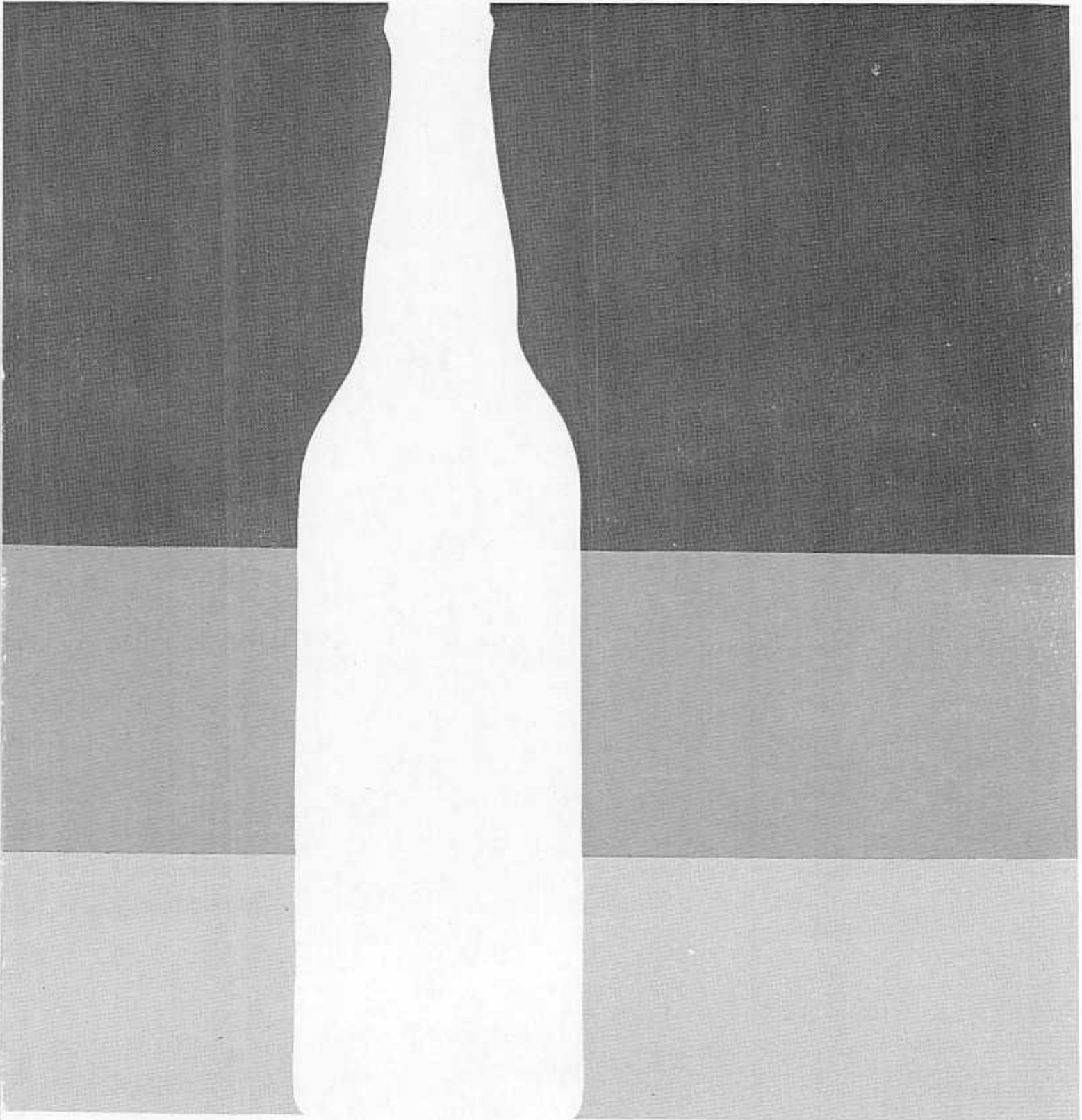


EL USO DE ALCOHOL

A RESOURCE BOOK FOR SPANISH SPEAKING COMMUNITIES

Edited By: Robert T. Trotter II and Juan Antonio Chavira



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ROBERT T. TROTTER II and JUAN ANTONIO CHAVIRA

DEVELOPED THROUGH A GRANT FROM

**The Southern Area Alcohol Education
And Training Program, Inc.**

4875 Powers Ferry Road
Atlanta, Georgia 30327

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PREFACE

This book was conceived as a resource for individuals doing alcohol education, prevention, treatment, or research in Spanish-speaking communities in the United States. The project was funded by the Southern Area Alcohol Education and Training Program, Inc. Its goal was to locate, analyze, and annotate resources relevant to Spanish-speaking communities.

The final version of this book is the work of many people. The cover design and artwork is by Jorge Canales. Chapter IV and many of the recommendations of Chapter VI are the result of the individual and group input of this project's community advisory committee. These people donated their time in analyzing and commenting on available education and prevention resources. The committee included (in alphabetical order) Max Ballard, Horacio Barrera, Jorge Canales, Robert Dicus, Gene Chavez, Eva Medina, Gloria Pena, Emilio Rodriguez, Al Romero, Lydia Romero, George Roper, and Jim Wright. We would like to express our sincere thanks to each of them.

There were over 100 people who responded to our request for information. This included people from Canada, Puerto Rico, Mexico, Costa Rica, Chile and the U.S.A. To all of them our sincerest appreciation.

Individuals who should be singled out for special thanks include Julian Castillo, Director of the Division of Health Related Professions at Pan American University; Olga Ambriz, Secretary for the Division of Health Related Professions for editing the manuscript; Gene Chavez; Josie Ayala, Project Secretary; Wilma Hanna, Typist; and Martha Guerrero, typist. Gregory Berns of the Southern Area Alcohol Education and Training Program, Inc. also greatly aided the successful completion of this project.

The editors have attempted to present all of the major resources that are currently available. However, time constraints and/or lack of accessibility, or simple oversight, may have caused some omissions. The authors apologize for any such contingencies, since the lack of adequate resource material is already a problem. Hopefully, this book will encourage others to take more interest in the alcohol related problems of Spanish-speaking communities in the United States.

CHAPTER

INTRODUCTION TO THE MONOGRAPH

The original goals for this monograph were to document and analyze previous publications on alcohol use and abuse in Spanish-speaking communities of the United States and to present current unpublished works to supplement the bibliographic resources. These goals have been achieved; however, the publication takes on the added goal of documentation of a critical need for additional research, additional models for prevention and treatment, and additional national, regional, and local concern for alcohol related problems in Spanish-speaking communities. What we do not know is appalling.

There has been very little substantive research into the basics of alcohol consumption and abuse in Spanish-speaking groups. In many areas we do not have even the most elementary statistics on levels of consumption, alcohol related morbidity and mortality rates, or even basic information on alcohol related hospital admissions for Spanish-speaking, Spanish-surnamed individuals. It is of particular interest to note that more and better research has been done by American social scientists in other parts of the world (including extensive work in Latin America) than has been done in the United States, ignoring many important segments of this country's population. We know of drinking patterns among the Bolivian Camba (Heath 1958) and know details about drunken comportment in Peruvian villages (Holberg, 1971), but we do not have the same data available for the United States. In many cases the research that has been done in the United States is the by-product of larger enterprises, with only casual reference to or focus on Spanish-speaking communities.

A general critique of the literature relating to Spanish-speaking alcohol use suggests two major categories, based on the methodological strengths or weaknesses employed in research for particular articles. The more methodologically sound research tends to verify or substantiate things that are already well known and substantiated. This provides us with scientific assurances that our previous views were correct, but it is unimaginative and does not lead us to new insights. The more methodologically weak articles tend to be both speculative and imaginative, but are based on unsound data or research techniques. However, these articles often

offer interesting suggestions for further research. What needs to be done is to combine imagination and sound methodology in the same research program.

One problem that continues to plague Spanish-speaking/Spanish-surnamed individuals and communities are the stereotypes and myths that abound in the literature and in the minds of the researchers. No matter how many times the opposite point is made, there is a continuing assumption of homogeneity among these populations. This assumption leads to inappropriate (irritating and infuriating) uses of language, cultural symbols, and visual cues in alcohol prevention, education, and treatment efforts. To be effective, any and all of these efforts must be regionalized in language, environment, and cultural values.

The second, and perhaps the major, stereotypical label utilized against the Spanish-speaking is machismo. Machismo is a historically important value system in Hispanic based cultures; however, there is a constant effort on the part of some researchers to view it as producing negative social effects, such as wife beating, drunkenness, extra-marital affairs, etc. The same value, however, produces sobriety, considerate behavior, and continence. Therefore, machismo, in and of itself cannot be viewed from a negative perspective as it has been in the past by culturally myopic researchers. In fact, no substantive research on machismo has ever been done on a community wide basis to demonstrate its effects on drinking, drunkenness, and alcoholism. It may well be that other unrecognized social variables produce the negative effects of alcohol abuse. These variables produce the negative effects of alcohol abuse. These variables are subsequently labeled machismo and are used as an explanatory device that attempts to ignore the real condition for social, political or emotional reasons.

In addition to machismo, a number of "causes" of excessive alcohol consumption occur repeatedly in the literature. These "causes" include maladjustment, unemployment, lack of alternative recreation, frustration, depression, anxiety, and anomie. These conditions have been used individually and in combination to explain the existence (undemonstrated) of excessive drinking and/or alcoholism in Spanish-speaking communities. This may be an incorrect approach. Our contention is that these "causes" may well be symptoms; conditions within the social environment that occur simul-

taneously with drinking problems, but are not necessarily the event or condition that precipitated the alcohol problem. Other social forces may well produce both conditions. If so, research needs to be done to uncover the actual problems. Otherwise, research must be done to confirm these conditions as actual causal factors.

By far, some of the most creative and provocative articles reviewed were those designed to bring about the implementation of some program. These articles are generally written by professionals in the rehabilitation field who are able to combine theory with practical experience and pragmatic conditions. It is generally among these articles that one finds Chicanos writing about Chicanos. The authors address themselves to the reality of culture and social environment and try to destroy as much as possible those negative stereotypes which have been perpetuated against the Spanish-speaking community. However, even these articles too often have the weakness of focusing on polemics, calling for the proliferation of services and ignoring the solutions to the problem.

The chapters of the monograph have been divided into areas that are intended to make it a useful resource document. Chapter II is the first segment of the critical annotated bibliography. It is divided into a section covering general cross cultural research on alcohol use and abuse and a section specifically dealing with Latin American research. Articles were included in the first section if they were classics or major resource documents (e.g. Horton 1943; Pittman and Snyder 1962; and Everett, Waddell, and Heath 1976; etc.). Other articles were included if they presented a key cultural variable in alcohol use or abuse that has not been tested in Spanish-speaking communities, or were simply examples of the types of research that has been done in other areas. Articles were included in the second section if they touched on a key variable that was associated with alcohol consumption in Latin American communities, or tested cross cultural hypotheses about drinking in Latin America.

Chapter III is the second section of the annotated bibliographies. It contains articles on Mexican American communities, articles on Puerto Rican communities, and articles on other Spanish-speaking communities in the United States. The criteria for inclusion was the simple existence of the article. We have attempted to include all those in existence that are still avail-

able. However, some may have been missed due to inaccessibility or simple oversight. We regret any such contingency. Since there are so few articles available, even the bad ones provide important resources for future action.

Chapter IV is a review of available prevention and education resources. The method utilized to review these works is unique and worth repeating. We assembled a community-based committee made up of alcohol counselors, social workers, regional planners, students, community members, and alcoholics to review the available materials. These resources were reviewed first by individuals and then brought to the attention of the group as a whole. Out of this process came a consensus about each resource and that consensus is presented in Chapter IV. The group also produced some general recommendations that are valuable and are included in the introduction to Chapter IV and in recommendations in other segments of the monograph.

Chapter V is a collection of original articles written in response to a general invitation to make unpublished materials available to the authors for possible inclusion in the monograph. Articles were solicited by including announcements in professional journals and by contacting individuals and agencies identified by NIAAA and other groups as resources dealing with alcohol in Spanish-speaking communities. Several hundred letters were sent out, in addition to the announcements, but the response was poor. What we have included is the best of what we received, trying to be as representative as possible.

Chapter VI is a brief summary of our finding with recommendations. It also includes brief reports and recommendations written by members of the community advisory committee that was responsible for the findings of Chapter IV.

Another resource on published material and non-print media that can be used in conjunction with this monograph is the National Clearinghouse for Alcohol Information (NCALI). NCALI produces free, computer-generated annotated bibliographies on practically any subject related to alcohol. In addition, it publishes bibliographies called "Selected Publications" on a variety of subjects, such as Sociocultural Aspects of Alcohol Use and Alcoholism. Their current holdings are inadequate where Spanish-speaking populations are concerned, but excellent in many other areas.

CHAPTER II

ANNOTATED BIBLIOGRAPHY- GENERAL CROSS-CULTURAL AND LATIN-AMERICAN

The articles in this chapter are divided into two sections: articles of cross-cultural research about alcohol use and abuse, and articles specifically relating to Latin America. The decision to include the former group is based on the need to be aware of the theories underlying our understanding of the social aspects of drinking, drunkenness, and alcoholism. In addition, both sets of articles contain information that has yet to be researched for Spanish-speaking populations in the United States and should act to identify areas for future endeavor. It seems incredible that United States social scientists have spent far more time, money, and effort looking at ethnic differences in alcohol use in other countries, while ignoring the problem at home, but this is apparently the current situation.

The general cross-cultural articles are presented selectively, rather than in total. The criteria utilized to select articles were: importance of theoretical position to the development of alcohol theories, applicability of technique or results to Spanish-speaking groups in the United States (both positive and negative examples are included), and their availability. Some works were deliberately left out because they have been supplanted by current research or they are adequately summarized and referenced in works that are included.

Articles on alcohol research in Latin America comprise the second section of this chapter. It is interesting to note that Latin American investigations have produced some of the most valuable contributions to multi-cultural alcohol related research. The criteria used in selecting the articles for this section are the same as those for the previous section with the added criteria that the articles provide insights about drinking patterns in Spanish-speaking groups. However, it must be emphasized that these articles can only be used as a starting point. The environment, history, and many of the cultural traits of these Latin American groups differs markedly from Spanish-speaking communities in the United States; to generalize from any one of these articles would be both dangerous and unjust.

The annotations of the articles follow a common format. The content of each article is described. Then if the article

provoked a positive and/or negative critique, the positive or negative aspects of the article are cited. Only an article which produced a strong comment by one or more of the reviewers contains this feature. Finally, a number of the articles have a section labeled "Implications." These are found on key articles that suggested to the reviewer, specific directions to take for future research, education, prevention or treatment.

Supplemental information to this bibliography can be found by requesting a computer generated annotated bibliography from the National Clearinghouse on Alcohol Information (NCALI), Division of the National Institute on Alcoholism and Alcohol Abuse (NIAAA) in Rockville, Maryland. As of January, 1977, the NCALI bibliographic search facility had more (and different) resources on general cultural drinking habits than are presented here but far fewer on Latin American and on Spanish-speaking groups in the United States. Hopefully, at least the Spanish-speaking groups in the United States will be given higher priority in the future. Nevertheless, this is an important resource for people in the field of alcoholism and it is free! Other supplemental materials can be found in the bibliographies of the annotated articles.

GENERAL CROSS-CULTURAL ARTICLES

Bacon, M. K.; H. Barry, III; F. L. Child; C. R. Snyder 1965
"A Cross-Cultural Study of Drinking: Detailed Definitions and Data". Quarterly Journal of Studies on Alcohol, Supplement 3:78-112.

Description: This and the accompanying articles of Supplement 3 (Quarterly Journal of Studies on Alcohol) with the same authors, form one of the classic works on cross cultural alcohol research. Supplement 3 is expanded well beyond the earlier work by Horton (1943) and utilizes sophisticated analytical techniques to show the weaknesses of some of Horton's theoretical positions. Using multivariate analysis and regression techniques, Bacon et al, produce evidence of several dimensions of culture being linked to sobriety and to drunken comportment.

Positive Aspects: This is the first methodologically sound quantitative article that compares favorably with the Horton (1943) study and which presents innovative alcohol related social hypotheses.

Implications: The factors affecting alcohol consumption, drunken comportment, and levels of alcohol are not unidimensional, they are complex and numerous, but also quantifiable (in part at least) and predictable.

Bacon, Margaret 1976

"Cross-Cultural Studies of Drinking: Integrated Drinking and Sex Differences in the Use of Alcoholic Beverages" in Michael W. Everett, et al (eds.), *Cross-Cultural Approaches to the Study of Alcohol*. The Hague: Mouton.

Description: Bacon reviews some of the findings of the Bacon, Berry and Child studies published in 1965 (see Bacon, Berry, and Child, 1965a and 1965b; Berry, Buchwald, Child and Bacon 1965; and Child, Bacon, and Berry 1965). The Bacon, Berry, and Child study was based on a comparison of 139 societies, covering 49 separate variables. Factor analysis of the variables produced four independent dimensions of variation that should be researched in alcohol consumption studies: (a) the Integrated Drinking Factor, (b) the Hospitality Factor, (c) the Inebriety Factor, and (d) the Quantity or General Consumption Factor. In this article Bacon attempts to correct some of the misinterpretations of the original articles, and also to show that there were important social variables uncovered in the original study that have been ignored in subsequent research. One point she makes in reviewing the concept of integrated drinking factors is that a high level of alcohol consumption is not necessarily socially disruptive; going against the popular belief that a high rate of consumption is socially threatening. She also shows some of the trends in sex differences in drinking.

Positive Aspects: Utilizing the four categories (independent dimensions and variations) in research on drinking in Spanish-speaking groups may well show some of the drinking as integrative and not socially threatening, certainly opposite of the view portrayed in much of the current literature.

Negative Aspects: The article assumes far too much prior knowledge of the earlier articles, making this one far less comprehensible.

Bacon, S. D. 1943

"Sociology and the Problems of Alcohol: Foundations for a Sociological Study of Drinking Be-

havior". *Quarterly Journal of Studies on Alcohol*, Vol. 4:402-445.

Description: This article is an abridged introduction to Sociology using drinking behavior as its focus to justify and elaborate on the Sociological perspective. The author spends a great deal of time in establishing the need for a "scientific attitude" in solving social problems, stating that this attitude will not only bring about solutions but also avoid pains, waste, and conflict. Once the need for a scientific approach is fully discussed, the need for a sociological perspective is presented as serving other purposes and having other goals different from physiology, psychology, or psychoanalysis. At this point the discussion is well-developed and the suggestions of what should be of concern to sociologists are excellent. Those sociologists interested in drinking behavior should concern themselves with the customs of drinking; the way in which drinking habits are learned; the social controls aimed at drinking behavior; and those institutions which apply these social controls. It is up to the sociologist to study changes in drinking patterns, as they relate to other changes in society, and to study all types of drinking — no drinking, some drinking, or excessive drinking. The concern of the sociologist in a classical definition of sociology should deal with groups of people, their attitudes, and their patterns of behavior.

Positive Aspects: Suggestions as to what aspects of drinking behavior should be of concern to the sociologist are good in this article.

Negative Aspects: The article deteriorates into an abridged version of introductory sociology. The author spends too much time and energy delineating the field, e.g. function, material apparatus, participants, stratification, mores, folkways, institutions, plus a short description of research methodology. The article is much too long, and most of it is really of no use to the problem of alcohol. After all, the professional sociologist should know how to use the tools of his/her trade when applied to any given social situation.

Bacon, Sheldon D. 1957

"Social Settings Conducive to Alcoholism" *Journal of American Medical Association* 164: 177-181

Description: In the early section of this article the author labors to establish a differential role for sociology within the problem field of alcoholism. He seems to be going the taxonomic route so common to early sociologists, and then tries to give credence to those psychological factors (anxiety, guilt, inadequacy) believed to explain so-called deviant drinking patterns. The four cultural examples that he uses to justify a place for sociology in the study of alcohol abuse are very well done and are really the high point of the article. The discussion is more anthropological than sociological, but it emphasizes how a culture or a group can prepare its members to drink either responsibly or irresponsibly. The four groups Bacon chooses include Orthodox Jews, Mormons, Wasps and a primitive South American society. In each discussion four basic questions are asked and the answers are gleaned from socio-cultural data and observations:

1. What is the social function of alcohol consumption?
2. From whom and under what conditions do members of this group learn to drink?
3. What are the reactions — if any — against excessive alcohol consumption?
4. How prevalent is alcoholism in this particular society?

Positive Aspects: This article, although inconclusive, is highly suggestive.

Implications: The approach to alcoholism should include the steps or learned behavior which leads to irresponsible drinking, and the identification and reinforcement of those norms or cultural traits that impede the excessive use of alcohol.

Bales, Robert F. 1946
"Cultural Differences in Rates of Alcoholism".
Quarterly Journal of Studies on Alcohol, Vol. 6:
480-499.

Description: Bales identifies three ways that culture and social organization influence rates of alcoholism: (1) By producing culture related stress (anxiety, guilt, conflict, suppressed aggression, sexual tensions); (2) By establishing attitudes towards alcohol consumption; (3) The degree to which the culture provides suitable substitute means of satisfaction. He states, "In

other words, there is reason to believe that if the inner tensions are sufficiently acute certain individuals will become compulsively habituated in spite of opposed social attitudes unless substitute ways of satisfaction are provided." (pg. 482). Later researchers have utilized this tautology to confuse, rather than clarify cross-cultural drinking patterns.

Bales sets up a classification system of cultural attitudes towards drinking: (1) Complete abstinence, (2) Ritual attitude (the beverage is regarded as sacred or important in ritual activity); (3) Convivial attitude (social focus on drinking); and (4) A utilitarian attitude (medicinal use, combined with personal satisfaction). The problem with these categories is that they are not mutually exclusive. An individual can drink to promote social solidarity and community identity (3), while involved in a healing ceremony (4) that is part of a religious ideology (2). Classifying cultures according to one of these categories is even more difficult, since it would be possible to find all four categories in specific social contexts. A large segment of the article utilizes information from Judaism to establish the link between ritualization of drinking and rates of alcoholism. The rest is devoted to setting up the four categories as a continuum of drinking attitudes, which Bales apparently assumes to reflect an increase in rates of alcoholism as one moves from number one to number four. Unfortunately, this assumption is not tested; it is simply supported by anecdote and examples from selected cultures, not from a significant sample of cultures. He also attempts to demonstrate his contention that low rates of alcoholism may be due to high rates of other types of drunk abuse. This contention needs to be tested, not simply supported, again, by examples.

Positive Aspects: This and other attempts, even when shown wanting, provide a basic theoretical framework for looking at alcohol use in various groups. This particular article acts as a source for a number of hypothesis that have yet to be tested.

Negative Aspects: The contentions are anecdotally supported; no rigorous testing of the hypothesis is carried out.

Banay, R. S. 1945
"Cultural Influences in Alcoholism". Journal of
Nervous Mental Disorders, 102:265-275.

Description: The author inadvertently presents some of the major stereotypes about drinking, drunken comportment, and alcoholism prevalent in the American culture in the guise of a "scholarly" paper. The references to culture are primarily reifications, based more on poetic license than theoretical expertise. He states, for example, "The psychological powers of the subtle, insidious, indirect and appealing character of traditions, customs, and social mores have, however, a much greater softening effect on the personality than poverty, wealth, unemployment, or general living conditions. They prepare the ground in cases of emotional crises for the excessive use of alcohol." (p. 265) There follows a medley of Shakespearean quotes, inappropriately used case studies, and psychoanalytical speculations aimed at supporting this original contention. Most of the speculations have not been born out by subsequent research. Some of the stereotypes persist, despite lack of evidence for their validity.

Positive Aspects: This article could be used to show how far ideas about alcohol and alcoholism have progressed in thirty years, and the formidable obstacles some of the studies have had to (and still have to) overcome.

Negative Aspects: Too many of the statements are tautological. Most of the cases or examples stereotype various groups (women, men, alcoholics, the mentally retarded, schizophrenics and others). An unacceptable number of statements show a strong ethnocentric bias.

Blacker, Edward 1966
"Sociocultural Factors in Alcoholism". *International Psychiatric Clinics*, Boston 3 (2): 51-80.

Description: Blacker is one of the few individuals who has focused on socio-cultural variables influencing alcoholism after the onset of the problems, as well as the variables, affecting the etiology of the disease up to its onset.

This work reviews selected information on the definition of alcoholism, patterns of drinking behavior, explanation of differing rates of alcoholism, and the influence of the socio-cultural context confronting the alcoholic. He strongly attacks the concept of anxiety reduction as the major function in drinking, and instead focuses on structural causes of drinking

(e.g. powerlessness, anomie, isolation of nuclear family, social disorganization), and on the satisfaction of dependency need.

Blacker states that high rates of alcoholism are found in cultures with an imbalance between their proscriptive and prescriptive norms about drinking and drunkenness. He recommends that "groups with high rates of alcoholism can reduce their rates through developing better balance in their proscriptive and prescriptive norms for drinking behavior." (p. 68) He then reviews a series of theories about alcoholism, stating that no correlation has been shown between a high frequency of drinking and high rate of alcoholism; that alcoholism and a high rate of drunkenness may not be related; that economic deprivation need not be causally related to alcoholism; and that cultural conflicts need not produce high rates of alcoholism. (p. 72-73)

Blacker categorizes four different forms of group reaction to alcoholism: casting out the deviant ("retrenchment"); attempts to change social norms throughout the culture ("regeneration"); individual determination of limits ("permissiveness"); and what he calls "rational-scientific innovation," an effort by "enlightened group participants to adapt new normative patterns to the pre-existing cultural system." (p. 741) The latter is seemingly similar to regeneration, but apparently carried out by social scientists rather than temperance workers..

Positive Aspects: Blacker touches on several areas not normally considered important by other researchers. He also presents extensive bibliographic materials and he summarizes some of the work in which socio-cultural variables have been used to produce positive changes in both clinical and community service settings serving alcoholics.

Negative Aspects: Even though there is a tendency for over simplification, it is an excellent review article to begin understanding the socio-cultural aspects of alcohol use and alcoholism.

Clark, Walter 1966
"Demographic Characteristics of Tavern Patrons in San Francisco." *Quarterly Journal of Studies on Alcohol*, 27:316-327.

Description: The purpose of this study is to focus on the entire population and seek the correlates of tavern patronage. Data were obtained

from the California Drinking Practices Study which "interviewed a sample of 1,268 persons representative of the resident, noninstitutional, adult population of San Francisco." The findings of this study include the following:

1. Most drinking does not take place in taverns, even among heavy drinkers.
2. There is a positive relationship between tavern patronage and amount of drinking.
3. Taverns draw patrons from all strata of society but proportionately there are more upper and middle class tavern patrons.
4. Fewer women than men are tavern patrons.
5. The young and the single are more frequent tavern patrons.

These findings add little that is new to what is already known about alcohol drinking patrons.

Positive Aspects: The article does, however, end up with a fairly good discussion of the social function of the tavern. "For the vast majority of the people, on most occasions, drinking embodies elements of ritual . . . The tavern or bar is one of the few establishments in an urban setting that provides space where friends can meet and socialize. Obviously the tavern has different functions for different social classes and different cultural groups."

Implications: Research along these lines for the Spanish-speaking community may prove to be very useful.

Field, Peter B. 1962
"A New Cross-Cultural Study of Drunkenness" in David J. Pittman and Charles R. Snyder, (eds.), *Society, Cultural, and Drinking Patterns*. New York: John Wiley and Sons, Inc.

Description: Field reassesses the work done earlier by Horton (1943), "The Functions of Alcohol in Primitive Societies." Horton suggested that levels of alcohol consumption (primarily drunkenness) were related to anxiety, especially anxiety about food resources, and anxiety in acculturation. Field shows that the degree of drunkenness in communal drinking bouts is related to informal rather than formal social organization and not to anxiety. Drunkenness then, is more of a function of the atomism of accultura-

tion than of the anxiety the atomism produces. He found the following social variables to be positively related with sobriety:

Following are some of the variables found to be positively correlated with relative sobriety in primitive tribes: (a) corporate kin groups with continuity over time, collective ownership of property, and unified action as a legal individual; (b) patri-local residence at marriage; (c) approach to a clan-community organization; (d) presence of a bride-price; (e) a village settlement pattern (rather than nomadism). It was suggested that societies with these features are likely to be well organized, to have a high degree of lineal social solidarity, and to have interpersonal relationships structured along hierarchical or respect lines. It was hypothesized that these factors in turn controlled extremely informal, friendly, and loosely structured behavior at drinking bouts. This interpretation was supported by the fact that the sober tribes were shown to control aggression severely in their children, while the drunken tribes are relatively indulgent with their children and permit disobedience and self-assertion. (p. 72)

Implications: The data identifies social variables that could act as predictors of levels of drunkenness in a society or a community. This should allow for the assessment of community problems in a rapid and inexpensive manner, given an instrument that measures those variables.

Heath, Dwight B. 1975
"A Critical Review of Ethnographic Studies of Alcohol Use," in R. J. Gibbons, et al, *Research Advances in Alcohol and Drug Problems* (Vol. 2). New York: John Wiley and Sons, Inc.

Description: Heath reviews the major theoretical and descriptive works in alcohol use and abuse from an anthropological (holistic, culture-focused, cross-cultural) perspective. The major categories covered include Prehistory and History, "Ethnic Groups" in western societies, Non-Western Literate Societies, Non-Literate Societies, and Cross-Cultural Studies. He also re-

views the contribution of anthropologists to alcohol therapy in the areas of social problems, aggression and criminality, anxiety, anomie and tension, and symbolism. He points out the special role that "functionalism" has played in developing cross-cultural studies about alcohol use and abuse. The article contains 485 cited references and an additional 222 references in a supplementary bibliography.

Positive Aspects: The article presents a concise review of an important segment of alcohol literature, providing a valuable resource document.

Negative Aspects: The article, reflecting a neglected area of anthropological effort, does not adequately deal with the applied concerns of treatment, prevention, or education in specific cultural contexts.

Heath, Dwight B. 1976
"Anthropological Perspectives on Alcohol" in Michael W. Everett, et al, (eds.), *Cross-Cultural Approaches to the Study of Alcohol*. The Hague: Mouton.

Description: Despite the suggested limitation in the title, the article contains a bibliography of over 650 articles representing numerous disciplines and perspectives within disciplines. Heath also presents a very brief historical review of the anthropological research and theory dealing with patterns of belief and behavior concerned with the use of alcoholic beverages.

Positive Aspects: Heath notes a number of highly relevant areas for future research in cross-cultural studies of drinking.

Negative Aspects: The article makes little mention of the applied education and treatment works relating to alcohol.

Horton, Donald 1943
"The Functions of Alcohol in Primitive Societies: A Cross-Cultural Study". *Quarterly Journal of Studies of Alcohol*, Vol. 4:199-320.

Description: This paper is the classical work in cross-cultural studies of alcohol use and drunkenness. Many of the subsequent studies of alcohol related behavior either build on the assumptions and findings of this project or are attempts to show where Horton was wrong. The methodology employed in the study was advanced for

the time and, with slight modifications, is still viable today. The article contains some 257 references, most of which contain information on drinking patterns in various cultures. Horton concludes that high levels of drunkenness can be linked to (caused by) problems and/or the pressures of acculturation.

Positive Aspects: Horton establishes the basis for a cross-cultural approach to alcohol far more lucidly and far more extensively than most subsequent researchers. Many of his assumptions could be reassessed in the light of more recent research to produce useful new hypotheses about drunkenness.

Negative Aspects: Horton's major thesis, anxiety produced drunkenness, has been successfully challenged by current research findings.

Implications: Only after looking at drinking patterns and behavior across all cultures are we likely to produce consistent theories about alcohol use and abuse.

Katton, Likia, et al 1973b
"Evaluación de los Resultados del Tratamiento del Alcoholismo en la Mujer: Indicadores de Valor Pronóstico". *Acta Psiquiátrica y Psicología de América Latina*, 19:265-279.

Description: Este artículo es uno más de la serie que compara las características línicas, socioculturales, y terapéuticas entre el sexo femenino y masculino. En la primera parte del artículo se comparan 49 hombres con 50 mujeres que fueron seguidos por un periodo de dos años para evaluar el resultado de su tratamiento. Los resultados se analizaron usando estos dos métodos-

1. Tabla de vida donde se puede calcular la probabilidad de recaída por periodos mensuales.
2. Comparando los días que paciente bebió cada año por los dos años que recibió tratamiento, con los días que bebió el año antes de iniciar tratamiento.

La segunda parte del artículo extendió la muestra a incluir otro grupo de alcohólicos previamente estudiados. Esta muestra incluye 229 hombres y 70 mujeres. Los resultados siguen:

1. El sexo femenino aparece como elemento fundamental de buen pronóstico.
2. El alcoholismo intermitente es de pronóstico mucho más favorable que el inverteado.

Los antecedentes psicopatológicos aparecen como elementos del mal pronóstico en cuanto a los resultados del tratamiento.

- 4 La neuroses y depresión revelaron buen pronóstico, y las personalidades psicopáticas y la debilidad mental revelaron mal pronóstico.

En la medida en que se usen adecuadamente los recursos terapéuticos conocidos, los resultados del tratamiento son mejores, especialmente la psicoterapia de grupo.

Positive Aspects: Este estudio, aunque no obtiene un gran número de resultados originales, y no obtiene un gran número de análisis estadísticamente significativos, es un ejemplo valioso de verificar previas investigaciones con el grupo cultural con el que se está trabajando.

Implications: Es necesario reevaluar el efecto del tratamiento en la mujer alcohólica que pertenece a grupo de habla Español en este país. (EE.UU.)

Knupfer, Genevieve and Robin Room 1964
"Age, Sex, and Social Class as Factor in Amount of Drinking in a Metropolitan Community." Social Problems, Vol. 12:224-240.

Description: The basic intent of this study seems original and worthwhile: to determine the amount and frequency of drinking among an adult, urban population. The study itself deals with alcohol consumption and drinking patterns, and in no way tries to deal or explain the pathologies of alcohol abuse. The methodology is sound and tends towards an epidemiological survey of alcohol consumption. The problem with this type of study is that while they are good for gathering "hard" quantitative data, they shed little light into the subtleties that go into the establishment and maintenance of drinking behavior. This particular study deals with the influence of age, sex, and social class on the consumption of alcohol, and true to its author's own admittance, adds nothing new to what we know about the effect these variables have on drinking. Generally the findings are as follows:

1. Drinking varies directly and substantially with age, sex, and socio-economic class. (Young people, men, and middle class people are more likely to drink and to drink more.)

- 2 Proportion of women who do not drink increases the SES.
- 3 Light drinking varies with age and sex, i.e. older women are almost always light drinkers; young men are rarely light drinkers.

Negative Aspects: It would seem that a research endeavor of this type, having a tight methodological approach, would be more imaginative in its analysis and produce something else besides further evidence for what is already generally known.

Lemert, Edwin M. 1956
"Alcoholism and the Sociocultural Situation Quarterly Journal of Studies on Alcohol Vol.17:306-317.

Description: Lemert clearly demonstrates that sociocultural variables affect the etiology of alcoholism by demonstrating the variations in rates of alcoholism between sexes, and between various ethnic groups. He explains these variations in terms of social structure and culture. He postulates that "anyone, if he drinks enough over a long enough period of time in our culture can become an alcoholic" (p. 308, emphasis in original). He reviews the concept that "culture impinges" upon individuals to create a modal personality structure which, depending on the emphasis of the culture, is conducive or not conducive to "inebriation," (p. 309) and finds it unable to explain the total range of alcoholic behavior. The same is true of the anomie oriented theories. Lemert does support the anthropological viewpoint that "the use of alcohol can only be understood in the light of the total configuration of unique cultures." (p.311)

Positive Aspects: This is an excellent review and critique of the major theoretical orientations to the sociocultural variables pertaining to alcohol and alcoholism.

Implications: Lemert strongly reiterates the point that inebriation does not need to be considered an expression of deprivation or social disorganization in all cultures.

MacAndrew, Craig and Robert B. Edgerton 1969
Drunken Comportment: A Social Explanation. Chicago: Aldine Publishing Co.

Description: The authors present a wide variety of information on drinking behavior and behavior while drunk to support their contention that drunken comportment is learned, situational and bound by limits beyond which the drunken individual will not go. The data, taken from a large sample of both western and non-western cultures, is used to attack the proposition that alcohol by virtue of its toxic assault upon "the higher brain centers" renders the drinker temporarily immune to those internalized constraints ("inhibitors") that normally serve to keep his comportment in proper bounds." (pg. 63) Instead, the authors propose that drunken comportment tends to act as a cultural "time-out" function, allowing drunken individuals to behave differently from when sober, but that a "within limits" clause is always in operation that socially defines the targets, the behavior, and the timing of drunken comportment in each culture. Certain individuals, objects, or behaviors are out of bounds and not affected by or during drunken comportment. First, they show that alcohol, even drunkenness, does not act to universally release inhibitions in all cultures. Some groups get roaring drunk but never roar. Then they demonstrate the "within limits" clause operating in a variety of cultures. They conclude, "Rather than viewing drunken comportment as a function of toxically inhibited brains operating in impulse driven bodies, we have recommended that what is fundamentally at issue are the learned reactions of men living together in a society." (pg. 165) They conclude that even if the toxic action of alcohol does "disinhibit" higher brain functions, the expression of those disinhibitions are subject to social channeling and even outright veto.

Positive Aspects: The book directly attacks and destroys currently prevalent drunken comportment myths about native Americans, and indirectly destroys stereotypes about drunken comportment in Hispanic based cultures. It clearly shows the dangers of relying on "common knowledge" about drunkenness.

Negative Aspects: The approach is primarily descriptive and anecdotal and would be strengthened by a more controlled cross-cultural comparison, including a more rigorous quantification of various drinking practices.

Mandelbaum, David G. 1965

"Alcohol and Culture", *Current Anthropology*, Vol. 6:281-293.

Description: Mandelbaum finds two questions useful in looking at the effects of alcohol on society. First, "it is useful to ask what the form and meanings of drink in a particular group tell us about their entire culture and society . . . The same question can be asked about the drinking patterns of the individual. Given the cultural definitions for drinking in his society, what does his characteristic drinking behavior tell us about his personality." (p. 281) He provides examples that contrast the use of alcohol in various societies in terms of prohibition vs inhibition, sacred vs secular use, emotional results of drinking, and the contrasting social contexts for drinking. He also explores the symbolic functions of drinking.

One unique feature of this article is Mandelbaum's attempt to describe similarities in drinking practices in various cultures. He states that these regularities include "that drinking is usually considered more suitable for men than women. It is commonly a social rather than solitary activity but is done much more in the society of age mates and peers than with elders or in the family circle . . . Drinking is more often considered appropriate for those who grapple with the external environment than for those whose task is to carry on and maintain a society's internal activities . . . In general, worriers and shamans are more likely to use alcohol than judges and priests . . . When the fate of many hinges on the activities of a single person, that person is usually not permitted to drink before performing the critical activity . . . Yet another ban that appears in various cultures is imposed when it is considered dangerous to heighten the emotions of large numbers of people who gather at the same occasion (the reverse is also true)." (p. 283).

Mandelbaum states that the drinking moves of people change as their whole culture changes. He gives examples to support this hypothesis, especially from Indian (S.W. Asia), Mesopotamian, Egyptian, and biblical sources. He concludes from this and from a culture and personality analysis of South American drinking patterns that "drinking behavior is best understood as an outcome of fundamental social relations and that the nature of these relations must be known before the meaning of drinking, to the group and to the individual, can be recognized and any alcoholic debilitation efficiently treated." (p286)

He concludes with a brief review of the literature on cross-cultural studies of alcohol use and abuse. One point emphasized by that review is that alcohol does not always play an anxiety reducing role (as suggested by Horton 1943), but that more extensive drinking does occur in groups in which there is an absence of corporate kin groups with stability, permanence, formal structure, and well defined functions. (as shown by Field 1962)

Implications: The cultural patterns of drinking must be identified for Spanish-speaking minority groups to facilitate successful therapy.

McClelland, David C., William Davis, and Eric Wanner 1966
"A Cross-Cultural Study of Folk-Tale Content and Drinking". *Sociometry*, Vol. 29:308-333.

Description: McClelland, et al, studied the content of folk-tales from 44 cultures to find correlations between alcohol consumption and a variety of cultural variables. All of the cultures studied were selected to maximize independence of cases and to be representative of all of the culture areas of the world. The article presents a clear description of methodology which would allow the technique to be used for cultures not represented in the sample. The authors reject Horton's hypothesis that alcohol consumption levels in societies are associated with fear and anxiety about food and being hungry. The results show a correlation between drinking and hunting themes, but not gathering or traveling themes. It supports the idea that "sober societies tend to think more in terms of hierarchy (title, vertical space, and age) and social control (scheduling and activity inhibition." (p. 321) They tend to reject the dependency hypothesis about drinking (see Bacon, Berry and Child 1965); although some of the inferences are mixed. The evidence did strongly suggest that "socially less organized societies generally drink more" (p. 327) than do ones that are hierarchically organized beyond the extended family unit. The authors go on to suggest that heavy drinking may be a function of society not providing individuals with solid social support. "Societies which do not provide a man with this solid support apparently often put him in a conflict situation in which he wants or is expected to be assertive and yet must be obedient." (p. 333)

Positive Aspects: The method should be valuable for assessing drinking in societies where other types of data are not available.

