Social group work with alcoholic patients in relation to their group experiences.

Cotter, James W
Boston University

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Boston University
BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK

SOCIAL GROUP WORK WITH ALCOHOLIC PATIENTS
IN RELATION TO THEIR GROUP EXPERIENCES

A Thesis
Submitted by
James W. Cotter Jr.
(B.S., Boston College, 1950)
In Partial Fulfillment of Requirements for
the Degree of Master of Science in Social Service
1952
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I. Age of Patients Studied
II. Educational Level of Patients Studied
III. Marital Status of Each Patient Studied
IV. Years of Excessive Drinking of Each Patient Studied
CHAPTER ONE
THE PRESENT STUDY

A. Purpose and Scope

This study was conducted at the Washingtonian Hospital, Boston, Massachusetts with alcoholic patients over a period extending from September, 1951 through January, 1952. The concern of this study is to determine the possible role of social group work in the rehabilitation of alcoholic patients through the study of their group experiences.

Through the study of the group experiences of twenty alcoholic patients with the emphasis being focused on the degree of participation, the type of groups affiliated with and the relationship between drinking and social participation, this study will attempt to determine the possible role that the social group work method can play in the rehabilitation of alcoholic patients. In addition, the manner in which social group work is applied with alcoholic patients at the Washingtonian Hospital will be illustrated in this study.

The major questions which this study attempts to answer are:

1. What have been the group experiences of the patients?

2. In light of the group experiences of the patients what possible role can social group work play in their rehabilitation?
3. How can social group work be applied with alcoholic patients?

B. Sources of Data and Method of Procedure

The hospital case records, interviews, and the group records provided the sources of data. Patients were selected for the interviews on the basis of their physical and mental status which did not disclose any severe physical or mental aberrations. In addition, only those patients that participated in the hospital groups were selected, and only a small part of these, due to the short period of time that most of them are in the hospital. When examining the case records, the writer also noted carefully the patient's social history which might contain leads into his group experiences. The group records served to indicate each patient's participation in the hospital group.

By interviewing twenty alcoholic patients at the hospital the writer gathered data in respect to the group experiences prior to, close to the onset, and after problem drinking of the patients. By the phrase prior to problem drinking is meant that period of time in the patients' lives extending from childhood up to a point where their drinking gave no indication of possible trouble. Close to the onset of problem drinking refers to that time closest to the point where problem drinking seems to have started. The reason for this breakdown into the above periods of group experiences lies in the apparent changes which seem to take place in the
alcoholic's group participation during these particular periods leading up to problem drinking.

From the material secured from these interviews the writer drew out some of the possible implications that it might have in regard to the possible part that social group work can play in the rehabilitation program at the hospital.

One chapter will be given over to a description of the setting in which the study took place and another to the discussion of the concepts of social group work and other pertinent information that has bearing upon this study.

Conclusions were drawn on the basis of the material studied. The writer used material taken from recognized authorities to provide basic assumptions which served as a foundation for this study.

C. Limitations

The limitations of this study other than the limitations imposed by the time factor are the unavoidable element of subjectivity involved in a study of this type, and since there was not enough consistent material, no broad conclusions could be justified. Another factor that limited this study was the transitory nature of the groups, the average membership of a patient being approximately two weeks at the most. Inasmuch as the groups were not controlled and along with the short time that a patient was a member of a group, it was not possible to judge the extent to which the patients were having some of their needs met through this medium. Because of the
preceeding limitations the writer's aim became that of attempting to describe the patterns and implications that emerged from the group experiences of the patients, and the illustration of how social group is applied with the patients.
A. Introduction

The magnitude of the alcoholic problem is brought out in the November, 1951 issue of Federal Probation, where Reverend Stephen J. Carey of the United States Health Service Hospital in Lexington, Kentucky, pointed out that in the United States there are approximately 3,000,000 excessive drinkers and 750,000 chronic alcoholics. These figures are appalling, but even more so when we see that Massachusetts has about 90,000 excessive drinkers and 30,000 chronic alcoholics.

Up to the present time society has not provided adequate facilities to treat these sick personalities. Some alcoholics enter general hospitals while others enter mental hospitals. A few states once had special institutions for their treatment, but in 1944 these had been discontinued. There are a few private institutions specializing in alcoholics and drug addicts.

As far as we know, only two of the special institutions, the Washingtonian Hospital in Boston and the Lambert Foundation in Los Angeles, appear to have any eclectic leanings and to vary the type

1 Washingtonian Newsletter, Vol. 1, No. 2, Nov. 30, 1951, p. 2

2 John Lewis Gillin, Social Pathology, p. 110
of treatment given in accordance with the individual needs of the patient. 3

B. History and Current Status

It was before the Civil War, in 1859, that a group of Boston's leading citizens incorporated to found a Home for the care of alcoholics. Treatment for chronic alcoholism was rarely if ever carried beyond the sobering-up stage, and modern therapies were unknown. For eighty-one years Boston had a Home, but no Hospital for alcoholics.

