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The subjective experience of auditory hallucinations in African American alcohol dependent clients

Willie W. Whited
Clark Atlanta University

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ABSTRACT

SOCIAL WORK

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B.S. Chapman University, 1978
M.A. Atlanta University, 1986

THE SUBJECTIVE EXPERIENCE OF AUDITORY HALLUCINATIONS
IN AFRICAN AMERICAN ALCOHOL DEPENDENT CLIENTS.

Advisor: Dr. Gale Horton
Thesis Dated: July, 1994

This study has the purpose of measuring three variables which were hypothesized to be related to the subjective experience of auditory hallucinations in African American, alcohol dependent clients. The sample for this study consisted of thirty-one African American individuals (twenty males and eleven females) who were selected from 150 African Americans based on homogeneity on prescreen admission logs. The logs were obtained from the records of a metropolitan Atlanta crisis intervention service. Each case of the sample was previously diagnosed with the alcohol dependent syndrome.

An instrument consisting of sixteen questions was employed and utilized to check off the answers provided by archival records (progress notes). The scores from the list were analyzed to determine the percentages and correlations of all hypotheses. The findings of the study demonstrated that there were statistically significant relationships in regards to the percentages in all three hypothesized variables. The dependent variable, auditory hallucination, did not show
statistically significant correlations with the independent variables, namely auditory hallucinations, in alcohol dependent African Americans; marital status in the incidence of alcoholic auditory hallucination and employment status in the occurrence of auditory hallucinations. The pattern of percentages showed that the relationship was in the predicted direction; however, the pattern of correlations were not as anticipated.
THE SUBJECTIVE EXPERIENCE OF AUDITORY HALLUCINATIONS
IN AFRICAN AMERICAN ALCOHOL DEPENDENT CLIENTS.

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

BY

WILLIE WHITED

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA

JULY 1994
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I send a very special thanks to my beloved mother, the late Mrs. Cora Strong-Whited.
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CHAPTER 1
INTRODUCTION

The effects of auditory hallucinations on the African American is one of the severe pathological occurrences that evolve within the alcohol dependence spectrum, which ultimately disrupts the culture's Psychosocial viability as well as being associated with marked physiological complication. Robert Strayer asserts that:

The legacy from the slavery period catalyzed the development of dependency patterns in Black men, with resulting conflict, tensions and pressures evocative or resort to excessive drinking; and as imposing added tensions and pressure on the women.¹

It is apparent that the familial fiber is grossly disrupted by the imbibing of alcohol; although it's causal antecedents can be surmised. In a study of introverted and extroverted personalities as related to alcoholic Psychoses (of which auditory hallucinations is often a construct), Hoch found 60.5 percent with alcohol hallucinations were introverted, while the remaining 39.5 percent were considered extroverted.² This conclusion leads to the possibility that the inhibition releasing effects affiliated with alcohol could provide a favorable alternative to African American men who


are frequently characterized as dependent and introverted.

Mark Schuckit notes that with the onset of increased alcohol use and subsequent psychosis, the likelihood of depressive symptomology and suicide attempts increases significantly.³ Alcoholism has also been recognized to exist in reference to other psychiatric diagnoses such as schizophrenia, manic depressive illness, and borderline personality disorder, as well as the diagnosis of antisocial personality. With the excessive use of alcohol, a disproportionate number of social problems can occur. Zimberg, et. al., in a study conducted in St. Louis concluded that increasing use of alcohol is related to an increasing number of social problems, and seems to be a crucial factor in many of the social problems encountered by the Black men studied.⁴ Roebusk, and Johnson write:

A sample composed of 40 male offenders with an arrest pattern of simultaneous drunk and assault charges is compared with a sample of 360 Black male offenders who had other arrest patterns. The drunk and assault group came less often from a slum environment, from families in which other members had criminal records and are less often adjudicated juvenile delinquents. However, this double arrest pattern group tends to be reared in homes with a strict dominating father, prone to rarely commit their acts until intoxicated. Socio-psychological factors are viewed as the primary determinants of law violation for Blacks in the drunk and assault category.⁵


This exercise suggests that socially deviant acts concurrent with alcohol use are not always limited to the lower socioeconomic individuals; deviance may "crop up" in conditions of financial security. Strayer noted that there is no noticeable difference in the frequency of acting out of aggressive behavior (between Black and White individuals). In all instances of assaultive behavior by Blacks the victims were Black; most commonly it was the wife. The fact that the receiver of assault resides in the Black neighborhood—assaulted by another Black while intoxicated is apparent today and is indicative of the seriousness of this problem.

The literature with reference to the use of Alcohol and symptomology associated with African Americans is far from sufficient. Harper and Dawkins (1976) reported the results of a survey of the literature to indicate that only 77 articles out of 16,000 alcohol related studies in scientific journals produced any findings regarding Blacks. Articles found tended to focus on drinking patterns and behavior among Blacks while neglecting the topic of Alcohol education and prevention. Some characteristics related to Blacks from various reports can be summarized as: 1. Socio-cultural factors influencing teenage drinking is indistinguishable for

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Blacks and Whites, Blacks have a higher alcoholism rate than whites with Black women being particularly susceptible,
3. Black women have higher proportions of both abstainers and heavy drinkers than white women—In addition Black men and women have higher rates of heavy escape drinkers than white men and women, 4. Throughout history, drinking by many Blacks has been a protest against their treatment and position in the social economical and political structure, 5. Black women are likely to start heavy drinking at a young age,
6. Blacks tend to have lower economic status (entering treatment in public facilities)—similar Educational levels (compared to Whites)—many are unemployed, 7. Offending Blacks are often channeled towards prison/Whites towards

---


13Ibid, 222.
treatment,\textsuperscript{14} Black women rates of lifetime alcohol-related disorders are highest in the 45-59 age category,\textsuperscript{15} and Blacks report earlier onset of alcoholism—drank daily and in the morning—more have delirium tremens and alcoholic hallucinosis.\textsuperscript{16}

Brawley and Duffield propose that alcohol (methyl and ethyl) can be pharmacologically recognized as a hallucinogen which is capable of creating Toxic Psychoses due to its appropriate classification in the context of poisons.\textsuperscript{17} In regards to the effects of alcohol on the nervous system; Shen writes:

Ethyl alcohol or ethanol (CH\textsubscript{3}CH\textsubscript{2}OH, molecular weight 46) is the major alcoholic chemical content in alcoholic beverages including wines, beers and spirits. Due to the nature of being a relatively simple molecule, alcohol is absorbed from the gastrointestinal tract, passes through the blood-brain barrier steadily, and interacts with receptor sites (Laduron, 1984) of various neurotransmission systems of the central nervous system (CNS)\textsuperscript{18}(Engel and Liliequist, 1983); therefore, the CNS is markedly effected by alcohol. Nucleus accumbens and the chemo-receptor zone (CTZ) in area postremia are implicate in the pathogenesis of psychotic symptoms, such as hallucination (Stevens, 1973),

\textsuperscript{14}G. Lowe and J. Alston, "Analysis of Racial Differences in Services to Alcoholics in a Southern Clinic," \textit{Hospital and Community Psychiatry} 24 (1973): 547.