Negative Aspects: The article does not name the groups actually included in the sample.

Implications: This article suggests that higher rates of drinking might occur in Spanish-speaking, Spanish surnamed communities where individuals were placed in the conflict situation described above. This would indicate that higher drinking rates would be the product of structural problems (discrimination combined with assimilation pressures) as much, or more than, cultural variables within the community that are associated with drinking.

Miller, William R. and Ricardo F. Munoz 1976
How to Control Your Drinking. Englewood Cliffs, N. J.: Prentice-Hall.

Description: This book assumes that not all people need to quit drinking to avoid destructive drinking; education to social drinking is possible. The authors then provide the background information and a process for achieving this state.

Positive Aspects: This is one of the few works that presents an alternative to abstinence and/or the Alcoholics Anonymous approach to alcohol abusers.

Negative Aspects: The book appears to assume a uniform pattern of drinking behavior, free from structural or social pressures, based on the patterns found in the dominant United States culture (primarily middle class WASP).

Moore, William H. 1975
Poverty Alcoholism Programs: Issues of Identity and Survival in Proceedings from the Fourth Annual Alcoholism Conference of the National Institute on Alcohol Abuse and Alcoholism. DHEW Publication No. (ADM) 76-284, Washington, D.C.: U.S. Government Printing Office.

Description: Moore describes a format or system for the generation and continuation (survival) of poverty alcoholism programs. This brief summary touches on the problems of co-opting health professionals, hiring low income people for the staff and then protecting them from intimidation by the "professionals", and securing

support from local service agencies.

Positive Aspects: This is a straightforward statement of both the problems faced by poverty alcoholism programs and the responsibilities their staff must meet to allow them to survive.

Negative Aspects: The report should be expanded to give more details and insights.

Implications: Community alcoholism programs must be owned by the community and must meet the specific needs of that community.

Mulford, Harold A. and Donald E. Miller 1959 "Drinking In Iowa", *Quarterly Journal of Studies on Alcohol*, Vol. 20:704-726.

Description: This article presents a methodological model for sampling, evaluation, and interpretation of the socio-cultural distribution of drinkers in a community. With suitable modifications in the independent and dependent variables with respect to Spanish-speaking, Spanish surnames communities, the methodology employed would be valuable for community research and needs assessments for treatment facilities.

Pittman, David J. 1959 *Alcoholism: An Interdisciplinary Approach*. Springfield, Ill.: Charles C. Thomas.

Description: The book presents a brief survey of the etiology of alcoholism from psychiatric, psychological perspectives. It also contains a brief overview of the physiology of alcohol metabolism and alcoholism, and a presentation of the need for and problems of an inter-disciplinary approach to alcoholism. There are five articles and five summaries of discussion groups at the conference that produced the work. The authors tend to emphasize social science approaches to the study and control of alcoholism.

Positive Aspects: Although somewhat outdated, the book presents several contentions worth repeating.

1. The appearance and course of a mental health phenomenon is partly a function of the nature of the phenomenon and partly a function of the nature of the community.
2. Community services practices entail the intervention of science agencies

into the on-going processes of a community in an attempt to prevent destructive phenomena (disease) and stimulate constructive phenomena (health).

3. Effective intervention requires a knowledge of both the phenomena and the community involved, and especially the nature of forces affecting community response to agency intervention. (Pittman 1459-ix-x).

Negative Aspects: The book does not achieve its goal of interdisciplinary approach to alcoholism, since it is primarily a presentation of various perspectives with no synthesis resulting from the interaction.

Pittman, David J. and Charles R. Snyder 1962 *Society, Culture, and Drinking Patterns*. New York: John Wiley and Sons.

Description: This book, containing 35 separate articles, represents a major resource book on the socio-cultural parameters of alcohol use and abuse. Most of the major variables utilized in social science research (e.g. class and status, religion, ethnicity, age, sex, peer groups, and institutions) have been assessed in at least an exploratory fashion in the book. Most of the articles raise more questions than answers, but are nevertheless valuable resources. The book also explores the etiology and patterning of alcoholism and analyzes the major therapeutic options available at the time the book was written, primarily Alcoholics Anonymous.

Popham, Robert E. 1959 "Some Social and Cultural Aspects of Alcoholism". *Canadian Journal of Psychiatry*, Vol. 4: 222-229.

Description: Popham states the most frequent criticism of alcohol therapists towards group-oriented, culture-based studies of alcohol and alcoholism. These studies may not provide practical information about dealing with specific alcoholics. He counters with the statement that, "when attention is shifted from particular alcoholics to the nature of alcoholism in general, and from the immediate problem of giving service to the long range goal of prevention, the relevance of social and cultural factors soon becomes evident." (p.222) He notes that defining alcohol-

lism is difficult, since there do not seem to be any clusters of personality traits, adult or childhood experiences, or other psychological parameters that distinguish alcoholics from other psychiatric populations. He then shows that the drinking history — drinking patterns of alcoholics (symptoms that have been confused with being etiologies) — are different in different cultures. Popham then identifies the socio-cultural conditions which appear to have an effect on the rule of alcoholism in a society. They are: (1) the percentage of urban vs rural population; (2) degree of acceptance of beverage alcohol; (3) sexual differences. He then presents the Vulnerability-Acceptance hypothesis, first proposed by Jellinek, which supposes that rates of alcoholism are related to the interaction of the permissive or prescriptive values of a society concerning drunkenness with vulnerability of individuals to psychiatric disorders which correlate strongly with alcohol abuse.

Positive Aspects: Popham identifies some of the common social variables associated with varying rates of alcohol in populations.

Negative Aspects: Jellinek's Vulnerability-Acceptance hypothesis is merely presented, not supported by research data from either sociological or anthropological sources.

Riley, John W. Jr. 1946
"Sociological Factors in the Alcohol Problem".
Scientific Temperance Journal, Vo. 54:67-74.

Description: The author tries to define alcohol as a social problem, and looks at its consequences from the point of view of social disorganization. In other words, alcoholism is social in its consequences; it is socially disturbing to the alcoholic and to the community; and it can usually be found in those areas and among those populations that exhibit a high degree of disorganization. The cultural factors of alcohol consumption are treated in two ways: the social institution of drinking and the social factors of drinking. The former deals with mores and folkways (e.g. celebrations, marriages, funerals, religion); and the latter deals with pressures (e.g. peer pressures, advertisement, conformity, escape). American culture contributes to drinking problems because it is a high tension culture; it is a commercial culture; and it is confused about alcoholism.

Positive Aspects: This article has a good description of the social function and consequence of alcohol. It also points out those environmental factors in American society which, combined with high tension factors, produce a high propensity for alcohol abuse.

Rodriguez, Santiago J. 1975
The Unseen Dilemma of Alcoholism in Proceedings of the Fourth Annual Alcoholism Conference of the National Institute of Alcohol Abuse and Alcoholism. Department of H.E.W. Publication No. (ADM) 76-284. Washington, D.C.: U.S. Government Printing Office.

Description: The author presents concepts abstracted from behavior and personality theories and useful in dealing with alcohol related problems. He states that the focus of alcohol therapy should be on dependency rather than the alcoholic as a specific problem. The goal of therapy is the reduction of "excessive dependency." "The role of the intervener should be to enhance the independence of the abuser to get him moving in the direction of becoming independent." (p. 304) The treatment must include the cooperation and involvement of "significant others." Then the treatment must move in the direction of increased independence for the client and decreased intervention by the therapist.

Positive Aspects: Rodriguez has formulated a field tested workable therapy for Spanish speaking alcoholics.

Negative Aspects: Greater detail would be very helpful. This presentation should be expanded into a lengthy work.

Implications: Treatment should involve more than the alcoholic and should be aimed at the problem, not at the patient.

Room, Robin 1968
"Cultural Contingencies of Alcoholism: Variations Between and Within Nineteenth-Century Urban Ethnic Groups in Alcohol Related Death Rates". Journal of Health and Social Behavior, Vol. 9:99-113.

Description: Room uses vital statistics from the 1890 U.S. Census to compare adult rates of death from alcohol related causes. Ethnic groups (American, English/Welsh, Irish, Jewish, Italian, and Scandinavian) are compared by sex with information available on marital status and sex ratios of the populations. The article demonstrates a consistency for ordering of various ethnic groups by rates in different locations, and the comparative rates of males and females within populations. Spanish-surnamed, Spanish-speaking populations are not treated.

Implications: The current structure of the U.S. Census would make it difficult to collect and analyze the data Room presents from 1890. Yet, this data would provide valuable baseline data on alcohol related death rates for all of the American ethnic populations. This problem should be corrected.

Roueche, Barton 1966
"Cultural Factors and Drinking Patterns". *Annals New York Academy of Sciences*, Vol. 133: 846-855.

Description: The article discusses neither cultural factors nor drinking patterns. It is simply an abbreviated history of distilled spirits. Primarily in Europe and the United States.

Shaloo, J. P. 1941
"Some Cultural Factors in Etiology of Alcoholism". *Quarterly Journal of Studies on Alcohol*, Vol. 2:464-478.

Description: Shaloo asks the key question, "When should a person be considered an alcoholic, especially from a social and cultural point of view?" He then reviews some of the more prevalent views about alcohol use and alcoholism present in the American society. This is a good article for putting social research and understanding of alcoholism in historical perspective, but is both methodologically and substantively prone to the errors and exaggerations of its day.

Positive Aspects: It clearly presents the need to take both social and cultural conditions into account in any and all therapy procedures.

Negative Aspects: The article is descriptive, but uses inappropriate techniques for making cross-cultural comparisons.

Skolnick, Jerome H. 1958
"Religious Affiliation and Drinking Behavior"
Quarterly Journal of Studies on Alcohol, Vol. 19:452-470.

Description: This study deals with the role religious beliefs play in influencing individual drinking patterns and behaviors among white male college students. The study focuses primarily on three religious groups, each with a different socialization approach, and religious stand on alcohol consumption; the Methodists (Temperance); Episcopalians (liberal) and Jews (ritual). Also, included in this study is a group of students with non-religious affiliation, but with a known temperance background

The study ultimately verifies the hypothesis that religious ideas do influence drinking behavior more than other factors such as regional background and social class. These religious ideas come out in such areas as childhood use of alcohol, places where these students began drinking, whether parents know the students' drinking habits

It was also hypothesized that religion would influence the degree of guilt or anxiety provoked on the problem drinker. In other words, the more religious heavy drinkers would have more difficulties because of their problem drinking. However, it appears that "frequent religious participation is associated with a lower rather than a higher magnitude of drinking difficulties."

Positive Aspects: This article again demonstrates the importance of integration into a meaningful group as a positive factor in the prevention of alcohol abuse.

Negative Aspects: The article is too long and too complicated for its findings.

Implications: A similar or more refined approach could concentrate on family types and their influence on drinking behavior.

Spradley, James P. 1970
You Owe Yourself a Drunk: An Ethnography of Urban Nomads. Boston: Little, Brown and Company.

Description: This book presents a unique view of the people often called skid row bums or revolving door drunks. Spradley utilizes a research

technique, called ethnomethodology or cognitive anthropology, to elicit an "insiders point of view" of the culture of these urban nomads. In the process, he shows the different realities that the nomads live in, apart from the realities of the judges, social workers, alcoholism counselors, police, and others with whom they come in contact.

Positive Aspects: Spradley presents a research methodology that has been neglected in alcohol research, but is obviously a valuable tool.

Negative Aspects: The book, researched primarily in Seattle, does not specifically state whether this culture of Urban Nomads contains people from various ethnic groups who have come to share the same life style, or whether his data is appropriate only for the Anglos on skid row.

Implications: Therapy for this group will have to be developed to cope with the norms and reality perceived by these men, not by their counselors or social workers or judges.

Valles, Dr. Jorge 1973
Alcoholismo. Mexico, D.F.: B. Costa-Amic (ed.)

Description: The main thesis of this book, developed by years of experience in dealing with alcoholism, is that basically alcoholism is an addictive medical problem. The author states that personality and maladaptive problems as well as social pressures play only a minor role in alcoholism. In other words, the author maintains that alcoholics are no more mentally abnormal nor subjected to social pressures than the general population. The only difference is that alcoholics are addicted to alcohol. Social and psychological problems come as a consequence of heavy drinking. Therefore, in order to rehabilitate an alcoholic, he must be given the tools necessary to stop drinking. Peace and tranquility will return to the family to the degree that the alcoholic and his spouse were able to get along well before the illness.

Positive Aspects: Very appropriate book. It represents a different view of alcoholism, and more controversial therapeutic procedure. It may make the reader stop and reevaluate some of the pat answers and popular theories about al-

cohol abuse and alcoholism. This book is intended for the general public, but it could be worthwhile reading for the professional as well.

Negative Aspects: As the author admits, in part the theory appears too simple to have any validity. It would have been to the author's advantage to include more data to back up his theory.

Implications: The implications of this book are indeed the most radical — a complete reevaluation of the field of alcoholism.

LATIN AMERICAN ARTICLES

Aguilar, German Z. 1964
"Suspension of Control: A Socio-Cultural Study on Specific Drinking Habits and Their Psychiatric Consequences". *Journal of Existentialism*, Vol. 4:245-252.

Description: Aguilar sets up a typology of drunken behavior which includes dionysiac (encourages and stimulates the enjoyment of social life) and an opposite type, stuporous drunkenness, which is "drunkenness for its own sake." (p. 245) He views drunkenness for its own sake as "masked suicides" produced by dissatisfaction within oneself, spiritual discomfort. He states that a psycho-physiological mechanism called "suspension of alcohol" exists. It is not to be confused with a "loss of control" mechanism found in alcoholics after the first drink. This "suspension of control" occurring over a series of days and completed with "the protest syndrome" which ends such "consecutive dump crises," (p. 247), eventually conditions the patient to meta-alcoholic psychoses. He notes the change in Chile from traditional to Urban-Industrial drinking patterns. He states that these changes have accompanied "industrialization, farm mechanization, and the progressive spirit proper to such changes. . . (in which environment). . . the alcoholic habits of other environments in full technical evolution have been adopted.:" (p. 247) He attempts to show the etiology of drinking which leads to the high level of psychotic complications in the population. Aguilar sees "suspension of control for consecutive days as a traditional type of drinking behavior peculiar to our environment." (p. 248) Coupled with the conflict between "the tradi-

tional-and-the-modern and the alcoholic habits proper to each" (p. 280) the "suspension of control mechanism and the resulting self punishment produced by the protest syndrome produce a high level of psychosis in this population." He cautions that the "suspension of control for consecutive dump is not a terminal phase of evolution towards alcoholism, but rather, is proper autochthonous habits of the natives of Chile, Bolivia, and Peru." (p. 250)

Positive Aspects: The article produces a hypothesis of both drunken comportment and the development of alcohol related psychosis that can and should be treated further.

Negative Aspects: Aguilar somewhat indiscriminately mixes the concepts of alcoholism, alcohol abuse, and drunken comportment. Some of the behavior he places on a continuum of evolution towards alcoholism occurs in many individuals, without the inevitable development of alcoholism.

Implications: His correlations of the pressures of modernization, traditional drinking patterns, and newly acquired drinking patterns need to be explored in Spanish-speaking, Spanish-surnamed populations in the U.S.

Anonymous 1954
"El Alcohol y el Indio (Alcohol and the Indian)". *American Indigena*, Vol. 14:283-288.

Description: This editorial has the right suggestions but for the wrong reasons. The author believes that Indians should not be sold alcohol because, literally, they cannot hold their liquor. He believes that alcohol is bad for the Indians because of its effect – whatever that is. His suggestions call for alternative entertainment for the Indians, and he suggests a revival of folkloric traditions (drama, dances, etc.), the distribution of reading material for the Indians, and a restriction on the production of sugar cane alcohol.

Positive Aspects: The suggestions for the preservation of Indian culture and for an increase of Indian literacy are valid.

Negative Aspects: The article represents a rather paternalistic point of view. It shows concern that Indians are not capable of caring for themselves, so someone must care for them.

Araujo, Rafael Lorenzo 1955
"Consideraciones Estadísticas Sobre el Consumo de Bebidas Alcohólicas por la Población de Venezuela" (Statistical Considerations on the Consumption of Alcoholic Beverages by the Population of Venezuela). *Revista de Sanidad y Asistencia Social*, Vol. 20:39-55.

Description: This is a rather alarmist article. The main purpose is to arouse some consciousness as to the consequences of alcoholic intoxication on the individual, the family, and the nation. The author cites the increase of the sale of alcoholic beverages, fermented and distilled, in Venezuela from 1945 to 1952 as proof of the increasing problem and the impending danger to the nation. His conclusion is that more alcoholic beverages are being sold; therefore, people must be drinking more. Despite its alarmist overtones, this is not a prohibitionist article. The author admits that people can drink responsibly, but warns against irresponsible drinking which leads to a drain on the economy, law enforcement problems, unemployment and divorce. The solutions proposed are two: (a) rehabilitation for the alcoholic, and (b) modification of those conditions that lead to the excessive use of alcoholic beverages.

Positive Aspects: It shows that concern for the problems caused by alcohol abuse can take any direction.

Negative Aspects: It is also a good example of how statistics can be misinterpreted, perhaps unintentionally, to try and bring about some emotional responses.

Blom, Frans 1956
"On Slotkins 'Fermented Drinks in Mexico'" *American Anthropologist*. Vol. 58:185-186.

Description: Blom provides additional support for the idea that preconquest groups in Mexico know and utilized the art of fermentation. He states, "There would have been no need for the Aztecs to have 400 Gods of drunkenness if they had nothing to get drunk on." (p. 185). From quotes by various Spanish missionary sources he concludes that the Maya knew of fermentation before the Spanish arrived.

Negative Aspects: A number of his statements, such as the 400 Gods of drunkenness of the Az-

tecs are presented without adequate documentation.

Brumen, Henry John 1940
Aborinugal Drink Areas in New Spain, (Ph. D Dissertation): University of California.

Description: Bruman shows that North America, New Spain in particular, can be divided into areas according to the existence of alcoholic beverages available before the conquest. These regions are: (1) The Northwest Cactus Region (wines from sahuaro and pitahaya fruits), (2) The Tesquino Region (beer from sprouted maize), (3) The Tuna-Mesquite Region (wines from tuna of the nopal cadus), (4) The Pulque Region (fermented sap from pulque aqaves), (5) The Mescal-Jocote Region (mescal and a wine from jocote), and (6) The Non-Alcoholic Region in the North. He also shows that cornstalk wine was widely used in pre-Columbian times. Distilled spirits, however, were a European and Fillipino (in the Navarit and Jalisco areas) introduction into the New World. There is also an appendix which shows the role of certain auxiliary herbs used in native wines.

Positive Aspects: This information provides some base line data for looking at past and present alcohol consumption preferences. It also counteracts the myth that Native Americans did not drink.

Negative Aspects: The social context of drinking (behavior, attitudes, frequency, etc.) are not dealt with in any significant manner.

Implications: Too little research has been done on the contributions of Native American values about drinking, drunkenness, and alcoholism to Spanish-speaking groups, perhaps due to the myth that no Indian groups had alcoholic beverages prior to European contact.

Bunzel, Ruth 1940
"The Role of Alcoholism in Two Central American Cultures". *Psychiatry*, Vol. 3:361-387.

Description: This is one of the classic articles on the cross-cultural analysis of alcohol use. Many of the assumptions and perceptions presented in this article are reiterated, sometimes without sufficient analytical rigor, in later articles. Bunzel provides a short synopsis of Aztec drinking

behavior, while establishing the need to understand the historical and socio-cultural parameters of drinking. She describes the drinking practices found in Chichicastenago, Guatemala and Chamula, Mexico. She strongly and successfully attacks the idea of alcohol as a super-ego solvent, since people in both villages drink heavily and "under prescribed conditions (alcohol) has no apparent emotional effects. It does not noticeably impair mental functioning or banish inhibitions." (p. 384) Yet, in many ways drunken comportment in the two towns are very different. Bunzel notes that these communities are not particularly poor, oppressed, uprooted, or under tremendous acculturation pressures, so high levels of inebriation cannot be due to those causes. She concludes that alcohol use and alcoholism are manifested differently due to differences in the total cultural milieu of the two groups.

Negative Aspects: As is common in articles of this period, Bunzel frequently confuses and interchangeably uses the ideas of drunkenness and alcoholism.

Cabildo Arellano, Hector M., et al 1969
"Encuesta Sobre Habitros de Ingestion de Bebidas Alcoholicas". *Salud Publica de Mexico*, XI 759-769.

Description: This epidemiological survey represents the first phase, an experimental phase, aimed at gathering data on alcohol consumption in general, and more specifically, on problem drinkers (alcoholics and excessive drinkers) in a sector of Mexico City. The study consists of 550 questionnaires applied to persons of both sexes over fifteen years of age. While the report is purely descriptive and no attempt is made at analysis, conclusions, or suggestions, it is nonetheless important for its tight methodological approach and because there are very few surveys of this type that deal exclusively with a Spanish-speaking community. The authors clearly point out that alcohol is a way of life in society, and that total abstinence amounts to abnormal behavior. Generally, the findings are as follows:

- 1 18.7% of the population can be considered alcohol abusers (alcoholics and excessive drinkers) and only 2.7% are total abstainers.
2. Alcohol abuse increases the lower the socioeconomic status regardless

of which SES index is used — education, occupation, housing, etc.

3. Men tend to drink more than women and an increase in age also brings an increase in alcohol abuse.
4. Drinking is usually initiated in association with friends or relatives and in family celebrations.

There is also some information on reasons for drinking, types of beverages consumed, and attitudes towards drinking.

Positive Aspects: In general the article is a good article because it goes beyond subjective impressions and personal observations.

Negative Aspects: The presentation of these findings is purely descriptive and could stand more structure and analysis.

Implications: This type surely would provide sound base line data on Mexican Americans for both research and therapeutic purposes.

Cabildo Arellano, Hector M. 1972
"Panorama Epidemiologico del Alcholoismo en Mexico."

Description: A very concise yet interesting and revealing article concerning the epidemiology of alcoholism in Mexico. The discussion of epidemiology is limited largely to Mexico City, since this seems to be the only place where reliable epidemiological surveys have taken place. These epidemiological findings can be summarized as follows:

1. Rate of alcoholism per 1000 persons fifteen years of age and older: 12.3.
2. Ratio of female to male alcoholics: 1:20.
3. Same ratio in Mexico City: 1:5.
4. Most alcoholics are over the age of 21.
5. There is an inverse correlation between education and alcoholism.
6. Therefore, there are greater rates of alcoholism among the poorer classes.

Alcoholism represents a burden to the economy in absenteeism, lack of productivity and in law enforcement and anti-social behavior. However, as the author so realistically points out, social conditions are such that an individual's birth, baptism, wedding, maturity, successes, and failures are always generously sprinkled with alcohol. Add to this availability peer pressure, abject poverty, frustrations, weak personalities,

and commercial advertisement; and we have social conditions that promote the excessive use of alcohol.

Positive Aspects: After examining the scope of drinking problems, the authors do not hesitate to look at those societal factors that may lead to alcohol abuse.

Implications: This epidemiological approach could be useful in researching the Spanish-speaking communities in this country.

de Alba, Martinez 1926
"The Maguey and Pulque". Mexican Folkways, 4:12-15

Description: A short and concise story on the maguey — the growing and cultivation of the plant; and the process of extracting "agua miel" and turning it into pulque. The article is interesting, although somewhat superficial. There is little on the history of this process and there is nothing on the social and economic functions of the maguey and its products. The discussion of the processing shops could have been more detailed and the so-called superstitions could be called and discussed as traditions. In general, the article says very little.

Doughty, Paul L. 1971
"The Social Uses of Alcoholic Beverages in a Peruvian Community". Human Organization, 30:187-197.

Description: A very well done and a very realistic description of drinking patterns in an Andean region. The main contribution of the article is in the detailed description of the use of alcohol as an integral part of all social activities from fiestas to communal work projects. The study of this ritual drinking pattern sheds light onto the overall organization and productive pattern of this community. In other words, the implication seems to be that there is little entertainment besides drinking; and that drinking has become such an integral part of social interactions that it may interfere with productive enterprise.

Negative Aspects: Just as the article is rich in description and vivid detail, it is very weak analysis and conclusions. The author does not give enough emphasis to the dysfunctional aspects of alcohol drinking such as inability to perform a

days work, an economic drain on the community and its families; and the use of alcohol to exploit indigenous populations. The article is interesting and gives good descriptive information but little if any conclusions or suggestions are offered.

Implications: See article description above.

Guevara, Dario 1961
"Comida y Bebidas Ecuatorianas" *Folklore Americano*, 9:217-284.

Description: From the field of folklore comes the recognition of the social importance of food and drink which often go together with survival, social interaction, offering, and in some cases become one of the most concrete and stable symbols of national or cultural loyalty and identity. Food and drink can also be used as indices of socio-economic levels, popular costumes, and possible economic enterprise. The same dish may look different or assume different importance depending on the economic level and purpose of those preparing it. In any event the article catalogues and describes foods and beverages used in Ecuador, including annotations on whether they are worthy rural or urban foods, or whether they are most used by the more affluent or less affluent populations. The beverages and foods are not only described in themselves, but the author often includes verses from songs, poetry, toasts to underline and cross-reference their importance to the general population.

Implications: In terms of application, an extensive and cross-listed glossary of this type for the United States, including a categorization of the different feasts and reunions where food and beverages are served, would most certainly pinpoint those customs and reunions most conducive to the abuse of alcohol; and those where more moderate or rational drinking behavior could be learned.

Heath, Dwight B. 1958
"Drinking Patterns of the Bolivian Camba"
Quarterly Journal of Studies On Alcohol, Vol 19:491-508.

Description: Heath presents a detailed summary of the drinking patterns of the Camba, a Mestizo community in Bolivia. After briefly describing

the historical and cultural context of the Camba he summarizes and illustrates the role of alcohol in the community, the beverage they drink (approximately 89% alcohol), occasions for drinking, the drinking ritual and behavior and attitudes associated with drinking. The report is especially valuable for the description of drunken comportment among the Camba. "For instance, among the Camba, drinking does not lead to expressions of aggression in verbal or physical form . . . Neither is there a heightening of sexual activity; obscene joking and sexual overtures are rarely associated with drinking. Even when drunk, the Camba are not given to maudlin sentimentality, clowning, boasting, or baring of souls." (p. 501) Nor do the Camba appear to get hangovers or throw up while drinking. All of this evidence suggests a need for reassessment of current theories of drunken comportment and the psychophysiological effects of alcohol.

Positive Aspects: This is an excellent description of one group's drinking patterns which could be used as a model for other groups.

Implications: The basic assumptions about drunken comportment need to be reassessed.

Heath, Dwight B. 1971
"Peasants, Revolution, and Drinking: Inter-ethnic Drinking Patterns in Two Bolivian Communities". *Human Organization*, 30: 179-186.

Description: This article deals with the use of alcohol consumption as an index of social change. Alcohol consumption in this sense does not mean alcohol abuse or drunkenness, but simply who drinks, with whom, and under what conditions. Social change in this sense means a change (increase) in power — economic and political — by a previously subservient subgroup. The article emphasizes that this explored pattern of alcohol consumption is not an index of social distance; it is possible to drink with someone who is not liked or wanted as long as that person is considered to be important in an economic and/ or political sense. Before the Revolution in Montero, Mestizo landlords used to drink with the tenant farmers in their haciendas. Since the Revolution, these haciendas have been parceled out to these same tenants; and there is now no more social drinking between these two groups. In Coroico, the opposite has happened. Before

the Revolution, Mestizo landlords used to scorn the Aymara tenant farmers; and now new relationships are symbolized by drinking together. When a Mestizo and campesino need each other, they will drink together. This need for each other comes about because they may feel they have to work at establishing and maintaining their relationship. In this context alcohol provides a natural ritualistic pattern for establishing and maintaining this relationship.

Positive Aspects: Alcohol consumption does not necessarily have to be negative. It can be an index, as in this case, of important social changes and adjustments.

Implications: Drinking behavior has research value in other areas besides alcoholism and alcohol abuse.

Heath, Dwight B. 1974
"Perspectives Socioculturales del Alcohol en America Latina". *Acta Psiquiatrica y Psicologica de America Latina*, 20:99-111.

Description: The importance of socio-cultural perspectives in the study of alcohol have become more important in recent decades. This article's main emphasis lies in pinpointing and describing the different research approaches that have revealed valuable and interesting information on socio-cultural influences and the use of alcohol. In essence, this review of socio-cultural research does not deal with alcoholism or alcohol abuse. Instead, it deals with those social characteristics which contribute to the use of alcohol, and how the use of alcohol often sheds light or gives perspective to other social phenomena, e.g. inter-ethnic relationships. Writings on socio-cultural perspectives come from different sources, such as, epidemiological investigations which give important information on age, sex, and subgroup classification of drinkers; clinical studies of alcoholism which often are not valid across cultures; studies of economic, legal, moral, and social problems brought about by alcohol and other drugs; studies on the historical evolution of alcohol use within a given community; and studies on differential drinking patterns and behavior across groups (sex, working classes, religious groups) and across cultures (Indians, nationalities, minorities). The author also contributes an extensive bibliography which will certainly be useful to anyone interested in Latin America and the

socio-cultural perspective in the use of alcohol

Positive Aspects: This article contains an extensive bibliography of the socio-cultural works and theoretical perspectives on alcohol in Latin America.

Holmberg, Allan R. 1971
"The Rhythms of Drinking in a Peruvian Coastal Mestizo Community". *Human Organization*, Vol. 30:198-202.

Description: This paper describes the traditional drinking patterns of a Peruvian peasant village. The traditional beverage of the village is chicha, made from maize. Holmberg provides both an early 19th century description of chicha production and a contemporary one. The people in the village drink chicha daily and on ritual occasions (both the cyclical rituals of the religious calendar and the life (rites of passage) rituals of individuals.) Alcohol consumption is high but apparent alcoholism is infrequent; other alcoholic beverages besides chicha are also consumed (beer, wine, pisco, aquarente) in the village.

Positive Aspects: Holmberg provides some crude consumption levels in the community (432,000 bottles of beer for 8,000 people). More of this type of information should be included in these reports.

Negative Aspects: This is a brief, highly descriptive article, lacking in analysis and in correlation with theoretical works in alcohol use in cultural alcohol studies.

Kattan, Lidia, et al 1973a
"Características del Alcoholismo en la Mujer y Evaluación del Resultado de su Tratamiento en Chile". *Acta Psiquiatrica y Psicológica de America Latina* 19:194-204.

Description: Este artículo representa la primera fase de un esfuerzo diseñado para comparar los resultados de tratamiento en el sexo masculino y femenino. Según previas investigaciones las mujeres tienen un peor pronóstico del tratamiento que los hombres. Sin embargo un estudio llevado a cabo en Chile por Horowitz obtuvo resultados opuestos. Este estudio propone realizar un "follow-up" de dos grupos comparables de 49 alcohólicos de ambos sexos (50 mujeres, 49 hombres). En general este artículo tiene mucho

de características pero muy poco de evaluación. Las características decifradas para ambos sexos siguen:

1. No hay diferencias significativas en ambos grupos respecto de su distribución por edad, estado civil, nivel educacional y nivel ocupacional.
2. Es evidente el predominio del alcohol invertido en la mujer.
3. El grupo de mujeres tiene más trastornos psicopatológicos que el grupo de hombres.
4. La importancia de los factores socio-culturales en la etiología del alcoholismo se hace evidente por el número de directos alcohólicos y bebedores excesivos.
5. El 60% de los hombres fue arrestado una o más veces por ebriedad. Solo una mujer de las 50 lo fue.
6. La bebida de elección en ambos grupos fue el vino.

Negative Aspects: En realidad este artículo es nada más una descripción de metodología y de muestra ya que no contesta la pregunta básica de evaluación, porque la mujer en Chile responde mejor al tratamiento que el hombre.

Kearny, Michael 1970
"Drunkness and Religious Conversion in a Mexican Village". Quarterly Journal of Studies on Alcohol, Vol. 31:132-152.

Description: Kearny shows the connection between religious preference and frequency of drunkness especially in participation in various religious festivities. He also provides one of the few reports on folk beliefs about the effects of alcohol on mind and body available in the literature. He provides a folk taxonomy of stages of drunkness from the villagers' point of view. The stages include (a) an "opening up" stage (sangre de mono or sangre de chango) where the individual may become uninhibited, friendly and may cavort about; (b) an argumentative and belligerent stage (sangre de Leon); (c) and a final stage (sangre de cuche) where the individual loses control of faculties, staggers and eventually falls into a stupor. He also touches on some of the medicinal, recreational, and relaxing properties associated with alcohol. He describes the normative parameters of drinking patterns in the village. He proposes and supports the posi-

tion that alcoholism is more social than physiological, not depending on either the concentration or quantity of alcohol consumed. One explanation of a high level of drunkness that Kearny presents is the idea of alcohol as a vehicle of transcendence, achieving altered states of consciousness and behavior through alcohol consumption: a way of transcending the mundane daily world.

Kearny points out that heavy drinking produces ambivalence about alcohol. On the one hand is the transcendental experience of happiness, group solidarity, and security produced by drinking in the village. On the other hand is the drunken stupor and hangover that are the result of that communal drinking behavior. One result is an alcohol abuse syndrome Kearny describes for certain men between 35 and 55, where they go through a personality transformation when drunk from model citizen to belligerent and belligerent problem drinker.

Finally, Kearny presents a specific hypothesis linking religion and drinking, stated as follows:

"The strong social coercions to drink pose a painful dilemma to many men. On the one hand they do not wish to suffer the sanctions and suspicions that result from not drinking; but on the other, drinking often becomes an ordeal which they would rather avoid. . . By becoming a member of a sect that specifically forbids drinking or even participation in events where drinking occurs, the individual wishing to get out of the drinking pattern has a ready made alternative mode of behavior he can assume, backed up by an alternative and supernatural sanction system and, even more important, by a group of sympathetic people who are grappling with the same problems."
(p. 151)

The case presented here appears strongly analogous to the structure, intent, and support system provided by Alcoholics Anonymous. He supports his contention about drinking avoidance by noting that 20 out of 23 recent conversions were middle aged men with histories of drinking problems.

Positive Aspects: The discussion of community perceptions about alcohol and drinking is brief but an innovation in the right direction.

Negative Aspects His hypothesis was by no

means fully tested

Implications: More work needs to be done on the values and attitudes within ethnic communities towards alcohol to produce new hypotheses about drinking behavior and to test ones such as Kearny presents.

Madsen, William 1969
"The Cultural Structure of Mexican Drinking Behavior". Quarterly Journal of Studies on Alcohol, Vol. 30:701-718.

Description: Madsen attempts to explain drinking behavior as a consequence of "cultural premises about reality". Unfortunately, he never clearly isolates or describes those premises for any of the groups he uses for his illustrations. The article takes a primarily acculturationist view point. Madsen presents information on Aztec drinking patterns; a Nahuatl Indian village and its drinking patterns; a Mestizo town; and drinking behavior among middle and upper class Mexicans. He sees Indian drinking as a part of the cultural identity of being Indian; ritualized intoxication which has an integrative function within the society. Mestizo drinking is characterized as escapism and reflects a loss of community and identity, with an associated rise in problem drinking and drinking problems. Middle and upper class drinking is characterized as a "social skill used to enhance the status of the upwardly mobile." (p. 717) The goal of this type of drinking is inconspicuous intoxication, and drunkenness or deviant drinking behavior is ostracized. He utilizes the concept of machismo in both poor Mestizo and upper and middle class social systems. For the poor it is reflected as "aggressive drinking behavior accompanied by bloody fights and brutality". (p. 715) For the middle and upper class it reflects the idea that machismo should be proved not by brute force but by displaying intellectual superiority and sexual prowess". (p. 717)

Positive Aspects: The idea of uncovering the cultural premises about reality, especially those relating to drinking, is excellent.

Negative Aspects: The article is far more descriptive than analytical. It never clearly identifies the cultural premises he mentions in the introduction.

Muelle, Jorge C. 1945
"La Chicha en el Distrito de San Sebastian"
(Chica in the District of San Sebastian), Revista del Museo Nacional, Vol. 14:144-152

Description: A very well done and descriptive detail of the production and use of chicha in San Sebastian, a small town in Southern Peru. The detail includes a map of the town giving the location and number of chicharias, is a good indication of the prevalence and importance which the consumption of chicha has in this community. There is also ample detail of the different types of chicha made and the processes by which they are made. Drinking patterns are briefly outlined, but no serious analysis or conclusions are given. There is some discussion of differential drinking patterns between Mestizos and Indians, but no serious conclusions are attempted.

National Council on Alcoholism 1974
"Criterios para el Diagnostico del Alcoholismo". Revista Medica de Chile, Vol. 102: 57-68.

Description: This is a Spanish translation of an article prepared by the Criteria Committee of the National Council on Alcoholism for the purpose of establishing guidelines for the appropriate diagnosis and evaluation of this illness. These guidelines include both physiological and social indicators as they relate to alcohol addiction.

The article itself is rather technical in nature and would be useful and of concern to those charged with the duty of diagnosing alcoholism. Going beyond the clinical evidence of alcoholism the article tries to warn against and prevent value judgements in diagnosis. An added feature of this publication are some comments by two Chilean doctors on how to evaluate these criteria and make it more relevant to Chilean culture.

Positive Aspects: Even for its highly selective audience, this article incorporates both the psychological and social consequences of alcoholism, and the fact that diagnosis must go beyond the narrow clinical definitions. To this end two Chilean doctors comment on how this article could be relevant to Chilean society.

Negative Aspects: The article is too technical for the general population, and even for some professionals. This means that this article has a very narrow audience.

Implications: Even technical articles should be monitored as to their cultural relevance before being fully accepted.

Rojas Gonzalez, Francisco 1942
"Estudio Historico-Etnográfico del Alcoholismo Entre los Indios de Mexico" (Historical-Ethnographic Study of Alcoholism Among the Indians of Mexico). *Revista Mexicana de Sociología*, Vol. 4:111-125.

Description: La cultivación del maguey en el periodo pre-hispanico era, economicamente, muy importante ya que del maguey venían numerosos objetos como medicinas, clavos, material de construcción, alimentos, además de bebidas alcoholicas como el pulque. Las leyes de esa época prohibían el uso excesivo del alcohol para todo ciudadano de menos de cincuenta años. A los ancianos se les permitía amplio uso de estas bebidas alcohólicas. La conquista desorganizo por completo la sociedad indigena — perdieron su gobierno, sus tradiciones, y su estructura familiar. Su antigua moderación en el uso del alcohol se perdió, y buscaron en esta droga el olvido de su explotación y su esclavitud. La independencia no mejoró la situación del indio. Gobiernos rurales y terratenientes robaban y despojaban al indio de sus tierras y sus minerales. Y así nació el latifundio y la tienda de raya donde se les pagaba en raciones del pulque.

Positive Aspects: Este artículo describe y documenta la triste condición del indio en Mexico; señala las condiciones que llevan a un pueblo al vicio como resultado de la explotación, esclavitud e indiferencia.

Negative Aspects: Aunque interesante, este artículo es algo alarmista y no presenta suficiente documentación para apoyar sus datos históricos.

Sayres, William C. 1956
"Ritual Drinking, Ethnic Status, and Inebriety in Rural Columbia". *Quarterly Journal Studies on Alcohol*, Vol. 17: 53-62.

Description: The groups studied by Sayres "are highland (Columbian) farmers whose basic culture generally conforms to the outline provided for Latin America." (p. 53) He attempts to look

at differences in alcohol consumption in three groups whose ethnic status are different, but who share a common ritual drinking pattern. This information is used to compare and contrast with the work on Jews that showed different rates of inebriety within the same ethnic status, but where ritualization of drinking differed. The information provided by the article does not test the hypothesis that ritual drinking may inhibit alcoholism. It attempts to demonstrate what other social and cultural variables must be taken into account to explain various rates of inebriety within a group or groups which demonstrate a shared ritual drinking pattern. He states that the level of drinking is related to the level of anxiety in a society. The data suggests that the highest rates of alcohol abuse and alcoholism occur in communities in some sort of status transition, such as acculturation.

Implications: Rates of inebriety can vary regardless of the level of ritualization of drinking.

Slotkin, J. S. 1954
"Fermented Drinks in Mexico". *American Anthropologist*, Vol. 56: 1089-1090.