In 1939 the Home was reorganized as the Washingtonian Hospital by Dr. Milbert Day and his associates. In 1942 Dr. Joseph Thimann, the present medical director of the hospital started the Conditioned Reflex Therapy which has helped so many alcoholics back to complete rehabilitation.

Research, modern therapies, social service work with patients and their relatives, outpatient clinics, the Conditioning Club, are all integral parts of the Washingtonian Hospital, where patients are accepted from all walks of life, regardless of economic status, race, religion, or place of residence. The chief focus of the hospital's endeavors is placed on the treatment for chronic addiction to alcohol and on permanent rehabilitation. 4

The status of the hospital has changed to some degree with the admittance of female patients and the addition of a new department to the hospital, the Social Group Work Department with Mr. Aaron Sacks as its director.

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C. Admission Policies

Admittance of a patient into the hospital may be made in two ways. A patient may enter the hospital on a voluntary basis signing himself in and leaving at his own discretion; after staying three days he may leave if he signs a three day notice. The nearest relative or physician may commit the patient on a temporary care paper, but only for a period not exceeding fifteen days. If the patient wishes he may leave after this period; he cannot be held against his will.

The male patient spends the first few days in the admitting ward being detoxicated, while the female patient is detoxicated in a private or semi-private room. There are several methods that might be used in the dealcoholizing of a patient, but at present the hospital is chiefly using paraldehyde. The length of time this process takes varies with the patient, but it usually takes approximately one week. During this time the patient is built up physically with vitamins, a balanced diet, and the proper amount of rest. This also varies again depending on the individual patient, some requiring sedatives in order to rest properly.

There are many patients who come to the hospital who are not in an intoxicated condition. Many come to the hospital when they feel that a drinking bout is impending, while others enter the hospital specifically to be treated. All are
given the opportunity to take advantage of the facilities of the hospital, and to gain the rehabilitation that they are in need of.

D. The Working-Parole Plan

The hospital has instituted the working-parole plan to give the patient the opportunity to continue on his job, thus remaining productive while taking treatment. The patient spends his days at work outside the hospital but is only "on leave", and must return to the protective environment of the hospital evenings and weekends.

After the patient has gone through the usual admission procedures, and is able to function adequately alone, he is allowed to work on the outside. If a patient does not have a job, social service aids him in obtaining one. The importance of developing the patient's self-confidence, and sense of achievement cannot be over-emphasized and this is perhaps one of the chief reasons for the working-parole plan. The patient undergoes this parole on a voluntary basis, and if in the past he was not able to finance treatment, is now, given an opportunity to do so.

Inasmuch as the stresses of the environment affect the alcoholic patient, this plan is important because it enables him to escape those environmental pressures. In addition it enables the staff to be in contact with the patient for a sufficient length of time to come to a better understanding of him and his problem.
E. Antabuse Treatment

The Washingtonian Gives this treatment on a selective basis. This treatment causes a fear reaction in the patient toward alcohol. Antabuse is a pill which when taken in the proper dosage will cause unpleasant physical reactions if the patient consumes alcohol. A patient has several "test sessions" for which he is hospitalized for twenty-four to forty-eight hours. This is a precautionary measure since every patient reacts differently to the drug. These sessions show the patient what his reaction would be should he drink. When the test sessions are completed the patient is seen in the out-patient department. 5

F. Adrenal Cortex Extract

This is an injection which is given to outweigh a glandular deficiency, a condition found to exist in many alcoholics. This injection is given on both an out-patient and house-patient basis. Basically it affects the sugar count of the body and in doing so helps in the elimination of the desire for alcohol.

G. Condition-Reflex Treatment

This treatment was started by Dr. Thimann at the Washingtonian in 1942, and it has advanced in techniques and efficiency through the years. It is the most proven method used at the Washingtonian Hospital. It is given on a

5 About the Washingtonian Hospital, 1951 p. 4
Selective basis, as not all patients are able to take it because of physiological and psychological reasons. It is a medical treatment, accompanied by psychotherapy. Dr. Thimann states:

It is based on the experiments of Pavlov who exposed his dogs simultaneously to food and the sound of a bell, for a series of sessions with the result that the dogs soon developed an association between food and the bell, in other words, they reacted to the stimulus of the bell alone with the same responses of the increased secretion of saliva and gastric juice as they did to the sight, taste, and smell of food.

The alcoholic is likewise exposed to the sight, smell, and taste of alcoholic beverages on the one hand and to the action of a nauseant drug on the other. The result is similar to that if you ingest tainted oysters and become violently ill; no matter how fond you were of oysters before you got sick, you won't care for them after that.

This reflex action is called "conditioned reflex" and is apt to fade out after several months, if it is not reinforced by protective follow-up treatment. 6

Before the patient is allowed to take this treatment he is given a physical examination, including an electrocardiograph. This is important, as the treatment involves a period of six weeks, and during this time the patient may lose weight and be under great physical and mental strain. Each patient must now remain in bed for four weeks after the initial treatment sessions because of the effects of the emetic on the muscular system.