\textsuperscript{17}Peter Brawley and James Duffield, "The Pharmacology of Hallucinogens," \textit{Pharmacological Reviews} 24 (1972): 31.
and nausea and vomiting (N/V), (Borison, 1974) respectively.\(^{18}\)

The debilitating effects on the central nervous system is a salient complication associated with alcohol abuse that may include a variety of psychiatric issues—auditory hallucinations represent one such phenomenon.

Horowitz notes that hallucinations are mental experiences that occur in the form of images, are derived from internal sources of information, are appraised incorrectly as if from external sources of information and usually occur intrusively.\(^{19}\) The auditory hallucinations of the alcoholic can be considered to be in accord with the aforementioned formulation—which is often associated with alcoholic hallucinosis in the literature. Auditory hallucinations are considered to be the prominent symptom in the formulation of alcoholic hallucinosis; although, other distorted perceptions may occur.

Ross et. al., submit that auditory hallucinations may be either unformed (e.g. tinnitus), or formed (e.g. spoken words and sentences, singing and music). Formed auditory hallucinations are generally considered to be manifestations of schizophrenic disorders or psychoses. Typically, they consist of voices that are frequently of an offending or


threatening nature. Less often the voices are pleasant and occasionally may have musical quality.\textsuperscript{20} The hallucinations are reported as vivid—constant, and can present in any aspects of the individuals interactions and/or transactions.

Strayer in an attempt to discover the extent to which the patients use alcohol as a tool in social intercourse found that 58\% of Blacks customarily drink with others, 27\% have no habitual preference between drinking alone or with others, and 15\% prefer to drink alone.\textsuperscript{21} Thus, it is probable that some 85\% of Black alcoholics will be in proximity to other individuals when the hallucinatory phenomenon may occur, thereby exposing themselves and/or others to potentially hazardous circumstances due to the fact that all hallucinations could begin while drinking.\textsuperscript{22}

Auditory hallucinosis begins after continued, persistent use of large amounts of alcohol over long periods of time. Edwards and Gross propose that clinically, it seems that to incur withdrawal symptoms an individual generally had to drink about 200-300g of alcohol a day for several years—though


there are exceptions to this rule, and in either direction. Nutritional factors may be important to the etiology of the withdrawal symptomology, such as: low concentrations of magnesium, dehydration, and vitamin depletion. Alcohol auditory hallucinations are thought to occur due to the toxic effects of the alcohol, long standing and severe rapid eye movement deprivation, and to genetic predisposition.

**Statement of the Problem**

There is evidence to indicate that the occurrence of auditory hallucinations in Alcohol dependent African Americans presents more frequently in African American males than in his white counterpart. This indicates a genetic proclivity towards the malady which is often associated with marked

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The purpose of this study is to investigate the subjective experience of auditory hallucinations in African Americans, and to bring into focus the percent of occurrences of auditory hallucinations in this group, as well as other demographic characteristics that are assessable and maybe unique to the hallucinatory phenomenon.

**Significance and Purpose of the Study**

The significance of the study to the clinical social worker is inherent in the necessity for the social worker to be astute in clinical and diagnostic formulations, as well as sensitive to the psychosocial peculiarities of various racial and ethnic groups. B.W. Williams writes:

First and most important, if one concedes that there is a relationship between diagnosis and treatment (and that the most accurate diagnosis suggests the most effective treatment), then one must be in favor of accurate diagnostic practice. Second, to maintain their position as respected members of multidisciplinary treatment teams, social workers must be able to communicate with their medical colleagues. Third, DSM III can serve as a comprehensive education tool for learning and teaching about psychopathology in general, and about mental disorder in particular.  

The merits of diagnostic viability is of utmost importance to the "modern day" clinical social worker who now bears the responsibility of requesting involuntary

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hospitalization which carries with it the potential for legal complications for the worker. Kutchins and Kirk cite Bernstein's report which stated: "In reviewing the literature on psychiatric malpractice as it applies to psychotherapy, faulty diagnosis and inappropriate treatment are foremost among the potential dangers."31 The necessity for the social worker to understand the dynamics of auditory hallucinations is due to it's presentation in spheres of other forms of psychopathology (e.g. Schizophrenia, Borderline Personality Disorder, Manic Depressive Illness, and Anti-Social Personality Disorder, etc.), and in the fact that alcoholic withdrawal can often end in death. The clinical social worker must be able to recognize psychiatric complications that could indicate physiological compromise, as well as exhibiting the ability to prudently activate the most appropriate treatment modality.

CHAPTER 2
REVIEW OF THE LITERATURE

The following exposition is a review of the literature on the topics of auditory hallucinations in Alcohol Dependent client’s in general with some focus (when possible) on the phenomenon on African Americans in particular. A review of the literature will provide a base knowledge from which to conceptualize the auditory hallucinatory aspect; it’s relationship to alcoholic dependence, as well as the effects of alcoholic hallucinosis in prescribed modalities.

Anna Larkin described a hallucination as a perceptual experience that exists in time and space and relates affectively and cognitively to present and past experience. The loudness of the hallucinated voice and how often it speaks are examples of form elements reflecting present and perceptual experience perceived as objective reality.

The content of the hallucination focuses on the patients life experiences synthesized through memory; content is the patients perception of the subject matter of the hallucination and reflects feelings of loneliness, helplessness and anger.¹ Erickson et. al., cite Arieti’s description of auditory hallucination as the perception by the patient of abstract idea--a thought--in a regressed form of expression.

The patient projects an inner experience to the external

world, and then experiences it as if it were coming from without.\(^2\) Auditory misrepresentation appears to be the "prototype" of the auditory hallucination phenomenon as proposed by most of the authors studying this symptom.