Description: This is a one paragraph comment to call attention to bibliographical resources on the pre-conquest fermented drinks of Mexico.

Implications: Further historical and comparative studies should be made to demonstrate and compare both the pre- and post- conquest drinking patterns of American Indians and the contribution of these groups to the drinking patterns of Spanish-speaking groups in the New World.

Simmons, Ozzie G. 1959
"Drinking Patterns and Interpersonal Performance in a Peruvian Mestizo Community". *Quarterly Journal of Studies on Alcohol*, Vol. 20:103-111.

Description: Drinking in Peruvian Mestizo communities, as represented by Lunahuana, takes place primarily within the context of religious and secular festivals, formal and informal visiting, rites of passage, and shared work activities. Simmons describes the interpersonal relationships within the community (distrust and lack of self confidence in ability to control outcome of interaction). He utilizes these assumptions to support the view of "convivial drinking as a social rather than a religious ritual, performed both because it symbolizes social unity which makes for social unity which makes for social ease and good will." (p. 103) He sees the func-

tion of alcohol as an anxiety reducing agent that allows the individual to overcome his anxieties and to promote more effective interpersonal performance. However, he notes that women drink very little and never participate in the male drinking pattern. Therefore, to support his general anxiety thesis he either has to assume that women in Lunahuana do not have the anxiety levels of the men or that they do not have the difficulties in interpersonal relationships that the men do, or both. The other alternative, for which he provides no data, is that the women have some other anxiety reducing mechanism not available to the male members of the society. Both of these alternatives seem unlikely.

Positive Aspects: The article gives an excellent description of behavior change allowed within the context of inebriation.

Negative Aspects: The complete lack of information about the female members of the society make any assessment of the information presented difficult to impossible.

Implications: Simmons states that little or no guilt is attached to drinking or drunkenness, and drinking pathologies are minimally present. This presents two problem areas for further testing. How does lack of guilt about drinking and drunkenness correlate with levels of consumption and inebriation in various societies? Second, is there a difference in the levels of drinking, intoxication frequency, and alcohol related pathologies between "shame oriented" and "guilt oriented" cultures?

Simmons, Ozzie G. 1960
"Ambivalence and the Learning of Drinking Behavior in a Peruvian Community". *American Anthropologist*, Vol. 62:1018-1027.

Description: Simmons states that drinking and drunkenness are nearly universal, while alcohol addiction is nearly unknown in the Peruvian community of Lunahuana. His data supports the hypothesis that "in any group or society where drinking customs are well established and consistent with the rest of the culture the rate of alcoholism will be low; whereas in societies in which drinking customs are not well integrated (the Yankees of Northeastern United States and Irish-Americans are offered as examples) alcoholism rates are likely to be high". (p. 1018) On the other hand, his data does not support, and he tends to reject, the concept that individuals in the latter type of society "will have ambivalent feelings about drinking since ambivalence is the psychological product of unintegrated

drinking customs". (p. 1018) Instead, he shows that ambivalence about drinking can be produced in the first type of society as well. He suggests that this ambivalence about drinking is produced by the shame a man feels about his behavior (women do not drink to any significant degree) while drunk, coupled with strong cultural prescriptions against incorrect behavior, drunk or sober. This culture does not excuse non-normative behavior during inebriation.

Implications: Anthropologists, Simmons included, often utilize the concept of "shame oriented" as opposed to "guilt oriented" cultures, to explain the differences in psychological attributes in communities. These concepts deserve a serious analysis from the viewpoint of these cultures themselves.

Tapia, Isabel, et al 1966
"Patrones Socio-Culturales de la Ingestion de Alcohol en Chiloe; Informe Preliminar: Algunos Problemas Metodologicos" (Socio-Cultural Patterns of Alcohol Consumption in Chiloe; Preliminary Report; some Methodological Problems). *Acta Psiquiatrica y Psicologica de America Latina*, Vol. 12:232-240.

Description: Although this article purports to have as a goal the exploration of socio-cultural roots of alcoholism, it is really more concerned with methodological problems than with alcohol problems. Being an exploratory study, this article studies 30 households, not randomly selected, that have a total of 52 persons older than 15 years. The main methodological problems are two: determine the accuracy of the information given by the informant, and determine to what degree the instrument used is adaptable to the population being studied. The findings deal mostly with these two methodological concerns: the eldest son was also a reliable informant, and the large number of missing data were due to the type of questions made and the way they were presented.

Positive Aspects: It indicates the ground work and concerns that must be considered to make the information and findings relevant to the population being studied.

Implications: Researchers should not go about applying instruments cross-culturally and generalizing without considering the validity of their procedures.

Viqueria, Carmen y Angel Palerm 1954
"Alcoholismo, Brujeria, y Homicidio en dos Comunidades Rurales de Mexico" (Alcohol-

lism, Witchcraft and Homicide in Two Rural Communities of Mexico). *American Indigena*, Vol. 14:7-36.

Description: Este artículo trata los problemas ya mencionados a base de la investigación de un equipo profesionalista en antropología y psicología. Es estudio enfoca en dos comunidades Totonacas, una en el proceso de aculturación, la otra todavía bastante tradicional. La discusión inicial trata el ambiente físico y cultural de ambas comunidades y refleja diferencias en religión, familia, gobierno, higiene personal, tratamiento de los niños, trabajo, y bienes materiales. Una conclusión importante es que en la comunidad tradicional la fuerte organización política y la magia evitan conflictos personales de violencia (homicidio). La otra comunidad tiene encuentros de violencia extralegales y la gente tiende a buscar venganza de sus ofensas.

En la comunidad mas tradicional la borrachera publica es ampliamente aceptada y es una borrachera depresiva e inofensiva. En cambio la magia en esta comunidad es mucho mas violenta y agresiva. Se atacan a los enemigos con ritos mágicos para provocar esterilidad, dar muerte a los niños, ganado, etc. La borrachera publica no es muy evidente en la comunidad menos tradicional, pero una vez borrachos se vuelven violentos y peligrosos. En cambio las practicas mágicas se dedican a curar enfermedades y a profetisar riquezas, abundancia, y fertilidad. Como consecuencia, el homicidio es mas evidente en la comunidad menos tradicional. Esto se explica por medio de un analisis psicológico del caracter socio-cultural y de la personalidad desarrollada por la adaptación del individuo a su sociedad.

Positive Aspects: La importancia de este artículo esta en senalar las variaciones que existen dentro de una misma cultura tocante al uso del alcohol, el modo de beber, y las consecuencias de la tomada.

Weisman, Maxwell N. 1975
"Como Saber Si Usted es un Alcohólico". *Revista Project Health*, Vol. :1-7.

Description: This article is a Spanish translation of an article originally published in English, "How to Tell If You're an Alcoholic . . . or a Potential One." The article includes a series of twenty questions developed by researchers at the John Hopkins University and designed to let the reader decide for himself or herself how alcohol affects their daily lives. The questions themselves deal with family life, family finances,

responsibility towards work, and the physiological effects of excessive alcohol consumption. The questions themselves are by and large relevant, and could apply to any given person who seeks information on his or her drinking behavior.

Positive Aspects: This article and its questions were published in a popular magazine. Popular media is perhaps the best way to reach a broader spectrum of the population for prevention purposes.

Negative Aspects: As is usual with translations of this type, the discussion which is included with these questions contains many culturally bound examples which may not apply or which apply only to the more affluent sectors of population. Work is equated with office work, occupation with executives, and recreation with golf. To make these questions more relevant, a much broader set of examples applicable to different cultural and social class groups must be developed.

CHAPTER III

ANNOTATED BIBLIOGRAPHY: SPANISH-SPEAKING COMMUNITIES IN THIS COUNTRY

Spanish-speaking communities have been largely ignored in most areas of social concerns (e.g. contraception, employment, mental health, health care, aging) and the field of alcoholism is not any different, making the most noticeable aspect of this chapter the small number of annotated references. The few studies that are available are usually methodologically weak and redundant in their findings. The few positive points generally come from the more recent literature and include more culturally sensitive research approaches and increasing number of researchers from our Spanish-speaking populations. Generally, the readings in this chapter can be divided into three sections: those dealing with cultural differences and cultural concerns; those dealing with services; those dealing with treatment procedures.

The readings dealing with cultural differences and cultural concerns have two goals: first to determine to what degree Spanish-speaking Americans are culturally different, and to what degree this cultural difference influences their drinking behavior. Second, to determine if specific cultural characteristics can enhance treatment procedures. While the first type of article usually starts out with good intentions,

and some do contain some worthwhile information, most authors do not clearly differentiate between characteristics associated with socioeconomic class, and characteristics associated with culture. Somehow these authors label totally distinct social dimensions under the rubric of culture and confuse themselves as well as the general public.

The more promising literature of this type tries to look at the culture of the Spanish-speaking communities as a positive asset. These articles see the Spanish-speaking community and its culture as a resource; and they see structural conditions such as poverty, discrimination, and unemployment as being important in bringing about alcohol abuse. The importance of these articles lies in the fact that they are moving away from the "blaming the victim" syndrome of previous so-called cultural studies. These studies show that the conditions of the Spanish-speaking communities reflect certain detrimental structural conditions and frequently a disadvantaged socioeconomic position with regard to the dominant Anglo society.

The second type of cultural study deals with specific cultural traits such as language and folk medicine that apply to the treatment of mental health problems in Spanish-speaking communities. These articles essentially argue for more relevant therapy by using appropriate language and by incorporating some aspects of the already existing folk therapeutic process. In essence the alcoholic's primary language as well as his world view and interpretation of reality should be important considerations in any therapeutic process.

Those readings addressing themselves to services available to the Spanish-speaking community generally call for an improvement in the quality of services and in making these services more relevant. Current conditions point to the lack of Spanish-speaking health professionals, and the lack of in-put by Spanish-speaking communities into the service delivery process.

Readings dealing with treatment procedures describe attempts at rehabilitation among Mexican American alcoholics. Although methodologically weak some of these articles report interesting findings regarding group identity as a possible positive factor in the recovery of Mexican American alcoholics.

Unfortunately, this chapter contains a few readings which insist on perpetuating unfounded stereotypes of Spanish-speaking communities. It

would seem that trained professionals (social scientists, researchers, or whatever) would be more imaginative in their ideas; more creative in their research design; and less value-oriented in interpreting their findings. Indeed, pat stereotypes such as MACHISMO or maternal overindulgence in no way explain the frustrations of poverty, discrimination, and unemployment — all chronic social problems among Spanish-speaking communities, and all conducive to encouraging serious alcohol abuse.

In conclusion, very little substantive research has been done in the field of alcoholism as it pertains to Spanish-speaking communities. Much less has been done among Puerto Ricans and Cubans. Perhaps, pointing out this lack of attention will encourage all our Spanish-speaking communities to start facing one of our most pressing and serious social problems.

UNITED STATES SPANISH-SPEAKING COMMUNITIES

Abad, Vicente, M.D., and Joseph Suarez, M.S.W.
1974

"Cross-Cultural Aspects of Alcoholism Among Puerto Ricans." Proceedings of the Fourth Annual Alcoholism Conference of the National Institute of Alcohol Abuse and Alcoholism: 282-294.

Description: This article purports to bring about a better understanding of Puerto Rican problem drinkers by providing an explanation and a better understanding of the Puerto Rican culture. The review of the literature is adequate and there are enough theories and paradigms to bring about a reasonably good description of Puerto Rican drinking problems as they are influenced by socio-cultural factors. Instead, the authors regress to a colonial mentality and once again build up an impossible model of stereotypes based on a very subjective and negative premise called machismo. Machismo, the Spanish culture's concept of maleness, is once again confused with a frontier personality of exaggerated masculinity mixed with latent homosexual characteristics such as dependency and overindulgence by the mother, plus a tyrannical personality that not only explains alcohol abuse but also explains dictatorial political systems in Latin America.

Positive Aspects: Their original intention is worthwhile — calling for a better understanding of the culture and more innovative rehabilitation programming.

Negative Aspects: In the first place, the authors show an almost complete ignorance of the concept of Machismo from a Spanish cultural perspective. Secondly, the authors clearly show that they have bought and “internalized” traditional social science stereotypes of Spanish cultural characteristics.

Implications: Good intentions are sometimes no substitutes for sensitivity and imagination.

Alcocer, Anthony M., Dr. 1975
“Chicano Alcoholism.” California State University, Northridge: 1-10.

Description: This article has some very positive points, although it is somewhat limited in scope. In dealing with the problem of alcoholism (prevalence, prevention, treatment, rehabilitation) the author tries to emphasize that the Chicano alcoholic is first a Chicano and secondly an alcoholic. Rather than over dwell in the traditional maladjustment psychological model — the author brings out some very important structural factors that contribute to Chicano alcoholism, i.e. poverty and the prevalence of alcohol. In essence chronic poverty brings about chronic distress, which oftentimes can be alleviated by the easy access to alcohol, and the encouragement of the advertisement media which tries to make drinking attractive. The author fails to understand acculturation either as a label or a process in his discussion of Mexican American drinking problems. The shock comes out of a failure to integrate into the economic system rather than into a cultural system. Culturally, the barrio can provide as much integration as is desirable.

Negative Aspects: The author makes some attempts at suggesting possible rehabilitation and treatment procedures, but there is really nothing new or imaginative here.

Implications: For prevention, the natural resources of the Mexican American — the family and the community — again are crucial.

Catala, Mario 19
“Alcohol and the Puerto Rican

Description: The article is a clear statement of the need for research into alcohol use and abuse among Puerto Ricans both on the island and mainland. Comparative studies would be especially helpful in isolating some of the contributing variables to alcohol related problems. Catala notes the problems of poverty, discrimination, language, acculturation pressures, and neglect by federal, state, local, and volunteer agencies. He also touches on the changing role of the Puerto Rican woman as a contributing cause to alcohol related problems.

Positive Aspects: Identifying the existence of a problem and indicating nothing is being done about it is a first step toward solution.

Negative Aspects: The article presents too little data, either qualitative or quantitative, that establishes the scope, etiology, or social context of the problem.

Implications: The need for both research and program implementation is serious and immediate.

Cervantes, Robert A. 1972
“The Failure of Comprehensive Health Services to Serve the Urban Chicano.” Health Service Reports 87:932-940.

Description: Cervantes defines and describes the underlying reasons that comprehensive health services, especially mental health services, do not appropriately address issues of health as viewed by Chicanos. These reasons include an acculturationist perspective taken by health officials; assumed homogeneity of the Spanish-speaking, Spanish-surnamed populations; a three generation-acculturation stereotype of the immigrant (first immigrants generation acculturated) applied to Mexican Americans; a highly stereotyped and inadequate literature devoted to health issues in Chicano communities; and the interpretation of Chicano culture from a folk culture orientation or model. He describes nine key elements in the Chicano health care system and recommends the reconciliation of this system with the Anglo medical system. He identifies some of the critical issues and conditions that force Chicanos out of available health programs, sometimes before they get into them. He provides a cogent series of reforms to be applied

to existing and future health services. These reforms are:

- serious actions be taken to recruit and train Chicano health and mental health professionals;
- health curricula at graduate professional schools be modified to reflect existing realities; and new courses regarding community health be introduced;
- health programs be redesigned to recognize and incorporate the diverse cultural, linguistic, and ethnic elements appropriate to clients;
- Chicanos be recruited as paid consultants on policy and grant approval boards;
- health officials actively support innovative manpower training programs such as those for community health and mental health workers;
- health professionals educate themselves as to Chicano health needs, community dynamics, and in particular, the existing methods of health treatment, and;
- a comprehensive health need study be commissioned to be conducted by Chicanos.

(Cervantes 1972:938)

Cervantes goes on to outline several areas of critical needs, including making services more available (time and place especially) and improving the total quality of life for Chicanos. He places the responsibility and burden for change on the health professionals.

Positive Aspects: The article not only outlines the problems confronting Chicanos seeking services, but also provides an outline for changing the system to meet those individuals needs.

Negative Aspects: The stereotypes promoted, along with the regard given cultural variables.

Implications: To quote the article itself, program should:

incorporate a flexible delivery system directed at the heterogeneous urban Chicano. This flexibility can be accomplished through employing bilingual, bicultural community health workers, distribution of bilingual health literature, and health information spot announcements to Chicano radio stations, using mobile clinics where appropriate, and making staff available

during evening hours . . . Most important, programs designed to "help" Chicanos become more like Anglos must be avoided."

(Cervantes 1972:934).

Duran, Ruben (ed.) 1975
Salubridad Chicana: Su Preservación y Mantenimiento. The Chicano Plan for Mental Health.

Description: This monograph provides key information on la familia and its role in the Chicano culture; the urban barrio (housing, employment, education, law enforcement, social welfare, public services, mental health, and acculturation); the mental health needs of migrant workers; Addictions: "hard drugs"; Addictions: Alcoholism; Education of the Child; and legal recourse from the Procurement of Mental Health Resources. It highlights some of the key socio-cultural variables in the Chicano culture that establish and pressure mental health. It also points out areas of conflict (socio-cultural differences) between the Chicano and the Anglo systems that effect mental health. The authors see addiction as the result of "interrelated factors in which poverty is the common denominator." (Emphasis in original). They state that the etiology of addiction differs among Chicanos and whites. The section on alcoholism notes the lack of resources to help Chicano alcohol abusers, the problems of poverty, the irrelevancy of existing treatment modalities, and suggests using a "relative deprivation model for further exploring the causes of alcoholism in the barrio.

Positive Aspects: Each chapter provides valuable information and relates to the total mental health picture for Chicanos. The recommendations throughout the monograph are both excellent and necessary and should be adopted by agencies providing services to Spanish-speaking, Spanish-surnamed populations.

Negative Aspects: The alcoholism section states that the rate of alcoholism is high in the barrio, but it provides no evidence to support this contention. If true, it is perpetuating the stereotype of the drunken Mexican.

Implications: The need to involve la familia in mental health therapy is clearly established. Also, more attention must be paid to the effects of poverty and discrimination on the etiology of mental health problems.

Galli, Nicholas, Ph.D. 1975
"The Influence of Cultural Heritage on the Health Status of Puerto Ricans." *Journal of School Health* 45:10-16.

Description: Although probably written with good intention, this article reflects a rather myopic view of culture and its influence on health status. In the first place, culture is a way of life and a system that provides a given human group with both the survival and organization tools they need. The author discusses a series of cultural traits which are detrimental to the health of Puerto Ricans. These cultural traits include sexuality and the family which promote the excessive dependency of large families, illegitimacy, and a heavy concern for virginity; religion which promotes primitive ritualistic beliefs in spirits, spiritualistic movements, spells, and does not allow for the categorical use of medicine; diet which does not provide enough use of meat and other sources of protein. That old stand-by, machismo, is of course, responsible for large families, high birth rates, female submissiveness, and the spread of venereal diseases. The problems with Puerto Ricans, then, is that they have a Puerto Rican culture, and being Puerto Rican is detrimental to the health of Puerto Ricans.

Negative Aspects: Concepts of health, family organization, and religion have long served the Puerto Rican community in their survival and organization. The author only pays lip service to other more relevant issues such as poverty, discrimination, unemployment, and lack of accessibility to health care institutions. Furthermore, the article does not allow for differential cultural loyalty, differential health behavior, or differential family types among Puerto Ricans. In a traditional social science stereotypical approach, everyone is just lumped together.

Jessor, Richard 1964
"Toward a Social Psychology of Excessive Alcohol Use: A Preliminary Report From the Ethnic Project In Preceedings Research Sociologists Conference On Alcohol Problems." Ed. by Charles R. Snyder and David R. Schweitzer. Preceedings, Southern Illinois University.

Description: The Tri-ethnic project collected data from Anglo American, Spanish American, and Native American respondents in Southwes-

tern Colorado. This paper provides a description of the theoretical orientation of the research, the methodology, and presents some preliminary analysis of alcohol use. A key finding is that the percentage of drinkers in each group is similar (Anglos 70%, Spanish 77%, Indians 80%), but the levels and frequencies of consumption are quite different. The article is useful as a general theoretical formulation about deviance applied to an analysis of drinking, using a relative deprivation model and seeing deviance as an adaptation to the pressure produced by the deprivation.

Positive Aspects: The project tests important theoretical dimensions of devian behavior.

Implications: Some of the problems of alcohol abuse in United States ethnic groups can be lessened by eliminating discrimination and providing members of the group with access to opportunity and the success ladder of the dominant system.

Madsen, William 1964
"The Alcoholic Agringado." *American Anthropologists* 66:355-361.

Description: An excellent article on the confusion and consequences of being caught in the middle of two strong and dominating cultures. The Mexican American agringado wants to give up his Mexican culture and heritage in an effort to assume an Anglo lifestyle and become accepted by Anglos. The result is that these agringados are ostracized by both groups. The Mexicans consider them traitors and the Anglos are not willing to accept them. As Madsen points out, these agringados "are trapped in psycho social situations which produce extreme stress and anxiety." What leads these agringados to excessive drinking is that they leave behind those cultural constraints (e.g. Machismo, family, respect for elders) which keeps most Mexican Americans from drinking excessively.

Positive Aspects: An excellent article which can pinpoint some of the confusion and alienation which Mexican American youth must overcome. It also points to the positive characteristics of Mexican American culture which could be reinforced in order to prevent excessive drinking.

Negative Aspects: This article still tends to stereotype Mexican Americans, but to a much lesser degree than usual.

Implications: Madsen is another researcher who has offered some valuable and suggestive ideas which no one has followed up.

Meadow, Arnold and David Stoker 1965
"Symptomatic Behavior of Hospitalized Patients: A Study of Mexican American and Anglo American Patients." Archives of General Psychiatry, Vol 12:267-277.

Description: This article explores quantitative differences in the symptomatic behavior of Mexican American and Anglo American mental hospital patients. Using a sample of 120 patients (60 male and 60 female) from each ethnic group, each group was examined for the incidence of 58 "symptomatic and characteristics typical of mental hospital patients" (pg. 267). The results suggest that Mexican American females are the most acutely and affectively disturbed sample and the most likely to show catatonic symptomology. "Mexican American males reveal the importance of the 'macho' pattern in their symptomology. They are more alcoholic and assaultive. They resemble the Mexican American female sample in that they show an underlying tendency toward catatonic symptomology." (pg. 276). The Anglo American Male and female samples were both more paranoid than the Mexican American samples. The Anglo group showed a consistent tendency toward paranoid delusions over the Mexican American group.

A considerable section of the article is devoted to a discussion of Mexican American male drunken comportment and machismo. From intensive psychotherapy interviews (no information given on controls) with over 35 Mexican American females at the Southern Arizona Mental Health Clinic, the authors state that the most frequent event precipitating the arrival of Mexican American females at the clinic is macho behavior of male members of her family:

"... characterized by drinking, physical violence and premarital and extramarital acting out. The typical situation reported in approximately 75% of the cases is that the husband going out at night, getting drunk, and having an extramarital relationship. He then comes home, beats his wife, and accuses her of infidelity. The striking aspect of the male's behavior is its identical nature in the great majority of cases, although, in a few instances, the husband may not

beat his wife or accuse her of the behavior in which he has just recently indulged." (pg. 272-273).

The authors hypothesize two underlying psychological conditions to explain this "macho behavioral syndrome" and drunken comportment.

"Alcoholism in the male Mexican American patient seems to express two basic needs. The first is that of a symbolic expression of his masculinity. Acting out aggression toward wife and/or daughter is one way of expressing this masculinity. A second motive for the Mexican American male drinking... is that Mexican Alcoholism represents an aggressive reaction in response to a deep, all pervasive feeling of loss of maternal love. In his feeling of oral deprivation, the Mexican American male turns his hostility towards his wife and daughter whom he perceives as frustrating mother figures. The all too frequent, desperate socio-economic position of the uneducated Mexican male in an increasingly automated society serves further to exacerbate his basic feelings of deprivation and lack of masculinity." (pg. 273).

All of this information, apparently not derived from the samples discussed in the article, is stuck in the center of the other data, confusing and complicating the issues addressed in the other sections of the article.

Positive Aspects: The hypotheses on the drunken comportment are speculative, poorly supported, utilize a highly biased sample and tend to be stereotypic. The article implies that most of the psychosis in Mexican American females are related to the "macho syndrome" and drunken comportment of Mexican American males. This seems simplistic in the extreme.

Implications: The differences in psychopathologies between ethnic groups and between sexes within ethnic groups indicate a need for the development of both culturally and sexually appropriate treatment modalities, and concomitant assessment and planning for projected population needs according to these demographic variables.

Padilla, Amado M. and Rene A. Ruiz 1973
Latino Mental Health: A review of Literature. National Institute of Mental Health, DHEW Publication No. (ADM) 74-113, Washington, D.C., U.S. Government Printing Office.

Description: This is a review of the literature focusing on mental health publications (approximately 500) that deal with mental health in Spanish-speaking, Spanish-surnamed populations. Alcohol is only briefly mentioned, but the total information provided is important to both policy making and to the provision of Mental Health services for Spanish-speaking, Spanish-surnamed populations.

Positive Aspects: This is an important resource for mental health.

Negative Aspects: The emphasis, relating to alcoholism, is almost totally on acculturation pressures and discrimination. This is an incomplete view of the problem.

Implications: Far more research and analysis are necessary in this area.

Paine, Herbert James 1977
"Attitudes and Patterns of Alcohol Use Among Mexican Americans." *Journal of Studies on Alcohol* 38:544-553.

Description: The goal of this article is to record the attitudes, beliefs and drinking habits of Mexican Americans in an urban barrio in order to improve service delivery to this culturally different group. The data were gathered from 138 families in a largely Mexican American section of Houston, Texas. The findings generally show that Mexican American men drink more than women and mostly with their friends. About one-fifth of these families have had legal or family problems due to alcohol. One third of the population was opposed to drinking and two-thirds approved alcohol at social functions. When alcohol brought problems, help was first sought from a family member and/or "God". This group suggested a clinic in the neighborhood and showed a preference for Spanish-speaking counselors.

Positive Aspects: A very nice description of an urban Mexican American barrio, its people and their beliefs and values regarding alcohol.

Negative Aspects: The sample seems to be biased (author does not report percentage of refusals), therefore, attitudes may be a product of the halo effect. There is very little, culturally, that can be of much help in designing any delivery of service. The author does not seem to be fully aware of the meaning of culture. He states that the favoring of Spanish-speaking counselors

reflects more language than cultural preference. Language is culture. One of the most important sections of this article, the family, however, does not escape the unfounded stereotypes Anglos perpetuate about the Mexican American family.

Implications: A neighborhood clinic with Spanish-speaking counselors seems to be what this urban population considers to be most appropriate.

Pearson, A. W. 1964
"El Tratamiento del Alcoholismo de Mexicanos Que Viven en los Estados Unidos". *Revista Mexicana de Pedagogia*, Vol. 1:358-362.

Description: This is not a study; this is just a general description of the treatment given to alcoholics in the Los Angeles area; and a general description of the population seeking these alcoholic services. The author presents concise definitions of the different types of alcoholics, and then attempts a more detailed description of the Mexican American. This article, like others, continues to worry about the assimilation problems of the Mexican American, notwithstanding the fact that the less assimilated alcoholics respond to treatment better than the more assimilated alcoholics. The difference between these two groups may be the family and cultural identity.

Positive Aspects: As a description of a treatment procedure and of alcoholism, this article is appropriate for anyone willing to read it.

Negative Aspects: It also shows that not much has changed for the Mexican American alcoholic since the early 50's. We are still groping with the same problems.

Implications: Cultural or group identity may be important in enhancing the rehabilitation process.

Room, Robin 1976
"Ambivalence as a Sociological Explanation: The Case of Cultural Explanations of Alcohol Problems". *American Sociological Review*, Vol. 41:1047-1065.

Description: In this theoretical and speculative article Room examines the concept of ambivalence as an explanatory concept (hypothesis) for sociological analysis of alcohol use, abuse, and alcoholism. He finds the concept methodologically sterile and theoretically insufficient in that

context. It is too difficult to conceptualize and operationalize ambivalence at both the aggregate (societal) and the individual (psychological) level. "At least until a basic groundwork of conceptualization and data is laid, it might be well to adopt the solution Verden' (1968:252) contemplated, that, 'the phrase' social ambivalence concerning alcohol should be discarded on the growing pile of worn cliches." (p. 1062)

Reference cited

Verden, Paul 1968
"The Concept of Ambivalence with Reference to Alcohol Use and Misuse in American Culture". *International Journal of Social Psychiatry*, Vol. 14:252-259.

Implications: A complete reconceptualization of alcohol use and alcohol abuse is necessary.

Ruiz, Edmundo J. 1975
"Influence of Bilingualism on Communication in Groups". *International Journal of Group Psychotherapy*, Vol. 25:391-395.

Description: Dr. Ruiz's basic hypothesis is that communication may be hampered by the connotative and denotative variations between languages. He states that switching languages changes a person's behavior "as if he were two people operating under different censorship". (p. 381) For the individual who speaks two languages, there are different personality characteristics expressed, depending on the language used. Psychotic or neurotic behavior is more clearly exposed in the individual's primary language, while the second language is used in a more literal, objective manner, at least for patients whose primary language is Spanish and their secondary is English.

Positive Aspects: The implied suggestion that therapy should be approached through the individual's primary language in order to expose and deal with basic emotional problems appears sound. The change in personality characteristics, when the individual changes languages, is a significant finding which should be further explored.

Negative Aspects: The apparent sample size that Dr. Ruiz utilized makes his findings somewhat speculative and further research is indicated. The main emphasis of the article is on individuals whose primary language is English and whose secondary language is Spanish.

Implications: Therapy must be conducted in the primary language of the individual.

Ruiz, Juliette S.
"Chicano Alcohol Abuse and Alcoholism: Socio-Cultural Dimensions.

Description: This article does a respectable job of criticizing the different models that have been used to explain alcoholism among Mexican Americans. Programs directed at alcohol abuse include such models as Psychological Causation Theory, which describes Chicanos as "childlike, immature and unable to defer gratification", and the Learning Causation Theory, which states that "alcoholics learn to adapt and cope with situations which are painful and anxiety ridden . . .". These theories, and others, ignore outside forces, such as racism, poverty and cultural conflict which are associated with the use of alcohol among Chicanos.

Negative Aspects: However, in trying to develop a socio-cultural model for Chicano drinking behavior, the author never really established concrete cultural dimensions which influence alcohol abuse among Chicanos. After establishing that Chicanos may view both illness and alcohol consumption differently, the discussion is confused by pointing out so-called strengths and weaknesses found in barrio living. The strengths of the barrio are clearly cultural — family, community, identity — while the weaknesses are clearly structural — poverty, unemployment and too many cantinas. The author, however, does not make this distinction. Instead of ending up with a genuine Chicano socio-cultural model, the article again rehashes that old stereotype stand-by — machismo — and ends up with Merten's theory of anomie and alternative opportunities.

Implications: The article is important since it calls for a more relevant socio-cultural model to explain alcohol abuse in the Chicano community.

Ruiz, Pedro and John Langrod 1976
"Psychiatry and Folk Healing: A Dichotomy?" *American Journal of Psychiatry*, Vol. 133 95-97.

Description: This is a very good article. It reveals what Spanish-speaking communities have known for a long time, that many professionals "lack the skills in dealing with mental problems in which culture played a significant, if not the

key role". The problem with health institutions is that they fail to communicate with their Spanish-speaking patients. In the first place, the impersonality of the institution is itself a barrier. Secondly, the clients usually have a different world-view and often a different interpretation of their reality. Lastly, the social network of the community provides solutions in its system of folk healing. Although there are differences in the theoretical approach and practices of psychiatrists and folk healers, there are some very important therapeutic similarities. According to the authors, "both psychiatry and folk healing use suggestions, persuasion and manipulation in treatment".

Positive Aspects: The visit to the folk healer does not carry the stigma of "loco" (crazy) often associated with mental health centers.

Implications: The authors, quite wisely, call for the incorporation of folk healers into mental health centers. Hopefully, therapists and curanderos can learn from each other.

Saenz, Rita

"Alcoholism and the Spanish-Speaking Community."

Description: This is a nice article which details the needs and the problems of providing services for Spanish-speaking alcoholics. The listings of the impact of alcoholism in the community are good, mainly because it covers the whole gamut from language to employment as seen by professionals who are trying to deal with alcohol related social problems. There is nothing theoretical here, just practical problem-solving orientations and suggestions. The article also brings to light two substantial problems: (a) that most Chicano alcoholic counselors are not degreed but are more effective; and, (b) that the Chicano community relies heavily on the politics, art, and capriciousness of federal funding sources. Therefore, it is understandable to see in this article that the list of recommendations are geared to secure favors from the bureaucracy and not necessarily aimed at community action and community involvement.

Smith, Philip A. 1968

"Nonpenal Rehabilitation for the Chronic Alcoholic Offender". Federal Probation, Vol. 32: 46-50.

Description: This study describes the process of decriminalizing chronic drunkenness, and pla-

cing drunks in a non-penal setting rather than giving them jail sentences. A total of 191 men were selected randomly "from the large group of alcoholic offenders that pass daily through the court". The focus of the study compares the success of the non-penal rehabilitation for two groups of men (129 and 62), one group being sent to a less isolated center with better living and therapeutic conditions than the other group. Results showed that the rate of success did not differ at the two centers. Success was also higher in the age group over 40, the less restless and less rebellious group. Success was also high among Mexican Americans. Identity with a reference group of which a person can become a member seems to enhance the ability to tolerate treatment.

Positive Aspects: Very appropriate. It shows that ethnicity or group membership can be helpful to the alcoholic. In other words, cultural and ethnic differences need not be a problem if they are used correctly. Indeed, for the Mexican American in the absence of family, the ethnic group becomes a major reference point.

Negative Aspects: The period of time (60 days) which defined successful completion of treatment was too short. The author does not imply any follow-up program.

Trevino, Elsa M.

"Machismo Alcoholism: Mexican American Machismo Drinking." Proceedings of the Fourth Annual Alcoholism Conference of the National Institute of Alcohol Abuse and Alcoholism. Vol. :295-302.

Description: This article tries to counteract all the stereotypes that have been generated against Mexican Americans by the use of the ambiguous and negative label of machismo. The author states what has been common knowledge among Mexican Americans for years: "to be a macho means to be a man." This label carries all the qualities and limitations of being a man. These qualities include dignity and living up to a family responsibilities. Limitations include low socioeconomic status, low educational attainment, little opportunity for upward mobility, as well as weak personalities, all of which add up to frustrations and a possible dependency on alcohol. The role of the macho — an assertive male — could possibly view alcohol dependency as a weakness and in essence be a deterrent against alcohol abuse.

Positive Aspects: The strongest point is the systematic approach at erasing the negative burden of machismo which so-called social scientists have added to the self-image of Mexican Americans.

Negative Aspects: The weakness of the article is that it tries to cover too much ground. The sections on the family and rehabilitation are rather weak and do not contribute too much to the overall impact of the article.

Implications: The concept of machismo as a negative label should be re-evaluated more thoroughly and systemically.

CHAPTER IV

EDUCATION AND PREVENTION MATERIAL

This chapter is divided into both print and non-print media sections. Most of the resources in the two sections, with brilliant and notable exceptions, suffer from the same difficulty. There is a visual lack of focus on the culture of the target population. This focus would include the appropriate use of language, symbols, colors, environment, format, and layout materials.

The materials in this section were reviewed by a community-based committee. The group included students, alcohol counselors, social workers, representatives of the elderly, alcoholics, artists, media specialists, and others. Individuals were given articles, pamphlets, books, films, posters, and other materials to review and comment on, then to evaluate within the committee as a whole. The following information and the annotations of the materials are presented as a general consensus of the committee's activities.

Many of the materials reviewed in this section were developed for an English-speaking audience, then translated; however, unless the translator was unusually brilliant (or lucky) the translations are never as good as the work would be if they were originally developed in Spanish for a Spanish-speaking audience. As the old saying goes, they often lose a lot in the translation. Most of these works come across stilted, lacking a proper use of the vernacular or appropriate cultural cues. Reading them is much like reading words sequentially from a dictionary, and with approximately the same emotional and educational appeal. In contrast, the proper use of language is vividly exemplified by the pamphlets and other materials produced in Puerto Rico and

Central America. This does not mean, however, that these pamphlets are necessarily useful for Mexican Americans or Cubans. Each ethnic group has a distinctly different culture with linguistic and other differences. Educational materials must be produced and/or tested for appropriateness on a regional basis.

The second general difficulty encountered in the education and prevention material was the inappropriate use of graphic motifs and colors. Far too many of the materials were dull and unimaginative. A few were too bright and lost their message in the colors. Nearly all of them contained valuable information of a general or specific nature; however, they were generally designed in such a way that they would not be picked up unless someone was in desperate need or had had one placed in their hand. There are more than enough highly talented artists in Spanish-speaking communities to successfully overcome this problem in the future.

The format of many of these informational resources were also critiqued by the advisory committee. Many of the publications were considered appropriate for middle class clients, but not necessarily attractive to the poor. The group suggested expanding the currently available materials by adding some that utilized a cartoon format, some that were totally pictorial and got the idea across entirely without words, and some that utilized a fotonovela format, including the use of well known stars from Mexico. The group also noted that people have a strong preference for problem oriented literature (e.g. what to do as a wife, child, husband, or family of an alcoholic).

The advisory group noted that there is very little literature that has been developed by alcoholics for alcoholics. It was suggested that attempts along this line might provide a spontaneity and understanding of the problem not available otherwise. One suggestion was to tape, then edit the discussion of a leaderless group on alcohol related problems and solutions, then publish the edited version as one or more pamphlets, brochures, etc.

Another suggestion was to devise one set of materials for the professional to use with the patient and another aimed directly at the Spanish-speaking population. For the latter group, it was suggested that much more extensive use be made of folk heroes and motifs and humor (such as Pepito, Don Cacahuete, and Dona Cebolla).

Finally, the problems of the Spanish-speaking elderly were singled out as needing special attention. Many of these individuals cannot read, either due to the physical problems of

aging or due to lack of formal education. Something must, but is not being done for these people. For those who can read, most of the brochures, pamphlets, etc. are worthless because the print is too small. Special editions of existing publications (both in Spanish and in English) should be produced with large type that is easy for the elderly to read. New publications (and other types of media) should be produced with the special needs of this important segment of the population in mind.

Title: ALCOHOLICOS ANONIMOS EN SU COMUNIDAD

Author and/or Distributor: Alcoholics Anonymous World Services, Inc. New York

Description: Generally, this pamphlet describes the purpose, the groups, and the organization of Alcoholics Anonymous. It also gives a step-by-step detail of what Alcoholics Anonymous does and does not do.

Appropriateness: The information in this pamphlet would be valuable to those alcoholics or their relatives who want to know what Alcoholics Anonymous does before seeking help or getting involved. It would also be of benefit to those persons who just want information on Alcoholics Anonymous or who might be interested in starting an Alcoholics Anonymous group. This description is also applicable to the brochure title, "La Agrupacion de Alcoholicos Anonimos."

Title: ALCOHOLISM-IT'S TREATABLE

Author and/or Distributor: CAC Alcoholism Outreach Program, Madison, Wisconsin

Description: This monograph is directed to the spouse of the problem drinker. The argument seeks to convince the spouse or families of alcoholics that alcoholism can be treated. The key to the recovery of an alcoholic is motivation — a process of collapsing the alibi structure — and making the alcoholic realize that he/she needs help. The process by which the alcoholic is made to realize his condition is by confrontation. However, confrontation requires some preparation, i.e., knowing the illness, knowing the recovery process, and avoiding the unleashing of built-up frustration. Other phases of confrontation include: stop making excuses for the alcoholics, enlist

help, talk to his boss, offer hope, but do not bargain or debate. Given the nature of alcoholic's, especially their rationalization process, the advice given here could have been more hard-nosed.

Appropriateness: This book, or monograph, is appropriate for the spouse or family of any given alcoholic. The advice given here is valid and should be useful because it is detailed and presented in a very practical way.

Suggested Audience: The general public, especially the spouse, children, relatives, or friends of an alcoholic or problem drinker.

Comments: This monograph is written in both English and Spanish. The English part is more detailed, more concrete and reads much better. The Spanish part provides the basic information and does not have any cultural implications in the language. It is obvious that the Spanish version is a translation done as a secondary utilization of the original monograph.

Title: ALCOHOLISMO: UNA MIRADA A LOS DATOS

Author and/or Distributor: Comision de Tejas de Alcoholismo (Texas Commission on Alcoholism)

Description: This pamphlet reviews and catalogues the impact or social problems which alcoholism brings about. It begins with the fact that alcoholism is an illness — the fourth major cause of illness in this country. It then goes on to outline all the major social problems caused by alcoholism such as divorce, automobile accidents, suicide. The pamphlet then gives some general information on occupational alcoholism and its drain on the national economy.

Appropriateness: This brochure has good and relevant information, especially for those concerned people who want to know a few but relevant facts about alcoholism. However, it is doubtful whether an alcoholic or the family of a working class alcoholic would read it.