6 Joe. Thimann, Mental Hygiene in the rehabilitation of Alcoholics, p. 1
One important aspect involved in this therapy is the protective environment that is provided by the hospital. Follow-up is maintained through a club of patients who have taken the conditioning treatment. This club meets twice a month and patients who are not able to attend are encouraged to keep in contact with the club via letter writing.

II. Fees

The hospital makes every effort to arrange financial obligations of the patient so that no person is refused treatment for inability to pay. It is believed that a patient's ability to take care of his own financial obligations for treatment and hospitalization enhances the value of the treatment for the patient. Dr. Thimann comments on this when he says:

We see the alcoholic patient, like others who seek help that involves a change of behavior patterns, offering resistance to treatment through imagined inability to pay. The important point here is that the patient not be allowed to accept "gifts" from well-intentioned employers, relatives, or friends, thus avoiding an investment of himself in the treatment. This tendency to slide out of responsibilities that require planning ahead and sacrifice is especially marked in the alcoholic patient. We have found that he learns to change his pattern by taking, within his capacity, a maximum responsibility for his own treatment, step by step.7

The hospital rates are flexible in order to fit the capacity of the patient and his relatives to pay. Arrangement

of financial matters is part of the function of the Social Service Department, under the supervision of the hospital director.

I. The Out-Patient Department

The hospital retains psychiatrists and physicians for those patients who desire treatment, but are unable to remain in the hospital due to financial or other reasons. When a patient selects this method of treatment, a member of the Social Service Department assists him in making the necessary arrangements.

J. The Social Service Department

The department director, Miss Gladys Price, has summarized the function of social service as follows:

But the patients, and even their families, will testify that dedication to a plan is one thing and the realization of their goal is quite another; for the road to successful rehabilitation of the alcoholic patient is beset by bumps and rough spots, both real and imagined. It is the task of the social worker to help the patient over these disturbances to treatment, be they financial deprivations, unemployment, or marital discord. And the way in which the social worker helps must be in accordance not only with the treatment plans of the physician, but with those of other social agencies and employers as well, all of whom are in close contact with the patient and his family.

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8 About the Washingtonian Hospital, 1951, p. 4.

K. The Social Group Work Department

The Social Group Work Department came into being in the summer of 1951 with Mr. Aaron Sacks as its director. Initially its main purpose was to provide diversional groups to allay the boredom of institutional routine and to bring in some vestige of societal life which is missing in institutions, through various recreational activities and by providing a conducive setting for the establishment of positive relationships among the patients.

At present the program of the Social Group Work Department provides the following activities for the patients in the hospital:

1) Group meetings to give the patients a picture of the hospital and its services. At these meetings the patients are given an opportunity to ask questions and to discuss the various treatments offered by the hospital. These meetings serve as vehicles of socialization in which the patients become better acquainted.

2) Discussion groups, where in the main alcoholism and other factors connected with it are discussed by the patients.

3) Projects, such as painting of toys to provide the patients with something constructive to do in their spare time.

4) Crafts and recreation games.
5) Reading matter.

A social group work program for out-patients is at present in the planning stage.
CHAPTER THREE
CONCEPTS OF SOCIAL GROUP WORK

Social group work in comparison to other fields is relatively young. As a field of the profession of social work it has only come into its own within the last seventeen years. At the National Conference of Social Work in 1935 the field was given national recognition when for the first time its basic aims and methods were in general accepted.¹

Social group work has always maintained that the group experience is a social force through which individual growth and development take place, and also through which some societal growth and changes are accomplished.

Social group work is a process and a method which individuals and groups...are helped by a worker to relate themselves to other people and to experience growth in accordance with their own needs and capacities. In social group work the group itself is utilized by the individual with the help of the worker as a primary means of personality growth, change, and development. The worker is interested to bring about individual social adjustment for the group as a whole as a result of guided group interaction.²

Inasmuch as many of man's needs are met through his associations in groups, there appears to be good reason to

¹ Virginia M. Burns, "A Study of the Group Experiences of Children with Limitations Due to Illness", Boston University School of Social Work, p. 6
suppose that either inadequate participation or no participation in these groups that aid an individual in meeting his needs (socially acceptable groups) will bring about frustration and eventually various symptoms and problems that are concomitant with frustration.

- It must be fairly apparent that without group stimulation, direction and reward, there will be a falling off in the exercise of the usual social activities unless special circumstances intervene. Activities and group membership and reduction in utilization of cultural behavior, do not change the fact that the human being has needs. It is this factor, acting in conjunction with that of reduced group membership and that of reduced activation of socially acceptable ways, which underlies the statement that excessive drinking would not be a surprising adjustment for the person of slight social participation.