Aizenberg et. al., quote West's Perceptual Release Theory submitted to explain the etiology of hallucinations. It is described as occurring when levels of attention commanding sensory stimuli decreases below a certain threshold, as might be the case in acquired hearing loss, previously recorded perceptions may be released into awareness through the disinhibition of the brain circuitry that represents them.\(^3\)

Cleghorn et. al., denotes that auditory hallucinations involve language regions of the cortex in a pattern seen in normals listening to their own voices but different in that left prefrontal regions are not activated. The striatum plays a critical role in auditory hallucinations.\(^4\)

Bental and Slade submit Mintz, Alpert, and Horowitz's attempts to explain hallucinatory phenomenon. The former theorists are cited as proposing that the hallucinator


experiences peculiarly vivid mental imagery and in addition, are poor at reality testing. The latter is written to have noted that hallucinators experience vivid imagery at the time of their hallucinations—concurring with the findings of Mintz and Alpert. Horowitz did add the qualification, that at other times, hallucinators may suffer from a mental imagery deficiency (hence, when their imagery is vivid they mistake it for a real stimulus).^5

Linn put forth the argument based on Freudian theory that unconscious wishes are expressed by the voices. For instance, when the person hears voices telling him that they will poison him or calling him a homosexual, the interpretations could be that the voices express his unconscious wish to poison others or for homosexual relations, respectively.^^6

Slade proposed a four factor model of the auditory hallucination mechanism in which he suggests that: stress events, individual hallucinatory predisposition level, prevailing level of external stimulation, and a "paradoxical" positive reinforcement effect interplay to produce the circumstance.^^7 Although the schizophrenic symptomatology may


have been evaluated when submitting these propositions; it is easy to fathom the utility of this hypothesis with respect to alcoholic auditory hallucinations.

Perhaps, Gross et. al., submitted one of the most relevant studies to auditory hallucinations in alcoholism, when they suggested a causal relationship between critical elevations of Stage 1, Rapid Eye Movement activity and hallucinations during the waking state. It is of interest to note also, that Essia & Lam, and Victor & Hope found no relationship between the production of auditory hallucinations due to nutritional deficits in dogs or in man. Auditory hallucinations have been described as presenting in various forms—many peculiar to the alcoholic hallucinator. Saravay and Pardes reported writings of Bleuler in 1924, in which he illustrated Delirium Tremens (assuming auditory hallucinations as an constituent of this condition) with reference to "elementary auditory hallucinations" in which during the beginnings of the hallucinatory process the individual hears


buzzing, snapping of gun triggers, striking of rifle bullets, cracking, and sounds of horses hoofs. The authors went on to recommend that "elementary auditory hallucinations" are attributed to middle ear pathology.\textsuperscript{11}

Gross et al., cite Bleuler's description of "formed" auditory hallucinations as multiple voices of people who are not present, who are talking in the third person, and are usually reprimanding or threatening.\textsuperscript{12} Bowman et al., recognized voices of multiple persons (talking about the hallucinator in the third person), giving commands, and eventually progressing to reproachful and criticizing.\textsuperscript{13} The latter statements are strikingly similar to Bleuler's observations alluded to previously. The response to the intrusive presentation of verbal images that are perceived as being out of one's control is a characteristic of alcoholic auditory hallucinations, and must be considered as a situation that would evoke disturbance. Hollender and Boszormenyi-Nagy cite a study by Steckler in which he described the initial response to hallucinations as being one of extreme fear, often accompanied by autonomic nervous systems concomitant with

\textsuperscript{11}Stephen Saravay and Herbert Pardes, "Auditory Elementary Hallucinations in Alcohol Withdrawal Psychosis," \textit{Archives of General Psychiatry} 16 (June 1967): 652.


rapid heart activity, palpitation, hyperhidrosis, etc., causing the person to feel "crazy" or losing his mind. They also introduce pseudo-hallucinations (unshakable conviction is lacking), and true hallucinations (conviction is unshakable). The latter precepts are relevant to the alcoholic and to the African American (due to literature indicating a marked amount of auditory hallucinations in African Americans) in that true hallucinations prevail in the alcoholic spectrum (voices). This postulation could indicate the amount of suffering endured by these individuals.

**African American View of Alcohol Dependence and/or Auditory Hallucination**

Alcohol dependence in the African American culture may produce negative consequences economically, as well as psychosocially, and may not be associated with the symptom of auditory hallucinations which occur as a result of this abuse. Because of the alcoholic behavior that creates auditory hallucinations such as constant, sustained drinking; it is necessary to understand the comportment aligned with the abuse in order to illustrate the attitudes thereby incurred.

G.K. Shaw described the syndrome of Alcohol dependence as characterized by an altered drinking pattern in that the drinking style becomes less culturally harmonious, lacks variation from day to day, and is relatively unresponsive to

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social sanctions; and increased craving for drink and distinct tendency for life to be organized around the drinking priority; and the occurrence of frequent withdrawal symptoms, morning shakes and the like, such that drink is taken to relieve or prevent these symptoms.\textsuperscript{15}

The above assertion can be analyzed objectively with appreciation for Strayer's observation that Blacks tend to strive for middle class status and morality.\textsuperscript{16} The African American who is preoccupied with the acquisition of alcohol would not be considered as capable of economic viability--nor an individual of high morality; thus he would be "frowned" upon by the African American culture.

Strayer expanded on the suggested attitudes of African Americans to alcoholics by describing them as having "fallen from grace" not only in relationship to his family, but also within the community. In a survey of concepts of alcoholism in a national sample (of which Blacks were included); Caetano reported that Blacks are more likely to view alcoholism as a sign of moral weakness, and that "people tend to bring it on themselves."

\textsuperscript{17}

The opinions of alcoholism and the complications


exhibited by it's use appear to be deemed by many constituents of the African American Community as being undeserving of empathy and consideration—worthy of the most callous of treatment and respect. Although empathy can be aroused by African Americans towards others with medical issues; it can be surmised that the organic complications that frequently arise from alcohol abuse (of which auditory hallucinations could be a part), would not incite compassion from the African American culture. It is therefore conceivable that an individual who develops auditory hallucinations as result of alcoholism would be faced with an ambiance of apathy.