Title: ALGUNAS RESPUESTAS EN AL-ANON
Author and/or Distributor: Al-Anon Family Group Headquarters, Inc.

Description: Generally, this pamphlet describes the purpose, the groups, and the organization of

Al-Anon. Using a question and answer format, Al-Anon is first established as being a separate group from Alcoholics Anonymous. It establishes what can be expected from Al-Anon and what the organization can do for those who live with an alcoholic.

Appropriateness: The information of this pamphlet would be valuable to those relatives of alcoholics who would want to know what Al-Anon does before seeking help or getting involved. It would also be of benefit to those persons who might want to start an Al-Anon Group.

Comments: This description is also applicable to the brochure titled, "Veinte Preguntas Que Se Escuchan a Menudo."

Title: A LOS PADRES DE LOS ALCOHÓLICOS

Author and /or Distributor: Al-Anon Family Group Headquarters, Inc.

Description: Very nice pamphlet aimed at the parents of the alcoholic. It reviews the strong bonds that unite parents and their children and the fact that an alcoholic son can give parents guilt feelings and a sense of failure. These feelings often give parents a sense of obligation to protect the alcoholic to get defensive of their behavior, to blame others for their drinking, and to get him out of trouble. The pamphlet urges parents to accept reality and to get the alcoholic to seek help.

Appropriateness: Very good pamphlet as far as the intent is concerned. Often the parents become a major obstacle in the treatment of the alcoholic. Again, the layout of the pamphlet is dull and unimaginative and the language itself, although adequate, could have been richer. Our family-centered culture is rich in familism and family expressions, which are obviously absent from this pamphlet.

Suggested Audience: Parents of alcoholics.

Title: COMO VIVE UNA ESPOSA LOS DOCE PASOS DE A. A.

Author and/or Distributor: Al-Anon Family Groups

Description: This pamphlet outlines the twelve steps of Alcoholics Anonymous and gives specific examples of how the wife of an alcoholic must also learn to cope with alcohol and work together with her husband in overcoming their problem.

Appropriateness: A very appropriate pamphlet because it emphasizes team work; the fact that alcoholism often is a family problem.

Suggested Audience: Spouses or relatives of an alcoholic who want to help him/her. Again, the layout is dull and unimaginative and the language could have more cultural relevance.

Title: CUALES SON LOS SINTOMAS DEL ALCOHOLISMO?

Author and/or Distributor: National Council on Alcoholism

Description: This is a very nice, simple, yet penetrating way to get a person to evaluate his or her drinking habits. The pamphlet is a series of twenty-six questions which can be answered with a simple yes or no. These questions, nonetheless, try to accomplish consciousness about problems which a person may have with his/her drinking behavior.

Appropriateness: This pamphlet or rather series of questions would be very appropriate as part of a short course or lecture on alcoholism or alcohol abuse. Once a group is sensitized, this type of exercise would throw in some self evaluation, and perhaps facing up to the realities of their drinking behavior. It is doubtful whether this series of questions would be answered individually by large groups of people.

Suggested Audience: In-service training or organized community education projects; audiences with resource speakers.

Title: CHURCHES CAN "PLAY IT COOL!"

Author and/or Distributor: Doyle E. Shield and Edward A. Kenealy, Ventura County Health Services Agency Health Department, 3147 Loma Vista Road, Ventura, California

Description: This pamphlet recognizes the churches as a great untapped resource in the struggle against alcoholism and alcohol abuse. It reminds the churches —the clergy — that they are part of the community and that their Christian concern should lead them to administer to the families of problem drinkers. The pamphlet also gives some practical suggestions on how churches can become involved through meetings with the problems of alcohol abuse.

Appropriateness: Too often churches become

more concerned with building and celebrations and fail to realize that a population with problems, e.g., problem drinkers, is a population headed for spiritual bankruptcy. The churches can be a place for strength, comfort and hope for alcoholics and their families. This pamphlet is not worded as strongly as it should be, but it is a start.

Suggested Audience: This pamphlet should be mailed to every church in the community.

Title: DE MUJER A MUJER: HABLAMOS SOBRE EL ALCOHOLISMO

Author and/or Distributor: Department of Health, Education, and Welfare Publication No. (ADM) 76-324.

Description: A short dialogue between the aunt and cousin of a woman alcoholic. Expresses the amount of worry that family and friends go through. Then the brochure directs itself to the woman alcoholic beseeching her to seek help if she can answer yes to any of the warning signs. It is done in English and Spanish.

Appropriateness: Very Appropriate. It was especially designed by women for women of Mexican American, Puerto Rican, Cuban and other Hispanic heritage.

Suggested Audience: Women

Comments: Beautiful cover art work which expresses the flow of communication and love. This sets the overall tone for the whole brochure. However since this brochure expresses a very personal approach to helping someone, it will be most effective if it is given to a person with an alcohol problem by someone close who cares and wants to help.

Title: DESTRUYENDO MITOS SOBRE LA BEBIDA

Author and/or Distributor: Mexican American Council On Alcoholism, 1577 E. Santa Clara, San Jose, California

Description: This is a very well done brochure aimed at destroying most (twenty-five) misconceptions about alcohol. The myths are printed in bold faced letters, and the discussion in regular printing. The illustrations help to catch the

eye and keep an interest. The language is easy to understand, but does not sacrifice detail or information.

Appropriateness: This would be very appropriate for young people — high school and college — who are beginning to establish their drinking patterns.

Suggested Audience: Teenagers to the elderly (if published with larger type).

Comments: Exceedingly appropriate and well done.

Title: EL ALCÓHOLICO

Author and/or Distributor: National Council on Alcoholism

Description: This pamphlet gives a profile of the alcoholic, his/her illness; the impact of alcoholism on the country; and why and how to help the alcoholic.

Appropriateness: Again the information, although general, is important and worthwhile. The pamphlet tries to dispel some misconceptions about the alcoholic. He or she are regular people suffering from an advancing illness that affects them physically and sociologically. Statistics are used to underscore the impact of alcoholism, and give useful information on helping an alcoholic. As with most translated works, this pamphlet reeks of dictionary, leaving out much of what a message of this type should have.

Suggested Audience: The general public and anyone specifically concerned with alcoholism.

Title: EL CARRO NUEVO

Author and/or Distributor: 1976 16mm Color, 20 minutes. Spanish Frank Lisciandro and Alejandro Nogales Ruiz Production, Inc., P.O. Box 27788, Los Angeles, California

Description: The film is designed to impress the audience with the seriousness, nature and consequences of drinking. It also shows drinking customs of middle aged Chicanos in East Los Angeles. The film is probably most appropriate for California audiences, but could be used to advantage in many other areas. (Cost \$275.00).

Title: EL EMPLEADO ALCOHÓLICO
Author and/or Distributor: Alcoholics Anonymous

Description: This booklet offers the employer information that potentially might help in dealing with alcoholic employees. Gives a description of alcoholism and its causes and gives a rationale for management to concern itself with the alcoholic. Suggested help is A.A.; then describes A.A. and how it helps.

Appropriateness: It is appropriate in the sense that it does present information about alcoholism which I could not detect as dated even though the brochure has a 1952 date. Although its main focus is the employer-employee, it can still offer much to the general public.

Suggested Audience: Written entirely in Spanish and in such a way that probably only (above average in reading) Spanish-speaking people can benefit.

Title: EL MARIDO ALCOHÓLICO/UNMENSAJE A LAS ESPOSAS
Author and/or Distributor: Alcoholics Anonymous, World Services, Inc., New York

Description: Focuses on helping the wife of an alcoholic. It attempts to give hope in Alcoholics Anonymous, to answer questions regarding the aims and methods of A.A., and, to a lesser extent, to answer questions about alcoholism.

Appropriateness: It is appropriate for most Latino Alcoholics, because it is written in Spanish. It transmits some basic information about alcoholism and A.A. — yet does not seem to focus on any cultural aspects of Latinos — which is rather difficult to do.

Suggested Audience: Geared especially for the wife of an alcoholic. Written entirely in Spanish — “above average” level Spanish, meaning that it would be difficult for many below High School level.

Comments: Some of the figures presented are probably dated.

Title: EL SINDROME DE LA BORRACHERA SECA
Author and/or Distributor: R. J. Solberg, Hazel-

den; P. O. Box 176, Center City, Minn. 55012

Description: El folleto describe bastante bien el síndrome de la borrachera seca, que viene siendo simplemente el no estar bebiendo, pero seguir con “una condición profundamente patológica” resultando del anterior uso del alcohol. El alcohólico con este síndrome tiene sentimientos de devaluación personal, demanda satisfacción inmediata a sus exigencias, y en general demuestra un comportamiento que no es ni realista ni adecuado. El artículo termina diciendo que las familias con este tipo de alcohólico pueden encontrar alivio en los grupos familiares de Al-anon.

Appropriateness: Evidentemente este artículo está diseñado para las familias de los alcohólicos. Ahora bien, si la familia viene de recursos adecuados y tiene una educación avanzada en la idioma castellana entonces este folleto les sirva de algo. De otras maneras este folleto es más apropiado para aquellos profesionistas que pueden ser consejeros o intermediarios para alguna familia que sufre las consecuencias del alcoholismo. Estos profesionistas serían sacerdotes, médicos, profesores, policías, trabajadores sociales, y quizás hasta empleadores.

Title: FACTS ABOUT ALATEEN
Author and/or Distributor: Al-Anon Family Groups Headquarters, Inc.

Description: This pamphlet is designed to give information about Alateen, a fellowship for teenaged daughters and sons of alcoholics. It defines Alateen, states its purposes, describes what it teaches, and talks about Alateen literature, and the twelve steps of A.A.

Appropriateness: This pamphlet should be of service for those teenagers, or parents with teenagers who live with an alcoholic, or know of someone who lives with an alcoholic and needs help. It would also be very helpful for high school teachers who may come in contact with children of alcoholics.

Title: FAMILY APPROACH TO THE DRINKING PROBLEM
Author and/or Distributor: Doyle E. Shields, Health Services Agency, Ventura County, 3291 Loma Vista Rd., Ventura, CA. 93003

Description: This pamphlet gives a step-by-step

approach of how a family can get to understand the alcoholic and help him to recovery. The roles and responsibilities for the whole family — drinker, mate, children, in-laws — are defined, and the overall responsibilities (goals) of the whole family are clearly stated. Emphasis is given to the point that the problem drinker should not be excluded from the family nor from his/her responsibilities.

Appropriateness: The pamphlet tends to get a bit too idealistic in some instances; otherwise the concept of family involvement in helping the problem drinker is valid and very appropriate.

Suggested Audience: Spouses and relatives of alcoholics. Also counselors charged with dealing with alcoholics and their families.

Title: HABLEMOS EN CLARO/PLAIN TALK
Author and/or Distributor: Department of HEW NO. (ADM) 76-334, printed, 1976

Description: This brochure is written in both English and Spanish and covers a wide range of topics, such as: the symptoms of alcoholism, the effect of alcohol on the body, detoxification, and treatment recommendations. It emphasizes that alcoholics can be helped, and singles out A. A. as important in this respect.

Appropriateness: Written in non-technical terms, this brochure is easy to read and to understand. All concepts and terms are well explained and defined.

Suggested Audience: Geared for the general public, with no specific sex in mind.

Comments: This is a good, informative piece of literature.

Title: HAS ALCANZADO LA MAYORIA DE EDAD
Author and/or Distributor: Rafael Santos del Valle, Dept. de Servicios Contra la Adiccion. APTDO B.Y., Rio Piedras, P.R. 00908

Description: This is an open letter to Puerto Rican youth who have just reached the age of 18, and can now be legally defined as adults. The letter congratulates the new adults and outlines the promise and opportunities waiting for them. It also signals their responsibilities which include

a controlled drinking behavior; good example for the young; and the problems which alcoholism brings to Puerto Rican Society.

Appropriateness: It is a very nice letter, written in the form of "consejos" (advice) from a father or authority figure. The language is somewhat stilted and would be more appropriate for the less acculturated, especially those who have had at least part of their education in the Spanish language. The layout is nice, but a bit of color would be an improvement.

Suggested Audience: Spanish speaking youth who can converse, understand and read standard Spanish. There are no idioms or "barrio" language in this pamphlet.

Title: 24 HORAS LINE DE INFORMACION Y CRISIS DE ALCOHOL PARA LA JUVENTUD
Author and/or Distributor: Message is that the figure in the poster could be one's daughter or son (one happy figure, one depressed figure). Calls to attention the fact that depression can lead to drunkenness among youth. Gives a 24 hour phone number.

Appropriateness: Probably conveys an important message well and offers assistance at the same time (phone number).

Suggested Audience: Geared to a Latino mother or father or both — written entirely in Spanish. Is geared to the general public. Figure in poster — Latino looking.

Title: HOW THE ALCOHOLIC FINDS CONTENTMENT AFTER SOBRIETY
Author and/or Distributor: Doyle E. Shields, Health Services Agency, Ventura County, 3291 Loma Vista Road, Ventura, Calif. 93003

Description: This pamphlet is aimed at the problem drinker in an effort to convince him of the advantages of sobriety, and some simple steps on how to stay sober. The process of treatment is carefully defined; it becomes less professional but not less necessary. The person is then encouraged to such new directions for learning, healthy habits, enjoyable family living, and communication. There are also several basic, practical steps on how to relax and cope with problems.

Appropriateness: There are some very emotional communication which this pamphlet tries to communicate with the alcoholic. Basically, it says that the main resource the alcoholic has to become and to stay sober is himself, once he/she makes up his/her mind. This message may mean more, or touch great depths of an alcoholic than of a non-alcoholic reader. Appropriate for alcoholics or problem drinkers, whether or not they have decided to become and stay sober.

Title: HOW TO TALK TO YOUR TEENAGER ABOUT DRINKING AND DRIVING
Author and/or Distributor: U. S. Department of Transportation

Description: Communication is the emphasis this pamphlet underscores in dealing with drinking and driving among teenagers. Another strength is that it approaches the problem realistically. Ours is a society that condones drinking for all types of occasions and teenagers are often exposed to this drinking opportunity. Parents are also reminded that they can serve as examples and that a one-shot talk will not fulfill parental responsibility.

Appropriateness: The appropriateness of this pamphlet lies in the fact that it reminds parents that they are responsible for their children's behavior. It also gives healthy tips on the fact that with this problem it does not pay to try to scare people, but rather to communicate and advise.

Suggested Audience: Parents, grandparents, and perhaps teachers since too often they have to serve as parent surrogates.

Title: IT'S BEST TO KNOW
Author and/or Distributor: National Alcoholic Beverage Control Association.

Description: This pamphlet, in comic book form, begins by placing alcohol in historical perspective, mentioning some behavioral norms we have developed regarding alcohol consumption. There is also a section on how alcohol is absorbed into the body and its effects on the brain and the body. The last section is dedicated to the potential abuse of alcohol and the process of alcoholism plus the mention that the alcoholic can be helped through A.A., clinics, hospitals, or social agencies.

Appropriateness: The concept of this pamphlet is sound because it does provide extensive information on alcohol — more than most other pamphlets of this type. The wording and detail are easy to understand and follow. However, the format does not seem appropriate. The information is serious and technical, and a different format of pamphlet or monograph would have been more appropriate.

Suggested Audience: The general public.

Title: LA JUVENTUD Y EL PADRE ALCOHOLICO
Author and/or Distributor: Comision sobre alcoholismo/Costa Rica

Description: A very nice pamphlet designed for young people having an alcoholic parent — especially the father. The pamphlet is written in a question and answer format aimed at helping young people understand the illness and problems of the alcoholic parent. The questions and answers deal with the illness itself, family life, friends, and lastly where the young person and his family can get help.

Appropriateness: The concept of this pamphlet is not only appropriate, but also unique. By focusing on the social problems of alcoholism, the illness and recovery of the alcoholic and the problems between the alcoholic and his/her wife (husband), we often ignore the children. This pamphlet recognizes the fact that children can be affected by an alcoholic parent, and the fact that a child can be a tremendous resource for an alcoholic parent. Should be adopted for our population.

Title: LOW RIDER
Author and/or Distributor: 1976 16mm Color, 20 minutes, English, Frank Lisciandro and Alejandro Nogales, Ruiz Productions, Inc. P. O. Box 27788.

Description: This film is designed to show alternatives to drinking and driving for young people. It is the story of two Chicanos who turn a beat up old junker into a custom classic. Then one gets drunk and wrecks the car. His friend refuses to help rebuild the car until the other promises that one of them will always stay sober, no matter what they do. (Cost \$275.00)

Title: MENSAJES DE MODERACIÓN

Author and/or Distributor: V. Juarez & Co. nc.

Description: This pamphlet is distributed by a company that distributes alcoholic beverages. It emphasizes the responsible ways of consuming alcohol — to enjoy company, food, and to be mature. The pamphlet emphasizes cultural symbolisms — "Being a man means saying no." The image of a father and mother dealing responsibly with their family; and always the warning that drinking and driving do not mix.

Appropriateness: A very well done pamphlet; especially for a distributor of alcoholic beverages that realizes its responsibility to the community. It could also be well done because it was written by Puerto Ricans for Puerto Ricans.

Title: NUEVA GUIA PARA EL CUARTO PASO

Author and/or Distributor: Hazelden, P. O. Box 176, Center City, Minn. 55012

Description: Undoubtedly this pamphlet represents a very important step in the process of undertaking the twelve steps suggested by Al-Anon. The pamphlet focuses on the fourth step: Without fear, make a moral inventory of ourselves. This pamphlet encourages the person to undertake the fourth step — to make an inventory — and provides definite guidelines. Two opposite characteristics — e.g., impatience; false pride — humility — are placed side by side and the person is encouraged to evaluate himself/herself using these guidelines.

Appropriateness: However, the importance of this pamphlet is only too obvious that it is a translation. The language is stilted, formal and rigid. It lacks that personal approach evident in English versions. Words such as "agudo," "intrepide", "anteponiendo", "injuria" place this pamphlet beyond the reach of many Mexican American alcoholics and their families. People who translate these pamphlets should realize that our language is an oral tradition and that language is also a carrier of culture.

Suggested Audience: Professionals who may come in contact with alcoholics and their families, either as counselors or trusted friends, e.g. priests, ministers, policemen, social workers, employees, and teachers.

Title: PROBLEMA ALCOHOLICA

Author and/or Distributor: Esther Orona, Mexican American Council on Alcoholism, 1577 E Santa Clara, San Jose, Calif.

Description: This article is informative in a general sense. It gives some information on the symptoms of alcoholism; it cautions the family not to become and accomplice to the alcoholic's behavior by making excuses for him/her. It discusses the effects that the presence of an alcoholic can have on the family unit.

Appropriateness: The text of the brochure is well done. The language is appropriate for most Mexican Americans, yet does not sacrifice information for simplicity. Unfortunately, the layout assures that most persons will not read the contents. The color is dull, and the printing and layout unimaginative. This is the type of pamphlet one would pick up to write down and address or a phone number.

Suggested Audience: Appropriate reading for families — husband, wife, and older children — of a person with a drinking problem.

Title: PROPOSITOS Y SUGERENCIAS

Author and/or Distributor: Grupos de Familias Al-Anon

Description: Article is a short description of the purposes of Al-Anon: to offer friendship, hope, and help; to grow spiritually; and to give understanding and courage to the alcoholic. Suggestions given to those recently enrolled in Al-Anon include patience, hard work, meditation and faith. The twelve steps of the AA groups are also presented.

Appropriateness: This pamphlet would be appropriate to the spouse and children of an alcoholic. It gives general information and brief detail. The pamphlet seems designed to get people to seek more information directly from A. A. Unfortunately the pamphlet is dull and colorless in its design. No matter how important the information, the intended audience must be encouraged to pick up the pamphlet and read it. This pamphlet looks like any set of instructions that come with packaged medicine.

Title: 15 PUNTOS QUE DEBE TENER PRESENTE EL ALCOHÓLICO

Author and/or Distributor: Comisión sobre Alcoholismo/Costa Rica

Description: These fifteen points are designed first of all to develop consciousness in the alcoholic about his present condition. All of the information concentrates on the present — meditation, work, concentration — trying to make the drinking person aware of the consequences of his/her drinking. The last five points are more positive, developing awareness of the happiness, satisfaction, and gratefulness that go with sobriety.

Appropriateness: This pamphlet seems appropriate for those persons who have already realized, or begun to realize that they have a drinking problem. The language is formal, but the message was meant for Costa Ricans, who are educated in the Spanish language. Nonetheless, the writing is easy to read and with a little work could be acceptable for our Spanish-speaking communities. Obviously this pamphlet is an original — not a translation.

Suggested Audience: Appropriate for alcoholics or drinkers who realize they have a problem. May also be useful to relatives who are seeking ways of communicating with the problem drinker.

Title: RECURSOS DE LA COMUNIDAD
Author and/or Distributor: National Council on Alcoholism

Description: A list of all the agencies and their phone numbers in the greater San Diego area which provide confidential information on alcohol and alcoholism. Each listing has a short description of the services which the agency provides and the hours during which each agency can be reached.

Appropriateness: This pamphlet is ideal as part of a package given to those persons who come to a clinic or other institutions seeking help. Generally, the description of each center is rather inadequate and really says very little of the agency — what the patient can expect or what types of services — e.g., detoxification, counseling, referrals — are available. The layout is also rather dull and has little appeal.

Suggested Audience: Those who are interested, and who are GIVEN the pamphlet and more instructions to go with it.

Title: SALUD...SALUD
Author and/or Distributor: DHEW Publication No. (ADM) 76-325.

Description: This brochure addresses itself to the drinking patterns of the Hispanic male. Social customs are mentioned as acceptable; but, when enjoyment becomes a need, the person is encouraged to seek help. English and Spanish—primarily directed to the Spanish-speaking.

Appropriateness: Very appropriate. Developed especially for Mexican American, Puerto Rican, Cuban, and other Hispanic men. The term "Hispanic" may not be acceptable to some Spanish-speaking populations.

Suggested Audience: Men

Comments: Very expressive art work that shows the progression of drinking for pleasure to needing a drink to asking for help. Cover shows that drinking can be good if it is not abused apparently goes in conjunction with "de Mujer a mujer".

Title: SEDANTES, ESTIMULANTES Y EL ALCOHÓLICO
Author and/or Distributor: Alcoholic Anonymous World Services, Inc., New York

Description: This article deals with those drugs — opium derivatives, barbituates, amphetamines, and tranquilizers — that can become addictive, and pose special problems to the treatment of alcoholics. Some alcoholics may substitute dependency on these other drugs for dependency on alcohol; the alcoholic may take more than the prescribed dosage or may combine alcohol with these drugs. The pamphlet ends by calling attention to A.A. and how this organization can help those affected by drinking problems.

Appropriateness: This is a very appropriate pamphlet for those health professionals who come in contact with alcoholics occasionally. It may make them aware and conscious of the medication administered to those with drinking problems. The pamphlet with some rewording and re-writing could also be of benefit for those families who have an alcoholic member undergoing treatment.

Title: SEÑALES DE ALCOHOLISMO
Author and/or Distributor: Comisión en Alcoholismo de Tejas (Texas Commission of Alcoholism)

Description: This article defines twelve signals that mark the progression of a person from a social drinker to a completely defeated alcoholic. These signals include change in drinking behavior, black-outs, drinking alone, and so forth.

Appropriateness: This pamphlet looks like a set of instructions that comes with most packaged medicine. The layout is colorless, dull, and unimaginative. It would be most appropriate as part of a package designed for inservice or workshops done at workplaces, e.g. shop, factories, offices. By itself it is doubtful whether many people would pick it up and read it.

Suggested Audience: General public.

Title: SE SIENTE SOLO?

Author and/or Distributor: National Council on Alcoholism

Description: A very colorful poster of man in a lying position half buried in the ground with two bottles of booze beside him. The sun is shining; the birds are flying and it seems like a bright sunny day. The caption reads, "Do you feel lonely on this beautiful day?"

Appropriateness: The poster could easily be mistaken for just a beautiful colorful picture. It has absolutely no impact as far as alcoholism is concerned. It does not have a positive or negative effect. It just stands there and says nothing. One Spanish-speaking alcoholic in an in-patient ward stated, "It is too God damn bright and the message stinks."

Title: SOCIAL DRINKING

Author and/or Distributor: U. S. Jaycees (Catalog No. 750-8), Box 7, Tulsa, Oklahoma 74102

Description: This pamphlet gives a good description of what a social drinker is and is not; it then describes the overall impact of alcohol as a problem and discusses some of the most common misconceptions about drinking behavior. Throughout the emphasis is on responsibility as a host or hostess; as a drinker; and as a friend of someone who has a drinking problem. The message ends reminding readers that there is help for those who have a drinking problem.

Appropriateness: This is a very well done pamphlet which creates awareness about the pro-

blems alcohol can bring about when used irresponsibly. This irresponsibility, we are told, is often not the burden solely of the alcoholic, but is often shared by those who push too many drinks on people who may have problems.

Suggested Audience: The general public; especially those who like to throw parties and "good times" and may not be aware that they could be harming someone.

Title: SU PROPIA HISTORIA

Author and/or Distributor: Eugenio Sanchez, Torrento Alcoholic Anonymous World Services, New York, New York.

Description: This is the narration of man who turns into a alcoholic. It shows that alcoholism can afflict anyone regardless of educational attainment, occupation and intelligence. It uses Eugenio as an example of how one can learn to drink and go beyond just drinking to a real problem situation. It offers hope that Eugenio and others can be helped. It offers some interesting statistics and it is also well illustrated.

Appropriateness: It is excellent in putting forth its message both in its illustration and the way it is written.

Suggested Audience: Geared specifically for adults although it does not mention any cultural aspects of Latino life. It does use some good Latino phrases to bring out its point. The information section with statistics is also good.

Comments: Very well done.

Title: TAKE A CHANCE

Author and/or Distributor: Substance Abuse Programs, Ventura County Health Services Agencies, Ventura, Calif.

Description: A cartoon pamphlet which tries to give the impression that educated people seek treatment for the alcoholic. Other people condemn them, or try to isolate them.

Appropriateness: This pamphlet should have been a poster. There is too much paper and too much bulk for the message it tries to give. As a poster people could see it; as a pamphlet it is doubtful that very many people would pick it up.

Suggested Audience: The general public.

Title: THE NEW MATH FOR ALCOHOL AND DRUG INTERACTIONS

Author and/or Distributor: Program on Alcohol and Drug Abuse, The New Hampshire Pharmaceutical Association.

Description: This short pamphlet warns of the dangers of mixing alcohol with other drugs, prescribed medicines or non prescription drugs such as antihistamines. This combined effect of alcohol can lead to dizziness, stuporousness, coma, and even death from respiratory failure.

Appropriateness: It is appropriate in the sense that most people often forget or disregard the multiple effect of drugs and alcohol. Since most persons sooner or later end up taking medication; this pamphlet is an appropriate warning.

Suggested Audience: The general public.

Comments: A spanish version of this would be appreciated.

Title: THE PROBLEM OF ADOLESCENT ALCOHOL ABUSE IN EL BARRIO

Author and/or Distributor: East Harlem Tenants Council, New York.

Description: This brochure is a description of what this center proposes to do about the problems faced by Puerto Rican youth in their efforts to establish alternatives to drinking behavior. The strength of this brochure lies in its detailed description of the pressures, misunderstandings, and downright humiliations which Puerto Rican children experience when relating to or coping with the dominant Anglo society. This report does not deal with concrete examples of how children are robbed of a positive self image and a positive cultural identity.

Appropriateness: A good report for those working directly or indirectly with poor Spanish speaking youth. Would certainly benefit teachers to read it.

Title: THOU SHALT NOT KILL ALCOHOLICS WITH KINDNESS

Author and/or Distributor: Doyle E. Shields, Health Services Agency, Ventura County, 3291 Loma Vista Road, Ventura, CA 93003

Description: A very nice pamphlet which explains the true kindness an alcoholic needs, namely learning to deal with guilt, learning to give and accept love; learning to live by principles and not by rules; and finding inner peace. In essence, this pamphlet says that to accept an alcoholic the friend must first accept himself and try to help the drinker to achieve responsibility and character. What the friend must not do is rationalize, make excuses, or become manipulated by the alcoholic.

Appropriateness: The brochure, if intended for a "friend" of an alcoholic, is too long and drawn out. It seems as if the author starts by talking to the alcoholic, and ends up talking to the "other" person. There is a lack of transition somewhere. The counseling style that may be appropriate when talking to an alcoholic may not be appropriate when talking to other persons.

Suggested Audience: The general public, and especially those who have a problem drinker as a close acquaintance.

Title: TODO LO QUE DEBÍA SABER TOCANTE ALCOHOL

Author and/or Distributor: Alcohol Information School

Description: A very well done brochure on general information about alcohol and specific information about alcoholism. It starts out defining alcohol as a substance; its importance; effects; levels of intoxication; social problems; physiological deterioration, and HELP. The information is well outlined often placed in easy to read diagrams and steps; and written in appropriate understandable language.

Appropriateness: This brochure would be appropriate for the general public, especially all drinkers. More specifically, this pamphlet would be of benefit to young people establishing their drinking patterns and to those persons known to have a drinking problem.

Title: TOMA USTED A ESCONDIDAS ?

Author and/or Distributor: National Council on Alcoholism

Description: The basic message is that if one drinks alcohol while hiding from others, one may have a drinking problem.

Appropriateness: One individual commented, "it is not great, but at least it is a step in the right direction. It shows Chicanos may have a problem too."

Suggested Audience: Audience is probably high school and above too, although the way it is written it could help anyone. Aside from being in Spanish and having a woman, there is no particular ethnicity mentioned.

Title: UN GUIA PARA LAS AM
LOS ALCOHÓLICOS
Author and/or Distributor: Al-Anon Family
Group Headquarters, Inc.

Description: The pamphlet deals with family centered methods for dealing with the alcoholic. It emphasizes knowledge of alcoholism, courage, and a good attitude as important in combatting the problem. Love and compassion are also considered important. It ends with some basic principles to abide by.

Appropriateness: It offers some good suggestions as well as things to "look out" for, has more depth and unlike most other pamphlets, takes family into consideration.

Suggested Audience: The audience must be "above average" in handling Spanish. It is written with no particular sex or ethnic group in mind, even though it is written in Spanish. It will be difficult to handle for those with below average in reading skills.

Title: UNAMOS NUESTROS ESFUERZOS
Author and/or Distributor: National Institute on
Alcohol Abuse and Alcoholism

Description: This article discusses alcoholism as a family problem. It describes what alcoholism is, how to help the problem drinker, and where to go for help.

Appropriateness: Basically appropriate reading for any group — especially for a family with an alcoholic. Conveys some basic information so it could be appropriate for families who know little or nothing about alcoholics and alcoholism.

Suggested Audience: Written in Spanish and English. Average audience — aimed at no particular sex or ethnic group. Would best fit an audience of teens or older.

Comments: Good informative good style

Title: YO NO PUEDO SER ALCOHÓLICO
PORQUE...

Author and/or Distributor: David L. Hancock,
Michigan Foundation for Alcohol Education,
Box 212, Lansing, Michigan 48902

This short pamphlet tries to shed some light into six of the most common misconceptions about alcoholism, such as I only drink beer; I am too young; I never drink before 5 PM. The pamphlet goes into detail regarding each myth, and gives enough information and detail to dispel the misconception for those who take the time to read the pamphlet. The ending is very appropriate — ignorance can kill you.

Appropriateness: There is no doubt that this pamphlet is appropriate, not only to alcoholics and their families, but also for every person who drinks. Unfortunately, as with most pamphlets, the layout is very unimaginative; the color and type is dull, and it is doubtful whether very many people would pick it up and read it voluntarily. The language also shows strong evidence that the pamphlet is a translation. It reeks of dictionary at the expense of cultural experience.

Suggested Audience: Anyone who drinks regardless of age or sex.

CHAPTER V

ORIGINAL ARTICLES

In selecting articles for this section, two main objectives were clearly kept in mind. The most important objective was to provide the reader with useful readings that can be of help in conceptualizing, planning, and implementing programs to serve Spanish-speaking communities. Another important goal was to provide some examples of a new trend in the literature — a more assertive and positive analysis of alcohol related problems, especially as conceived by professionals from our Spanish-speaking communities. We feel that the following six articles accomplish these goals. The reader will find these articles useful, practical, and suggestive.

The lead article by Michael Angioseno suggests an anthropological overview of alcoholism therapy; i.e., the role of the anthropologist in the planning and delivery of community-based

alcoholism services. Equally important, however, is the author's outline and suggestions on how to establish such community-based alcoholism services. The outline includes a step-by-step procedure which could be adapted to most communities and which can serve as a guide to interested persons.

The next two articles (Dupree and Rodriques; Keesler and Rosario) relate two different approaches which resulted in the establishment of alcoholism services for the community. The first article (Keesler and Rosario) has a more formal approach, a needs assessment and a report on the need of alcoholism services by the community. The appendix to this article also provides some useful guidelines and ideas for those communities interested in developing their own programs. The second article (Dupree and Rodriques), although highly subjective and impressionistic, nonetheless carries a personal account of how people successfully established an alcoholism services center.

The fourth article (Rodriquez and Rodriquez) addresses itself to "planning and delivering alcoholism services" to Cubans. One of its strongest components is the emphasis that the various Spanish-speaking communities are different from each other. Cubans are Cuban and Mexicans are Mexican. Catch-all labels such as Latino or Hispano only confuse the uniqueness and individuality of each group.

The last two articles (Boulette; Munoz) are included to provide specific guidelines or suggestions on actual therapeutic or counseling procedures with Mexican American alcoholics. The first article (Boulette) addresses itself to Mexican American values and characteristics that can be useful to group therapy. The second article (Munoz) provides an overview and a detail of counseling techniques employed by some Mexican American counselors when assessing the counseling needs of Mexican American alcoholics. Both are good examples of carrying to practice what was said in most of the first four articles.

We were unable to address ourselves to two important factors often ignored in alcohol related studies. The first factor deals with the prevalence of alcoholism in rural, economically depressed areas. Most studies, by and large, overlook the problem of alcoholism in rural areas. The second factor deals with the politics involved in program implementation. Agency politics at the funding or local level can have a definite impact on how service programs are defined and implemented.

COMMUNITY RESOURCES FOR ALCOHOLISM THERAPY

An Anthropological Overview

Michael V. Angrosino

The use and abuse of alcohol are both ancient and widespread (Washburne 1961), but not until a "disease concept" of alcoholism was developed (Gitlow 1973; Jellinek 1960) was it possible to devise consistent strategies for treatment. The disease concept enabled health professionals and laypeople alike to consider alcoholism a nameable, coherent entity, like diabetes. As a result, they could infer that a disease state (as opposed to a sin, character flaw, work of the devil, etc.) had to be the result of some rational cause-and-effect process, and could, in turn, be treated by rational means. In an older social system, in which drinking behavior was conceived of in spiritual or moral terms, specific disapproved acts of a drunken individual could be individually dealt with, but without a notion that "alcoholism" (a unified complex of behaviors and physical states) existed, no general approach to prevention or treatment could be forthcoming.

In the modern society, then, alcoholism is a public health issue, but in a very special way. Diabetes has a clearcut clinical definition in the minds of most people, whether or not they are medical specialists, but alcoholism still exists, in the minds of many, in a gray area that continues to rely on attitudes derived from religious, ethical or other spiritual systems as well as from a purely medical standpoint of physiology or psychiatry. Moreover, the social scientist recognizes that it is the public behavior of the alcoholic which people seek to treat, in addition to the internal physical effects of alcohol. It is recognized that the alcoholic develops his or her illness, acts out the behaviors associated with it, and therefore ultimately must be treated — all in a social context, rather than strictly in private. Because anthropologists are especially interested in questions of value and belief as expressed in the form of social interaction, they can make a contribution to the study of the treatment of alcoholism, along with the clinician.

It is the aim of this paper to review some of these contributions, not to the entire range of alcohol-related issues, but to the specific question of treatment in the social context. What are the resources in a given community that can be recognized as of potential benefit in the treatment of alcoholism? How are they to be mobilized? And what can the anthropologist (or other applied social/behavioral scientist) contribute to our understanding and utilization of

these resources? These are the basic questions to which the paper is addressed.

The paper will be divided into three main sections: a) a review of the contributions of social science to community-based therapy for alcoholism; b) a comparative analysis of some cases of such therapy; and c) a concluding set of suggestions about the potential applicability of these concepts to the creation of community-based alcoholism programs in the Spanish-speaking communities that are the focus of this present volume.

A REVIEW OF CONCEPTS

The call for the creation of community-based alcoholism programs derives most directly from the community mental health "movement" which began formally with the passage of the Community Mental Health Act (Community Mental Health Centers Construction Act) of 1963 (Yolles 1968). A guiding principle of this legislation was the conventional mental health services were not reaching significant numbers of the population, specifically minority or other disadvantaged groups. There was a problem of physical access in that conventional mental health services were located too far away from or were too expensive for the disadvantaged populations. There was also a problem of "cultural" access, because conventional services relied on definitions of mental illness and assumptions about treatment that reflected majority or "mainstream" ideas; these might well be at variance with the ideas prevalent in given communities, specifically communities of racial or ethnic minority population.

The community mental health legislation therefore mandated the creation of some 700 community mental health centers around the country, each one to serve a "catchment area" of approximately 200,000 people. Each center was supposed to provide Outpatient, Inpatient, Emergency, Aftercare (Follow-up) and Consultation/Education services. To these general areas was added a list of more specific services (e.g., rape counselling, alcoholism or drug abuse therapy, services for the aged and for children, etc.) in the 1975 revision of the legislation. But although the provision of services was the main thrust of the legislation, there was also included in the setting-up of such programs the notion that community mental health also meant an effort on behalf of changing the social environment, to the extent that "pathogenic" elements in that environment could be eliminated or modified. In sum, community mental health was felt to go beyond conventional medicine and into the realm of public health — to deal with

the prevention of illness as well as the treatment of cases already developed.

One clear problem that emerged early in this movement was that the mental health professionals arrived like missionaries, setting up their community centers and dispensing services — whether or not anyone in the community wanted them. After all, while a broad, liberal definition of mental health has been current in some segments of the population (according to the *Community Mental Health Journal*, "Mental health is seen as more or less congruent with the general concept of social well-being"), people in the community, especially those who belonged to disadvantaged minorities, had other ideas. To many, "mental illness" meant nothing but "being crazy," and needing to be locked up. What, then, could a community center do for such an extreme case? And if someone weren't "crazy" then he or she was healthy enough and hardly required the ministrations of the professionals and their center to prevent illness. As a result, many of these hopefully chartered centers languished, serving bare fragments of their catchment areas.

The evaluation of services has become an integral part of the new legislation, so that it will now be easier to monitor the success or failure of the centers in contacting the people of their areas and providing them with services. But even in the absence of these supporting data, we can state that a basic misunderstanding about peoples' ideas and lifestyles was at the heart of an overall problem that weakened the effectiveness of the community mental health movement. Anthropologists, among other social scientists, were able to be effective mediators in such situations, since, by practice, they live in communities which they study, and were able to translate the needs of the people back to the institution which was providing the service. It is now recognized that a "needs assessment" survey must precede the planning of any community health service. However, because the anthropologists were not health professionals, their recommendations about needs tended to have very little impact, and were frequently ignored.

As a result, a number of these anthropologists involved in community mental health programs came to the conclusion that they would be most effective if they began, not with the institution providing services, but with the community itself. By living in the community and developing meaningful interactions with its people (not merely by doing impersonal door-to-door surveys), they could determine what

was actually going on. It just could be that there was already an "indigenous" network of care — perhaps local people (pastors, midwives, elders, or whoever) to whom others went for counseling or other types of aid in times of stress. These people might not be trained clinicians, but they served the needs of the people and hence new professional services would only be duplications of things already functioning well; and because they would also be things that seemed foreign to the community, they would not be easily accepted as substitutes.

The logical extension of this community organization stance would be for the anthropologist to help the community become the sponsor of services rather than the passive consumer of whatever the professional institutions had to offer. That is, the anthropologist working in the community might learn whether the people really wanted, for example, a halfway house for alcoholics; they would then either raise funds locally or write a grant to apply for state or federal funding. With this money they could rent the space or hire the professionals to provide that service, as needed. The implication of this is that the community would continue to be in control, perhaps by means of a Board of Directors, a civilian review board to oversee the professionals' activities and make sure that community needs and feelings were always attended to.

There are numerous bureaucratic pitfalls in the path of this ideal of community organization. However, I am also concerned with what is perhaps a more fundamental problem: the apparent naivete with which service providers and laypeople alike accept the concept of "community" as a real, meaningful unit.