Gradually, the realization that this method is a potent tool which can be utilized to help in individual adjustment has gained added recognition in recent years. For approximately thirty years such activities as music, drama, dance, crafts or games were used as a part of treatment in many hospitals and clinics. Not until recently has increasing recognition been given to the conscious use of group relations for treatment.

A. Social Group Work and Therapy

In recent years the term group therapy has been used

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4 Grace L. Coyle, Group Work With American Youth, p. 17.
to an ever increasing extent. The definition of the term is not clear. Psychiatry in particular has used this term to describe the various ways that it has utilized the group setting.

According to S. R. Slavson, Director of Group Therapy, Jewish Board of Guardians, who was among the first exponents of group therapy with children, the chief and common value of the group setting is that it allows for the acting out of instinctual drives, which is speeded up by the catalytic effect of the members in the group. In the group setting the member feels less threatened and support is secured from one another. As a result of this atmosphere the release of problems by the patients is facilitated, and therapy speeded up.5

Therapy in a broad sense always means a helping process in regard to some kind of illness. Inherent in any therapeutic work is the "repair job". Based on these two definitions, can we say that group work can be therapeutic, that it has its place in therapeutic settings?6

According to one explanation of group therapy it is:

...group work specifically and consciously planned as therapy with a background of theory and a body of practice which has been studied objectively, at least to a degree, and where the dynamic role of the group as such is the important therapeutic tool.7


special relationship between group therapist and members of the group.9

When a patient participates in a group it makes it possible through observing him in the group to become aware of his reactions in certain situations. If need be the patient could be referred for individual help. These observations are rarely possible during individual therapy because there is no yardstick of social adaptation against which the individual can be measured.10 Then the group has a recreational, therapeutic and diagnostic function.

C. Basic differences between the Ordinary Club Group and a Therapeutic Group.

There is a growing belief that the method of social group work can be used in whole or in part with groups designed or brought into existence for different purposes, when the groups are deliberately formed to meet the recognized needs of the individuals. It should be pointed out though that social group work per se, is definitely limited in the needs of individuals that it can meet. This limitation is due primarily to the method's area of concentration and consequently the social group worker's training.

In general, group workers are interested in furthering the social adjustment of the individual, and in developing the social consciousness of the


Group. They believe that personality development and growth come from mutually satisfying experiences among people.11

Although the social group-work method can be utilized by the social group worker in his handling of various types of groups, the specific application of the various elements of the method differs, depending on the nature of the group and the situation in which he finds it.

The basic difference between the ordinary club group and the therapeutic group is in the individuals that make up these groups. In the club group the members are usually and on the whole normal individuals, while the therapeutic group's membership is made up of individuals who are out of adjustment with life due to mental or physical aberrations.

A therapeutic group must give each individual security, status and acceptance, release the blocking to expression and free him of fear of relationship. The elements which make this possible in a therapy group are: (a) respect by the worker of the individuality of each member; (b) absence of rejection and persecution by other members; (c) consistent positive attitude by the worker; (d) emphasis upon the constructive rather than the negative in achievement and social status; (e) substitutes for the lack of gratifications in earlier life.12

The therapy group is recognized and characterized by social mobility while the ordinary club group is usually more rigid in its social structure.

11 Harleigh B. Trecker, Social Group Work—Prin. and Practices, p. 16

Disturbed persons need groups of social mobility where they can feel free and develop relationships at their own pace. It is this basic dynamic that makes therapy through a group possible. A therapy group is one of social mobility (not social fixity as in the ordinary club group where the individual must adjust to a predetermined pattern) in which an individual is able to fit because he is permitted to act out freely, to discharge his feelings and to display his attitudes; nor is he expected to modify his actions or language.13

F. Group Therapy with Alcoholics

Reporting on group therapy with alcoholic patients, Raymond G. McCarthy states the objectives as:

1) To stimulate the patient to understand that his problem is not unique and to encourage the elimination of the defensive wall of isolation. In short to develop a capacity for objectivity about his emotional difficulties.

2) To facilitate an intellectual grasp of the problem of alcoholism as it involves (a) the concept of an individual and a social pattern of behavior and (b) the dynamics of the personality which appears to underlie the excessive use of alcohol.

3) An emotional release through insight and group participation with others who are soon recognized as having similar reactions to emotional situations and mechanisms, and who are striving to adjust their lives on a basis of sobriety.14

The general plan utilized by McCarthy for each meeting involved the presentation by the group leader of a topic relating to alcoholism per se, or to some factor of the personality, or to the inter-relation of one with the other. The

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material presented by the leader was offered in an informal manner, in simple terms, and with a positive attempt at maintaining interest. It is McCarthy's impression that by intellectualizing some of the fundamental characteristics of the alcoholic problem a considerable reduction of accumulated guilt is achieved. He states that the application of the term group therapy with alcoholic patients that he wrote on, is perhaps a misnomer. It is his opinion that it would be more accurate to characterize the program as "therapy in a group."15

15 Ibid., pp. 102-106.
CHAPTER FOUR

THE STUDY OF TWENTY ALCOHOLIC PATIENTS

A. Introduction

In particular, the writer was interested in knowing what the group experiences of these patients were prior to problem drinking, close to the onset of problem drinking, after problem drinking and in the hospital group. In addition, the writer was also interested in such factors as: age, physical and mental status, educational status, employment status, marital status and drinking status, especially as these relate to the patients' group experiences.