With recognition to findings such as those presented by Rimmer, et. al., indicating the high frequency of delirium and hallucinosis in African American Alcohol dependent individuals; the conclusion could be made that many Blacks have been alienated from family and community despite symptomology that may be indicative of severe metabolic and psychological distress. Auditory hallucinations could be one of these symptoms that could provoke insensitivity, despite the similarities it may have to other biological and/or chemical-functional and/or organic psychotic states. In other words, a schizophrenic hearing voices may receive familial and community support, where in an alcoholic hearing voices may face rejection.

Ironically, this discrimination may be unrealistic as related to a study by Weissman, et. al., which denotes that many alcoholics have at least one other psychiatric diagnosis. African Americans may demand education in the disease of alcoholism in order to evaluate their peers and "loved ones" in a more practical manner.

The Effects of Culture on the Drinking Practice that Produces the Auditory Hallucination Phenomenon

The effects of cultural and ethnic factors on the behaviors that produce auditory hallucinations have been addressed in previous documentation with reference to Cross Cultural studies of primitive societies. Donald Horton proposed that culture expressed in the patterned habitual behavior of the members of a society determines the specific characteristics of the habits learned with respect to the use of alcohol. The African American culture appears to sanction the use of alcohol—particularly as a "status" symbol in certain settings, while prohibiting its excessive use, in prescribed settings.

This dubious expectation may create frustration, anxiety, and alienation in an individual who has developed auditory hallucinations from the imbibing of alcoholic beverages. Due


to his dependence, selectivity is indiscriminate, and his symptomology may be deemed as bizarre (responding to unseen stimuli, etc.), reacted to with mock and ridicule. Confronted with such irritants; the African American hallucinatory may experience increased anxiety which could inspire the continuation of his consumption pattern because of the anxiety reducing "paradox" associated with alcohol ingestion.

The "out-cast" perceptions felt by the alcoholic hallucinator often is ameliorated by association with others with whom he feels accepted. In fact, Mendelson and Mello postulated that a need for companionship under very special conditions may be an extremely important motivation for continued drinking.²¹

It is easy to surmise that in these gatherings of individuals who are not accepted in the main stream of their cultures (nor in the predominate society, in most instances); a viable form of interaction could transpire during lucid periods--particularly in reference to the relating to experienced hallucinatory reactions, as well as feelings of alienation.

An interesting summary of the findings of Mendelson, et. al., is that "companionship" in some instances may eliminate the alcoholic behavior when the associations are lacking. Anthony F.C. Wallace submitted that the published data

strongly suggest that internalized cultural definitions of hallucinatory experience have a profound effect on the responses both of the mentally ill and on the overwhelming rejection experienced by the hallucinating African American whose culture deems the behavior as "crazy".  

The effects of tradition, culture and responses to peculiar stressors surface in the hallucinating individual. Edwin A. Weinstein observed that the subjective experience of inhabitants of the Virgin Islands was directly related to their ethnic and cultural fabric.  

Erwin L. Linn has observed that frequently the content of the voices experienced by African Americans is associated with derogation and/or persecution from white Americans.  

Caetano is another theorist who proposed insights into the effects of culture on the African American. Caetano suggests that drinking patterns among Blacks are influenced more by internal norms originated from common cultural and sociopolitical characteristics than from norms associated with class affiliations in the larger society.  

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This study also proposed that traditional variables like income, education, employment status, and marital status have shown to be statistically associated with abstention and drinking in the general population—yet insignificant in the African American culture with the exception of marital status and drinking among females.

This assertion could indicate some form of pathological adaptation to an oppressing social environment, and/or the results of this exercise could be at a deficit in some manner—not applicable to the masses of African Americans. It is apparent that the cultural expectations (and thereby) influences of the African American society may prevail as ambiguous somewhat; although, the "spirit" of the beliefs may not suggest for the perpetuation of debilitating behaviors.

**Preventive Suggestions to the Preclusion of Auditory Hallucinations**

Preventive suggestions applicable to the preclusion of auditory hallucinations and other pathological occurrences associated with alcohol dependence in the African American begins with abstinence or moderate alcohol consumption. Studies by Griffith, et. al., have suggested that the presentation of alcohol related maladies surfaces after several years of consumption of large quantities of the substance.26

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With reference to the fact that the imbibing of alcohol has been shown to be associated with desired interactions and transactions among African Americans—more productive measures of social intercourse should be entertained. Studies submitted by Bowman, et. al., as proposed by Shohroder, Bumke and Kat, cite that: Alcoholic hallucinosis (auditory hallucinations) is not dependent upon the consumption of high proof spirits (as in delirium tremens); in fact, there are a high proportion of individuals who develop alcoholic hallucinations who are beer and wine drinkers—exclusively. Thus, the selection of the type of alcohol ingested may determine if auditory hallucinations develop—in particular. Education is paramount to prudent use of alcohol in African Americans.

Dawkings brings focus to the scarcity of literature with respect to alcohol education and prevention as it relates to the African American, and isolates the importance of such research and implementation. The necessity of progress in this specific area is apparent, and could definitely add fuel to the plight of the African American in regards to pathology.

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Finally, nutritional concerns have been proposed to be of etiological significance in respect to withdrawal syndromes in alcoholics including auditory hallucinations.\textsuperscript{30} Although, there is data to indicate that once imbibing has begun—pathology follows regardless of food intake.\textsuperscript{31}

Within the matrix of all the suggestions above, the clinical social worker can and should play a key role. Data regarding alcohol abuse and alcoholism among African Americans is cited by Dawkins to be extremely lacking—a paucity of policy making, education and prevention is also deficient; social workers should fill these gaps.\textsuperscript{32}

Finally, Koroloff and Anderson have recognized the potential for homelessness in the African American community, as well as diagnostic heterogeneity. The clinical social worker must be able to implement culturally sensitive programs that are functional enough to provide recuperative experiences for all elements of the alcoholic community, many of whom may be experiencing auditory hallucinations due to alcohol dependence.


Historical References to Alcoholic Pathology

Historical references to the pathology associated with excessive alcohol abuse could be fathomed as prominent shortly after man "stumbled" on to the process of releasing ethanol through the most convenient method assessable to his particular environment. Donald Horton has analyzed several different alcoholic beverages consumed by primitive societies, as well as how the imbibing of these concoctions was viewed within these milieus.\textsuperscript{33} The fact that his findings disclosed alcoholic beverages produced by procedures unique to each culture, could indicate that indigenous man has labored to find a means of intoxicating himself with drink (in many instances) since antiquity.