The most important point to be made in this regard is that the community is not necessarily a geographical entity. One might well speak of a neighborhood, ward, district, ghetto, barrio, etc., and feel that all of these are bounded physically. However, once we stop to think of it, we realize that not only do such "entities" tend to get very ragged around the edges, but they are also — and this is far more important — far from homogeneous even at their cores. Rarely do we find a social entity which is entirely self-contained; its residents may work at jobs elsewhere, they may have relatives in other areas, and, more to the point, they are integrated (for better or worse) into a larger social system (political, economic, judicial, educational etc.). To treat "the community" as if it were just like an old-time peasant village or an isolated primitive

tribe, then, only serves to simplify a complex situation, to the extent that remedies cannot be meaningfully applied.

We are all familiar, too, with conventionally defined "communities" which are not geographically localized at all: the "academic community," "the business community," and so forth. At a certain level, members of racial or ethnic groups in the U.S. can consider themselves as members of the same community, in the sense of a "community of interest." Hence, there is an expression of concern for the Hispanic community in the U.S., even though we are all very much aware of potentially significant differences in Hispanic lifestyles as found in Los Angeles, Chicago, New York, etc. Clearly, this widely extended definition of community is not particularly relevant for the planning of health services in all cases; people interested in alcoholism treatment in Houston, for example, are not necessarily obliged to consult people of the same ethnic group living in Miami before proceeding. But if there are perceived commonalities of culture that link Hispanics (and this, of course, is a given in terms of this volume), then the actions of Hispanics in Houston will, indeed, be relevant to those in Miami, and vice versa. And, moreover, what the Hispanic community in one city does will reflect its relations with members of other groups in the same area.

The "community," then, cannot be considered strictly in localized geographic terms. It also cannot be considered to be socially homogeneous. In fact, it is more useful to consider it as if it were not. To illustrate this point, let us draw on one of the oldest — but still among the most useful — of social science concepts, that of "organic solidarity." In a "primitive" society, each unit (a family more likely than an individual) will be responsible for supporting itself — the man hunting, the women and children gardening and/or gathering wild foods. They would affiliate with other families, of course, for reasons of security, but could, if it became absolutely necessary, survive independently. But when new means of food production were developed, a more complex division of labor was the result. In farming (and, later, in industrial) communities, with the provision of a steady supply of food and the potential of surpluses, certain people could be freed from food-producing chores and could take up other necessary activities — to make the baskets in which to store the grain, to make the pottery in which to cook it, to serve as carpenters or other artisans/craftsmen, to be merchants or traders, or priests. In

such a society, no one family could possibly survive independently since each one was making only a fraction of what was needed to survive. The result is a situation of "organic solidarity," because the social group is solidary (i.e., united) in the way that the human body is — each of the organs has a distinct function, but all must act together, or they work not at all.

We must therefore recognize that even in a social group in which in the ideal (or even in the practice), people are considered equal in terms of opportunity, there will be various segments of the population engaged in different tasks at different times. Whenever something new is introduced into their social system, we must then expect that there will be a diversity of opinion, because not everyone in the group has the same interest or stake in that group. We must remember that certain drugs, for example, can be beneficial to one part of the body, but still have drastic side-effects on other parts of the body. So it is with the social group — perhaps even more so because human beings are conscious of their values and attitudes and can articulate their opinions and, in so doing, make them seem more distinctive.

It will therefore be more useful to think of the community not as a unified entity, or as a localized place, but as a process. In some cases, we must still accept the bureaucratic/legislative definition of the catchment area as if it were a meaningful unit. But when it is a question of the assessment of needs and the design and provision of services as proposed by the community rather than by some outside institution, we are most directly concerned with who is actually involved and what they are supposed to do. On the structural level, we can minimally define three groups of people who might be involved: those who are the target population (in the sense of those who have needs, and for whom services are planned); those who sponsor/plan/support the provision of services (these two groups may be the same, but not necessarily); and the professionals who are brought in (or the paraprofessionals who are trained locally) to provide the service. The ways in which they all get together to define their needs and plan the required services constitutes the functional definition of the community process.

There is no reason to assume that these three groups of people, taken together, will constitute a community that would be equivalent to the "catchment area." There may well be people in the area who do not need a particular service, are not trained to provide it, and have no

interest in organizing its delivery. They may thus be eliminated as functional members of the community with respect to this one dimension of interaction, much as non-churchgoers will be excluded from the network of worship-related activities, even though they still live in the same neighborhood and interact with their neighbors on other occasions. As the health service in question gets more specific, this functional definition consequently narrows. For example, if the goal of a program is "mental health," then everyone is, by definition, to be included. But if the goal is alcoholism service, then "the community" is composed of those who simply are directly concerned with alcoholism. The only real exception to this "rule" is that case in which all the others move from being apathetic bystanders to being actively hostile to the project. This might be the result of the social stigma of alcoholism; people who are otherwise unconcerned with the program might well object to having a treatment center located next-door, and this attitude will affect the ways in which the service can be planned and delivered.

The point of this discussion is that the field researcher is in a position to define these variables "on the ground," rather than to try to work within an arbitrary, bureaucratic definition imposed from the outside. His or her analysis can thus be of great use to those planning community services.

CASE STUDIES

Analyses, evaluations and other research conducted by or about community programs tend to be filed with the agencies themselves, and are not always published or otherwise distributed so as to be usable to those interested in developing similar plans. However, some cases are available in the literature. This section cannot hope to represent a fullscale review of the field; it will, rather, be a selective appraisal. The cases singled out for analysis here may be seen to demonstrate certain critical features of the problem as seen from the perspective of an anthropologist, although they certainly do not amount to a total picture of community-based alcoholism programs.

The goals of any community-based program can be broadly divided into two major categories; prevention and treatment. Because of the nature of alcoholism, preventive measures have not been particularly effective. There is a tendency to deny that one is an alcoholic until matters have progressed very far; many prefer to consider themselves "social drinkers" who can

stop at any time. There may also be a feeling in some communities that "everyone drinks," and that therefore there is nothing "wrong" with it. There is, furthermore, a tendency for people to put off preventive measures for any illness until there is a real emergency pending. Given the somewhat ambiguous status of alcoholism as a disease, and despite widespread recent publicity about its "epidemic" status, it is not surprising that alcoholism prevention programs, per se, are rare. When they are found, they are, in fact, usually linked with public education programs and are thus carried out by the large national organizations (e.g., National Institute on Alcohol Abuse and Alcoholism, National Council on Alcoholism, etc.). Community-level educational/preventive programs are not unknown, but neither are they in general usage.

Thus, although public health specialists might agree that prevention programs are, in the long run, both more effective and more cost-efficient than treatment programs, it is the latter which have been the most common, even in community-based programming. One other possible reason for this has been the increasing awareness among those involved in alcoholism therapy that a conventional "medical model" of treatment is often a barrier to recovery. Because of the stigmatized status of the alcoholic, he or she is frequently distrustful of overly professional doctors or nurses who might be perceived as treating the patient with a degree of scorn. This is especially true if the professional belongs to a racial or ethnic group different from that of members of a (disadvantaged) community. Hence alcoholism treatment that is specific to the community may be less threatening to the alcoholic and be more successful in coping with the illness than a "prevention" program with vaguer, more general goals.

That this can be true even of alcoholics "off the street" in need of detoxification can be seen in the recently reported case of "1335 Guerrero St." (O'Briant, Petersen & Heacock 1976). Detoxification is the process of supervised, gradual withdrawal from alcohol; it is often done in a medical setting, attended by medical personnel, who administer various medications along with monitoring the withdrawal process. However, the report by O'Briant and associates indicates that "social-setting detoxification" (also called "nonhospital" or "nonmedical" detoxification) is both "safe and relatively inexpensive." The facility is located in a house in a residential district of San Francisco; the twenty-bed house serves both men and women, with a staff of

eight residential assistants (twenty-four hour duty), plus administrative staff. The Guerrero Street program (and others like it) works on the principle of modifying the social environment, without the application of medication. Because the detoxification is conducted in a non-threatening setting with a trained, but non-"professional" staff in attendance, the worst effects of withdrawal can be minimized. In this way, the process of alcoholism treatment does not wrench the alcoholic out of his or her familiar community surroundings, and it works reasonably well within the local system of expectations. In sum:

Experience . . . showed that 95% of the public inebriates admitted to traditional medical facilities appeared to need nothing more than a calm, anxiety-free, home-like milieu in which to become sober. The social-setting detoxification philosophy advocates environmental manipulation as an effective alternative to chemotherapy. Furthermore, the facility provides a low-budget alternative to high-priced hospital detoxification (1976:22-3).

It is not clear from this article whether this facility was set up by medical professionals as a demonstration-experiment, or as a direct result of community organization. However, it does raise a significant issue with regard to the "public inebriate," commonly referred to as the Skid Row drinker. Due partly to the influence of social scientists, as well as to the prevalence of the disease concept of alcoholism, there has been a tendency in recent years to remove alcoholic malefactors from the criminal justice system and place them into the health care system. Florida, for example, is one of sixteen states that have enacted legislation to decriminalize most aspects of public inebriation. The legislation which ushered in this new phase was put into effect in 1974. There have been dramatic declines in police activity with respect to the alcoholic, and a consequent rise in the prevalence of facilities geared to take up the slack. These are usually integrated into the mental health divisions of the state's Department of Health and Rehabilitative Services (Kruse 1976).

One new feature of this system is the Primary Care Center, whose basic charge is to receive the inebriate "off the street," provide either simple sobering-up or more intensive, medically supervised detoxification as required, and then refer the individual to one of several

other agencies for more long-term social, psychological or medical counselling (Angrosino 1976). The most obvious population served by the P.C.C. is that of "Skid Row," since relatively affluent persons are less likely to be out on the streets making a display of their intoxication. But much of the literature suggests that Skid Row is a community which exists geographically within the city (in this case, the city of Tampa), and yet is culturally separated from it. It is also important to note that in Tampa, the Skid Row community is composed largely of middle-aged white males; members of other racial or ethnic groups, and women in general are also alcoholic, of course, but they rarely drift into the Skid Row way of life. Like any functioning community, Skid Row has its own internal structure and organization, which can be quite strong and effective in shaping its members' lives, even granting their evident disabilities. Since there is a complex set of social relations within the Skid Row community, the point at issue is that it is representative of the mainstream society who are in the position of providing services in aid of a problem they have defined for a rather different community, and those services are applied with the force of law, not as a matter of voluntary consent. Although not all cases of community programming are quite so stringent, this non-voluntary model is still a common way of approaching the planning of such services.

On the other hand, perhaps the most famous — and, in some senses, the most effective — voluntary alcoholism treatment program is that fostered by Alcoholics Anonymous. Although this is essentially a private agency, its approach is clearly based on the ongoing interaction of the recovering alcoholic with his or her community. It is thus a rather different strategy from that represented by the creation of a special, separate "therapeutic community" (such as that in the Guerrero Street project), in that the alcoholic has an A.A. group to fall back on, but is expected to live "one day at a time" in the same overall social environment from which he or she came. It is thus a classic model of "out-patient" service (non-medical) for alcoholism therapy, as opposed to "inpatient" service (which can be medical or non-medical) (Gellman 1964; Leach 1973).

Although A.A. is reasonably familiar to those interested in alcoholism therapy from its U.S. activities, it might be useful to review some studies of A.A. in other parts of the world. Because of my own research interests, I will discuss A.A. in two West Indian societies, although it should be kept in mind that A.A. is, in fact,

active in some ninety different countries. These West Indian societies, however, are particularly appropriate as illustrations of the issues addressed in this volume because they are multi-ethnic, multi-racial societies in which the question of the design of service explicitly for certain population segments ("communities") has long been an issue.

Because of the pioneering work of Beau-brun, the activities of A.A. on Trinidad are rather well known (Beaubrun 1968; Beau-brun & Firth 1969). The Trinidad A.A. has also been the subject of other researchers' interests (Angrosino 1974; Angrosino 1975; Yawney 1969). A.A. was introduced to Trinidad in the late 1950's by a young man who was a member of the island's old white elite. He was an alcoholic who had been the first Trinidadian to go to the U.S. for detoxification; while there he had been advised to join an A.A. group so as to maintain his sobriety. Since there was no A.A. on the island at that time, he decided to found a chapter. However, Trinidad is an extremely heterogeneous island; in addition to the very small white group there are two main ethnic communities — blacks (locally called "creoles") and Indians (i.e., descendants of migrants from India, not native American Indians). The latter went to several parts of the Caribbean in the mid-nineteenth century to work on the sugar plantations following the emancipation of the slaves and now constitute approximately 35% of the population of Trinidad. This population division directly affected the development of A.A. on the island.

Despite some rather heated rhetoric in recent years, there has not yet been any real racial clash in Trinidad, due mainly to a rather strict occupational division of labor (Indians are still rural and agrarian, creoles are more urban-oriented). However, there is considerably more in the way of political rivalry between the two groups. The actual and potential friction between the communalized population segments makes for a formidable roadblock to the planning of any social services on the island. Trinidad has a population of approximately 1.5 million, and comprehensive, island-wide planning is not infeasible — on paper. But in point of fact, it is highly unlikely that the creoles and Indians could be mobilized to give equal support to the service institutions. This often results in a duplication of effort, or, worse, the provision of services to one group with a corresponding gap in the availability of that same service to the other group.

Although it was founded by a white man,

A.A. quickly became known as an "Indian business." There are no reliable figures to support the assertion, but alcoholism seems to cut across the two groups, but blacks have been far less motivated than have the Indians to seek treatment of all kinds. Hence, retrodicting from the treatment records, it might seem as if the alcoholism problem were a strictly Indian affair. But the question is why A.A. — which is the most conspicuous and successful alcoholism treatment modality on the island — is so much more appealing to Indians than to blacks.

There are several possible interpretations, some of them psychological, others sociological in nature (see Beaubrun 1968), but I would prefer to look at the problem in light of the anthropological insights on the process of "modernization" and "development" in the "Third World." I use all these terms deliberately in quotes because they are all very vague and carry certain connotations that could be considered offensive to some people. However, in the absence of clearer terminology, we will use them for purposes of this discussion.

Unlike many of the smaller Caribbean societies, which are mono-crop economies or, by necessity, in thrall to the tourist industry, Trinidad has a significant industrial sector (oil refineries) and is quite prosperous, relative to other islands in the region. It is also proud of its area-wide reputation as the most "progressive" country in the West Indies, and Trinidadians of all backgrounds have a tendency to desire and acquire the superficial trappings of modernity (new houses, cars, T.V. sets, education abroad for children, and so forth). Although it was not designed as such, A.A. can be seen as a very potent force for modernization. It was developed in the U.S., and instills in its members values of hard-work, self-sacrifice, prudence and sobriety that are coincidentally just the qualities deemed valuable by employers hiring people for technically skilled positions in the prestigious new industries. The creoles, who already speak English and have a long history of contact with Euro-American ways in speech, dress, religion, etc., have not (until very recently) felt the need to deliberately modernize themselves. But the Indians, an isolated rural peasantry until the present generation, realize that they need to catch up. Latching on to the "modern" disease concept of alcoholism, they become avid supporters

of the "modern." American-style A.A. is a way to do this. But A.A. in Trinidad has also subtly become a very Indian operation; its services, programs and personnel have all come to echo rituals and other experiences of the Indian village (see Angrosino 1974) in various ways that make it comfortable for the Indians. The Indian A.A.'er, then, can learn to be modern and still preserve his identity as an Indian.

A.A. in Trinidad, then, is an example of the use of an outside agency which has been dramatically shaped to meet local community standards, and which has thereby come to be used as a kind of sociopolitical vehicle for change. Strictly on its own merits, "alcoholism rehabilitation" would not, in all likelihood, be very popular; but attached as it is to the larger political goals of the Indian community, it has made remarkable headway in a society which is, in many important ways, culturally different from the one in which it developed.

Aruba is another heterogeneous Caribbean island, but one which has some things in common with Trinidad, mainly their common status as industrially oriented oil refinery islands of relatively high prosperity and extreme ethnic diversity. Aruba is, in fact, even more diverse than Trinidad. But its native population was very small, and so the oil refinery has had to import labor from around the world; at one point, representatives of some sixty different nations were living on the island.

Aruba is one of six Dutch islands in the West Indies; historically it was one of the least important of the Dutch territories. It has an arid climate and poor soil, so that it never became a plantation island, nor could it compete with its big sister island, Curacao, as a center of international trade. Therefore, when a large refinery complex was built on the island to process Venezuelan oil (Venezuela is only twelve miles away), a modern industrial society was imposed on top of a rural, "backward" island society. Oddly enough, Aruba survived this rapid change very well. Although modernization is a disruptive force in many parts of the world, it came to Aruba without creating crime, slums, income disparity. Indeed, except for a few poverty pockets (which are not at all bad in the Caribbean context), Aruba's 60,000 people live in a remarkably peaceful society in which the clear prosperity is well distributed.

There is not necessarily more social interaction among the ethnic groups in Aruba than in Trinidad; however, the Aruban communities are bound together by their common participation

in the oil industry (either directly or indirectly) which is the backbone of their economy. Hence, Arubians have a stake in the whole society which the Indians and creoles of Trinidad cannot feel. This sort of solidarity, as practiced in community programs, extends to the field of alcoholism therapy. A.A. has been active on the island since the late 1950's — about the same time A.A. came to Trinidad. But it has never been a major factor on the island, and its groups are small and not as socially conspicuous as the corresponding groups on Trinidad. Instead, alcoholism therapy is subsumed under the auspices of the Stichting Bestrijding Alcoholmisbruik (Foundation Against Alcohol Abuse) which provides a building for public and private meetings and also coordinates recreational events, in addition to providing counselling and medical services (see Wever 1970).

The Aruban approach to alcoholism therapy is mainly to activate a community spirit which was already strong, and to work through government agencies and private foundations which were already committed to civic betterment, and which had the facilities to provide top-quality professional services for a wide range of social needs, thus, in Trinidad the community based alcoholism program became the cutting edge of mobilizing community action in a specific segment of the population; while in Aruba, community-based alcoholism therapy was a late development on the part of already awakened and active community consciousness — one which, not incidentally, cuts across ethnic and racial community lines.

Sears has described a broad "community treatment approach to alcoholism" which can supplement the activities of A. A.. Sears' program is designed to:

- 1) provide a means for interrupting the drinking pattern;
- 2) provide the alcoholic with assistance in developing or reclaiming alternative coping and crisis-solving methods, once the drinking pattern has been interrupted; and
- 3) utilize selected cases as vehicles for involving and training community alcoholism treatment team members (1967:179).

In addition to a professional coordinator, this program relies on the services of "community alcoholism workers" who may be either professionals or volunteers. These people will help se-

lect the "helping persons," part-time volunteers who are trained to work on a one-to-one basis with each patient in the program, referring him or her to services and generally easing the passage through the total treatment process. It is the operating assumption of this program, and others like it, that the highly personalized relationship is critical to an intervention in the drinking pattern; but that such a close relationship can only function on a community level — between people who belong to the same community, rather than between professionals and patients. There is still a role disparity between the person in authority and the patient, but at least they "speak the same language" and share the same overall expectations and values, and this helps to make the interaction less threatening than it might otherwise be.

Needless to say, not all community treatment programs are successes. Cohen (1976) reports on a case in which a well-intended, and potentially quite valuable program foundered because of ambiguities not only in the legislation but also in the definition of community boundaries and responsibilities.

As a result of neighborhood health care legislation, which encouraged the participation of those who were served by the health care agencies, a group of black leaders in a "major Southern city" organized a committee to identify mental health needs in their community. They decided that the top priority was a modest proposal for \$13,000 to establish a half-way house for alcoholics; they sent their request to the appropriate agency in Washington. The project was not funded (probably because the funding agency considered its scope to be too narrow) but the community leaders were told that there were large sums of money available for the foundation of a comprehensive health care program; unfortunately for the community leaders, a local medical school had already gotten a grant to start such a comprehensive program. The ensuing controversy among the medical school, the state's (white) Medical Association, the corresponding black Medical Association and the people in the community revolved around a dispute as to who was to control the direction of the project. These conflicts clearly militated against the successful completion of the project (Cohen 1976:27-9).

A perhaps more general problem hindering the success of alcoholism programs is the factor of motivation, as discussed by Gerard and Saen-

ger, lack of motivation on the part of the alcoholic is to be regarded as "an essential element in the clinical problem — not as an independent variable reflecting bad judgment." Although they feel it is possible to first work on the motivational factors of alcoholics who are potential users of community facilities, they recognize that in the absence of such psychological conditioning, the service tends to be paralyzed by a "failure mentality." The staff anticipates the lack of motivation on the part of the patients, and quickly becomes demoralized; the consequent failure of motivation leads to a loss of financial and other community support. High staff turnover is the result — and also the cause of further loss of motivation on the part of the patients.

SUGGESTIONS FOR THE PLANNING AND IMPLEMENTATION OF COMMUNITY-BASED ALCOHOLISM SERVICES

Although the cases discussed above vary somewhat as to goals, methods and effectiveness, they do help demonstrate several points of relevance to the issues addressed in this volume. Other papers in this volume all speak more directly to the particular needs of Hispanic communities, but these points may be considered as an approach to the planning of alcoholism programs in a general community sense.

1. NEEDS ASSESSMENT SURVEY

Although it may be obvious even to the casual observer that a given community has an alcoholism problem, it is still necessary to begin with a definite statement of the extent and characteristics of that problem. This will save energy later on, and will also enhance the possibility of writing an effective, convincing funding grant, if that is necessary. There are rather formal survey techniques used in assessing needs that have been developed by social scientists, and it may be necessary for a community group to contract for such a service; if the proposed program is more modest, however, a relatively informal survey can be taken, to determine what the needs are for: a) preventive (educational) programs; b) primary care (detoxification or sobering-up). c) inpatient care (medical treatment); d) residential care (e.g., halfway houses with job training programs); e) after-care (follow-up) or referral services. The ideal approach would be comprehensive programming which includes all six of these; but in many cases, it will be necessary for the community (or its agents) to set priorities among them, based on their assessment of the

most critical needs faced by the potential client population.

2. DEVELOPMENT OF A DATA BASE

Some basic demographic information about the community may well prove to be important in planning service, and this may be collected either before, or concurrent with the needs assessment survey. The demographic data base would include such information as: a) a general census count of people considered part of the community; and b) a general breakdown of these people as to age, sex, and, if appropriate, religion, educational level, economic level. These latter factors have all been correlated in various ways with patterns of acceptance of health services. But such data might, of course, be irrelevant — or so difficult to obtain as to make the effort futile. But if they can be collected, they can be valuable as a background resource. The presence of an anthropologist doing a community ethnography (a descriptive study of the community) might be preferable in many cases to the impersonal census survey-taker, for the ethnographer will live in an ongoing way in the community and become, to a certain extent, a part of its lifestyle.

3. COMMUNITY MOBILIZATION

This is, of course, the most difficult part of the process to operationalize, although it sounds very straightforward in a descriptive summary like this. One should always be aware that to mobilize a community, a certain dependence on the extreme variety of "human nature" must be accepted; some people or groups just "have the touch" of getting their neighbors activated, and others do not, and it is not really a matter of formal technique. It might just well be possible, however, to identify those people who do "have the touch," get them interested first and let them carry the message to mobilize the rest of the functional community. Needless to say, it takes some prior knowledge of the community to identify such persons; this knowledge can become either from community residents or from the resident ethnographer suggested above.

In any case, there are two general areas of approach:

a. Mobilization of Existing Community Institutions: Formal

By formal institutions in this context, I mean those that are already set up for alcoholism services in one way or another. Alcoholics Anonymous is likely to be active and already to have a community focus, but depending on the size and scope of the community, there may be others as well (halfway house, crisis-intervention

centers, detox centers, Salvation Army missions, and so forth). Since the people involved in these are already attuned to the local problems, and since they probably also have access to literature and to the services of professionals, they might well be an important set of resources in the setting up of any additional (or more comprehensive) services.

It is also true that knowing what these organizations are and what they do can change the complexion of the planning process. For example, if a range of alcoholism services already exists, then the needs survey done earlier might well indicate that they are not effectively doing their job. The task, then, is not so much to develop a new agency from scratch, but to mobilize support and other resources for the agencies already existing, to make sure that they do their job more efficiently.

b. Mobilization of Existing Community Resources: Informal

Informal institutions are those which are not formally chartered as alcoholism service agencies, but which provide such services in the context of other activities. (These are sometimes collectively called "the indigenous treatment system" in the literature.) For example, churches, schools, labor unions, political clubs, social clubs, might all be concerned with the alcohol problems of their members, and some of them might well already provide individualized counselling or referral services. Again, to avoid duplication, these potential service providers should be identified, and the nature of their services specified. They can thus be used in conjunction with the formal institutions; and, if necessary, their activities can be broadened and strengthened, if this would be less expensive or less time-consuming than building a new institution from the ground up.

Not to be overlooked in this context are those "indigenous" individuals or groups that do, in fact, explicitly provide alcoholism services, although they are not legally registered to do so. Certain communities have shamans, curers, herb-men, obeah-men, and so forth, with faithful clientele, and they are often well thought of. Rather than sneering at them, one should respect their contributions to the maintenance of the community's health (if only on the level of making people feel comfortable within a set of traditional customs). These people can be given paraprofessional training (see below) in such a way as they can continue to use their good offices to promote the goal of alcoholism rehabilitation.

c. Creation of New Institutions

If there are no existing agencies, or if these are so inadequate as to be considered unworthy of development, then it may be necessary to start at the beginning. It may also be the case that the creation of a new agency — or the introduction of an established one which has never functioned in the particular community — might be desirable in that it could serve as an exciting new element around which people could rally with greater enthusiasm than they could around something old and familiar, as in the Trinidad case above. Anthropologists are often guilty of being biased toward the traditional, but the symbolic power of something brand new (especially if it is something brought in by respected local people, rather than imposed from the outside) is not to be overlooked. It is hoped that the community opinion leaders directing the project (or the ethnographer mentioned above) will be sensitive enough to community opinion to be able to judge whether tradition or change (or some combination of the two) will capture the imagination of the people.

4. ACCEPTANCE CONDITIONING

As we have seen, it is not only the potential recipients of alcoholism services who must be contacted; it is the "significant others" in their environment who should also be involved. These are two distinct tasks, although they are closely related; indeed, unless the community's atmosphere is conducive to the acceptance of alcoholism rehabilitation, then it will be futile to think that many alcoholics are likely to accept these services. Programs directed at Skid Row are particularly prone to encounter this pitfall. Because Skid Row culture is based on an accommodation to alcohol, primary care centers frequently become revolving doors because the community's attitude does not make it imperative for the drinker to want to stop drinking and follow through on his or her treatment.

Public education as to the needs and goals of alcoholism therapy can be carried out by a professional. This may be seen to carry some prestige. However, it is more likely that a "lay worker", to borrow a phrase from Marty Mann (1968:461), would be more effective. This would be a person from the community who is willing to spread the word among friends and neighbors. It might also be possible to borrow a device from anthropological practice; when the anthropologist is in the field doing research, he or she often identifies certain individuals as "key informants", people with greater know-

ledge about certain things than others. Interviewing such people thereby eliminates (or minimizes) the necessity of interviewing everybody about everything. In a similar fashion, one might select one sympathetic member of a church group, union, or club and have him or her spread the word to members of that particular organization (making sure, of course, that he or she is sufficiently well respected in that group).

Outreach to the potential users of the service may be more difficult at the outset. Doctors, counsellors, teachers, or even the police might well refer them to the agency if there were available knowledge about its goals and capabilities; but the lay, or indigenous, referral network should also be activated for these purposes. For example, bartenders, job supervisors, clergymen, etc. might be alerted to refer, or even to bring in people they feel might be in need of the service. This task will be eased considerably if such people have already been identified for their role in the alcohol treatment pattern (under No. 3 above). In any case, the motivation of the potential user might be enhanced because the people bringing them to the service are those who already belong to their existing social network.

5. PROGRAM DESIGN

The title "program design" has a formidable ring to many people, and it sometimes implies something very sophisticated which only trained professionals can do. Obviously the more complex a project is, the more complex its design will be, and it might well be worth the effort and expense to consult with a professional who can do the job well. But there is no reason that all programs must be blueprinted down to the finest detail. At minimum, a good program design should answer the following questions:

- a. What is the goal of the program?
(explain how this goal was arrived at)
- b. How is it to be met? (be as specific as possible)
- c. Who is needed to carry out the job?
(i.e., what kinds of personnel as well as what kind of clientele)
- d. Where will the facility be located?
Justify this choice if it is not obvious)
- e. When will the program begin and how long will it run?

There may be some complication, of course. For example, if certain kinds of municipal, county, state or federal certification are required, your program must be designed so as to

conform with the relevant statutes. These may affect location, type of services offered, minimum qualifications for the staff, etc., depending on the particular area. If you are interested in money from any governmental source (local or federal), or from private foundations, you may have to restructure your program in order to conform to their special requirements. These are not necessarily insurmountable obstacles if one enters the process with eyes open in expectation of such snags, and avoids the naive conflict of interests that hampered the development of the project in the "major Southern city" described above.

It is also well to remember in designing your program that even if your aim is to create a single agency or service, it will become involved in a larger community network. Your design, then, should reflect the input of significant others in the area. This may take the form of obtaining letters of support and commitment from other agencies or organizations. It may also require (depending on the circumstances) an affirmation that the alcoholism service planners are aware that their agency might become a focus for other than strictly therapeutic activities (e.g., as a focus for political mobilization).

6. PROGRAM IMPLEMENTATION

This is probably the most fortuitous area of all; in the ideal, if all the steps up to this point have been taken care of, there is reasonable expectation of the program working well. But there are always unforeseen crises. And one again, the intangible factors of personality can enter into play here — the best designed program, entrusted to people of questionable skill or motivation, will still fail. In-service training is probably the key to program success. Therefore, Professional staff (if any) should be encouraged to keep abreast of developments in their fields of expertise, either provided in-house, or in conjunction with a local university or other type of training facility. And paraprofessionals or lay staff should receive periodical performance reviews and training updates.

One parenthetical question relating to the training of paraprofessionals has been frequently discussed (see e.g., Staub & Kent 1973), and it deserves some mention here. That is, should the paraprofessional or lay alcoholism worker be a former (or "recovering", in A.A. parlance) alcoholic, or merely concerned member of the community? Common sense would seem to dictate the answer that a truly concerned, compas-

sionate and competent individual can reach more people and be more effective than the ordinary person, regardless of his or her background; but all other things being equal, the concerned, compassionate and well trained individual who is also a recovering alcoholic is able to bring a certain amount of personal conviction and authority to the job, and therefore should be encouraged to join the staff.

7. PROGRAM EVALUATION

Although it might not seem as obvious a component as some of the others, the evaluation of one's program is becoming an increasingly critical part of many social service program plans. Evaluation basically means the measurement of whether the goals of a program are being met; it may also (in a more long-range sense) mean an assessment of whether those goals themselves are meaningful ones. As with needs assessment, program evaluation has developed a rather substantial and elaborate set of techniques that may well require the services of outside consultants, or, at the very least, the specialized training of selected members of the staff. In either case, the periodic review of a program's efficacy is required by most funding sources; it is also valuable as an ongoing source of information on the availability of services in a given community. From the evaluations of existing programs should ideally come the questions about unmet needs or service gaps that will make subsequent planning more meaningful.

It is to be hoped in addition (although this is much more difficult to organize) that evaluation studies can be made generally available as an aid to those contemplating the planning of similar services elsewhere. There is a depressing tendency to duplicate measures that have already proven to be inefficacious, simply because no one really knows what has and has not worked under given conditions.

CONCLUSIONS

In reviewing a brief selection of case studies, we have seen the varieties of ways in which communities have attempted to provide alcoholism services. This paper has taken the position that the main contribution of anthropology to such a study is the demonstration of the utility of a focus on the process of service delivery (seen as a kind of transaction process among identified components) rather than in terms of a community "bloc". On that basis, we have been able to make some recommendations as to a poten-

tial course of action for those planning programs with a community focus — each step of which emphasizes the transactions of defined subunits in order to create a functioning system for the delivery of alcoholism care.

It should be noted that these remarks have been addressed to community leaders (or their agents) who are interested in sponsoring a project. This is a deliberate bias, a reflection of belief that programs which are created by, and in harmony with the expectations of the community are in the long run stronger than those arbitrarily imposed from the outside. However, it must be recognized that the latter are inevitable in many circumstances; the suggested outline, which is designed to be maximally flexible as a set of guidelines rather than as a checklist of rules, can aid the outsider in making his or her project conform to the target community, thus markedly increasing its chances of success.

NOTES

1. *Traditional anthropology stressed the "complex integration" of social wholes; using such an approach, we might well come to the conclusion that everyone is involved in everything since, for example, the location of an alcoholism treatment center in a certain neighborhood might well have economic or political repercussions, which would affect the community-at-large, even those who never use the center's services. We must therefore remember that introducing a new service will ultimately affect many more people than those who actually use it. But for purposes of discussing the planning of such services, we can focus more narrowly on the immediately functional, rather than on the potential sphere of interest.*

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**THE CHALLENGE: MINORITIES' ALCOHOLISM,
 AND PROGRAMS IN TOPEKA, KANSAS**

by

Richard "Dick" DuPree and Thomas Rodriguez

The Kansas Winter was rapidly approaching last year in November when Richard "Dick" DuPree, an alcoholic with two years sobriety, was notified by his employer that his position of Purchasing Agent might be phased out. For Dick, the sole support for his wife, Dara, and two year old daughter, Danita Jo, the news was shattering. The DuPree's had just bought a new home, the family car was falling apart, their home needed new furniture; they, like millions of other Americans, were just barely making it. What would he do if he lost his job? How would he support his family?

Later that same month, in another part of the City, Tom Rodriguez, Chief of Planning for the Topeka-Shawnee County Department of Labor Service (DOLS) was contacting Ruth T. Osborne, Executive Director for the Topeka Office of the National Council on Alcoholism, Kansas Division. Tom explained the services offered by his agency and then asked Ruth whether she would like to have a full-time staff

person paid for under the Title VI Public Service Employment Program. Ruth, totally unfamiliar with the program, thought for a minute then quickly overcame her initial surprise and said that she would definitely like to have such a person in her agency. Ruth was instructed to prepare a job description for the position and turn it in to the DOLS Office.

Once this was completed, the job description for an Outreach person to work in the minority communities of Oakland and East Topeka was turned over to the DOLS Title VI Manager who in turn forwarded it to the DOLS Intake Office for job matching and referral. As luck would have it, Dick DuPree, actively seeking employment for over a month, had his application on file which stated that he had a strong desire to work with alcoholics. His application was pulled from the files, and he was referred to Ruth Osborne, who hired him on the spot. The rest is history!

Dick, having lived and gone to schools in the Oakland and East Topeka neighborhoods, was familiar with both areas and he immediately began making contacts in the two communities. Not long after his employment, office space was donated by the Eastminister Presbyterian Church, and people with alcoholic problems started contacting Dick for assistance at the Satellite Alcoholism Office.

No one, not even Ruth and Dick, could foresee the good things that were to happen in the next nine months. Their brainchild, the NCA Satellite program on Alcoholism was to achieve in a very short time, breakthrough success in establishing Topeka's first minority-based Alcoholism Information Center; establishing the first Minority Alcoholism Task Force consisting of representatives from social service agencies and minority leaders in the target areas; conducting Topeka's first Inter-Cultural Workshop on Alcoholism held at Washburn University; establishing the first Mexican-American Alcoholics Anonymous Group in Topeka and only the second one in the Midwest; enlarging the Satellite staff to three full-time staff members; and bringing information on minority alcoholism to the public's attention via numerous TV, radio, and personal appearances throughout the City and State.

and methodology that were attempted and utilized are covered in this article.

Historical Perspective:

The target areas for the Satellite Program,

the Oakland-East Topeka communities, include the oldest, poorest, and most deprived neighborhoods in Topeka, Kansas, a city with a population of 155,322.

These target areas were initially settled in the late 1870's as caravans of Negro "Exodusters" moved to "Free Kansas", seeking escape from the anti-Negro movement of the South during the post-Reconstruction period. At about the same time, other ethnic groups, primarily Volga Germans began settling the area around what is now the Santa Fe Shops, a primary source of employment for unskilled, uneducated immigrants. Later, in 1911 the Mexican Revolution prompted many landless Mexican workers to immigrate to Topeka, seeking work as gang laborers for the Santa Fe Railroad.

Today, the ethnic character and geographic boundaries of these communities remain largely unchanged. However, there has been, in the last three decades movement of thousands of low-income whites into the Oakland and East Topeka communities adding to the burden on social services.

It is estimated that the target population in these areas consists of about 5,000 Mexican-Americans, 7,000 Blacks, 9,000 Whites and a small grouping of Native Americans. Like other urban neighborhoods across America, the Oakland-East Topeka communities are afflicted with high levels of unemployment, crime, family disturbances and the many other maladies that accompany poverty.

Strategy:

The formation of the Satellite Office strategy was a collective process on the part of Ruth Osborne and Dick DuPree. For some time the NCA had wanted to start an outreach program in Topeka's minority communities. Understandably, when the opportunity was presented by the Topeka-Shawnee County Department of Labor Services, under its Public Service Employment Program to acquire a paid staff position, she did not hesitate to take advantage of it. As luck would have it, Dick DuPree was looking for a job and was hired for the position of Educator-Counselor of the Satellite Office.

The most immediate problem was finding an office in the target area. While the NCA could provide literature, films, printing and a telephone, its limited budget could not provide office space and equipment, nor could it provide additional office staff.

After many contacts, Dick met with the

Eastminister Presbyterian Church Board of Directors and convinced them that the program was desperately needed in the community and the Board donated the needed office space and equipment. Ideally, the Church was located at an imaginary point between the Oakland and East Topeka communities, which prevented the Office from being identified strongly with either community and also allowed the office staff to function with greater flexibility.

The next step was to once again contact the City's Department of Labor Services for assistance. As before, this Agency demonstrated its commitment to the Satellite Program by providing a full-time clerical person under the Program for Local Services. Why? As Tom Rodriguez, the Chief Planner with DOLS put it, "In Manpower Programs, we frequently encounter clients with alcohol-related problems and unfortunately we are just not equipped to deal with them."

Two weeks later, on December 8, 1975, the NCA Satellite Program was opened for business.

Working in the Communities:

It was quickly determined that for the program to be successful, they would need to have active involvement and input from the respective communities. Specifically, they would need to convince the people in those areas that they were offering a needed service and demonstrate that they provided it in a relevant, confidential, and easily understood manner.

No outside agency, the NCA included, which in the past had never concentrated their services in the minority areas, could attempt such an endeavor without encountering some resistance. Primarily, this resistance came from the Black community who perceived, not surprisingly, of the NCA as a white, middle class agency. A more direct reason for their resistance however, was that a Black Social Service Agency located in the East Topeka community was itself seeking funds to establish an alcohol-drug abuse program.

In any event, over the next two months, by establishing trust within the Black community, most of this resistance was dissolved. In this time, and as a result of many meetings with City, and State alcoholism providers and Mexican-American, Native American and White representatives from within the area, it became clear that an effective delivery system, in order to exist, would need the cooperation of all groups.

Accordingly, the Black community was assured that the Satellite program was only one

small part of a total need delivery system and they were encouraged to continue with their plans to fund and establish an alcohol-drug abuse treatment center.

Also, as a direct outcome of these community meetings, a formal committee was formed from representatives of the respective interest groups, i.e. Black, Chicano, Indian, and Whites. The Committee, known as the Eastside Topeka Committee on Alcoholism and Drug Abuse, became the planning nucleus for the further development of all alcoholism and drug abuse activities in the Oakland and East Topeka communities. In addition, the Committee was asked to govern and assess the activities of the NCA Satellite program.

During the two and half months it took to fully develop the Eastside Topeka Committee, the momentum of the Satellite Office was growing at a rapid pace. Staff members were busy making numerous presentation to public agencies, schools and civic groups. Simultaneously, they were distributing hundreds of pieces of literature, including many in Spanish, and were providing referral services in person or by phone to individuals seeking alcohol information or services from the existing providers in the Topeka area.

About this time, a proposed Inter-Cultural Workshop on Alcoholism was being planned and the Eastside Committee was given the task of defining the Workshop goals and objectives. After the Committee was satisfied that they had completed this, the Workshop was scheduled to be held at a local University.

On June 25, 1976, at Washburn University in Topeka, the Inter-Cultural Workshop on Alcoholism was held. There were over 55 representatives from the minority communities, alcoholism service providers, professionals encompassing many areas, to include: manpower, vocational-rehabilitation, minority education, counseling services, and alcohol and drug abuse. Included in the groups were individuals of Mexican, Black and Native-American origins.

The Workshop proved highly successful as evidenced by a follow-up questionnaire sent out approximately one month after the Workshop. It is important to note that the results from the follow-up Questionnaire on the Inter-Cultural Workshop, reflected many of the same views expressed in an earlier questionnaire survey of the Mexican-American community conducted in May of 1976. This survey, conducted primarily

among parishioners from Our Lady of Guadalupe Catholic Church, illustrated that 82% of those persons completing the questionnaire felt that community alcoholism programming was definitely beneficial and necessary and a surprising 22% acknowledged that alcohol was a serious problem in their family.