B. The Patient Studies

It should be pointed out that the patients studied are a fairly good cross section of the patients that enter the Washingtonian Hospital. Those patients that disclosed gross bodily and especially mental aberrations were not studied. Of the patients studied sixteen were male and four were female.

Table I

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
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<tr>
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</tr>
<tr>
<td>36 - 40</td>
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<tr>
<td>TOTAL</td>
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</table>
This table reveals that the highest percentage (40.0 per cent) of patients studied ranged between the ages of forty-six and fifty. The median age was forty-seven years.

Dr. James Smith in an address delivered to the Research Council on Problems of Alcohol in 1947 stated:

The peak incidence of true alcoholism is in the early 40's.1

The median age computed by the writer from the data in Table I varies in some degree with the figure prepared by Dr. Smith. One reason for this discrepancy could possibly be attributed to the small number of patients studied.

Table II

<table>
<thead>
<tr>
<th>School Level</th>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>20</strong></td>
<td><strong>100.0</strong></td>
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Table II reveals that of the twenty patients studied, one-half attended high school or college and the other half attended grammar school.

The estimates of the United States Office of Education concerning the amount of education possessed by the 75,216,000 persons of twenty-one years of age or over in 1940

1 James J. Smith, *The Medical Approach to Problem Drinking*. 
indicated that 65 per cent of these citizens had no high school education at all; and only 14 per cent had a high school education or better.  

In comparison with the above data, the majority of the patients studied were above average in educational attainment.

Table III

<table>
<thead>
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<th>Marital Status</th>
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<td>Divorced</td>
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<td>Widower</td>
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<td>Widow</td>
<td>2</td>
<td>10.0</td>
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<tr>
<td>Separated</td>
<td>2</td>
<td>10.0</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>20</td>
<td><strong>100.0</strong></td>
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</table>

In Table III the largest per cent (35.0 per cent) are the married patients, but those patients that have had marital difficulties (30.0 per cent) almost equal it. It is noteworthy that ten of the patients who were at one time married are now without the benefit of this association.

Few are those who have not heard that excessive drinking is the cause of a large percentage of divorces and separations. The fundamental error in thought in this proposition is the age-old tendency to think that because one event precedes another, it is necessarily the cause of the later event. In the present instance a more reasonable explanation would be that both marital discord

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and excessive drinking are products of a complex of social and psychological factors. That each symptom aggravates the other is obvious.3

Eighteen of the patients had the customary childhood diseases with no major surgical diseases, and with no history of hallucinations, psychosis, convulsions or neuritis. One patient had sustained a severe broken leg, while another patient suffered a brain concussion and lost his left eye as a result of being hit by a lead pipe.

For ten of the patients this was their first admission to the hospital. Two of these patients had been admitted to other institutions as a result of their excessive drinking. One patient had been admitted four times, three six times, one seven times, and for one patient this was his thirty-ninth admission to the hospital. The average number of admissions to the hospital for the twenty patients studied was approximately five.

Table IV

<table>
<thead>
<tr>
<th>Years of Excessive Drinking of Each Patient Studied</th>
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<tr>
<td>Years of Excessive Drinking</td>
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<tr>
<td>20</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>

This table reveals that the majority of patients have been drinking excessively from one to five years (55.0 per cent) while six patients drank excessively from six to twelve years. Only one patient has been drinking in excess over twelve years. The average number of years that this group has been drinking excessively is approximately six years.

C. The Patients' Group Experiences

In that period prior to problem drinking, or the time extending from childhood up to a point when their drinking gave no indication of possible trouble, although there was a wide variance in the degree and range of participation in acceptable groups by the patients, it can be said that at this time all twenty patients were actively participating in such groups to some degree. By socially acceptable groups the writer is referring to those groups where a person has an opportunity to gain satisfactions have needs met and within
which one can participate in socially acceptable ways. The amount of satisfaction derived from such associations vary from patient to patient. Sixteen patients expressed the feeling that they had been influenced by their group associations in acquiring excessive drinking habits. Four patients believed that they were not influenced to any extent by their group associations.

At that time close to the onset of problem drinking, or that time closest to the point where problem drinking seems to have started, although again there is a variance in the degree and range from patient to patient, seven patients actively participated in some degree in socially acceptable groups while thirteen became limited in their participation in groups. The seven patients who actively participated did derive satisfactions while the thirteen who were limited in their participation derived only slight satisfactions. Of the thirteen patients who had participated in a limited fashion in socially acceptable groups, eleven of them became more active in unacceptable groups such as groups in taverns. Two of the patients who became limited in their participation in acceptable groups gradually began to isolate themselves from affiliation with all groups.