Gross et. al., cite reports of Hippocrates's conclusion of a relationship between excessive alcohol intake and psychophysiological pathology. Romme, et. al., acknowledged the proposition presented by psychologist, Julian Jaynes, in her book, \textit{The Origin of Consciousness in the Breakdown of the Bicameral Mind}. The author described the idea of hearing voices as having been a normal way of making decisions until 1300 B.C. According to Jaynes, hearing voices has disappeared and been replaced by what is now called "consciousness".\textsuperscript{34}


Raul Hernandz-Peon submitted Plato's appraisal of hallucinatory occurrences as being associated with abnormal mental functioning. John Coakley, Samuel Pearson, and Thomas Sutton are introduced by Gross et. al., as having isolated and associated psychophysiological disturbances to the excessive use of alcoholic beverages in graphic display. The next major step in the illustration of maladies related to the exorbitant drinking of alcohol is proposed by Gross et. al., as occurring at the turn of the century when Kraepelin, Werneicke and Bonhoeffer described and differentiated alcoholic hallucinosis acute and subacute from delirium tremens.

They noted its characteristics as slight impairment of consciousness; active hallucinations in the auditory visual, olfactory and tactile spheres, delusions based upon the hallucination; and little memory disturbance. In efforts to comment of Bleuler's theory in regards to alcoholic hallucinosis, Gross et. al., acknowledged that Bleuler proposed alcoholic hallucinosis as associated with a long standing propensity towards schizophrenia. This is a postulation of which they differed, concluding the symptomology more closely resembled psychotic depression). 

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In reference to alcohol dependence, Roger E. Mayer, noted that the World Health Organization has followed the model of an alcohol dependence syndrome as proposed by Edwards and Gross. They suggested seven essential elements of the syndrome, while stating that it involved both biological processes and learning. The rapid reinstatement of tolerance and withdrawal symptoms and resumption of drinking in afflicted individuals suggested a biological process, whereas drinking to relieve withdrawal symptoms and craving in response to internal and external cues seemed more consistent with a learning process.\(^{37}\)

Peter E. Nathan reported Jellinek’s attempt to categorize alcoholism in subsets which indicate the overall severity of the consumption pattern. Gamma Alcoholism was isolated and described as being characterized by tolerance and physical dependence. Jellinek made the distinction between Gamma alcoholism and his second postulate Delta, by stating: "the delta alcoholics problem and the gamma alcoholics disease are completely different. They are as distinct from one another as both are from the behavior of the nondrinker."\(^{38}\)

Penick et. al., illustrated the dynamics of Cloninger’s milieu limited alcoholism to occur in both male and female

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biological relatives. It was associated with milder forms of alcoholism, little criminality, and a later onset of abusive drinking among those biological relatives. Type II, or Male limited alcoholism was said to occur almost exclusively in male biological relatives. It was associated mostly with male relatives who showed an early onset of problem drinking and more severe consequences.\(^{39}\)

The history of alcoholic demeanor is documented to illustrate that man has observed and mediated over the symptomology since its introduction into various societies. The dynamics of this cluster of maladies concurrent with its abuse are still being scrutinized and labelled. Although, the descriptions of the effects (including auditory hallucinations) are constant, and have presented no exhibitions that differ from portrayals of ancientness.

**Racial/Constitutional Sensitivity to Alcohol**

The effects of alcohol consumption on various racial groups has been the subject of both lay and professional observers in efforts to surmise ethnic/constitutional proclivity towards related pathology. Fenna et. al., noted that the average rate of metabolism of alcohol is 0.015% in men and 0.185% in females. They also suspected an increased metabolic rate (25%) in heavy drinkers when compared to

\(^{39}\)Elizabeth Penick, "Examination of Cloninger’s Type I and Type II Alcoholism with a Sample of Men Alcoholics in Treatment," *Alcoholism: Clinical and Experimental Research* 14 (July/August 1990): 623.
abstainers; although, the group later found no significant difference in burning rate among these two groups.\textsuperscript{40}

Nathan proposed that biological differences would account for the long term pathophysiologic consequences of substance (alcohol) abuse in men and women. He further postulated that hormonal factors and psychosocial factors, including those that drive from learned sex linked behavioral patterns in such matters as the expression of emotion and the handling of stress likely also play key roles.\textsuperscript{41} Fenna et. al., concluded that among Indians, Eskimos and Whites; the Indians and Eskimos metabolize alcohol at a significantly slower rate than the whites. They also explain this finding by relating it to associated experience with alcohol or dietary protein and carbohydrate balance of the individuals--due to genetic difference consistent with diet over many generations.\textsuperscript{42}

Peter H. Wolf, in a comparative study of physiological reactions to alcohol between Mongoloids and Whites, concluded:

Cutaneous vasodilatation after alcohol ingestion is probably the result of central vasomotor depression. By extrapolation, population differences in fusing to alcohol may be assumed to reflect a specific and probable genetic difference in autonomic nervous system responsivity that is


\textsuperscript{42}Peter Wolf, "Ethnic Differences in Alcohol Sensitivity," \textit{Science} 17 (January 1972): 450.
common to all the tested populations belonging to the Mongoloid major group. The assumption that ethnic group differences in autonomic regulation have a genetic basis is compatible with other reports of racial differences in autonomic responses to selected pharmacologic agents.43

With respect to the proclivity to develop auditory hallucinations; Alpert et. al., acknowledged Gross' suggestion that prolonged exposure to alcohol can produce neuropathology in the auditory system which is only slowly and partially reversible. They, (Alpert, et. al.), expanded on the aforementioned proposal by stating: "If the difference between alcoholics in the frequency of auditory hallucinations is real; two factors, one in the withdrawal and one in the pre-existing pathology may contribute to hallucination formation.44

Culture sensitivity to alcohol pathology is a speculation that can be derived by lay assumption (with respect to unique frame of reference) and/or by studies that suggest limited utility in regards to the propensity towards the development of auditory hallucinations and/or other severe alcohol related symptomology. Although, physiological deterioration is documented as being more pronounced in women (denoting a gender difference in long term abuse). Psychiatric manifestations attributed to ethnic groups may not present


44Ibid., 249.
with as definitive of a result.