The Inter-Cultural Workshop Questionnaire strongly supported these finding. In fact, 94% of the Workshop participants felt that the treatment system for alcoholism and drug abuse needs to be more sensitive to the needs of minorities. Seventy-one per cent stated that they felt there were inadequate amounts of public information about alcoholism and drug abuse in the minority communities. Ninety-seven per cent felt that there should be more minority involvement in the field of alcoholism and cited this as a direct causal factor in the poor utilization by minorities of alcoholism services in Topeka.

Most importantly, 88% of the Workshop participants felt that the Workshop was a definite value to them. The fact that the Workshop was a group effort on the part of a broad range of grassroot people and professional service providers, makes the almost unanimous approval very significant.

Shortly after the Inter-Cultural Workshop, a breakthrough process was taking shape in the Oakland, Mexican-American community. As a direct result of attending the Workshop, Art Charay, a local resident of the Oakland community contacted Dick DuPree and together they set in motion the process for the development of the first Mexican-American Alcoholics Anonymous Group in Topeka. A small pilot group was already meeting as a result of the new awareness and in June of 1976 agreed to conduct regular meetings in the Oakland community and work to inform others that the group was in operation and welcomed all interested persons. The group remained small for the first month, and then little by little, others with alcoholic problems and interests entered the group.

Possibly, the most encouraging fact is that this happened in the Mexican-American community. For anyone not familiar with the Chicano community, let it suffice to say that they hold fast to their heritage of pride and self-sufficiency and are seldom found on welfare rolls or directly involved in programs aimed at alleviating their social problems. Add to this fact, the social stigma long associated with alcoholism, compounded by the fierce pride of the ethnic

culture, and the creation of the Mexican-American Alcoholics Anonymous Group rates as an outstanding achievement.

Seeing and hearing of the success of the Mexican-American AA Group, members in the East Topeka community are presently in the process of developing another AA Group and have the full support and resources of Dick DuPree and the members of the Mexican-American AA Group.

Another encouraging trend has also evidenced itself in the increasing demand for alcohol information by the youth segments of both communities. This has occurred in part, from the extensive work of a young black man assigned to the Satellite Office and again, funded by the Mayor's Department of Labor Services.

John Lovely, familiar with many of the young people living in the East Topeka area, has served as a catalyst for bringing young people into the field of alcohol information. John, a person of boundless energy, sees about 150 kids each month telling them about alcoholism, how they or their families can receive services, etc., and more recently has established regular "rap" sessions in the four youth oriented social-recreational agencies located in the area.

In addition, Dick and John came up with an idea to sponsor a Youth Poster Contest on Alcoholism and this is presently being conducted. The best-judged poster will win for its creator, a prize or gift certificate donated by businessmen in the Topeka community. This innovative project again serves as a working example in the overall strategy to involve all segments of the Topeka community in the functions of the Satellite Office.

Conclusions:

In review, during its nine months of existence, the NCA Satellite Office has made 35 formal presentations to over 1,500 people, has distributed over 1,600 pieces of literature, including over 300 in the Spanish language, has made and documented 38 direct referrals to AA, Al-Anon, and other treatment and social service agencies.

Moreover, they have succeeded in establishing a solid base for permanent involvement in the comprehensive, alcoholism prevention and treatment system. In the process, the program has dispelled many of the myths in working with minority communities.

Possibly the best way to sum up an article like this is by giving credit to those who made it

happen, Ruth Osborne and Dick DuPree. With their foresight, their dedication in spite of overwhelming odds, and their belief that what they were doing was critically needed, the significant successes that have occurred would not have taken place. As Dick put it, "I am convinced that if people with the desire and dedication to start a similar program could just get together with other groups of similar interests, a program like this could work anywhere. However, we should all be very careful that the process is kept simple. Don't let it get so big or so technical that it cannot relate to the people who are being served. I feel that we have set a precedent in the State of Kansas and are eager and willing to share our experiences with other programs in other cities. We have come a long way since last December, and to me the program we have in Topeka is summed up best by an old saying, "It's not the heights you attain that's important, but rather the depths from which you came that counts." For me, this saying is very significant and sums up better than I can, what has happened in Topeka.

Finally, I sincerely believe that the process presented in this article, and that have been successfully tested in Topeka, is dynamic and will provide equally successful amounts of inputs and outputs depending on the commitment and resources allocated by the community in toto, i.e. City, County and State Governments, Alcoholism funding sources, social services agencies, and all of the ethnic groups so badly in need of the services. Personally, I feel that the rewards to be gained from attempting such a program are much too great to be ignored, not only from the standpoint of increased agency recognition, which is important, but more from the reality of being able to offer more, and better alcoholism services to those individuals in need of such help. For them and for your cities, I urge you to begin implementing some of these ideas. They work!

THE NEEDS OF
THE SPANISH AMERICAN COMMUNITY
RELATED TO
ALCOHOL ABUSE TREATMENT:
AN UPDATED REPORT AND
BACKGROUND STATEMENT

John L. Kessler
Berardo Rasario
William S. Lindgren

In the provision of alcohol treatment services for Spanish-Americans, there is a serious gap between service needs and service availability in the southeastern region of Pennsylvania. Before a bilingual counselor was hired by the Chester County Council on Addictive Diseases, Inc. (C.O.A.D.) in August 1974, there was no record of any Spanish-American resident of Chester County, who did not speak English, having received any alcoholism related services.

Presently, there are not residential treatment facilities for Spanish-Americans in the county nor are there any such facilities within a 100 mile radius of the county. In addition, existing Chester County alcohol treatment facilities and those in the Philadelphia area have not met the needs of the area's Spanish-American alcoholic residents.

Through an analysis of the bilingual counselor's caseload and the results of two surveys, large voids were labelled between needs for and availability of services in the county. Among the reasons for this problem have been: inadequate assessment of need by County agencies, the physical isolation of many Spanish-American residents on mushroom farms, the disproportionately large number of single or unaccompanied males among the Spanish-American residents, the lack of bilingual alcohol treatment staff members, and the low proportion of Spanish-Americans (under 15%) who are bilingual.

The physical isolation, coupled with the cultural isolation, have created circumstances unusually conducive to substance abuse. This situation is further compounded by the general tendency of all first and second generation emigrants, who comprise the vast majority of this local group, to use alcohol more than the general population of their adopted home and more than they themselves would in their native land.

The most crucial of the foregoing circumstances, the great number of unattached males, is supported by the caseload of the bilingual services coordinator who had 647 contacts between August, 1974 and April, 1975. (See Appendix A). According to these records, the Spanish-American alcoholic is nearly always male, non-

English speaking, and unemployed; is often living alone and facing criminal charges related to his drinking; and, finally, is usually facing personal problems related to his alcoholism. The Spanish-American, for a successful recovery, requires a broad range of social welfare services.

A second circumstance, the larger population at risk among first and second generation emigrants of any nationality, is supported by a survey conducted by the bilingual services coordinator. Specifically, daily use of alcohol in this local subculture is nearly five times that of the general population and abstinence from use of alcohol is less than one-sixth of that of the general population. As a recent population projection indicates a county Spanish-American population of 28,047, with a male population at risk of 7,857, the alcohol problem among Spanish-American residents has assumed serious proportions.

Currently, Casa Nueva Vida, a projected comprehensive treatment center for recovering Spanish-American alcoholics and affected family in Chester County, is in the advanced planning stages with a tentative opening date of March 1976 (See Appendix B, "Casa Nueva Vida: Project Summary"). Also, out-patient services are presently being developed in the city of Philadelphia. Consideration had been given to the approach adding on to existing alcohol facilities but was rejected as being unworkable at this time by reason of the language and cultural barriers.

Relevant General Characteristics of the Area:

The most unique, and salient, aspect of the Chester County area, as it affects the Spanish-American population is the domination of the mushroom industry as a provider of employment for the Spanish-American people.

An extensive review of the literature indicates that there are not relevant, direct parallels to the circumstances and environment of these local Spanish-American populations. There are elements of similarity in literature dealing with migrant workers, agricultural laborers, multi-ethnic populations, and emigrant populations. However, the combination of all these elements with the unusual aspects of the mushroom industry, make this Chester County situation unique.

Specifically, according to the American Mushroom Institute,¹ there are approximately 500 mushroom farms in Chester County, located in the southern and southwestern part of the county.

¹ American Mushroom Institute, Conference Report, April 10, 1975.

These farms provide employment for the vast majority of the 7,853 Spanish-Americans employed in the county mushroom industry including many unattached males. Where the Spanish-American barrios as a group are isolated from the general population and its possibilities by the cultural, educational and language barriers with consequent vocational and economic limitations, this sub-group is further burdened by extreme physical isolation and the forced and destructive dependence on the mushroom farm owner and supervisor.

In fact, there is not a community base from which to establish stable, social norms. Deviant behavior, such as excessive alcohol abuse, is not checked by internal community sanctions, but by external forces, such as law enforcement or the mushroom farmer. However, these external forces are not concerned primarily with the effects of the deviant behavior on the Spanish-Americans.

The sub-standard living and social conditions of the general Spanish-American subculture are aggravated in this environment and substance abuse is suspected to be higher than that of the general Spanish-American population.² These specific circumstances are not unique for Chester County's Spanish-American people, but merely aggravations of their general plight.

BASIC DATA SOURCES

During December 1974, a preliminary survey of alcohol use and abuse and related factors in Chester County's Spanish-American communities³ (See Appendix B, pg. 68) was undertaken for two purposes.

First, a need existed for an examination of both drinking behavior and attitudes toward that behavior in the Spanish-American barrios. A previous study of the local Spanish-American population⁴ while helpful and suggestive, did not focus directly on alcohol use and abuse, but, instead, on general mental health needs and attitudes. Further, the data collected in that study was not intended to permit empirical inferences.

Second, given that such a need existed, a preliminary attempt was required to establish the key social parameters to be measured, as well as to elicit responses conducive to a preparatory estimate of the problem of alcohol abuse and of the attitudes contributing to that abuse.

² For a diagram of the mushroom farm structure which contributes to this situation, refer to Chart I, pg. 65.

To accomplish these purposes, an open-minded interview was developed, which was administered by the bilingual services coordinator, to Spanish-American adult males and females, bilingual staff in county social service agencies and mushroom industry employers. These key persons were felt to be especially cognizant of the problems and behavior of the local Spanish-American residents. They represented all economic and geographic sub-groups of the county's Spanish-American population.

The open-ended interview focused on the following areas:

1. The relative concentrations of population and size, anticipating that both of these factors would be centered around mushroom growing;
2. typical patterns of alcohol use and abuse according to the type of drinking behavior and the effects of this drinking behavior on the user, family, employer and community;
3. typical attitudes of local Spanish-Americans toward such use and abuse were examined by cataloging the personal and cultural factors involved.

The results of this study suggest a serious Spanish-American alcohol abuse problem and a larger, more in-depth survey, is being planned by the county alcohol programs office for the purpose of providing justification for upgrading existing county facilities to meet Spanish-American needs. Local Spanish-American community workers and members will be involved in all stages of this projected study.

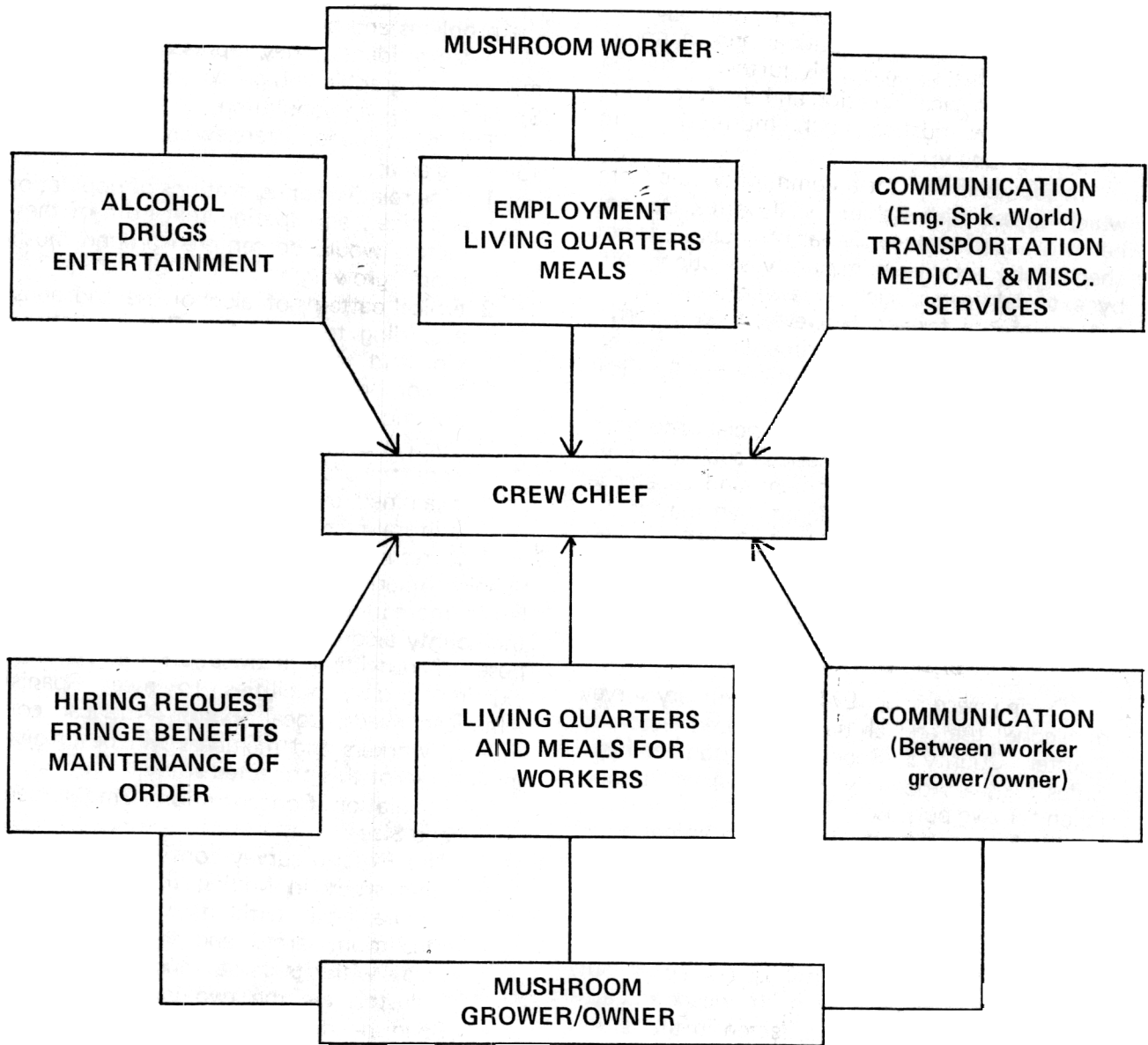
1. Population Concentration, Employment, and Size

The Rosario survey confirmed the Silverstein study in finding that the Kennett Square area, with its vast number of mushroom farms, and the West Chester area, with its large mushroom canning industry, are the two largest centers of Spanish-American population concentration.

³ Rosario, Berardo and John Kessler, "Preliminary Examination of Alcohol Use and Abuse and Related Factors in Chester County's Spanish-American Community." Mimeograph. West Chester, PA 1975.

⁴ Silverstein, Dr. Max and Mrs. Carmen Escoda Beal, "Proposal for Action". Chester County Menal Health and Mental Retardation Board. Mimeograph. West Chester, PA 1972.

CHART I
A TYPICAL MUSHROOM FARM ORGANIZATION



Further, seventy percent of the employed Spanish-American work force is involved in the mushroom industry with other industrial and agricultural pursuits (25%) and assorted vocations (5%) providing the rest of employment. A population projection utilizing industry employment figures and related factors, indicates that the present county Spanish-American population is 28,047. The Silverstein study indicates that the local Spanish-American subculture is primarily Puerto Rican in origin.

Alcohol use figures and generalized remarks on behavior for the general population are drawn from Cahalan, Cisin, and Crossley, American Drinking Practices, Rutgers Center of Alcohol Studies, 1969. For purposes of comparison, these figures were felt to be more relevant for cultural and theoretical data than "Alcohol Abuse and Alcoholism Plan for Puerto Rico: 1974-1975" prepared by the Department of Addiction Services, Commonwealth of Puerto Rico, San Juan, Puerto Rico. The report's data, which indicated that there are no available alcoholism incidence or prevalence studies in Puerto Rico was also not felt to be specifically relevant for comparison with this unique local population.

2. Alcohol Use and Abuse in Local Spanish-American Communities

Based on data accumulated in the Rosario survey, some general inferences about drinking practices in Chester County's Spanish-American communities may be made.

First, daily drinking is far more common in the local Spanish-American community than in the general population (65% to 12%).

Second, abstention from the use of alcohol is negligible in the Spanish-American community (5%), while it approaches one third (32%) of the general population. The male population at risk in these Spanish-American communities is 7,857. (Appendix C, page 70) Third, there are a number of serious effects arising from this alcohol use, including missed workdays (20% of persons affected), sickness (15%), family problems (30%) and economic drain (35%). This last is especially noteworthy as, although family, food, clothing and rent needs may suffer, the husband maintains his "allowance" for drinking.

⁵ Grocery Store Products, Inc., Meeting Statement, March 6, 1975.

⁶ American Mushroom Institute, op.cit.

In addition to the Rosario survey, there are several other local reports supportive of these inferences. First, the Silverstein study found that, of those local Spanish-American males who drank, 29.6% were experiencing problems related to that drinking. Second, a large county mushroom operation attributes much of its 250% turnover rate to the alcohol abuse among its Spanish-American employees. ⁵

According to the American Mushroom Institute, exceptionally high turnover rates are common to the County's mushroom industry. ⁶

3. Typical Attitudes Toward Alcohol Use and Abuse in Local Spanish-American Communities

This group of factors was felt by the respondents to the Rosario survey to be generally true in alcohol abusing Spanish-American family groups. However, estimates of the prevalence of these factors were felt to be impossible to make because they could only be confirmed by cases in which a spouse or other affected family member admitted that alcohol was causing problems. These components encompassed denial by family members of an existing alcohol problem; protectiveness, by the family of the abuser, leading to covering up of the problem, general acceptance of immoderate drinking behavior; and, significantly, the failure to connect drinking habits with sickness, missed workdays, lost jobs, or family problems.

4. Contributing Factors to Alcohol Use and Abuse in Local Spanish-American Communities

This group of factors was designed to ascertain the proportional relationship between certain socio-economic influences and resulting alcohol use and abuse. Boredom* (60%), lack of communication skills (60%), lack of work skills (50%) and lack of physical and economic mobility (65%) were found to be the most prevalent of these contributing elements. Further, the general socio-economic status of the entire population adds to and perpetuates these direct contributing factors to the Spanish-American sub-cultures' excessive alcohol use and abuse. The following statistical citations are drawn from the Silverstein study.

a. Unemployment is abnormally high among local Spanish-American males (24.5%).

b. A sizable proportion of the Spanish-American people are living at or below

*Boredom, or "aburrimiento" was felt by the respondents to be an all-inclusive term for the general attitude of "nowhere to go, nothing to do" and is indicative of the pervasive dislocation of this sub-group in Chester County.

the federal poverty level income figure (28.5%) and an even larger percentage of these (63.5%) have a gross income of less than \$100.00 per week.

c. As a group, the Spanish-American minority is overcharged for sub-standard housing. Nearly all county Spanish-Americans live in housing not owned by themselves (94%).

d. The education received by the local Spanish-American community is inadequate with only 41% receiving more than a sixth grade education and less than one-half of one percent having any college, vocational or business training. Only 15% of the Spanish-American population consider themselves competent in the English language.

Therefore, the socio-economic predicament of the county's Spanish-American minority (high employment, low incomes, sub-standard housing, inadequate education) helps create an environment which is directly related to and supportive of the contributing factors to alcohol abuse: boredom, lack of communication skills, lack of work skills and lack of physical and economic mobility.

In conclusion, the alcohol-related treatment needs of Chester County's Spanish-American population are multifaceted and a comprehensive institutional and community supported effort will be required to accomplish the task. During the planning phases of Casa Nueva Vida (See Appendix A, page 67), it has become apparent that the agency and community support, through a coordinated and persistent effort, can be generated. However, the Spanish-American community and alcohol service providers must now await the Casa Nueva Vida implementation process, a first step toward filling this region's serious need for comprehensive alcohol services for Spanish-Americans, before any further observations and actions will be warranted.

APPENDIX A
Caseload Summary
CHESTER COUNTY COUNCIL ON
ADDICTIVE DISEASES, INC.
Spanish-American Caseload
August 1, 1974 - March 31, 1975
CONTACTS: 647

| | | |
|---------------------------------|---|------|
| Age Range: | | |
| | % 15-25 | 32.6 |
| | % 25-35 | 21.7 |
| | % 35-45 | 15.2 |
| | % 45-55 | 21.7 |
| | % 55 and over | 8.8 |
| Sex | | |
| | % Male | 97.8 |
| | % Female | 2.2 |
| Marital Status: | | |
| | % Married | 36.9 |
| | % Single | 63.1 |
| Living Arrangement: | | |
| | % Family | 50.0 |
| | % Alone | 50.0 |
| Language: | | |
| | % Bilingual | 4.4 |
| | % Spanish only | 95.6 |
| Employment: | | |
| | % Employed | 4.4 |
| | % Unemployed | 95.6 |
| Criminal Charges: % | | 43.4 |
| Previous Alcohol Treatment: % | | - 0 |
| Age: | Initial Drinking | |
| | % to 16 years | 65.2 |
| | % 16-18 | 15.2 |
| | % 18 and over | 19.6 |
| Excessive Drinking: Self Report | | |
| | % incidence since coming to United States | 80.4 |
| | % prior incidence | 19.6 |
| Excessive Drinking: Self Report | | |
| | % 0-5 years | 52.7 |
| | % 5-10 years | 19.4 |
| | % 10-20 years | 11.1 |
| | % 20-30 years | 16.8 |
| | % Spanish only | 95.6 |

APPENDIX B
PROJECT SUMMARY

TITLE: Casa Nueva Vida

PROJECT: Treatment Center for Recovering Spanish-American Alcoholics and Affected Families.

AREA SERVED: Chester County

REVIEW OF PROJECT: The purpose of Casa Nueva Vida is the development of a treatment center, in and from which, services can be furnished to the recovering Spanish-American male alcoholic and affected family. Presently, there are no treatment facilities for Spanish-Americans in the county nor are there any such facilities within a 100 mile radius of the county. Casa Nueva Vida, both through development of a facility and instigation and support of other new services, projects a comprehensive alcohol diagnostic, referral, medical, therapeutic, educational, rehabilitative and follow up alcohol service system for the county's Spanish-American population. The center itself will develop and provide a wide range of treatment and resocialization services, both residential and outpatient, for Spanish-American alcoholic clients. These services will be provided by a primarily bilingual staff in coordination with other county alcohol and social welfare services.

Casa Nueva Vida has found that alcoholism is a major problem among Chester County's Spanish-American population, and that existing alcoholic treatment facilities both in Chester County itself and the Philadelphia area in general have not adequately met the needs of this group, pointing to the cultural, economic and physical isolation of the Spanish-American population as a prime reason why such treatment needs have gone unmet.

Short and Long Range Objectives.

In developing a program to address the above cited needs, Casa Nueva Vida will have five short range objectives to be accomplished in one to three years:

1. To offer a stable residential facility for Spanish-American male alcoholics. The proposed facility site is situated in New London Township, Chester County on 84.1 acres of land. The center would be a three-story fourteen-room farmhouse with 2,800 square feet of useable space.
2. To provide comprehensive treatment and resocialization to both residential and outpatient clients and their affected

families. The treatment would include didactic presentations in the form of lectures and films, individual counseling, group counseling, family therapy, medical support, and the participation of their families in Al-Anon or Alateen.

3. The creation of a program to develop and train Spanish-American persons as professionals in the alcohol treatment field.
4. Collection of operating expenses through the county and state alcohol framework, private foundations, client fees, and third party payments.
5. Casa Nueva Vida will report to the county drug and alcohol planning council on a yearly basis. Hopefully these reports will result in the upgrading and expansion of existing facilities to meet the needs of the Spanish-American community.

Casa Nueva Vida will have five long range objectives to be fulfilled within three to five years:

1. The projection of a comprehensive alcohol diagnostic, referral, medical, therapeutic, rehabilitative, and follow up alcohol treatment service system for Chester County's Spanish-American population.
2. The direction, management and staffing of Casa Nueva Vida by the Spanish-American community.
3. The development and management of the center as a model for other county health and welfare attempts to meet Spanish-American needs.
4. The development of a community and school education service.
5. The development of a residential facility, if needed, for Spanish-American female alcoholics.

Method of Procedure

The project goals of Casa Nueva Vida will be implemented through a program plan under the supervision of the Casa Nueva Vida Board of Directors and the Executive Director. This plan includes the hiring of an eleven member bilingual staff, planning and development of staff training programs, facility acquisition and renovation, the preparation for start-up of the facility, and the operation of the facility through the provision of seven levels of care, as follows:

- | | |
|----------|--------------------|
| Level I | Initial Contact |
| Level II | Emergency Services |

- Level III Medical Evaluation
- Level IV Detoxification
- Level V Client Evaluation
- Level VI Recovery Modalities
- Level VII Followup Services

The center will set a goal of providing service to 232 clients, both residential and outpatient during the first program year. It should be noted that in Levels V to VII, Casa Nueva Vida's involvement will be primary (direct service provided): in Levels I to IV, the center's involvement will be secondary (indirect service, primarily translation and/or referral, provided). With the availability of bilingual staff through Casa Nueva Vida, the present alcohol delivery system is expected to operate more efficiently at all levels in providing service to the Spanish-American alcoholic. Specific attention should be directed to Levels V, VI and VII which create new services, rather than expand existing ones, and the following program components should be noted:

Level V: Client Evaluation

The existing system, even with the addition of bilingual staff, would not provide care beyond detoxification (Level IV). With the creation of Casa Nueva Vida, a client evaluation after medical evaluation (Level III) or detoxification (Level IV) will be suitable for the purpose of making a recommendation for additional care. On the basis of this recommendation, which will be made by an appropriate Casa Nueva Vida counseling staff member, the Spanish-American client may choose to participate in either the residential or outpatient services of Casa Nueva Vida.

Level VI: Recovery Modalities

The treatment component of the program will include didactic presentations, individual, group, and family counseling, participation in Alcoholics Anonymous, and medical support through maintenance, diagnosis, and referral. The resocialization and vocational training/ placement component will be achieved through: cooperative work agreements with outside agencies; the assignment of house responsibilities; mini-courses in basic educational and survival skills; recreational and social activities, and vocational training and placement.

Level VII: Followup Services

This level will provide several areas of service to the Spanish-American client through the after-care counselor. This counselor will initiate

contact with the graduated client at three month intervals for the first year following completion of the recovery program and at six month intervals for the following three years.

1. Suitable out-patient care will be provided for the residential client upon his leaving the residential facility.
2. For both residential and out-patient clients and affected families, who have completed their official recovery program, regular and continuing contact and support will be encouraged and offered. This continuing contact will reinforce the effects of the completed program after the client has re-entered the community.

Project Organization

For the purpose of project planning, development, and governance, an Advisory Committee for Casa Nueva Vida has been formed and, from that committee, a Board of Directors and officers have been elected. The Board of Directors is comprised of six Spanish-American community members and three members of the general community. (The Advisory Committee has ten Spanish-American community members and five members of the general community). Incorporation proceedings have been completed establishing Casa Nueva Vida as a non-profit tax exempt corporation and by-laws have been prepared and approved by the Board. The Board has selected Berardo Rosario, Director of Bilingual Service, for the Chester County Council on Addictive Diseases, Inc., as Executive Director for the formation of Casa Nueva Vida.

Eligibility

The program will accept any male Chester County resident, who has received medical evaluation and detoxification, if necessary, and, after evaluation by Casa Nueva Vida staff, is felt to be in need of additional care. The residential client must commit himself to a sixty (60) day stay before admission to the program. The outpatient client will not be required, in all cases, to undergo medical evaluation and detoxification. Out-of-County clients will be accepted, if space is available, on a purchase of service basis. Female clients will be eligible for all Casa Nueva Vida services except residence. If client recovery programs are terminated prior to completion, readmission will be contingent on approval of the executive director, based on the recommendations of appropriate treatment staff and a

house residents committee. Such decisions will be made on an individual basis. Because of the philosophy of the program, it is expected that residents will be primarily of a Spanish-American background. There will be no age restrictions. Finally, an inability to pay will not prohibit care to a client in need of Casa Nueva Vida's services.

Resources Available

Finally, Casa Nueva Vida has successfully negotiated more than 25 cooperative working agreements with area hospitals and medical facilities, legal-aid associations, social welfare agencies, and educational and vocational/placement programs for the provision of services beyond the scope of its own capabilities.

APPENDIX C

Preliminary Examination
of
Alcohol Use and Abuse and Related Factors
in Chester County's Spanish-American
Community"

SUMMARY

- I. Concentration of Population — in order of greatest concentration.
 - A. Kennett Square area
 - B. West Chester area
 - C. Coatesville area
 - D. Oxford
 - E. Phoenixville
- II. Concentration of Employment
 - A. Mushroom Industry 70%
 - B. Agriculture — other 20%
 - C. Industrial 5%
 - D. Miscellaneous (including professional class) 5%
- III. Typical patterns of Alcohol Use and Abuse

| | Rosario Survey | Cahalan, Cisin and Crossley Correlates in General Population |
|-------------------------------|----------------|--|
| A. Types of Drinking Behavior | | |
| 1. Daily Drinking | 65% | 12% |
| 2. Moderate Drinking | 16% | 13% |
| 3. Light Drinking | 9% | 28% |
| 4. Infrequent Drinking | 5% | 15% |
| 5. Abstention | 5% | 32% |
| B. Miscellaneous Data | | |
| 1. Weekend Drinking | 90% | |
| 2. Binge Drinking | 15% | |

- C. Effects of Drinking Behavior: Rosario Survey
 - 1. Missed Workdays 20%
 - 2. Sickness 15%
 - 3. Family Problems 30%
 - 4. Economic Drain 35%

IV. Typical Attitudes Toward Alcohol Use and Abuse:

All of below were felt by respondents to be generally true of the Spanish-American alcohol abusing family group. However, estimates of the prevalence of these factors was felt to be impossible to make because they could only be confirmed by cases in which a spouse or other family member admitted that alcohol was a source of problems.

- A. Denial by family members
- B. Protectiveness by the family of the abuser
- C. Acceptance of immoderate drinking behavior

V. A. Drinking immoderately was felt to be an acceptable practice in the local Spanish-American population. The Spanish-American culture does permit drinking at an early age and, indirectly, encourages it as a part of the "machismo" image of manliness. Language and cultural barriers, which have contributed to a lack of recreational possibilities and physical and economic immobility, have contributed, as noted below, to this tendency to abuse alcohol as a means of escape.

VI. Contributing Factors to Alcohol Use and Abuse

A. Boredom ("aburri miento" was felt to be an all-inclusive term for the general attitude of "nowhere to go, nothing to do" and is indicative of the pervasive dislocation of this local subgroup 60%

- B. Lack of Communication Skills 60%
- C. Lack of Work Skills 50%
- D. Lack of Physical and Economic Mobility 65%
- E. Home-sickness was felt to be a negligible factor

"Planning and Delivering Alcoholism
Services to the Cubans in America"

by

Angela M. Rodriguez

Luis J. Rodriguez

Living in Metropolitan Miami, the Mecca of Cuban Culture within the United States, it is often easy to take for granted that much of this country knows little of Cubans and their culture. That most Americans can confuse them with other Spanish-speaking ethnic groups, e.g., Chicanos, Puerto Ricans, etc., is a grievous insult to many a Cuban, and equally so to the member of the other Spanish-speaking group. It is for this reason that it is necessary to begin any reference paper on the planning of services with a brief description of the Cuban population in question.

This paper will focus on the Miami area Cuban population which totals well over half of all Cubans living within the United States. While our findings may be applied to other Cuban concentrations outside Dade County, it is important to recognize the variation in differing circumstances of Cubans in other socio-geographic areas of the United States. The authors will utilize their academic and clinical experience of the past two and a half years, begun with the assistance and collaboration of the Florida Bureau of Alcoholic Rehabilitation and currently supported through our clinical and research appointments under the Spanish Family Guidance Clinic, Department of Psychiatry, the School of Medicine, University of Miami.¹ This present endeavor is part of the first professionally organized attempts at identifying and treating the Cuban alcohol abuser and alcoholic. As of yet there is no hard data available on this subject, although our present immersion within the field is aimed at securing more detailed data within the coming two years. Little has been written about the Cuban refugees, and most of what has been written has dealt with their achievements in this country. Prior to the political exodus of the sixties, Cubans had long immigrated to the United States, although in much smaller numbers. Jose Marti had based much of his revolutionary operations in New York and Florida during the latter part of the nineteenth century. Tampa and Key West had large Cuban colonies prior to the turn of the century.² Fidel Castro himself had lived in Miami for a time while collecting

funds to support a revolutionary operation against the Batista regime. Since Castro's dramatic overthrow of Batista on January 1, 1959, well over 600,000 Cubans have been admitted to this country. At least 400,000 Cubans now reside in the Miami area. Another 40,000 live in Tampa. Other large Cuban concentrations can be found in New York, New Jersey, Illinois (Chicago), California, (Los Angeles), and Puerto Rico.

Little is known about the exiles as individuals. Early studies of the refugee influx indicated it to be unrepresentative of the total island population: "A disproportionate number of refugees (came) from the middle and upper strata of prerevolutionary society"³. Professional and semi-professional persons were overrepresented; while:

clearly, the poorer sectors of Cuban society, which constitute a majority of the island's population have contributed only marginally to the exodus.⁴

Inhabitants from rural areas (43 percent of the island's population) "were almost unrepresented"⁵. Those from Havana and other large cities, on the other hand, accounted disproportionately. Demographic studies revealed:

That the great preponderance of the (early) refugees are drawn from the wealthier, the better educated, the more urban, and the higher occupational sectors.⁶

This is the image which has been often publicized. Yet by 1962, it was found that:

a considerable proportion of the refugees were neither rich, well-educated, occupationally advantaged, nor in any sense members of the pre-Castro "establishment"⁷

This latter trend seems to have continued true through the last "Freedom Flights" of 1973. The last series of flights were composed largely of elderly citizens, already retired and useless to the Castro regime. Further studies are needed to assess the actual characteristics of the large number of Cuban refugees which have come after the early studies had been made. Statistical information continues to be incomplete, fragmented and very limited⁸

Most Cuban refugees are not as well-off and many are not as educated as the success stories seem to indicate:

Cuban Refugees, like other minority groups, run a much greater risk of living in run-down dilapidated, or substandard housing. This

serious problem is, of course, directly related to the higher concentrations of low-income families among the Cuban population. ⁹

Even the limited knowledge available makes it:

readily apparent, that older Cubans experience even greater deprivation than the total elderly population in the United States. They are more likely to have lower incomes, live in substandard housing, work in lower-paying jobs, and subsist in impoverished conditions ¹⁰.

The existing deprivation is heightened by the language barrier. Of course, there are those living in the lap of luxury, but these are the exceptions. As a people, Cubans tend to be hard-working, industrious and ambitious. Unfortunately, most of those professionally trained prior to coming here have had to redo much of their previous education in order to receive revalidation. Medical doctors, dentists and lawyers are outstanding examples of this. A large proportion of older professionals have found the obstacles to recertification too difficult.

Little Havana is the area within Miami having the highest concentration of Cubans in the country and the nation. The initial influx of 100,000 refugees fleeing Castro in 1961-62 targeted in on this area. It "continues to represent the American heart of refugee Cuba" ¹¹. There are 68,979 people in Little Havana. Almost 80 percent are Cuban. Twenty percent of the area's population are over 60 years old and below the federal poverty level. Many others are barely above it. The existing buildings are older than in most other parts of the city and precede most zoning laws. The residential density is two and a half times that of the rest of developed Dade County, and thirty-one percent of housing units are overcrowded and rents too high ¹². The people in this area as well as in other Cuban areas have great needs. These are partially met through the Little Havana Activities Center, funded by the federal government and the county's United Fund. It is only in the past three years, that an effort at systematically assessing the needs of the Spanish speaking elderly in Dade County was begun, and this attempt was hampered by insufficient funds. ¹³ Similar studies may bring out serious needs of different segments of the Cuban population as well as of other Spanish groups in the Miami area. Existence of such conditions clashes with the public view of the successful Cuban. Both groups exist and the extent to which each does is material for further study.

Cubans as a group appear to be much older than all other Spanish speaking groups in the United States. Six percent are professionals, while only two percent are farmers. ¹⁴ Over forty percent are just mothers with children. Many women had to find the jobs to help their families. This involved changing patterns of authority, with the woman rising in role and the man falling. The *viejitos* (old persons) welfare role presents another big problem. The society has failed to deal with any of these problems.

Apart from knowing the material needs of a group, one needs to understand its psychological and emotional make-up. As a group Cubans came to this country with a real identity developed, one very strong and positive. ¹⁵

As most Latins, they shared a strong sense of patria (motherland). With their self-imposed exile has come a feeling of deep loss and insecurity. Moreover, their coming was preceded and followed by racial violence. Added to their negative experiences with communism and violent revolution, their reaction was a strict adherence to the status quo. Politically, most remain attached to this philosophy, as evidenced by "blind" Cuban participation in the Watergate fiasco. There is a small core of professionals (mostly young) who seem to realize the danger of such a stance and are willing to attach their "cause" to those of other oppressed groups, be they Spanish-speaking or not.

With this background in mind, there are certain characteristics which have been demonstrated to be of particular importance when dealing with Cubans in the field of alcoholism rehabilitation. Many of these can also be considered in treating Cubans in other mental health areas. The remaining part of this paper will discuss these traits and apply them to the planning and implementation of programmatic components and treatment modalities.

Socio-Cultural Characteristics to be Considered

When a Cuban alcoholic comes to a treatment program displaying acute signs of his problem, he does not exhibit noticeably different symptoms from an alcoholic from any other ethnic group. Nonetheless, he brings with him a series of psycho-social needs or characteristics that are common and unique to most Cubans presenting this same problem. These unique needs consist of the following and will be subsequently discussed:

1. Concept of the alcoholic and alcoholism in Cuban culture.
2. Cultural role of alcohol in Cuban social activities.
3. Ignorance of psycho-social treatment focus for alcoholism which was non-existent in Cuba.
4. Prevalence of the medical model as a treatment method.
5. Strong emphasis on the role of the family.
6. Changing societal roles of males and females.
7. Importance of the "personalismo" factor in human relations.
8. Stress of adaptation to a new country and changing life styles.

Concept of the Alcoholic and the Cultural Role of Alcohol in Cuba

Discussion of the concept of alcoholism and the cultural role of alcohol in Cuban social activities can be combined with an explanation of Cuban's ignorance of psycho-social treatment for this problem and adherence, instead, to a medical model as the only resource. Traditionally, Cubans have used alcohol in the celebration of major as well as minor social functions. When the Spaniards first settled in Cuba, they brought with them Catholicism, as a religion. The latter approved the use of wine in the celebration of the Mass and other important ceremonies. Similarly, they introduced in Cuba the custom of accompanying meals with wine. ¹⁶ Since early in their history, then, Cubans have been exposed to the use of alcohol as an acceptable social practice. Moderate social drinking was never morally or legally banned in Cuba. As a matter of fact, Cubans have always been in contact with alcohol and encouraged to taste it, even at very young ages. ¹⁷ It has always been a custom in many Cuban families for children, as youngsters, to be exposed to the drinking patterns of their elders and taught that moderate vs. excessive drinking is a personal trait to be striven for. Unlike the more puritan or Protestant-type ethic of its northern neighbor, the United States, Cuba's heritage has not been influenced by "Blue Laws" or a "Prohibition Era." Moreover, bars and liquor stores have never been "off limits" for any particular segment of the population, including children and adolescents.

All of this is not to say that alcoholism did not exist in Cuba, for it did. In fact while Cubans were being reinforced as to the merits of moderate, controlled drinking, they also received an opposite, totally negative view of excessive drinking and the process leading to alcoholism. Similarly to their North American neighbors, Cubans have shared the latter's opinion that to have an alcohol problem is synonymous with being a public inebriate ("skid row drunk"). Very few Cubans acknowledged the fact that alcoholism or alcohol abuse is a disease for which medical and psycho-social treatment must be sought. Instead, Cubans generally consider excessive drinking a vice or character weakness. The alcoholic, then, is the object of stigma and criticism. Consequently, Cuban families with alcohol abusers or alcoholics in their midst do not realistically confront the fact that they have a problem, but oftentimes totally deny its existence. Admitting to an alcohol problem places the alcohol abuser and his or her relatives in the dilemma of accepting a reality about themselves that they have been raised to consider negative, unacceptable and immoral. There is a tendency on the part of relatives and friends, then, to shelter the alcoholic within the family structure. This is demonstrated by the total absence in Cuban cities and towns of the "skid row" phenomena that prevails in the United States and other countries. Alcoholics as a rule have not been visible on Cuban streets.