During this period close to the onset of problem drinking all but two of the twenty patients had traumatic experiences such as the death of a spouse, or the death of a
mether in the case of the single patients, employment problems, marital difficulties, personal or emotional problems and the failure to adjust to new situations. Two of the patients who had lost contact with socially acceptable groups again attempted to utilize socially acceptable groups.

After problem drinking had begun only one patient was able to remain fairly active in socially acceptable groups. This same patient was the only one who was able to derive satisfaction from participating in socially acceptable groups. Two patients attempted to become affiliated with socially acceptable groups at this time while seven patients withdrew from any type of social participation and ten of the patients became active in their participation in non-acceptable groups. For all the patients at this time, excepting the patient who remained active in socially acceptable groups, there was a gradual decrease in social participation as the amount of alcohol consumed increased.

D. The Patients in the Hospital Groups

With the exception of one, all the patients participated actively in the hospital groups. Nineteen patients, as indicated by their enthusiastic participation or in some cases the attentiveness they displayed in following discussions, were receiving some degree of satisfaction from this experience.

Nineteen of the patients interviewed seemed to indicate, by the whole-hearted way that they entered into and
participated in the groups, that they were in need of or "starved" for this experience.

E. Patients Studied in Four Groups

It was found that all twenty patients could be grouped under four classifications. The writer has selected one patient which seemed to be most representative of each group for presentation in this chapter.

The patients have been grouped on the basis of their participation in socially acceptable groups prior to, close to the onset, and after problem drinking. In addition, their participation in the hospital group has been taken into consideration in forming the following four classifications:

**Group I**

Group I is made up of twelve patients who actively participated in socially acceptable groups prior to problem drinking, were limited in their participation in these groups close to the onset and after problem drinking, but were active in their participation in the hospital group.

**Mr. A.**

This patient is a veteran of World War II whose life went along quite normally up to the time he was inducted into the army. Mr. A. had many group associations prior to his induction, but on his release from the Army came home to find the "old gang" split up. While in the service he began to drink heavily which he carried through on his return home. Five
months after being discharged from the Army he was married. At present he has two children, but there are problems connected with his family life and he is also beset by personal problems.

Mr. A. is thirty-two years of age and works as a stock worker in a factory. He graduated from high school and has had the customary childhood diseases with no physical or surgical diseases. There is no history of hallucinations, psychosis, convulsions or neuritis. This is the patient's first admission into the hospital and he has been drinking excessively for one year. Mr. A. makes friends easily, enjoys sports and belongs to a veterans' and a labor organization.

The group experience of this patient prior to problem drinking was one in which he was active in socially acceptable groups whose main emphasis was on sports. Mr. A. did derive satisfactions from affiliation with these groups and he evidently thought a great deal of these associations. This patient felt that he was definitely influenced in acquiring excessive drinking by his group associations, especially these while he was in the Army.

Mr. A.'s group experience close to the onset of problem drinking is marked by limited participation in socially acceptable groups with only slight satisfaction being derived from these group affiliations. At this time he began to become active in non-acceptable groups (drinking groups in taverns) after failing to utilize successfully an acceptable
group to any extent (V.F.W.). At this time Mr. A. began to have personal problems connected particularly with his family life.

In the group experience of this patient after problem drinking there was slight participation in socially acceptable groups with little, if any, satisfaction derived from these affiliations. Mr. A. practically had a complete change from association with socially acceptable groups to the association with non-acceptable groups. During this period the patient managed to remain fairly active in his participation in the socially non-acceptable groups, but gradually his participation in these groups decreased as did any satisfactions that he obtained from such associations. It is noteworthy that especially at this time as Mr. A.'s drinking increased his social participation decreased.

When Mr. A. was in the hospital group he actively participated in all activities and apparently from the enthusiastic and energetic manner that he participated did derive some satisfactions from this experience. Here is an individual whose contact with socially acceptable groups in which many of his needs, etc., are met is disrupted.

There is a picture of disruption in social participation with concomitant result of inadequate social integration. A poor familial situation seems to intensify the problem along with the gradual decline in social participation partly due
to excessive drinking and loss of contact with the "old gang".
Along with the other rehabilitative helps Mr. A. needs help
in again becoming adequately socially integrated through the
affiliation with socially acceptable groups where he can gain
satisfactions and also have some of his needs met. The as-
association with such a group will also help him over that
period when other rehabilitative measures are operating. In
this case, as like many of the others in this study, it seems
plausible that association with an acceptable group during the
patient's rehabilitation will serve as a substitute in which
the patient will have opportunities to gain satisfactions and
have needs met until that time when he is able to obtain
again satisfactions and have needs met outside of the "help-
ing situation" and in the normal way:
Discussion on Group I

One very interesting feature about this group is
the limited participation of the patients in socially ac-
ceptable groups close to the onset of problem drinking. It is
thought this limited participation sets the stage for the en-
trance of other factors, such as personal problems, traumatic
incidents, etc., that seem to give the final shove into pro-
blem drinking. It is difficult to ascertain whether the
patients in this category become limited in their participa-
tion during this period because of increased drinking and the
association with groups formed purely to drink, or was this
limited participation due to other circumstances?

