drinking adversely affect family relationships? Yes _____ No _____

Social Work Practice

1. Generally what were the treatment goals identified?

2. What type of treatment modality was selected (individual, family, group, combination)?

3. Were the basis of these treatment modalities clearly identified? (diagnosis formulated) Yes _____ No _____