It may be hypothesized that this pattern of denial also existed in Cuba's governmental and public agencies, as well as in its private health care systems for neither sector identified nor documented the need to provide rehabilitative or treatment services for this problem. Similarly, the notion of obtaining psychiatric help from a private practitioner for this type of problem was only known to a few. Consequently, the only available resource for assistance generally recognized and sought by Cuban alcoholics was the family physician or general practitioner at a Medical Clinic. In these brief and irregular encounters with a medical figure, the alcoholic received temporary short term medical assistance in the form of medication (sedatives, tranquilizers) and sometimes antabuse. As a remedy for a long term illness, as is alcoholism, this proved insufficient and ineffective. This discussion then serves to explain why when they arrive in the United States, Cubans generally ignore the concept of alcoholism as an illness and find difficulty in understanding the value and potential

benefits of seeking and accepting treatment through channels other than those to which they have been accustomed in their native country.

Family Structure

The notion of family is central to the majority of Cubans and cannot be disregarded when working with Cuban alcohol abusers. Anglo-Americans have a tendency to consider all members of Spanish-speaking groups as more or less alike and seem to attribute to all an extended family system. Included in this assignment of a traditional family structure having large numbers of siblings, and a patriarchal focus, in the presence of strong parental dominance, with marked child respect and obedience. ¹⁸ Elena Padilla's study of Puerto Ricans includes a description of the ideal Hispano family model consisting of:

a father, a mother and their unmarried children who all live together in the same household. This is the basic unit, the immediate or nuclear family. The father is supposed to impart respect to the children and to provide for the family. The mother, to care for the children and her husband and to maintain the standards of respect and good behavior set up by the father. Ideally their home will be near those of close relatives, members of the "great family" including uncles, aunts, sisters, married children, grandchildren and so on, and they will get along with each other. All these relatives are supposed to help one another and to share in many common activities as members of the extended family. ¹⁹

To varying degrees most authors have applied this familial model to every Spanish-speaking ethnic group. The popular notion of the Cuban family follows a similar vein as exemplified in Donald Dowd's research on the attitudes and values of young Cuban refugees at Miami Senior High School. Dowd found the Cuban youths interviewed to be in high agreement as to the importance of family love, togetherness and mutual aid. ²⁰

Moreover, Cubans demonstrate a positive attitude toward the central role which the family plays in their life networks. It is this factor which has "helped to produce a healthy environment for the Cuban community" in Miami. ²¹

In practice, however, reality presents many variations to this model. In Miami are found Cuban households which do not fit the mold: e.g. those with a divorced parent living with the children and an elderly grandparent or uncle or aunt; many persons living alone and with few relatives or friends nearby; unmarried adults living with friends or by themselves. These differences in model may be attributed to several factors such as family members forced to remain behind for political reasons or families disrupted by the stress of exile or internal conflict. Most of the clients with alcohol related problems who attend our clinic, live in family units which demonstrate some form of dysfunction or conflict. Whether such marital or family problems precede or follow the alcohol involvement is yet to be proven. What must not be ignored, however, is that regardless of the type of family structure or state of dysfunction it finds itself in, the family is almost always an essential factor affecting and related to the alcohol abuser's behavior and drinking pattern.

Changing Societal Roles of Males and Females

The general view of the family extends into another Spanish cultural phenomenon, namely, that of "machismo", an extreme masculinity emphasis. Accordingly male children are given more freedom than females and for the most part, there is a double standard of morality, division of labor and status, with the female usually serving a subservient role, with the husband both the head and master of the family. ²²

This machismo has been a very sensitive point among male alcohol abusers and alcoholics treated by the authors in the last two years. The male is often "mortified" and "shameful" of the wife's need to work outside the home to help meet family expenses, while continuing to attend to her daily household duties; cleaning, cooking, washing, etc. Many men resent the decrease in attention paid to them by their wives which results from this. At the same time, they bemoan the added independence and authority corresponding to the wife's additional responsibilities. It is very difficult to convince a middle-aged Cuban male of the equality of the sexes.

Relinquishing these cultural values and behavior in the process of adapting to those of the United States has not been an easy process for Cubans. On the contrary, it has been difficult both to give these up, as well as to grasp the new

and seemingly foreign Anglo values and mores. These difficulties have been further compounded by the reality that the Cuban literally "can't go home again". Although most have come hoping to return someday to a liberated homeland, the majority of Cubans are beginning to realize the hopelessness of this dream. There are some, however, who still live their lives in this country on the assumption that theirs is a temporary arrangement that will terminate upon their return to Cuba once the political situation there is reversed. Regardless of which of these two tendencies is more prevalent, Cubans, in general, are affected by the individual and collective stress produced by these adaptational realities. Moreover, as a rule, Cubans do not exhibit a definitive or easily identifiable universal coping mechanism for this stress. For the Cuban alcohol abuser or alcoholic, however, the coping mechanism of choice may very well be his or her drinking behavior.

Considerations for Planning Service Delivery

Initial examination seems to indicate that alcoholism problems among Cubans in Dade County are similar to those in Spain in the fact that the group of visible alcoholics is small yet "the group of occasional excessive drinkers with damaging behavior is considerably larger"²⁴ The damage resulting from such occasional excessive drinking is serious, and is demonstrated in violence, industrial and traffic accidents, lowering of disease resistance, absenteeism, and overspending, as well as significant strife and conflict among family and friends. In other words, present experience indicates a greater incidence among Cubans of the alcohol abuser or problem drinker as opposed to that of the full-fledged alcoholic. This phenomenon may change with the coming years as significant numbers of the many current alcohol abusers may develop into the more pronounced stages of alcoholism. However, for the present, this finding points to an essential difference of emphasis between the existing county alcohol program and the kind of program needed to handle the alcoholism needs of Cubans. The former utilizes the majority of its resources to deal with the full-fledged alcoholic and must therefore spend most of its resources to provide hospitalization and detoxification, halfway house placements and related activities. The remaining resources are applied to outpatient treatment. A program to serve Cubans would need all the former services as back-up but might require greater emphasis on

the out-patient clinic services and an accompanying community educational component. This difference in program emphasis may be explained in part by E. M. Jellinek in this analysis of the emphasis of past literature on the subject:

The greater part of the literature on alcoholism is of Anglo-Saxon origin. In those nations, the steady symptomatic excessive drinkers . . . are so much in the foreground . . . (that) the problem is seen entirely in the terms of their drinking — to the complete neglect of other important aspects of the problem. 25

In keeping with the above discussion and the preceding socio-cultural characteristics, an agency charged with the responsibility of providing alcoholism services for Cubans must take into account such factors as:

1. Cultural, as well as language, barriers (the latter causing many adults to depend on their children to act as interpreters in such delicate matters).
2. The tendency of the Spanish-speaking to keep their problems within their usually tight-knit family structure, thereby inhibiting seeking out assistance from without (which is especially more detrimental to the female member, upon whom greater shame is attributed when suffering from alcoholism).
3. The Spanish ability for heavy drinking — more related to the occasional excessive drinker and not the public inebriate.
4. The personalismo characteristic of most Spanish-speaking, which renders the typical outreach methods of most Anglo agencies inadequate.

These factors can be broken down even further so as to translate into a detailed check-list of necessary program characteristics:

1. That the program services be ethnically identifiable.
2. That such services be accessible within the Cuban community.
3. That the staff be bi-lingual and bi-cultural.
4. That the bureaucratic red-tape be streamlined and facilitated.
5. That the full gamut of alcoholism services be available.
6. Emphasis on the outstanding problems, with treatment focus on the family and the environmental factors.

7. Emphasis on outreach and education through culturally-sensitive channels.
8. An identification and referral mechanism, which includes an effective network with other alcohol treatment programs and social service agencies.

These points will be discussed briefly below.

1. Ethnically identifiable program services.

It is most important that the Cuban community can identify with and have confidence in the agencies and providers of such services. Without this identification and trust, no program can hope to obtain the cooperation and participation of most Cubans.

2. Services accessible within the Cuban community.

Apart from the more expensive in-patient hospitalization services, out-patient facilities and services need to be available within the geographic area of the people to be served. Otherwise, the services will tend to be under-utilized. The development of basic core units of services usually allows the establishment of smaller clinic-like units which can be spread out within the community. This geographic availability is complemented by time accessibility. The majority of Cuban alcohol abusers and alcoholics are employed and are usually not given the luxury of taking time off for treatment. Therefore a program must provide services during evening hours as well as during the day. Saturday openings usually guarantee additional clients as well.

3. Bi-lingual and Bi-cultural Staff

Spanish-speaking alcohol abusers and alcoholics require bi-lingual and bi-cultural staff. Bi-lingual persons would need to speak English and Spanish. By a bi-cultural person is meant one who is knowledgeable in the values and customs of both Cuban and North American cultures. Such a person is expected to appreciate aspects of both cultures, while at the same time being understanding and nonjudgemental in respect to the particular client. The fact that a person is Cuban and can speak English does not necessarily qualify him or her as bi-cultural. At the same time, a North American can learn to be bi-lingual and bi-cultural, if he is motivated and desires it. Needless to say, any staff member, be he Cuban or not, needs to have a clear understanding of the different phases of alcohol abuse and alcoholism.

4. Bureaucratic Red-tape Streamlined.

It would be naive to expect the elimination of necessary documentation and treatment pro-

cedures. Yet it is conducive that these be reduced to the necessary minimum. It is also important that they be done within a personal, warm atmosphere, in keeping with the personalismo tendency of most Cubans. Cubans relate to people and not to piles of forms and excessive, rigid, inflexible regulations which may hinder effective treatment rather than guarantee it.

5. As was clearly pointed out at the First Annual Hispanic Conference on Human Services, the Spanish-speaking problem drinkers and alcoholics (Cubans among them) collectively have the same problems and needs in regard to alcoholism treatment as any other group, and perhaps more as compounded by the language and cultural differences which must be taken into account when developing services for them 26.

Increasing alcohol misuse and abuse among the general public are making the situation worse and even more so necessitating the creation of alcoholism services for Cubans and other Spanish-speaking groups. This includes the provision of all services: hospitalization, detoxification, halfway house placements, outpatient clinics, community information and outreach, individual, group, marital and family therapy, vocational rehabilitation, etc. To what degree each of these services may be needed by Cubans could vary considerably from the rest of the population and must be determined in collaboration with the community to be served. The use of a professional and citizen advisory committee, including consumers as well as other appropriate community representatives, could very well assist in this extremely important task.

6. Treatment focus on the family and environmental factors.

In previous sections of this paper the authors have emphasized the family's important role in the relationships of the majority of Cubans. They have also mentioned the stress and difficulties produced by the need to adapt to Anglo social systems and institutions. It is for this reason that any alcoholism treatment program that expects to be effective with Cubans must include approaches that will deal with these two aspects. Family therapy, then, should be available and applied whenever possible. More than that, however, therapists working, whether on an individual or group basis, with Cuban clients must always be attuned to the role that each client's family plays in their life and deal with this in the context of the therapeutic sessions.

Through family therapy the following goals can usually be effectively accomplished:

a. To bring the older and younger Cuban generations together in an arena that will assure safe and objective grounds for discussion and exchange of feelings and problems.

b. To facilitate expression and clarification of differences between family members.

c. To deal with cultural adaptational issues or problems in their proper perspective and as they relate to each particular family system treated.

d. To remove the myths, stigma and negative feelings related to the existence of an alcohol problem and re-define it in more positive contexts so that family members will be able to work towards changing the circumstances that are reflecting themselves in a particular member's excessive drinking.

e. To replace dysfunctional communication or transactional patterns with open and honest exchanges.

6. To establish clear, functional boundaries between the family subsystems and individuals, thus assuring the allocation of control, leadership and responsibility, with the family, in the parents.

If the issue of cultural adaptation and the stress it produces in Cubans is to be at all addressed by a program of this nature, all the treatment modalities, be they family, marital, individual or group therapy, must be placed with an ecological approach as well. By ecological we mean those diagnosis and therapeutic interentions that focus on the client(s)' transactions with his surrounding systems and their representatives, e.g. schools, teachers, employment, probation officers, etc. An ecological diagnosis consists of a therapist's exploration into a client(s)' relationship with those systems that are significant to him in his ecology. If any indication appears that the client is having problems in transacting with any representative(s) of a particular system or that system in general, the therapist will seek means of getting them both to come together in his presence. In this approach, a therapist will work with each client(s) and the representative of the system in question to bridge those cultural or personal differences that are hindering functional transactions or positive relationships. In such activity, then, the therapist may choose to intervene (depending on the particular situation) as facilitator, mediator, advocate, etc.

The previous paragraphs, then, indicate the need for an alcoholism program for Cubans to seek employment of clinicians with expertise in the area of family and systems treatment. For those staff members without experience in these two vital areas, training should be provided in both family therapy and ecological systems theory.

7. Emphasis on Outreach and Education.

Aggressive outreach efforts are a necessary ingredient to any successful alcoholism treatment program. Outreach efforts can be joined to the need to educate and inform the Cuban community as to the presence of alcohol abuse and alcoholism and how to view it as a condition and a disease which can be treated as well as prevented. Education must help to dispel the shame and ignorance usually associated with this problem and help to generate the desire and motivation to assist in treating and combating it 27. In order to educate the community about alcoholism as it relates especially to Cubans, a variety of mechanisms, such as the following may be adopted:

a. Inclusion of weekly or monthly columns, sporadic articles or professional interviews on the subject of alcohol and its effects in popular Latin newspapers or magazines.

b. Conference presented at community meetings by panels, individual professionals or clients expert on the subject, e.g., at schools, civic clubs, municipios, etc.

c. Sponsoring of full day workshops with professional guest speakers from other agencies or areas of the country which may be open to the general public and professionals as well.

d. Distribution of interesting and non-technical literature on the subject, in Spanish, e.g., pamphlets, brief question and answer quizzes, etc.

e. Presentations on English and Spanish speaking radio and television channels of creative and enjoyable programs that will inform the public of the problems and complications associated with alcohol, as well as possible solutions, e.g., interviews, panel discussions, question and answer programs with audience participation, dramatizations, spot announcements, etc.

f. Preparation of a series of lectures or programs involving use of audio-visual materials on the problems of cultural adaptation and how these may manifest themselves in alcohol use or other types of substance abuse. Such a series may be presented as part of the course work in high schools, junior colleges or even educational television channels.

g. Home visits to attract individuals or families who, at first, may be reluctant to establish or continue contact with the program.

h. Orientation sessions open to the public, at which program objectives and information on the subject can be disseminated.

Most of these steps have already been put into operation by the Spanish Family Guidance Clinic in Miami, but they are the type of efforts which must be continued on a regular basis for years to begin to have an impact on the overall community. Surprisingly, much can be achieved through use of the public service media, if one has the staff capable of utilizing it to one's benefit. The important thing is to be consistent and adjust one's efforts as one goes along to fit the needs and problems presented by the community and the clients themselves. Outreach and education are most successful which take advantage of culturally-sensitive channels of communication, e.g. Latin media, newspapers, weeklies, clinics (Cuban style health maintenance organizations), municipios (Civic organizations related to their native city of origin), churches, family physicians, and schools.

8. Identification and Referral Mechanism.

Strong and aggressive outreach efforts must also aim at establishing and maintaining a clear identification and referral mechanism which can:

a. Distribute to community organizations and agencies, bi-lingual information explaining the problems of alcoholism and the resources available to potential clients through their program.

b. Obtain and make treatment referrals to and from these agencies so as to broaden the spectrum of community support for the alcoholic.

c. Provide a source through which more accurate information on the incidence of alcoholism and related problems can be documented and used to strengthen and improve existing program services and indicate the need for additional ones, if that be the case.

Such a system will assist in more efficient referrals of potential clients to the program and at the same time help to develop good working relationships with professional colleagues in other related agencies, indirectly being of assistance to clients who need to be referred in turn to other agencies for other services, be they vocational rehabilitation, employment services, health department, consumer credit counseling, etc. One will

be able to refer clients to specific persons rather than to mere agencies or institutions. Such a mechanism should also be able to maintain close ties with Alcoholics Anonymous, Al-anon and Ala-teen, and, if possible, help to establish Spanish-speaking chapters of such organizations to serve as further service alternatives to potential clients.

In this paper, the authors have presented demographic and historical background material explaining the Cubans' situation in Dade County. They have discussed the socio-cultural characteristics that Cuban alcohol abusers and alcoholics bring with them to treatment and described the types of services that must be developed if this population is to be adequately helped. Most of these suggestions have already been attempted or implemented by the Spanish Family Guidance Clinic in Miami in their research and service activities. It now remains for the local authorities to do the same within the existing county alcoholism program. Other Spanish speaking groups can adopt the above techniques and principles as they think relevant toward meeting their own needs.

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GROUP THERAPY WITH LOW INCOME
MEXICAN AMERICANS
— SOME GUIDELINES —

by

Teresa Ramirez Boulette¹

Exploring innovative group methods with a population which under-utilizes existing psychiatric services (Jaco 1959; Karno 1965), yet is over represented among the unemployed, the incarcerated, the alcoholic, the heroin addict and the family deserter, may help to bridge this gap between high need for psychological services and low utilization of these services. However, this exploration has not been encouraged. Group treatment has not been recommended for low income Mexican American out-patients.

Discouraging comments, unsupported by sound research or extensive clinical experience, are made to indicate that Group Therapy is inappropriate for this target group because "it is a white, middle class approach"; "it insults this population's distinctive culture"; or "these clients do not have the necessary psychological sophistication nor the needed verbal skills." Others state that if Group Therapy is to be effective with the Mexican Americans, it must be modified. However, specific modifications usually are not offered.

This paper will attempt to offer some Group Therapy guidelines based on the author's clinical experience.

Group Therapy, to be effective with low income Mexican Americans, must consider these subjects' specific psychological dysfunctions as well as their poverty and bi-cultural identification. Their poverty, if severe and of long duration, usually is associated with the values and behaviors characteristic of the culture of poverty (cf. Ireland 1967). Also associated with poverty, are lower levels of health, a concrete, somatic interpretation of psychological problems and need for auxiliary services such as housing, legal assistance and welfare.

Membership in the Mexican American culture implies cultural duality, that is to say "Mexicanness" as well as "Americanness." The implications of this cultural duality cannot be simplistically specified because of the great

variance in cultural identification among natives of different regions of Mexico such as Yucatan, Jalisco, Mexico City and the border areas, as well as among the natives of the different regions of the United States. In addition to its cultural duality, understanding of the Mexican American culture is complicated by its dynamic and heterogeneous qualities which have regional, generational and socio-economic variants. Penalosa (1967; 1970) has perceptively noted this heterogeneity in his writings.

Further confusion is contributed by the multitudinous, poor quality "research" and "studies" which are grossly deficient in scientific methodology, yet published and reviewed for their "research findings." Thus, they attribute to Mexican Americans distinctive, frequently degrading cultural characteristics such as machismo, dependency, non-intellectualism, and fatalism. The authors of these papers, as well as Mexican Americans in positions of power, pollute the culture of the Mexican Americans by perpetuating their prejudices, stereotypes, and idiosyncratic "noble savage" beliefs which are not supported by sound research evidence or by extensive clinical experience with sufficiently large and representative samples. This cultural pollution probably serves to encourage Mexican Americans and the majority population to accept degrading characteristics as "Mexicanness" and to blame the culture for the consequences of institutional failures and prolonged prejudicial practices.

Thus accurate evaluation of the subject's psychopathology in relation to his poverty and bi-culturalness cannot be accomplished if the practitioner uses a fixed, preconceived standard of expected cultural norms and patterns of family interaction. Heterogeneity can also be expected in the area of the subject's bi-lingualism.

The language used by these clients can range from articulate, fluent English to no English; from articulate, very correct Mexican Spanish to a mixture of English and *pochismos* (California's Spanish variant) to no Spanish. Therefore, the therapist attempting to serve these clients must be bi-lingual enough to comprehend, read, write and speak correct Mexican Spanish, *pochismos*, *dichos* (proverbs or sayings), and *chistes* (jokes), in addition to American English. The therapist must be bi-cultural enough to be able to perceive, model and encourage behaviors which are not only more psychologically adaptive but more suitable to the client's particular type of *barrio* (neighborhood), *familia* (family), and real world.

1 Dr. Boulette is currently employed as a psychologist, Director of Outreach Services at Santa Barbara County Mental Health Services, Granada Building, 1216 State Street, Santa Barbara, California.

The subject's ethnicity and poverty require additional clinical modifications, such as the following:

Extended Diagnostic Interview Time by an Experienced Professional.

It is difficult for these clients to seek and continue psychological treatment. Their psychological dysfunctions are likely to be severe and of long duration, complicated by lower levels of health and need for auxiliary services. Their past experience with caretakers is likely to have been inadequate, inappropriate and generally unfavorable. Thus, it is essential that their attempts to seek psychological assistance be answered by an experienced, bilingual, bi-cultural professional. The need for comprehensive assessment of the type, severity and duration of the clients' problems, as well as their nutritional, health and general life practices, requires extended diagnostic time (2 or 3 sessions).

Comprehensive Medical Examinations.

These clients frequently express their problems in terms of somatic symptoms, which serve as psychological equivalents, such as: 1) severe chronic, incapacitating head, neck or low back pain; 2) coldness, numbness, or burning sensations of the upper or lower limbs; 3) inability to swallow or digest certain foods; 4) dizziness, fatigue, blurred vision, ringing of the ears, unpleasant oral taste, or bleeding gums; and 5) bizarre pain in multiple body systems. Considering the lower levels of health of these low income clients and the possibility that their reported symptoms may indicate physical illness, comprehensive physical examinations and report of past diagnostic and treatment procedures should be requested.

Group Therapy Referral after Brief Individual Therapy.

The broad scope, severity and acuteness of these clients' problems, as well as their unfamiliarity with the group process, prevents their immediate referral to group treatment. Brief individual therapy which usually follows a directive, medical, broad spectrum behavioral approach has been found to be very effective. Symptom reduction and healthier life practices are encouraged by connecting the distressing, painful, bewildering sensations with faulty, destructive and/or degrading health, marital, prenatal, child rearing and/or general life prac-

tices. Concrete, fairly directive interpretations are at times used, as well as Behavioral Rehearsal, Behavioral Shaping, Assertive Training, Positive Reinforcement, and practical health and general advice or consejos.

Same Professional During Diagnostic, Individual and Group Procedures.

Initial resistance to group therapy usually is overcome when the client is told that his therapist will be the leader of his group. The client is prepared for Group Therapy by encouraging the discussion of his fears, by specifying group expectations such as confidentiality and consistent attendance, and by describing past Group Therapy successes. Consistent attendance and adherence to confidential requirements usually occur, as does meaningful group participation and marked improvement in the areas of symptom reduction, increased assertiveness, improved appearance and increases in favorable social and occupational behaviors.

Referral to English or Spanish Group Therapy.

Based on the client's language preference, the referral is made to the author's English or Spanish therapy groups. The English group is heterogeneous with respect to sex, age, psychological dysfunctions and ethnicity (Mexican American, Black and White). The Spanish group is heterogeneous in every variable with the exception of language preference (only Spanish speaking Mexican Americans, Cubans, Spaniards and others). Both groups tend to have more females who are frequently obese, depressed, anxious and sub-assertive. The Spanish group more frequently describe their husbands as violent, abusive, neglectful and alcoholic. Both groups have good treatment attendance, with the Spanish group being consistently smaller (4 to 6) as compared to the English group (6 to 8). Both groups have the same male co-therapist. ²

In summary, the author has found Group Therapy with low income Mexican American outpatients to be effective and well accepted when certain guidelines are followed. These guidelines include a thorough diagnostic work-up by an experienced bi-lingual professional who does not adhere to fixed, preconceived cultural expectations. This work-up is an assessment of the subject's psychological dysfunction, level of health, usual health practices, and need for auxiliary services. Referral to Group Therapy is

2 Mr. Joe Medina is a bi-cultural, bi-lingual psychiatric technician.

only utilized after brief individual therapy has and the subject has been adequately prepared for Group Therapy participation.

The treatment groups are characterized by: 1) having the same therapist and co-therapist; 2) their multi-variable heterogeneity; 3) their long term duration; and 4) utilization of the subject's language preference. The group therapy approach can be described as directive, and broad spectrum behavioral as well as medical. These open-ended groups have been functioning on a weekly basis for over five years with very good subject acceptance and very favorable treatment outcomes.

Examples of favorable treatment outcomes are infrequent hospitalizations, improved grooming, increased social skills, efforts to seek and maintain employment, more confident, self-approving, assertive behaviors, and modification of previously distressing problems.

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CHICANO ALCOHOL COUNSELOR: A DONDE VAMOS? Fernando Munoz (Chicano Alcohol Abuse and Alcoholism: Some Considerations) Introduction

Most Latino/Chicano Alcohol Treatment Programs have been in existence for no more than four years in Michigan. Since the inception of the first program the notion that only Chicanos can work with Chicanos has been fostered and indeed proven. What has not been outlined to the public-at-large is the exact "whys" of this phenomenon. It is much too simplistic to say that we just relate better to the Chicano alcoholic for there are many Chicanos who because of their aloofness, delusions, or "airs" are hard-pressed to relate to the average "Juan Venado Chicano". It is my intention herein to outline some commonalities which exist in the clientele of most Latino/Chicano alcohol treatment centers. Let me emphasize that these commonalities vary with individual differences and they are in no way meant to be set forth as dogma. To the Chicano reader who expects to find new knowledge herein I apologize, for I will say nothing that you do not already know. I will hope however, that I can crystallize and perhaps challenge some of the notions which you might have. In any event I do not intend to pass myself off as an expert for we all know that experts are to be found only in the realm of Anglo Chingonismo.

Theoretical Considerations

If I had to choose one orientation as my point of reference I would lean to the view of alcohol abuse as the problem drinker variety and alcoholism as the addiction syndrome. I do not however adhere solely to this since work with Chicanos demands a great degree of flexibility which can only be found by keeping an open mind and fitting the treatment to the client instead of the other way around. I should emphasize that my notion of alcohol abuse can be literally translated to that of "culture abuse" when referring to Latinos. This concept I will explain later. In any event the aforementioned philosophical orientation should serve as a good point of reference.

Cultural Strengths

Let us now look at the relationship between alcohol and Chicano culture. It is indisputably true that alcohol plays a great part in Chicano culture. We drink at weddings, parties, baptisms and, of course, there is the famous "cafe con piquete" which is served at funeral wakes. The myth that has been portrayed in American movies of the perpetually drunk bandido type Chicano must be dispelled. Although Chicanos drink there are inherent in Chicano culture certain variables which safeguard against the self-destructing effects of alcohol. Some of these are: (1) machismo, (2) the family, (3) "la palomilla" or peer group, (4) the fried chicken imperative.

The first concept is one which has been much maligned by the dominant culture and indeed by many Chicanos who for one reason or another have failed to see the positive side of machismo. It is erroneously believed that the macho must drink himself under the table in order to prove his masculinity to the rest of the palomilla. In this way the macho who is still standing is the most macho of all. People who adhere to this belief see machismo in a negative light and therefore they blame machismo for the high incidence of Chicano alcoholism. The positive view of machismo however demands that the macho holds his liquor well and maintains his self control for the macho must always be ready for anything. In instances where the wife and kids accompany the macho to a place where drinking is to take place the macho must maintain dignity and control in order to protect his family from possible danger. Machismo can be seen as very positive or very negative depending on what you choose to believe. It is my opinion that the Chicano alcohol abuser and alcoholic too often cling to the negative view and thus bastardize the Chicano cultural imperatives for their own justification. As one client said, "there is culture and there is 'porqueria'". The Chicano who drank to the point of passing out in public is not exhibiting culture but rather a bastardization of that Culture." This, then, is what is meant by culture abuse. What is done is the taking of cultural pluses and distorting these to justify the alcohol abusing nature of the individual Chicano male. If indeed the drunken Chicano who has fallen asleep at a dance or has

staggered home is the essence of Chicano machismo, then we, as an ethnic group, are indeed in big trouble for what can be more counter-revolutionary than this loathsome sight.

The second concept which protects Chicanos from alcohol abuse is that of "la familia Chicana" or the Chicano family. The Chicano family is a network of relationships which encompasses not only the wife and siblings but includes also uncles, brothers, grandparents and even the padrinos. This extended family often serves as a source of counseling and a good source of feedback to alert the Chicano that his drinking behavior is outside the normal limits. Since the well-being of the family is the most important tenet of Chicanismo, this serves as an inherent deterrent of over-indulgence. In many instances the extended family may institute negative sanctions (not visiting, avoiding and outright reprimanding) to get the Chicano to comply with the norms of the group. The closely knit Chicano extended family is clearly an inherent preventative tool which safeguards against alcohol abuse and alcoholism.

A third cultural characteristic which can be functional in combatting aberrant Chicano drinking patterns is that of "la palomilla" or the Chicano peer group. This is another facet of Chicano culture which is also very much misunderstood by members of both cultures. Many Chicanos look upon this concept very negatively in that they see la palomilla as the source of the problem. In other words if the group did not "sonsacar" or entice the Chicano male out of the house and to the bar he would probably stay home and not go out drinking. What is not understood is that the Chicano who wants to drink will do so with or without la palomilla. However, when he drinks with la palomilla he is likely to get into less trouble or no trouble at all since this group acts as a means of social control which also exerts negative sanctions if an individual "se sale" (breaks the group norm). Unfortunately the family of the Chicano alcoholic too often displaces the blame on la palomilla in an attempt to deny the fact that they have an alcoholic in the family. This behavior though inexcusable, is understandable when one considers that the average Chicano family takes pride not in what they have in the material sense but rather in how the family is regarded as a unit by the neighborhood. It should be noted that la palomilla has the poten-

tial to be beneficial if they as a group, keep the high regard for the family. In the absence of these imperatives, la palomilla itself becomes an aberrant group. I shall later focus on la palomilla as a possible treatment agent.

The last concept which many chicanos practice but never stop to reflect on is that of the "fried chicken" imperative. The fried chicken imperative is characterized by a Chicano who after a night of drinking brings home some fried chicken for the family. He will get home and awaken his wife and kids so that they can eat. In this symbolic gesture he shows that even though he was out drinking his thoughts and feelings were still with his family. The family in turn is assured that they are still regarded highly by the man of the house. Ironically the kids can hardly wait for next Friday when their father again brings home the fried chicken. To the degree that the man of the house neglects these niceties will be the degree to which he is losing sight of his values. In the absence of this behavior the male will get feedback from the family, and negative sanctions are brought into play. Whereas many people see the fried chicken as an offering of peace, it is in reality, a symbolic reaffirmation of his familial love.

Social-Legal Implications

If indeed Chicano culture has certain strengths which safeguard it from becoming inundated in a pool of alcoholism, how is it that the number of Chicanos arrested for alcohol offenses grows consistently? One might also ask what the consequences are for those Chicanos who are sent before the magistrate in Michigan's court system. An analysis of this will show some grave revelations which are only too true.

If one examines the first question in relation to Chicano culture one can readily see that Michigan has a large Spanish-speaking population which is under a constant culture conflict. Those Chicanos who have for so long adhered to the traditional cultural imperatives are forced consciously and perhaps even unconsciously to re-examine their values and assess if indeed the old mores and folkways are functional in their new environmental niche. If survival is to be the goal in Michigan then a new re-orientation is seen as desirable.

We must not forget that most of the Chicanos who have settled in Michigan do so without the benefit of the extended family which is mostly back home. The Chicano who no longer has the extended family to lean on is now left in a precarious position. Through a process of dilution his cultural imperatives become lost or distorted to where he now is left in an anomic state. It is this distorted cultural milieu which allows an individual to re-arrange the meaning of machismo, to downgrade the value of the family and to view la palomilla in the negative light. Let us be assured that I am not "blaming the victim" when I outline these things. I am perfectly cognizant of the part which the dominant culture plays in this schemata. Too often when Chicanos try to re-group the family for psychological support they are viewed as clanish. The dominant culture applies its own negative connotations to machismo, and the Chicano, eager to survive, buys these connotations. Pressure from the dominant culture also admonishes the unaware Chicano that Z PG is the way to go and the nuclear family is the most desirable. Lastly, the absence of cultural educational events in the public schools (e.e., Chicano culture, cuisine, Chicano strengths) keep the Chicano youth in the dark. Chicano cultural disorganization is a consequence of intra as well as inter culture conflict.

The legal consequences for Chicanos arrested for alcohol-related offences go one step beyond that of the average poor man in this country mostly because of language as well as cultural variables. If it can be postulated that a conservative fifty percent of Chicanos in Michigan are monolingual or borderline bilingual we can see that a grave communication problem exists between the court and the accused. When this happens and no translator is available the consequences for the Chicano are grave indeed. He is often charged, tried, and sentenced with no one to explain what indeed happened. To be sure the courts go through the motions of explaining the defendant's rights, but oddly enough this is done in English and therefore falls on deaf ears. In some instances the client brings in his ten or twelve year old offspring who can speak English to translate. This is seen by the court as a perfect avenue of communication and the proceedings continue. In the case of the borderline bilingual who has learned functional English the courts see his

English speaking ability as sufficient. What the courts don't realize, or refuse through denial or rationalization, is that the twelve year old child and the borderline bilingual understand words and not concepts. If one considers the subtleties involved in the differences between DAIL and DUIL along with other legal mumbo-jumbo, is it any wonder that Chicanos accused get what is certainly a third-rate mockery of justice? But wait! Aren't there public defenders assigned to defend the poor, the uneducated and the unaware? The answer is yes. In Michigan, the courts will provide a lawyer for those who cannot afford one. However, the ones who determine eligibility are court people who respond by what the defendant has put down on paper without taking into consideration the home situation, the improperly filled form or the fact that the Chicano accused is up to his knees in debt.

When the court finally appoints a lawyer to defend the Chicano client the situation too often remains grave because the communication problem still exists. The only difference is that the gap is now between the Chicano accused and the man supposedly assigned to defend him. The result is that old legal game of plea-bargaining. The defender deals for a lesser plea if he is lucky and the Chicano accused winds up pleading guilty just so he doesn't have to miss another day of work. In this instance the question of guilty before the law is a moot point. Expediency is much more important. The defense attorney tells his client to consider himself lucky that he didn't really get shafted. The joke is on the unsuspecting Chicano. To be sure these are just some of the legal predicaments which Chicanos get into with the courts. In addition many monolingual Chicanos are sentenced to the court-alcohol classes at the expense of forty to fifty dollars. These classes are of course held in English and the Chicano might as well have just donated his money for he got nothing in return. Also to be considered is what happens when a Chicano loses his drivers license for repeated offenses. The average John Doe Anglo can go before an appeal board and break them down to tears with his heartfelt repentance or he can hire a lawyer to get him a temporary license. The Chicano who doesn't have the faintest idea of what a review board is often goes without a license. In the event that he hires a lawyer the

money too often is wasted in a lost cause for in order to get his permit certain pillars of the community must either testify or write letters on his behalf. The chances of this happening are not very good. The Chicano then resorts to driving without a license until he is caught at least once. When this happens the cops remark that Chicanos learn hard or don't ever learn.

Present Shortcomings in the System

In areas where there are a great number of Chicanos and no Chicano program, what can the Chicano alcoholic hope for in the way of meaningful intervention. Can he hope for Spanish-speaking audio-visual aids, pamphlets, or radio announcements. Can he help himself by joining A.A., which is by far an Anglo oriented group and be assured of meaningful therapy? Can he be sure that the pill which he was given (Antabuse) is for his benefit? Can he converse about the subtleties of machismo with anyone? The answers to the above are in the negative. It is clear that the social consequences for the Chicano alcoholic are not only as bad as they are for the Anglo but they are worse. The question to be asked is how do you make a therapeutic system designed to be exclusionary now become aware and capable of handling the Chicano alcoholic and problem drinker?

Toward a Chicano Pedagogy

So it is that those of us in the business of helping Chicano alcoholics must set forth a new pedagogy for the treatment of alcoholics. The areas to consider are many. The following are but a few: (A) Education, (B) Treatment, (C) Advocacy, (D) Involvement.

In considering educational approaches to the Chicano youth we must not take the same repressive attitudes which are used too often to the detriment of the youth. We must consider that alcohol is indeed part of the Chicano culture. We must however clarify the difference between culture and "chingaderas". If we can reaffirm those values which make chicanismo strong then we have less to worry about when these youth grow up. We must however be cognizant of the fact that the Chicano youth are being barraged by counter opinions from the dominant culture, therefore, early socialization is of utmost importance. Cultural graphics can be very useful in addressing the youth. Messages can be sent forth via group presentations in barrios, cultural events etc.

In considering treatment we must look hard at the dynamics of the Chicano alcoholic. We must be in tune with the subtleties of our culture so that the Chicano client does not try to lay his distortions on us. What this means is that we must assure him that we know the difference between what is cultural and what is porqueria. Confrontation is an essential part of our treatment plan. There are many of us who feel sorry for the Chicano alcoholic and thus we accept his excuses "because the white man has messed him up". I must emphasize that we are doing the alcoholic no favor by reinforcing his defeatist attitude. When we accept his excuses we are helping a Chicano to fail. When we do this we become part of the problem. Reality must be defined forthwith to our clients so that there is no misunderstanding of the ground rules. We must get away from the notion that Chicanos do not respond verbally and therefore they are not receptive to talk therapy. Too often we use this as an excuse to keep from having to run groups. Chicanos do respond to grouping if the group leader keeps things in perspective and does not become aloof. The concept of "la palomilla" can be used in group therapy. If you bring the toughest character to treatment in a group he will usually inspire other machos to join. The order of business does not have to be one of testimonials as A.A. does it. The group can explore its ideas of cultural imperatives such as machismo etc. Distortions of these can be analyzed and value clarification can take place. One must not be afraid to use the courts or probation as a contingency for we must remember that as long as he is on probation, to us he is not in jail vegetating. Lastly we must admit that there are instances when jail is inevitable for a client. If he is conning you and you have explained the realities and the consequences he must see that as a macho he must choose and accept the consequences. Too often in our eagerness to save a Chicano we become his perpetual rescuer. When this happens we have failed.

What is just as important as treatment for the Chicano is advocacy. Advocating for the client in every realm of human services and teaching the client how to go about these services at the same time has tremendous value. Advocacy, however, means that the therapist must be profoundly committed to his job. He must often stick his neck out for his client in court, social services, employment agencies etc. In order to do this the helper must develop a comprehensive knowledge of those agencies

upon which he can draw for help. Assertiveness, not aggressiveness is essential to acquire what is needed for the client. If you come on too strong you're likely to turn off the system. Where you fulfilled your ego's needs, you've ruined any chances of your client getting help.

When I speak of involvement I am saying that helping the Chicano client is a fulltime job. You cannot possibly deal with him on an eight to five basis, you must be ready to visit his home, work with his boss, his minister etc. In reality you must tie up those loose ends which too often lead to the client's undoing. Chicanos too often are blamed for not coming to Centers for help. What you're really saying is that you have not reached the client and as such he's not buying what you're selling. Where it is healthy to visit the client at home it is also valuable to bring him into your center for uninterrupted therapy.

To be sure, the aforementioned areas are really not very different from those which traditional programs address. What is different is the methodology and the overall approach which we must take. Our methods must be flexible and real enough to deal with the Chicano as he is presently entrenched in the American system. What we have in the way of clients are truly four types of alcoholics: (1) The Amexicanado, (2) the marginal (Pocho), (3) the true Chicano and (4) the Agringado. The treatment approach to each is different and care must be taken to assess the clients status before plunging him into a form of treatment which may not be either appropriate or relevant. An examination of the characteristics of each of the above is important in order to understand its full impact.

Amexicanado is a person who is a relatively newcomer to the United States. He is not yet acculturated to the ways of Chicanismo and in fact does not care to be so. He is deep into his Mexican culture and is probably monolingual. To therapeutize him using Chicano or Anglo norms and values would be disastrous for these are foreign to him. A knowledge of the Spanish language is essential in working with this type of client.

The second type of client is that of the Pocho or marginal person. Marginality occurs in two instances. One is in the vacillation between Chicanismo and the Anglo culture. The latter is the most severe since the differences between

Chicanismo and Anglo culture is most strikingly different. This person is the hardest to reach via cultural vehicles for he in fact has no culture per se, but instead he has an identity crises in the cultural sense of the term. An exploration of his cultural leanings might help this individual decide his cultural preference and then therapy can proceed. Sensitivity is of utmost importance with this individual.