Although all the patients in this group actively participated in socially acceptable groups prior to problem drinking, the degree of acceptability of these groups is low. The patients in this group stuck with the same group from childhood, but it invariably seems that as the group grew older, at least one segment engaged in drinking to some extent and the patients became affiliated with this segment. Thus, a group that at one time could be considered socially acceptable, later became socially unacceptable. This may be part of the explanation why many of the patients in this group were limited in their participation in socially acceptable groups close to the onset of problem drinking.

The loss of active participation in socially acceptable groups close to the onset of problem drinking for the patients in this category may have come about also because of natural loss of contact as with the older patients who understandably became more involved in their families. With the loss of this contact in conjunction with traumatic events like the loss of family connections due to various causes, the patient finds himself without affiliation with that group which could possibly ease the situation. A patient in these circumstances finds himself inadequately integrated socially and many times attempts to remedy this situation by association with non-acceptable groups, such as drinking groups. Not that
the patient turns to non-acceptable groups intentionally, but possibly these were the only groups that he was able to make contact with (drinking groups in taverns). This same chain of events could take place also with these patients whose affiliation with acceptable groups was broken because of the disintegration of the group due to natural causes such as the growing up of the members.

Group II

Group II is made up of six patients who actively participated in socially acceptable groups prior to and close to the onset of problem drinking, were limited in their participation in socially acceptable groups after problem drinking, but active in their participation in the hospital group.

Mrs. C.

This patient is fifty-eight years old, is divorced and has four sons, all of whom are married. Mrs. C. has been living alone although at various times has attempted to live with one of her sons, but was unable to get along with her daughter-in-law. This patient graduated from high school and had many social contacts prior to her divorce, but since the divorce has lost these contacts either wilfully or due to circumstances.

Mrs. C. has had the customary childhood diseases with no history of hallucinations, psychosis, convulsions or neuritis. This was her first admission to the hospital.
derived very little satisfaction from what contact she did have with socially acceptable groups.

While in the hospital Mrs. C. was very active in the group and took a leading part in projects. She verbally expressed her satisfaction in participating in this group. Mrs. C. carried out various projects when the writer was present and seemed to derive more satisfaction as she became more involved in the group's activities. From the manner in which this patient participated, it left little doubt about her need for participating in a group where she could derive satisfaction and have needs met.

Although this patient managed to remain active in socially acceptable groups up to the time of problem drinking, she is socially inadequately integrated at present. With the loss of her family due to divorce and the marriage of her children, this problem is magnified. This loss of familial support intensifies the importance of her participating in a socially acceptable group during rehabilitation. It could be said that such a group could serve as a "family substitute" for this patient. Because of her age Mrs. C. may need help in becoming affiliated with a socially acceptable group since most likely she has lost contact with such groups.

Being a woman alcoholic evidently brings on greater condemnation from society than it does for the male alcoholic, and thus Mrs. C.'s isolation when drinking seems explainable.
Keeping this in mind, it would appear then that in order to
help this patient again to become adequately integrated
socially, it might be more difficult than in the case of the
male alcoholic.

There are six patients in this group and on the
whole their group experience history is similar to Mrs. C.'s,
that is, they were active in socially acceptable groups prior
to, and close to the onset, but limited after problem drink-
ing, and again in the hospital group.

Discussion on Group II

In comparison to Group I, the patients in this group
on the whole seem to have been active in socially acceptable
groups prior to problem drinking that could be considered more
acceptable than those groups the patients in group I were ac-
tive in. This may be the reason that the patients in this
category were able to remain active in socially acceptable
groups close to the onset of the drinking problem, while the
patients in group I could not. In conjunction with this, the
influence of groups on the patients' excessive drinking pat-
terns seems, for the most part, to be absent from this category.

As in group I, the effects of traumatic events ap-
parently play an important part in precipitating problem drink-
ing. There was a higher degree of education attained by the
patients in this group as compared with group I. In group I
the average number of years of education was 10.4 years, while
in group II the average was 12.0 years. This may have something to do with the tendency of the patients in this category to withdraw from socially acceptable groups after problem drinking, but not to affiliate with non-acceptable groups in the degree that the patients did in group I. Perhaps this group could be termed as a higher social group than group I, thus partially explaining the differences in their group-experience histories.

It is interesting to note, that although the patients in this group were able to remain adequately socially integrated for a longer period of time than those in group I, they also were inadequately socially integrated, although possibly not to such an intense degree, as were those patients in Group I, at the time of their group experiences after problem drinking.

**Group III**

Group III is made up of one patient who was active in her participation in socially acceptable groups prior to, but limited close to the onset and after problem drinking. The patient in this group was also limited in her participation while in the hospital group.