**Overview of the Major Theoretical Orientation**

This study employs a psycho-social theoretical framework. Within this methodology, psychological manifestations of the subjective auditory hallucinatory experience and the social implications that are isolated within the context of intra, inter, and mezzo personal interactions will be cited. As Peter E. Nathan has written:

Additional evidence attesting to the wisdom of looking at both psychosocial and biological factors to predict treatment outcome comes the results of research on etiology, pathophysiology, and comorbidity, which point to heterogeneity of alcoholic states. These findings, in turn support those who claim the existence of several "Alcoholism's", some more heavily influenced by psychosocial variables, others by biological variables.\(^45\)

Charles Zastrow acknowledges Hollis postulation that an assessment is consistent with what is referred to as a psychosocial diagnosis. He defines assessment as submitted by Hepworth and Larsen as:

Assessment is the process of gathering, analyzing, and synthesizing salient data into a formulation that encompasses the following vital dimensions:

1. the nature of clients' problems, including special attention to the roles that clients and significant others play in the difficulties.
2. the functioning (strength, limitations, personality assets, and deficiencies) of clients and significant others;
3. motivation of clients to work on the problems;
4. relevant environmental factors that contribute to the problems;
5. resources that are available or are needed to

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Zastrow expands on the importance of psychosocial drives by denoting it as consistent in importance to the fulfilling of basic human needs (food, shelter, sex), with respect to acquiring viable motivation to direct behavior. Psychosocial variables are ingrained within symptomology such as auditory hallucinations in alcoholism due to the cognitive effects and the polar behaviors associated with it, as well as how these cognitions and motivations consequent the individuals functioning in society.

**Statement of Hypotheses**

Based on the current literature on auditory hallucinations in African American Alcohol Dependent clients, the results of this study are expected to validate the following three hypotheses:

**Hypothesis 1:**
There is a statistically significant relationship between alcohol dependence in African Americans and the development of auditory hallucinations.

**Hypothesis 2:**
There is a statistically significant relationship between marital status and the development of auditory hallucinations in African Americans.

**Hypothesis 3:**
There is a statistically significant relationship between occupational status and the development of auditory hallucinations in African American.

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47 Ibid, 381.
**Definition of Terms**

The DSM III-R defines a hallucination as: "A sensory perception without external stimulation of the relevant sensory organ."\(^48\) A hallucination has the immediate sense of reality of a true perception. Although, in some instances the source of the hallucination maybe perceived as within the body (e.g., an auditory hallucination may be experienced as coming from within the head rather than through the ears).

Auditory hallucinations are described as a hallucination of sound, most commonly of voices, but sometimes of clicks, rushing noises, music, etc. DSM III-R categorizes alcoholic hallucinosis under the heading of Organ Mental Syndromes and Disorders. The essential feature of this disorder is an organic hallucinosis in which vivid persistent hallucinations develop shortly (usually within 48 hours) after cessation of or reduction in alcohol ingestion by a person who apparently has alcohol dependence.

The hallucinations may be auditory or visual. The auditory hallucinations are usually voices, and less commonly, unformed sounds such as hissing or buzzing. In the majority of cases, the content of the hallucination is unpleasant and disturbed. The voices may address the person directly, but more often they discuss him or her in the third person.

Visual hallucinations are hallucinations involving sight.

They may consist of formed images, such as people or unformed images, such as flashes of light. They should be distinguished from illusions, which are misperceptions of real external stimuli.\(^{49}\)

Meyer cited the World Health Organization's formulation of the alcohol dependence Syndrome. It consists of six essential elements:

1. Narrowing of drinking repertoire, 2. Salience of drink seeking behavior, 3. Increased tolerance, 4. Repeated withdrawal symptoms, relief avoidance of withdrawal symptoms (taking drink), 5. Subjective awareness of compulsion to drink, 6. And reinstatement after abstinence.\(^{50}\)

Edwards and Gross (from whom the syndrome was adopted) speculated that the syndrome involved both biological processes and learning. The rapid reinstatement of tolerance and withdrawal symptoms with resumption of drinking in afflicted individuals suggested a biologic process. Where as drinking would be used to relieve withdrawal symptoms and cravings in response to internal or external cues seemed more consistent with a learning process.


CHAPTER 3
METHODOLOGY

Research and Design

This section of the study discuss the research design, data collection procedures, operationalization, method of analysis and the scope of the limitations of the study. The author utilized a check list to review case records. The check list contained 16 sections, employed by the researcher to isolate demographic and psychosocial variables, as well as to expose the subjective experience of auditory hallucinations from the population of African American alcohol dependent clients.

The Sample

The population for this study was obtained from the admission logs of a Crisis Intervention Service in the Metropolitan Atlanta area. During the selection of participants, care was taken to select only those African Americans who were diagnosed with alcohol dependence syndrome—exclusively. After these individuals were selected; archival records (progress notes) were procured in efforts to denote more detailed characteristics.

Data Collection

The fifteen part check list examined a number of areas that related to demographic considerations, as well as psychosocial functioning. The presence, and type of auditory hallucination was isolated along with other alcohol related
pathology. When or if a secondary diagnosis exists, this
description was also noted.

Data Analysis

The data analysis was concerned with the frequency of the
incidence and correlations of auditory hallucinations within
the group of African American alcohol dependent clients, as
well as the incidence and correlations of auditory
hallucinations in regards to marital status and occupation.
A bivariant analysis of the dependent variable and independent
variables was demonstrated.
CHAPTER 4
PRESENTATION OF RESULTS

In this study, a total of thirty-one African American clients were selected from a population of 121 clients. They were selected out of a population of individuals admitted to a state facility during July, 1993 and July, 1994. Selection was based on the homogeneous presentation of the diagnosis, alcohol dependence.