Thirdly we have what we call the Chicano. This person is likely to be aware and perhaps proud of his roots which are in a Mexican heritage. He, however, is acculturated to function adequately in an Anglo society. This person's therapy can proceed in English or Spanish. His alcohol problem occurs in the many stress situations in which many Chicanos find themselves. High unemployment, low educational achievement, racism, exclusionary institutions, and other social problems combine to render the Chicano helpless in many situations. Escape via alcohol is not uncommon. Therapy with the Chicano can be adjusted to his social milieu with reality always in perspective. It is paradoxical that acculturation is not enough and the Chicano is still oppressed.

Lastly we have the Agringado. This is the person who is disillusioned with his Mexican heritage and seeks to become Anglo through assimilation. He has seen that acculturation has not helped the Chicano too much so he goes one step further. Psychological denial, repression and reaction formation allow this individual to form an illusion of being Anglo. If his skin is light he may get away with it by changing his name from Jaime to James or from Adame to Adams. The best thing to do with this individual is to refer him to an Anglo traditional treatment place, for you will probably never reach him. Too often this type of individual forms an adhesion to the Anglo person and in fact become more discriminatory than the dominant culture itself.

The above are just some of the cultural subtleties which we as Chicano therapists must keep in perspective. A failure to do so will relegate us to a carbon-copy of what now exists in traditional treatment circles.

Some Chicano Treatment Approaches

By way of introduction to the treatment approaches, I wish to point out that these have been developed at the HOY Program in Holland through experience and what formal training that Western Michigan University and Professor Mort Wagenfeld has afforded me. It should be kept in mind that these treatment approaches are indeed Chicanoized to suit not only particular clientele but also our particular area. The use of colloquialisms are such that these are widely understood in Western Michigan by perhaps the majority of the Chicano population. It is not the words or the particular values which I selected that are the meat of the approach but the approach and the assumptions that I am trying to put forth. I purposely left each technique flexible enough so that each individual counselor can substitute words and values that are more characteristic of their particular niche. Lastly, I offer these approaches as food for thought and as a challenge to other Chicano program directors and counselors to get away from the world of glittering generalities and get down to the specific task at hand. Ramon Adame stated that we should be careful of what we ask of God, for he may just grant it. If we have no plan of action, no treatment approaches, and no meaningful ways to work with our clients then we are failing the client who is, after all, the reason for our existence.

A further note of caution that I have found in running groups of Chicano alcoholics and problem drinkers is that these are run much more meaningfully if a certain degree of screening takes place beforehand. The bringing together of clients in a group is a delicate process which must be approached with great care. Some of the things which may be detrimental to your group efforts are:

1. The absence of a common assumptive world. Keeping in mind that the Chicano can range in the acculturation process from the Amexicanado on one extreme to the bilingual-bicultural person in the midpoint to the Agringado at the other extreme, it is very likely that a Chicano program is likely to come across a number of clients who can speak only Spanish, some who can speak only English, some who are bilingual, and some who are borderline bilingual. To include members in a group with this much

linguistic diversity is to invite trouble. The counselor would have to speak in one language and then translate the concepts to another language, meanwhile the bilingual members would be bored stiff for they understood the first time and now they have to endure the translation process. The meeting run in this fashion would indeed last twice as long. It is much better to draw upon group members that are more alike in their language preference.

A second aspect of the above contention is that of cultural diversity. Here again, we have Chicanos that share different values and assumptions because of their relative position on the continuum, however, we find persons that not only speak only English, but they also adhere to the value system of the Anglo culture denouncing all ties with Chicanismo or Mexicanismo (see illustration P. 95). To include group members from both extremes of the continuum in a group setting would again be disastrous. For one thing cultural graphics would be meaningless to at least half of your group. Most of all, the value differences would be such that a power struggle for juxtaposition of these would ensue. Again, it is better to group clients in such a way that values and assumptions are held in common by your membership.

2. The absence of Chicano-ization of material.

Too often the counselor's education has been acquired in a traditional curriculum of a traditional college with a traditional WASP orientation. The Chicano counselor therefore, is bound by the limitations of his education which is not consistent with his experiential world. What happens is that we present concepts to our clients in the same fashion that we learn them and the only one that understands these in a group setting is ourselves. To be effective we must, in essence, Chicanoize our training to match the Chicano experience.

3. The attempts by counselors to play mind games on group members.

Throughout the treatment approaches which I intend to outline, the emphasis is on a teaching and reality approach. My intent in all instances is to help the client to come to his own conclusions with concrete teaching methods. I don't try to psychoanalyze, empathize or screw with the mind of the clients. Inexperience and prima donna attempts at mind games have hurt many Chicano clients.

4. The lack of re-assessment.

Too often Chicano groups suffer from lack of participation by group members. When this happens, counselors attribute attrition to the nature of Chicanos. By doing this we often blame the victim of our failure to re-assess. To be effective, one must be honest with oneself and re-assess what one is doing. When in doubt ask the client what he likes or dislikes about the group.

In conclusion, I wish to reiterate that as would-be helpers we have a tremendous responsibility to the Chicano population in Michigan. We will make many mistakes but we can profit from these.

Assumptions

If one bases his assumptions on the culture-conflict model one can assume that certain cultural imperatives have become lost or distorted via cultural disorganization and cultural oppression by the dominant culture and the helplessness of the alcoholic. The re-discovery of these qualities can be beneficial in the treatment process of alcoholism among the Chicanos. The assumptions that can be made about Chicanos are:

1. That the extended family is near and dear to his existence.
2. That his role as provider and head of the family brings him his main role-source of self-esteem.
3. That cultural extensions such as la palomilla are now having an impact on him.
4. That infringements on his ego such as suspended license, no work etc. are having an impact on him.
5. That confronted with these realities will urge the Chicano male to resolve his apparent cognitive dissonance via decision making and reality testing.

Methodology

1. Examination of Traditional Cultural Strengths
 - a. Male - Female roles
 - b. Machismo
 - c. Poor but proud ethic
 - d. Lay systems of support (i.e. curanderismo, compadrisimo, etc.)
 - e. Palomilla

- II. Anglo Norms
 - a. Nuclear Family
 - b. Materialism
 - c. Egalitarian notions of marriage roles
 - d. Collectivism
 - e. etc.

III. Value Clarification

- a. Outline variables which are likely to have an impact on Chicano Alcoholics because of their persistence on alcohol abuse.

Example No. 1.

1. La Familia
2. La Palomilla
3. La Licencia de manejar
4. El trabajo
5. La educacion
6. El Pisto, Bironga
7. Los Compadres
8. El Carro
9. El Dinero
10. El Respeto

- b. Having outlined these on a chalkboard in a group setting ask that each individual prioritize each item as to their particular importance to them. It will facilitate matters if you model this idea by doing the exercise yourself first. This will encourage others to likewise be open about themselves. You must remind the group to be as honest as possible when doing the exercise.

Example No. 2.

| Values | Moderator | Juan | Pedro | Jose |
|-----------|-----------|------|-------|------|
| Familia | 1 | 1 | 6 | 1 |
| Palomilla | 9 | 9 | 7 | 9 |
| Licencia | 8 | 5 | 5 | 7 |
| Trabajo | 3 | 2 | 1 | 2 |
| Educacion | 2 | 6 | 8 | 8 |
| Pisto | 10 | 10 | 10 | 10 |
| Compadres | 6 | 8 | 9 | 6 |
| Carro | 7 | 3 | 2 | 5 |
| Dinero | 5 | 4 | 3 | 3 |
| Respeto | 4 | 7 | 4 | 4 |

- c. From Example No. 2 on Page 2 of Value Clarifications that our group has espoused we can launch a discussion about the exercise bringing out the following points:

1. Similarities in Values
2. Differences in Values
3. Extremes in Variations (re. Pedro rated La Familia 6th.)
4. Uniqueness of each person

- d. Proposition: Having examined and re-affirmed that these are truly their values you then ask them to imagine coming before the judge. The judge then tells each one that for each week they continue to drink they will lose one of the list of values and that they have their choice as to what they can give up first. You then ask each person to prioritize what they would give up first.

Example No. 3.

| Values | Juan | Pedro | Jose |
|-----------|------|-------|------|
| Familia | | | |
| Palomilla | | | |
| Licencia | | | 1 |
| Trabajo | | | 3 |
| Educacion | | | |
| Pisto | 1 | 1 | 4 |
| Compadres | | | |
| Carro | | | 2 |
| Dinero | | | |
| Respeto | | | |

- e. An examination of the exercise reveals that the first two clients realized that they can keep all other items by giving up Pisto since that's what the Judge's proposition depends on. Jose however, does not learn as well and it takes him four weeks and the loss of three Values before he quits drinking.

- IV. Confrontation: The group is now asked where each member is at the present time. You will find that some have no license, some are divorced, some are out of a job. Question: what happened to your Values? How is it that someone can say that he values his family above all yet go through a divorce rather than quit drinking. How much are you willing to lose before realizing that the answer is before you? Do you have the willpower to quit now?

Conclusion

We each have a set of values by which we live. When one engages in Parrandas these values are set aside temporarily. With sustained drinking these values become distorted. In the case of the Alcoholic these values become totally secondary to the use of alcohol due to physical addiction. The goal of these exercises is to let the client come to his own conclusion about his values and the impact which alcohol has on these. Through circular logic the client arrives at his own decisions in a non threatening way.

Chicano Defense Mechanisms "El Arte de Picar Ojos"

Assumptions

The assumptions here are based on the premise that Chicanos like all other people have defense mechanisms as part of their repertoire. These however, have a Chicano cultural flair in that these mechanisms evolve out of the Chicano reality. Things to look for are:

1. The need of the Chicano male to re-affirm his machismo via defense mechanisms.
2. The interplay of cultural variables such as la palomilla, la jefita, etc. and defense mechanisms attached to these.
3. The use of defense mechanisms by the Chicano family in protecting the family honor when they have an alcoholic in the family.

Defense Mechanisms

1. Chale (Denial) — El bato automatically avoids or refuses to recognize some aspect of his life that is unpleasant.

Example 1: El bato comes home after a two day Parranda to find that his wife and family have left taking with them the furniture. He promptly exclaims "Ya Volvera".

Example 2: El bato cashed his check at the bar and after a night of drinking he reaches in his pocket for money but finds none. He looks again and exclaims "No puede ser!" I've only had a few beers!

2. Si no fuera porque (Rationalization) — El bato makes excuses to avoid the real reasons for his actions.

Example 1: Si no fuera porque estava lloviendo afuera me hubiera ido para la casa y ño me hubiera puesto pedo.

Example 2: Si no me hubieras hecho enojar no hubiera tomado tanto.

3. Esos batos (Projection) — El bato places responsibility for some event or characteristic of himself unto someone or something else. He attributes his shortcomings to others.

Example 1: After a night of drinking and carousing with women el bato goes home and accuses his wife of infidelity because she happens to have her hair done.

Example 2: El bato is standing at the bar after several beers and he sees a fellow stagger out. He turns to the guy next to him and says, "I think drunks like that should be locked up". He then staggers out behind the fellow of whom he remarked.

4. Es tu culpa (Displacement) — El bato transfers feelings or frustrations to an inappropriate object that will not pose as great a threat to him.

Example 1: El bato has had a bad day at the bar since everybody has picked on him. Instead of retaliating which at this point would be futile, he goes home and beats his wife thereby displacing his anger from the bar flies to his wife.

Example 2: El bato has a fight with his movida. No sooner does he get home than he starts beating his wife thereby displacing his feelings about la movida on his family.

5. Pobre de mi (Regression) — El bato resorts to age-inappropriate behavior to avoid responsibility or demands from others and to allow self-indulgence.

Example 1: After a night of heavy drinking el bato gets home and feigns helplessness in order to draw pity from his family. The family promptly helps put him to bed.

Example 2: When el bato is confronted by his extended family about his drinking he acts immaturely in front of his older brothers to play upon the little brother affection of the family thereby minimizing his guilt.

6. No me acuerdo (Suppression) — The deliberate keeping of impulses, knowledge or wishes in check and perhaps holding them privately while denying them publicly.

Example 1: Waking up in the middle of the living room after a wild night of heavy drinking the bato remembers what a fool he made of himself. When the wife reminds him of this he suppresses these thoughts consciously and says "no me acuerdo de nada".

Example 2: Wanting to prove that he is not an alcoholic el bato passes by a party store and suppresses his his impulse to stop and buy beer. He will turn to his wife and say "you see, I don't need to drink."

Conclusions

In a Chicano group setting, the goal can be one of exploring and understanding defense mechanisms and how these can lead to maladaptation. It should be emphasized that defense mechanisms are an essential part of the personality and that these are used by everyone. To the extent that these become the main mode of coping will be the extent that these will become troublesome. The positive aspect of defense mechanisms should also be explored. Some of these positive aspects can be listed as:

1. They give us time to solve problems that might otherwise overwhelm us.
2. Denial can be useful if it allows us to put aside painful feelings in order to concentrate on a task at hand.
3. Regression can sometimes be useful when we utilize feelings and ideas from the past to add to the solution of problems presently confronting us.

Throughout this exercise one must keep in mind that confrontation again is a necessary ingredient. This need not be done directly. The group can watch a film and pick out the various defense mechanisms which are acted out. By doing this the individual group members will be more able to pick out their own attempts at ego defense when they are out in the real world. More importantly they can learn to recognize the defense mechanisms in la palomilla and give feedback to others.

La Palomilla Effect (Conformity and Peer Pressure)

Assumptions

An examination of Chicano drinking patterns (the bar frequenting type or borrachin) invariably brings up the palomilla effect. This effect is essentially characterized by the presence of peer pressure to go out drinking. As mentioned before the palomilla has some positive aspects if the group as a whole sets up some positive norms such as "a couple of birongas and let's go home", or if they put a limit on how much each bato is to spend. In this fashion the group is acting as a means of social control

imposing its own rules on the individual members. The absence of these norms makes la palomilla an aberrant group and thus the consequences of belonging to such a group are grave indeed for there are literally no norms per se and the anything goes attitude will land the individual members in a lot of trouble.

Methodology

In order to crystallize the palomilla effect I borrowed from Asches' Experiment on Conformity and carried out the following exercise with six of the HOY group members. The goal here was to show through a certain degree of role playing as well as group interaction that peer pressure is a reality that each member must deal with. Methods of dealing with peer pressure were also discussed.

The Task

Using a chalkboard I drew four lines such that two were radically different and two were closer in appearance than any others:

A _____
 B _____
 C _____
 D _____

I then randomly appointed the first five members who came in as confederates in the game. I instructed all first five members to say that line "C" was the shortest line knowing full well that line "D" was really the shortest. The sixth person was the only unknowing member of the game. The effect of the game went something like this:

Moderator: Ahora, we will discuss how la palomilla can sometimes influence our thinking and affect our behavior in such a way that will do things that we know is against our better judgment. But before we do this, I wonder if we could look at the board and agree on which line is the shortest. Javier, which line appears shortest to you?

Javier: Parece que line "C"

Oscar: I think you're right, "C" is shortest

Sixth Person: Chale, from where I'm sitting, line "D" is the shortest. I think you guys are blind.

Pancho: No, I disagree. Line "C" looks shortest.

Benjamin: Simon, line "C" is indeed the shortest, (Turning to the sixth subject) I think you've been working too long bato!

Sixth Subject: Stand over here where I'm at and you'll see that "D" is shortest.

At this point all five of the confederates stood where the sixth subject was and said that "C" still looked shortest. There was silence for a while as everybody looked at the board.

Sixth Subject: Now that I look at it closer, line "C" is the shortest. I've been working too much overtime.

Moderator: A while ago you were convinced that line "D" was the shortest. What made you change your mind?

Sixth Subject: Well, estos batos say that "C" is shortest and I'm too tired to argue, so "C" must really be shortest.

Moderator: You are sitting at home after a long day of work. In your mind you know that you are too tired to go out. You have only twenty dollars to last you till payday. Your wife and you will get into a hassle if you go out. You might have to miss work the next day if you go out. You know all the logical reasons why it is not a good idea to go out and drink tonight. However, la palomilla arrives and invites you to go drinking. Your first response is "no thanks, I'm too tired." One of the group says that your wife won't let you. Another states that they'll pay if you're too poor to afford the beer. Yet another says that they too have to go to work in the morning but men can manage. Against all logic you go. The next day you've missed work and you sit reflecting on why you went drinking. Answer: you didn't recognize or deal with la palomilla effect!

Conclusion

La palomilla is a very real part of Chicano culture. If we learn to use the positive aspects of this group (i.e. support group, system of positive interpersonal relationships) then we can lead a richer life. To the extent that we let la palomilla make an impact on us and to the extent that the individual cannot or does not influence the group then we have a negative peer pressure group. The goal in this exercise to reiterate is to get the individual group members to stand by their convictions. To believe in themselves. To trust their senses. To examine their values.

As a final point in our exercise, I explained the proceedings to the sixth subject telling him that we are all subjects of peer pressure and that it is how we deal with it that determines the outcome of this interaction. I assured him that the majority of the group would have reacted thusly.

Sixth Person: I thought that there was something peculiar about all of this, but I didn't want to be different, so I went along with the group.

Chicano Role Expectations and Role Conflict

An Excuse To Drink

Throughout my writings the notion of culture conflict has been set forth as a reality. When the concept of roles and role expectations is introduced the theory of culture conflict takes on more of an individual meaning, for there is not one of us who has not come face to face with an incongruence of our role expectations and the stark reality of a changing way of life, which renders many of our notions obsolete and archaic.

For clarity's sake I shall define role expectations as those definitional concepts which one uses to define the male role and the female role. When speaking in Chicano terms role expectations are those definitional concepts which one uses to define the Chicano female and Chicano male role within the context of the extended family, the significant others, and society at large.

Assumptions

It is a sociological given that every culture has an enculturation and socialization process by which the youth of that culture are inculcated to its values. In Mexican culture the enculturation process is vested in the viejitos (old ones) who form part of the family. These are the keepers of the old ways. The parents further teach the folkways and mores of the culture. In a setting which is culturally homogenous, it is society at large that reinforces the familial teachings. In this manner the ascribed roles and the achieved roles of a culture are maintained with little ambiguity within the context of that culture. For Chicanos, however, cultural homogeneity is virtually non-existent and this is often the source of conflict between male-female role expectations and role discrepancy. As will be shown the acculturation process of the Amexicano can be a painful one for la familia if the male does not keep pace with the female and vice-versa. Too often the Chicano male finding himself confronted by a fragmented vision of what he expects from his wife, and discovering that his wife no longer adheres to his expectations, will turn to drinking. During his drinking sessions (parrandas) he finds escapism among friends who reaffirm that his wife is wrong and he is right.

Methodology

In a small group setting it is sometimes useful to explore the dynamics of role expectations and role conflict within the confines of culture conflict theory. This can be done via a number of steps which will now be outlined:

Step One — Role Definition

The group is asked to define in a dichotomous fashion the woman's role within the context of the family the male role, also within the context of the family. The attempt is to reach consensus of what a typical household looks like as defined by the group members. Using the HOY Program group members as a model, the discussion went thusly:

Female Role

1. Ama de casa - housewife
2. Doctora, enfermera - doctor and nurse
3. Cocinera - cook
4. Amiga - friend
5. Cuidadora de hijas - babysitter
6. Criadora de hijos - child raiser a greater percentage of the time than the male.
7. Limpiadora de casa - house cleaner
8. Encargada del mandado - grocery shopper

The group in this manner gave its idea of what the duties of the female were as they perceived them. The duties cumulatively defined the female role for them.

The Male Role

1. Ganar el centavo - earn the money
2. Pagar los biles - pay the bills
3. Diciplinar - discipline the children
4. Criar los hombres - raise the male children
5. Proteger el hogar - protect the home
6. Amar la esposa - love the wife
7. Trabajar duro - work hard
8. Manejar el carro - drive the car
9. Componer la casa - fix the house and house fixtures

The group went on to further define the duties of the male and concurrently define the role of the male.

Step Two — Value Clarification

The group members are then admonished to raise their hands if they agree with a statement made by you. If they disagree they are to do nothing. The moderator takes note of the values being expounded for discussion afterwards. The goal here is to have the group members own up to their particular beliefs in a group setting. The questions employed are culturally relevant in

that they are designed to show how acculturated they are to the Anglo culture. Some of these are:

1. It is alright for my wife to go out and get a job.
2. It is alright for my wife to stop and have a drink with the girls after work.
3. I will not cook or wash dishes under any circumstances.
4. When we go out, it is alright for my wife to drink as much as I do.
5. My wife has the same rights that I do.
6. My wife should pursue an education while I take care of the kids.
7. My wife must ask me permission to venture out of the house.
8. Taking care of children is women's work.
9. Neither my parents nor my in-laws have a say in my and my wife's affairs.
10. It is alright to do housework once in a while.

It should be noted that the questions are such that they will show a consistency or an inconsistency in the respondent.

Step Three - Culture Conflict Implications

This final step is designed to outline the different role expectations of the Mexican culture and the Anglo culture in the ideal set. (See for example; Understanding La Raza, "A Chicano Perspective", 1973; Culture-Conflict Theory, R. Mejia, 1974)

These assumptions are as follows:

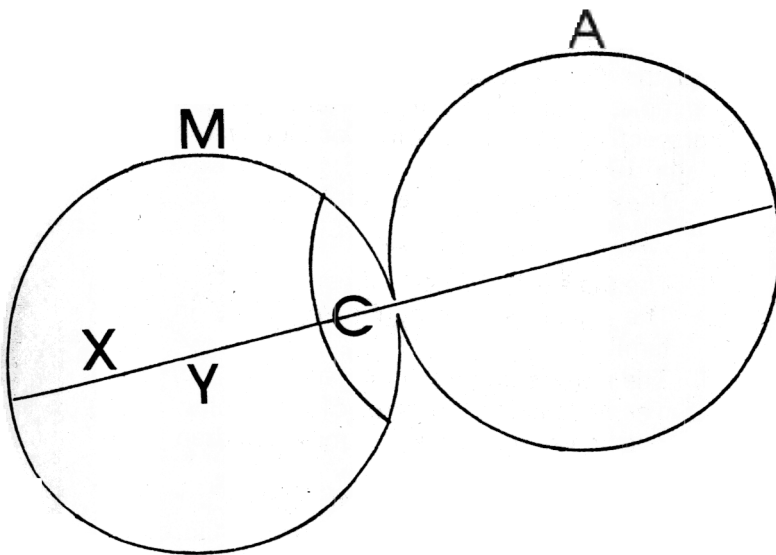
Mexican Culture

1. The male is the bread-winner
2. The male is the dominant figure in the family
3. The male is the disciplinarian
4. The male is the protector of the family
5. The male inculcates the male children into manhood
6. The female is the nurturant figure
7. The female inculcates the female children . .
8. The female is the "ama de casa"
9. The female is the nurse, doctor etc.
10. The sex-roles are rigidly defined
11. The female can have an occasional drink only with her husband's permission.
12. The female may go out only with permission of the male.
13. It is rare that the female may drink in public lest she be judged "loose".

Anglo Culture

1. Sex roles are more ambiguous
2. Child rearing is often done collectively
3. Discipline is a husband/wife undertaking
4. Role reversal sometimes occurs to facilitate a higher income.
5. The inculcation of the male-female offspring is not dichotomous as is the case in Mexican culture.
6. The idea of the female asking permission to go out is present only under very specified conditions.
7. Husband/wife drinking is much more accepted.

In examining the expectations of both cultures one can readily see the stark contrast that exists therein. It is here that the conflict often lies. This is most evident when husband/wife acculturation into the Anglo culture does not occur at the same relative rate. Graphically, one can depict this with the use of the, now standard, conflict model:



M - Mexican culture
 A - Anglo culture
 Continuum of acculturation

C - Bilingual Biculturalism

As portrayed in the graphic x stands for the Amexicanado male and y stands for the female. As denoted the female is more acculturated than the male. This makes for conflict within the family resulting in family disintegration unless intervention from some source takes place.

The dynamics involved in the conflict can run along these lines: Keeping in mind that the Amexicanado derives his role satisfaction from being the bread winner etc., one can imagine the problems which are encountered when, due to the male being sick, unemployed, or incapacitated, the female decides to get a job. The first reaction of the male is often one of anger followed by depression. In this instance the male immediately perceives his role as being threatened. His culture after all dictates that he fulfill certain roles in order to be a man. When he cannot fulfill these, he perceives himself as "pedado" (emaciated). The idea of role reversal such that he has to care for the children while his wife works only seems to further humiliate the individual. In order to deal with this cultural catastrophe he turns to drinking. When this happens he becomes caught in a cycle pattern which further disintegrates the family.

One of my clients put it very succinctly when he stated, "When a woman decides to work, she changes. She starts demanding more and more. Eventually she behaves like a gachacha (Anglo). When this happens there is no turning back".

Intervention

The examination in a group setting of the aforementioned dynamics can sometimes lead to a certain degree of insight. Working out of the accompanying anxiety can help the members come to an understanding and a resolution of the conflict. Where the individual has embarked on a drinking pattern to achieve escapism, confrontation is essential.

Conclusions

Chicano role expectations often come into conflict with the demands of the dominant culture. When this happens the Chicano often turns to drinking in order to cope with the impending familial disorganization. When this happens conditions go from bad to worse. Recognition and working out of these dynamics is essential in order to render relevant intervention.

GLOSSARY OF TERMS USED

- (1) Juan Venado Chicano - John Doe Chicano
- (2) Anglo Chingonismo - Term coined in Brazil which means Big Daddyism
- (3) Cafe con Piquete - Coffee spiked with spirits
- (4) Machismo - The Chicano ideal set of masculinity
- (5) La Palomilla - The equivalent of a peer group
- (6) Porqueria - Pigstyle, in Anglo terms Bullshit
- (7) Barrio - Chicano neighborhood
- (8) ZPG - Zero Population Growth
- (9) DAIL - Driving while ability impaired.
- (10) DUIL - Driving while under the influence of liquor
- (11) Padrinos - Godparents
- (12) Amexicanado - Mexicanized, very Mexican
- (13) Agringado - Anglosized - Assimilated
- (14) Chicanoismo - The realm of the Chicano
- (15) Mexicanismo - The realm of Mexicanism
- (16) Macho - A chicano who practices Machismo
- (17) Chicanoized - Conversion to Chicano realities
- (18) Curanderismo - Chicano Folk Psychiatry
- (19) Compadrismo - Realm of Compadres or Godparents
- (20) La Familia - The Family
- (21) La Licencia de manejar - Drivers License
- (22) El Trabajo - Job, work
- (23) La Educacion - Education
- (24) El Pisto, Bironga - Liquor, Beer
- (25) Los Compadres - Your relationship to your children's godparents or vice-versa
- (26) El Carro - Car
- (27) El Dinero - Money
- (28) El Respeto - Respect - Self Respect
- (29) Parrandas - Binges
- (30) La Jefita - Mother
- (31) La Movida - Mistress
- (32) Borrachin - Drunkard
- (33) WASP - White Anglo-Saxon Protestant
- (34) Egalitherian - Equal in nature
- (35) Nuclear family - Husband, Wife and Siblings
- (36) Bato - Guy
- (37) Chale - NO

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how much they drink at one time are equally interesting but missing bits of information. This information must be correlated to the equally important variables of age, sex, education, occupation, income, length and place of residence, family size, family composition, and other attributes that have been shown to be important in defining other social and cultural systems.

Another productive area of research would be socio-linguistics. We do not know nearly enough about the effects of language, especially bilingualism on education or therapy.

EDUCATION AND PREVENTION

The original articles in Chapter V are primarily aimed at producing treatment strategies for Spanish-speaking alcoholics. This effort still leaves out the major areas of alcohol education and prevention. The authors and the project's advisory committee suggest the following conditions as necessary for successful education and prevention efforts:

There has been an insufficient focus on the culture of Spanish-speaking groups, since not enough attention has been paid to either the similarities or the differences between and among these groups. There is a definite need for the regionalization of education and prevention efforts, balanced by the necessity of economic feasibility. A useless (ignored) product is not at all economical, no matter how little it costs.

More attention must be paid to the problems of translation. The optimum condition is that prevention and education materials be developed from the start in Spanish and for a Spanish-speaking group. A Mexican American from South Texas will have trouble identifying with a New York ghetto regardless of the ability of the translator, but will have even more difficulty when neither the language nor the environment are familiar.

Attention must be given to some of the special social characteristics of Spanish-speaking communities. Education levels are generally low and even where people read, they may not easily read Spanish, since Spanish tends to be a verbal rather than written medium. Therefore, special materials need to be developed in cartoon and pictorial formats that get the point across without written text.

Appropriate graphics need to be used. This entails the use of design motifs, color, texture, and culturally identifiable subjects, symbols or heroes. No one is going to read the literature or watch the spot announcement unless it is interesting or appeals to its audience.

There is no indication that the Spanish-speaking problem drinkers or alcoholics themselves have been involved in developing and/or testing education and prevention materials. A number of alcoholic in-patients at a local mental health facility provided some of the insights reported in Chapter IV of this monograph. These individuals know what they like and more clearly stated what they considered to be the positive and negative attributes of various education and materials.

There has not been enough emphasis placed on the position and the utility of the family in the prevention and treatment of alcoholism among Spanish-speaking groups. We know that the extended family system is still an important social and economic resource for many of these groups, but no one has sufficiently explored the parameters of the family in relation to alcohol use and abuse.

Finally, the elderly need to be considered as a special group. Special education and prevention materials need to be developed with their needs in mind. The elderly problem drinker often has special physical problems (chronic illnesses); linguistic and educational limitations (monolingual, Spanish with low education); and is more than likely a cultural anachronism. Another basic question is why do the elderly become problem drinkers — are they young drunks who got old, or are they using alcohol as an escape to their loneliness and isolation?

Whatever the reasons, more attention needs to be given to alcohol abuse among the Spanish-speaking community. Additional comments by Advisory Committee members are provided in Appendix I.

CHAPTER VI

SUMMARY AND RECOMMENDATIONS

In summary, we must repeat that too little attention has been paid to alcohol related problems amongst the Spanish-speaking. Yet, this review of the literature shows some clear cut directions for the future research and implementation efforts.

The cross-cultural research annotated in Chapter II contains several important elements that affect the future of alcohol education, research, and prevention efforts. The literature shows that social and cultural variables can affect the levels of alcohol consumption, drunkenness, and alcohol abuse or alcoholism in a given community. It demonstrates that these three conditions do not necessarily parallel one another; a high level of drunkenness does not indicate an equally high level of alcoholism. Furthermore, cross-cultural research indicates that alcohol can have positive, integrative effects when alcohol is consumed under proper conditions such as religious rituals. This literature also suggests that alcohol abuse, problem drinking, alcoholism and other such labels must be redefined for each cultural group in relation to its total socio-cultural environment, rather than in terms of standards imposed by some other culture. A further indication is that past social and psychological explanations for levels of alcoholism, such as anxiety, anomie, and acculturation are conditions rather than causal mechanisms. The actual causes of alcohol related problems are yet to be discovered variables that produce these observable social and psychological conditions.

The annotated literature on Latin America and on the Spanish-speaking groups of the United States clearly demonstrates two key conditions: (1) there has been a strong tendency in the past to "blame the victim" or the "culture" of the victim for alcohol related problems.

"Blaming the victim" or blaming the culture of the victim for alcohol (or other social) problems must be seen for what it is, a subtle form of racism. Such an argument is appealing to the ethnocentrism in all of us, because it follows a logical sequence that reinforces our biases: (a) Problem X is found in a community; (b) Problem X is influenced by certain socio-cultural characteristics of that community; therefore, the culture of that community must be causing X.

The next logical step is to recommend that the community change its culture for another more acceptable culture. The emphasis on machismo in the literature is a case in point. By focusing on the negative aspects of machismo, some authors suggest it is the cause of drunkenness in Spanish-speaking communities. Their stated or implied solution, to eliminate machismo as means to eliminate drunkenness, is actually an attack on the culture of the drinker, not on the drinking problem. It is a classical example of "blaming the victim" in relation to his or her total environment, rather than focusing on negative (or positive) aspects of selected cultural characteristics. One of the insidious consequences of "blaming the victim" is that, given enough time, the victims accept the blame and even come to blame themselves.

There are considerable differences among the Spanish-speaking groups in the United States in terms of language, diet, life style, history, and country of origin. These differences are reflected in part by the various labels these communities give themselves in different parts of the country such as Puerto Requeños (Borincos — North-east), Cubano (Florida), Mexicano (Texas and other parts of the Southwest), Hispano (Northern New Mexico-Southern Colorado), Latino (California), and Chicano (in many different places). Each term evokes different social and cultural images and preferences, including different types of alcoholic beverages consumed. There is also considerable variation within groups, due to differences in generation, education, income, and geographical location. All of these differences must be taken into account for therapeutic and educational purposes.

These two positions lead to a number of recommendations in the areas of alcohol research, prevention and education relevant to Spanish-speaking communities.

RESEARCH

The literature in Chapter III contains some astonishing gaps in both qualitative and quantitative research areas. No easily accessible articles have been written on the drinking patterns of Spanish-speaking Americans. We know almost nothing of drinking customs, rituals, environment, intent, attitudes, associations, or drunken comportment. The lack of simple, base-line statistical data is equally evident. We have no information on frequency or quantity of drinking in Spanish-speaking communities. Where people drink, why they drink, who they drink with, or

how much they drink at one time are equally interesting but missing bits of information. This information must be correlated to the equally important variables of age, sex, education, occupation, income, length and place of residence, family size, family composition, and other attributes that have been shown to be important in defining other social and cultural systems.

Another productive area of research would be socio-linguistics. We do not know nearly enough about the effects of language, especially bilingualism on education or therapy.

EDUCATION AND PREVENTION

The original articles in Chapter V are primarily aimed at producing treatment strategies for Spanish-speaking alcoholics. This effort still leaves out the major areas of alcohol education and prevention. The authors and the project's advisory committee suggest the following conditions as necessary for successful education and prevention efforts:

There has been an insufficient focus on the culture of Spanish-speaking groups, since not enough attention has been paid to either the similarities or the differences between and among these groups. There is a definite need for the regionalization of education and prevention efforts, balanced by the necessity of economic feasibility. A useless (ignored) product is not at all economical, no matter how little it costs.

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Attention must be given to some of the special social characteristics of Spanish-speaking communities. Education levels are generally low and even where people read, they may not easily read Spanish, since Spanish tends to be a verbal rather than written medium. Therefore, special materials need to be developed in cartoon and pictorial formats that get the point across without written text.

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Finally, the elderly need to be considered as a special group. Special education and prevention materials need to be developed with their needs in mind. The elderly problem drinker often has special physical problems (chronic illnesses); linguistic and educational limitations (monolingual, Spanish with low education); and is more than likely a cultural anachronism. Another basic question is why do the elderly become problem drinkers — are they young drunks who got old, or are they using alcohol as an escape to their loneliness and isolation?

Whatever the reasons, more attention needs to be given to alcohol abuse among the Spanish-speaking community. Additional comments by Advisory Committee members are provided in Appendix I.

APPENDIX I
USE OF CULTURALLY APPROPRIATE
GRAPHIC SYMBOLS ON EDUCATION AND
PREVENTION MATERIALS

A good amount of time, effort, and money is spent to develop the art work on education and prevention materials. For the English-speaking population, appropriate symbols are normally very carefully chosen to best convey a specific message. This process is critical because inappropriate symbols can cause a break in communications. However, many times, when Spanish materials are needed, a simple verbatim translation of the written language is thought to suffice. Little thought, if any, is given to translating the graphic symbols. If a pamphlet, brochure, or poster is meant to communicate information to the Spanish-speaking population, then the art work as well as the written language must relate to that population.

As a member of the committee that reviewed the materials to be included in this bibliography, I was particularly impressed by the brochures and posters produced under contract with NIAAA by L. Miranda and Associates. These people produced an excellent package of alcohol abuse materials. The materials were developed especially for the Spanish-speaking population using symbols that are beautifully apropos. "De Mujer a Mujer", a brochure tailored to the Spanish-speaking woman alcoholic, is of notable effectiveness. The art work is very delicate and subtle. This brochure was prepared by women for women and designed not to be picked up and read, but to be given with love, care and understanding. "de mujer a mujer."

When the written language and the graphic symbols used on education and prevention materials correlate with the needs and understanding of the specific group for which they are intended, then communication flows and learning follows. To assure that this is done for the Spanish speaking population, an equal amount of time, effort and money must be spent to develop Spanish education and prevention materials.

Jorge Canales, Media Developer
Division of Health Related Professions
Pan American University

CULTURAL AND SOCIAL INTERVENTION

Social workers are grappling with any number of social problems — not the least of which is alcoholism. Of much concern to social workers working in this area, as in other areas, are the "cultural influences" at play in their clients' problem situations. Whether the social worker chooses to intervene on any or all levels of prevention, treatment, or rehabilitation, it is generally understood and accepted that he or she will be a more effective professional if he or she is able to understand his client's cultural background.

This short space would caution social workers and other professionals, not only working with Chicano alcoholics; but with Chicanos having any other social problems, that much of the literature dealing with Chicanos is misleading in that it depicts Chicanos as thinking and behaving in one way.

Miguel Montiel, for example, cites how not only studies have used isolated concepts to explain Chicano behavior, but they have utilized negative concepts like "Machismo" and "interiority".¹ The fact of the matter is that Chicanos are a very diverse group — different physically, socially, economically, etc., regardless of the fact that they are lumped together under one or two labels: Chicano, Mexican American. One reason for their diversity is that they are from different regions of the country. The language, the preparation of food, their religious beliefs, etc., although similar have distinct regional differences. Problems are also different. The Northern New Mexico Chicano is less apt to comprehend the problems of the South Texas migrant Chicano. Nor will the South Texas Chicano understand the land grant problems of Chicanos in Northern New Mexico. Their life styles are quite different. Moreover it should be stressed that there are individual conceptual and perceptual cultural differences even among Chicanos from the same region. Some Chicanos of South Texas are Catholic and others are Protestant. So not only must social workers and other professionals understand the more obvious cultural background of the client, but he must attempt to understand the regional and individual differences of the Chicano as well.

1) Miguel Montiel, "The Social Science Myth of the Mexican American Family", *El Grito*, 3:56 (Summer 1970).

Lastly, it should be reemphasized that Chicanos and their problems must be perceived as interacting with systems. Marta Sotomayor stresses this in reference to Chicano families. 2

The professional should attempt to intervene taking into consideration the manner in which the external systems affect Chicanos rather than utilizing isolated causes of problems as again is often reflected in the literature. Intervention if it is to be adequate must look at the "whole" Chicano and his "whole" environment. Thus, it is important for the professional (social workers and others) to read not only the literature dealing with Chicano culture, but that he read it with an open mind. Interventions should be designed also with an open mind with the consideration that Chicanos are not all the same and that all environmental forces (systems) be included in not only assessing but addressing his problems.

Gene Chavez, Assistant Professor
Department of Community Services
Pan American University

ALCOHOL ABUSE: ALCOHOLISM AND THE ELDERLY

It is evident that the elderly represent an increasing proportion of the United States population. Statistics for 1976 show that there are 22 million Americans over 65 years of age of which as many as 1.6 million may be alcoholic.

AMIGOS DEL VALLE, INC. — Programs for Older Americans, providing nutrition, social and supportive services for over 1,800 persons per day (60 years of age and over) is greatly involved in trying to provide comprehensive services for the elderly. The agency's involvement includes services in nutrition, outreach, transportation, escort, housing, rehabilitation, health, resocialization (training and revenue producing project), counseling, information and referral, shopping assistance, recreation and education. The latter service, education, has offered the agency an opportunity to avail itself of audio visuals and literature for the Spanish-speaking older person. Unfortunately, very little information exists in Spanish that relates to the older individual, especially on alcohol abuse/alcoholism.

2) Marta Sotomayor, "Mexican American Interaction With Social Systems", Social Casework; May 1971.

In our service delivery area of the Rio Grand Valley, with the composition of about 85% Spanish speaking many of whom are 60 years and older, problems such as cultural difference, low social economic status and communication make it difficult for older persons to understand or take advantage of the majority of literature or audio visuals on the subject of alcoholism. Specific problems many Spanish-speaking older persons experience can be outlined as poor vision or illiteracy, short concentration span, and language difference. If these are taken into consideration when analyzing or reviewing educational materials, much of what is available does not assist the Spanish-speaking elderly. Literature is either too difficult to read, too lengthy, too complicated or in a different language.

Currently, the Worden School of Social Services at Our Lady of the Lake University in San Antonio is endeavoring to conduct a study through a graduate intern on the subject of alcoholism and the older person using AMIGOS DEL VALLE, INC. participants. This study will add to the very limited amount of information available on the subject.

In recommendation, more involvement by professionals as well as educators in the areas of alcohol abuse/alcoholism is needed with special emphasis on the necessary approach to reach more older persons.

Gloria Pena, Administrative Assistant
AMIGOS DEL VALLE, INC.
Programs for Older Americans