TABLE 1

Cross-Tabulations of Auditory Hallucinations and Alcohol Dependence

<table>
<thead>
<tr>
<th>Type of Alcohol Dependence</th>
<th>Type of Auditory Hallucination</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Command</td>
<td>Elementary</td>
</tr>
<tr>
<td>Dependent</td>
<td>37.5%</td>
<td>8.3%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>45.8%</td>
<td>(N=31)</td>
</tr>
</tbody>
</table>

Looking at the results of the above table, there was a combined total of 45.8% of the sample of African Americans who were alcohol dependent and experiencing some form of hallucination. The hallucination was either in the command or elementary form.
Table number two presents the percentages of persons within three marital status groups and their experience of auditory hallucinations. In the single group there was a combined total of 53.9% and in the separated group there was a total of 83% of the sample.
TABLE 3

Cross-Tabulations of Occupational Status and Auditory Hallucinations

<table>
<thead>
<tr>
<th>Type of Auditory Hallucination</th>
<th>Occupational Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employed</td>
</tr>
<tr>
<td>Command</td>
<td>44.4%</td>
</tr>
<tr>
<td>Elementary</td>
<td>0</td>
</tr>
<tr>
<td>None</td>
<td>55.6%</td>
</tr>
</tbody>
</table>

(N=31)

Finally, table three gives the percentages in terms of occupational status and experience of auditory hallucinations. The combined total for this category was 68.8% of the sample.
### TABLE 4

Summary of Demographic Data of Respondents

<table>
<thead>
<tr>
<th>AGE</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>28-34 Years</td>
<td>22.5</td>
</tr>
<tr>
<td>35-42 Years</td>
<td>38.7</td>
</tr>
<tr>
<td>43-78 Years</td>
<td>29.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GENDER</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>64.5</td>
</tr>
<tr>
<td>Women</td>
<td>35.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INCOME LEVEL</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0-200</td>
<td>58.1</td>
</tr>
<tr>
<td>$600-above</td>
<td>16.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GRADE LEVELS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-11</td>
<td>45.2</td>
</tr>
<tr>
<td>High School Diploma</td>
<td>35.5</td>
</tr>
<tr>
<td>Some College</td>
<td>19.4</td>
</tr>
</tbody>
</table>

(N=31)

The basic demographics for the sample of this study include age, gender, income, and education. There was a wide variety of ages. The ages in this group were found to be within the range of twenty-nine years and seventy-eight years old.

The largest concentration of the sample fell within the ages of thirty-five and forty-two (38.7 %). The group from forty-three to 78 years old comprised the second highest incidence of selectees. This left the twenty-eight to thirty-four year old participants as the least frequent cohort of alcohol dependent sample selectees (22.5%).
With respect to gender, 64.5% were men, and 35.5% were female—twenty males and eleven females, respectively. Values indicating an estimate of monthly income denoted 58.1% of the African Americans receiving 0 to 200 dollars per month, while only sixteen percent accumulated $600.00 plus per month. The number of admissions to the hospital for alcohol dependence problems was found to hail between the frequencies of one to twelve.

The educational status of the sample disclosed 45.2% of with below high school experience, 35.5% received high school diplomas, and 19.4% had some college. Another interesting fact associated with this population is that after perusal of the affiliated "progress notes"; it was determined that 22% of the population used crack cocaine in addition to alcohol.

The independent variables of alcohol use, marital status, and occupation were correlated with the dependent variable of auditory hallucination in the African American alcohol dependent client to determine the strength of the relationship between the variables.
TABLE 5

Bivariant Analysis of the Dependent and Independent Variables

<table>
<thead>
<tr>
<th>Variables: Type of Auditory Hallucinations</th>
<th>Pearson's &quot;r&quot; Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Type of Alcohol Use</strong></td>
<td></td>
</tr>
<tr>
<td>A. Binge</td>
<td></td>
</tr>
<tr>
<td>B. Social</td>
<td></td>
</tr>
<tr>
<td>C. Compulsive</td>
<td></td>
</tr>
<tr>
<td>D. Dependent</td>
<td>. . .</td>
</tr>
<tr>
<td><strong>2. Marital Status</strong></td>
<td>.080</td>
</tr>
<tr>
<td>A. Single</td>
<td></td>
</tr>
<tr>
<td>B. Married</td>
<td></td>
</tr>
<tr>
<td>C. Separated</td>
<td></td>
</tr>
<tr>
<td>D. Divorced</td>
<td></td>
</tr>
<tr>
<td>E. Widowed</td>
<td></td>
</tr>
<tr>
<td><strong>3. Occupation</strong></td>
<td>.004</td>
</tr>
<tr>
<td>A. Blue Collar</td>
<td></td>
</tr>
<tr>
<td>B. White Collar</td>
<td></td>
</tr>
<tr>
<td>C. Unemployed</td>
<td></td>
</tr>
</tbody>
</table>

*p < .05

The findings of the bivariant analysis indicates no correlations between the dependent and independent variables.
CHAPTER 5

SUMMARY AND CONCLUSIONS

The results of the current study indicates that there was a statistically significant relationship with respect to the three hypotheses. Which are: First, auditory hallucinations in African Americans in relationship to alcohol dependence. Second, auditory hallucinations as related to marital status, and third, auditory hallucinations as related to occupational status in African Americans. These findings are in reference to cross-tabulations based on percentages within the sample. In reference to the analysis of the dependent and independent variable there was no significant relationship found with respect to the three hypothesis.

The purpose of this chapter is to; (a) Discuss the results obtained and possible reasons why they occurred; (b) Compare the impact of these findings with any available previous research findings; (c) Examine the impact of these findings on the African American community, and (d) Elaborate on the implications of this study on future research efforts.

Cross-Tabulation Percentages

The hypothesized variables that showed a statistically significant difference between variables were: Auditory hallucinations in relation to alcohol dependence, significant relationship between marital status and auditory hallucinations, and a relationship between employment status and auditory hallucinations (see Tables 1-3).
The results of the significance of African American and the development of auditory hallucinations was consistent with the literature indicating that excessive prolonged alcoholic behavior is the perpetrator behind the creation of alcoholic hallucinosis (auditory hallucinations). The auditory hallucinatory phenomenon presented as not only significant to the alcohol dependent syndrome, but bordered on marked significance in regards to the African American population selected.

The comparison of marital status to the development of auditory hallucinations in African Americans is significant and probably lends credence to the psychosocial maladies illuminating from the alcoholic behavior, as well as the symptomology of "hearing voices". The matrix of the hallucinatory status, and "acting out" often associated with it, could not be considered as productive within a conjugal relationship dependent on realistic and constructive communications.

The final hypothesis entertaining employment status could have been found significant due to reasons similar to the aforementioned proposals in regards to marriage. The African American who has nurtured an alcohol dependence tends to structure his activities around alcohol ingestion (according to the literature); thereby, minimizing his ability for productive occupational endeavors. The auditory hallucinations that occur as a result of his comportment would
render him often inattentive and unable to focus on the tasks at hand. These characteristics are not conducive to the acquiring and maintaining of a viable occupational status.

**Bivariate Analysis**

The hypothesized variables that did not show a statistically significant relationship between the dependent and independent variable were: Auditory hallucinations as correlated to alcohol dependency, marital status as correlated to auditory hallucinations, and employment status as correlated to auditory hallucinations. The results indicating an insignificant correlation between the development of auditory hallucinations in African American alcohol dependent clients is not consistent with the literature. As has been illustrated (to some extent) in this paper, a number of researchers have proposed and described this phenomenon in alcohol dependent clients.

Some authors have postulated a higher frequency of auditory hallucinations within the African American population. Assuming that the predominant literature is correct, it is conceivable that the analysis of this experiment could have been blemished by the number of clients surveyed and/or by other salient intervening variables some of which could be based on the additional data obtained from the "check list". It can be surmised that unaccounted variables associated with African American alcohol dependent clients could include, multiple diagnosis and polysubstance abuse
because auditory hallucinations can present due to organic and/or medical complications. Medical issues would merit scrutiny (see Table 5).

The insignificant finding with respect to marital status falls alien to lay and professional conclusions. With reference to the literature presented in this paper denoting the African American opinions towards alcoholic pathology; it stretches the imagination to conceive a less than profound relationship between these two variables within the institution of marriage. Variables such as symbiosis, codependence and/or dependent relationships could have provided deviation from the anticipated result.

In reference to occupational viability and auditory hallucinations, the literature again shows that alcohol dependent African Americans exhibit significant difficulty in maintaining employment. Although, in some instances lack of employment preceded alcohol dependency; it is difficult to fathom that an individual psychiatrically comprised could meet the task at hand. Variables worthy of consideration in this phase of the study could be, the specific type of job held, the time schedule of work, and the dynamics of the employer.

Limitations of the Study

The limitations of the study could be recognized initially in the size of the group of individuals selected. Perhaps, a more productive study could have been actualized if a representative sample integrated with larger numbers, and
diverse demographic status was employed. The inability to isolate a significant number of African Americans experiencing auditory hallucinations who did not carry other diagnoses, and/or abused drugs, also provided limitations on this study.

**Suggested Research Direction**

As mentioned in this paper, the research regarding African Americans and alcohol pathology (as well as prevention and treatment) is far from sufficient. Research in these areas should offer marked challenges, as well as considerable latitude for experimentation. Specific research directions in this area could center around: Comparative studies (longitudinal) of the incidence of auditory hallucinations among African Americans and other ethnic groups; specific effects of auditory hallucinations on the conjugal relationship in the African American family and employment difficulties experienced by African Americans having auditory hallucinations as a result of alcoholism. Prevention and treatment issues could allow for enormous research potential, and could submit greatly needed data to fulfill the scarcity of that is prominent.

**Implications For Social Work Practice**

The accurate assessment by the clinical social worker in regards to alcohol dependence and related pathology is imperative to the worker’s attainment of prudent diagnostic potential. Auditory hallucinations are heterogeneous with respect to diagnoses. The clinical social worker must be able
to sort out the symptomology and proceed towards devising the most ethical, and "clinically sound" treatment modality.

The clinical social worker must enter into the family situation of the African American alcohol dependent hallucinatory and implement supportive, preventive, and didactical procedures. It could be possible that the worker can assist in "sewing the threads" torn by the alcoholism syndrome. Thus, assist the family in a recuperatory process.

Finally, the clinical social worker must advocate for the "labelled" hallucinator who has probably been bestowed a position of detriment in the community and society. Through the individual/family recovery, the social worker should be able to detect stability and health in the client, in order to determine when appropriate functioning (employment, retraining, etc.) is a possibility. In essence; the clinical social worker must entertain the alcoholic ambiance from a micro, mezzo, and macro practice perspective.

**Who Is At Risk For Auditory Hallucinations**

It can be speculated that due to the racial prejudice often experienced by the African American that limits his productivity, concomitant with the salient expectation of the "American Dream", many African Americans actualize themselves in a situation of hopelessness. This hopelessness amounts to a "double bind" circumstance (with respect to goal accomplishment potential and cultural expectations) that could entice the African American toward the imbibing of himself
with drink. Although African Americans tend to show a propensity towards alcohol pathology as submitted by others in this thesis—genetic proclivity has not been definitively documented.

There has been findings (also alluded to in this paper) that the increased, prolonged alcohol abuse effect the auditory apparatus in the brain; thereby predisposing the individual to auditory hallucinations. The clinical social worker should proceed with zeal in establishing the appropriate treatment modalities. It can be speculated that any African American is at risk of having the subjective experience of auditory hallucinations as is any other human being who has established an alcohol dependence condition.
APPENDIX

SUBJECTIVE EXPERIENCE OF AUDITORY HALLUCINATIONS IN AFRICAN AMERICAN ALCOHOL DEPENDENT CLIENT CHECKLIST

Case No. _____

1. Age ____

2. Occupation
   A. ____ Blue collar
   B. ____ White collar

3. Race
   A. ____ African American
   B. ____ Caucasian
   C. ____ Asian
   D. ____ Hispanic

4. Sex
   A. ____ Male
   B. ____ Female

5. Marital Status
   A. ____ Single
   B. ____ Married
   C. ____ Separated
   D. ____ Divorced
   E. ____ Widowed

6. Monthly Income
   A. ____ $0 - 200
   B. ____ $200 - 400
   C. ____ $400 - 600
   D. ____ $600 and over

7. Number of prior admissions ____

8. Educational Level
   A. ____ Below high school
   B. ____ High school
   C. ____ Some college
   D. ____ College graduate
9. Other Drug Use

A. 

B. 

C. 

D. 

E. 

10. Type of Auditory Hallucination

A. _____ Command
B. _____ Elementary

11. Frequency of Auditory Hallucination

A. _____ Hourly
B. _____ Daily
C. _____ Once per week
D. _____ Occasionally during the month
E. _____ Once per month
F. _____ Occasionally during the year
G. _____ Not applicable

12. History

A. _____ Suicide
B. _____ Homicide
C. _____ Violence
D. _____ Arrests
E. _____ Withdrawal
F. _____ Blackouts
G. _____ Seizures
H. _____ D.T.'s
I. _____ Family substance abuse

13. Primary Diagnosis

A. 

14. Secondary Diagnosis

A. 

15. Type of Alcohol Use
   A. ___ Binge
   B. ___ Social
   C. ___ Compulsive
   D. ___ Dependent

16. Client's Reaction to Auditory Hallucination
   A. ___ Acceptance
   B. ___ Fear
   C. ___ Panic
   D. ___ Rage
   E. ___ Indifference
   F. ___ Not applicable
BIBLIOGRAPHY