**Mrs. S.**

This patient is forty-two years old, is married and has two children. Mrs. S. was graduated from grammar school and worked in a factory prior to her marriage. The patient has had the usual childhood diseases with no history of
hallucinations, psychosis, convulsions or neuritis. This is her first admittance to the Washingtonian Hospital, but she has been admitted to other hospitals in the past. Mrs. S. began to drink when she was twenty-two years old, and has been drinking excessively since 1945.

Mrs. S.'s group experience prior to problem drinking was one of fairly active participation in socially acceptable groups with a considerable amount of satisfaction derived from these associations. Apparently her group affiliations at this time affected her drinking pattern negligibly.

Close to the onset of problem drinking this patient's group experience was one of limited participation in socially acceptable groups with little satisfaction derived from these associations. At this time, primarily due to moving to a new locality the patient had very little social participation, and evidently made no attempt to utilize a socially acceptable group.

After problem drinking the patient became extremely limited in her participation in socially acceptable groups which was aided by the lack of social contacts, partly caused by moving to the new locality. In much the same way as Mrs. C. in group II, Mrs. S. began gradually to isolate herself from all social participation as the amount of alcohol consumed grew.

When this patient was in the hospital group she seemed content to sit back and listen during the discussion
meetings and although sociable, appeared unable to participate actively. She did play cards and engage in conversation with the other patients, but to no great degree. Mrs. S. did follow the discussions carefully and verbally expressed her enjoyment in "listening" to the other patients revealing their ideas and problems. The attentive manner with which this patient particularly followed the discussion meetings and her verbally expressing her enjoyment, etc., of being present in the group seems to point to her need for such an experience.

Mrs. S. is socially inadequately integrated with little or no participation in socially acceptable groups. More so than most of the other patients Mrs. S., as shown by her limited participation in the hospital group, may need more help in participating in socially acceptable groups. As an adjunct to individual treatment, participation in an acceptable group by this patient during her rehabilitation should enhance her chances for rehabilitation.

Mrs. S. was the only patient to fall into this group out of the twenty patients studied.

Discussion on Group III

The differentiating characteristic of this group was the inability of the patient to participate actively in the hospital group. Although the patient was limited in her participation she was actively present and seemed to gain a great deal from what went on. In comparison with the patients
in the other groups this patient's behavior in the hospital
group can be termed as limited. Being a woman with all the
feelings that she must have about her drinking problem, and
also being in a group made up predominantly of men, might con-
ceivably have some bearing on her desire to listen to the
other patients and not contribute.

In many respects this group is much the same as
group I with much the same group experience history which is
found in that group prior to the hospital experience.

Group IV

Group IV is made up of one patient who actively
participated in socially acceptable groups prior to, close to
the onset and after problem drinking, and also actively
participated in the hospital group. This patient was also
able to abstain for long periods of time.

Mr. G.

Mr. G. is forty-nine years old, is married and has
one child. This patient was graduated from grammar school
and works as a tire repairer. He has had the customary child-
hood diseases with no history of hallucinations, convulsions,
psychosis or neuritis. This is the patient's first admission
to the hospital. Mr. G. is happily married and is an active
member of a fraternal order.

This patient is able to abstain from drinking for
long periods of time which has apparently done the most to
differentiate his history from the other patients studied.
Mr. G.'s group experience prior to problem drinking was one of active participation in socially acceptable groups with a great deal of satisfaction derived from participating in these groups. While not too clear, it is fairly definite that Mr. G's drinking pattern was influenced by the groups that he was affiliated with.

This patient's group experience close to the onset of problem drinking was one of active participation in socially acceptable groups with satisfaction being derived from such associations. Mr. G., on the whole, remained socially integrated and had many social contacts. At this time there were not, evidently, any other factors entering in that might have played a part in his becoming addicted to alcohol.

After problem drinking, this patient's group experience was radically different from the other patients. Mr. G. remained active in socially acceptable groups and did derive satisfaction from these groups. There was no evident movement from acceptable to non-acceptable groups or isolation. In addition this patient for the most part was able to participate socially in a normal fashion. This patient's drinking bouts were widely separated and the amount of alcohol consumed remained fairly static. There also was no noticeable decrease in social participation.

While in the hospital group Mr. A. was active and sociable and did seem to derive some satisfaction from this
experience although he did not display such an overt need for this experience as did the nineteen other patients who were studied. His behavior in the group would give one the impression this experience was nothing new.

Out of the twenty patients studied Mr. G. was the only one who managed to remain adequately socially integrated despite his addiction to alcohol. The question arises whether this patient will remain adequately socially integrated as time goes on. If he is able to continue utilizing acceptable groups and his addiction to alcohol does not grow worse, he might remain socially integrated. Certainly, this patient can use individual aid and his belonging to a guided group might give him a better chance to be rehabilitated. Mr. G.'s need for a guided group experience is not so pronounced as most of the other patients in this study, but there does seem to be some need for this experience, especially as an adjunct to individual treatment.

Discussion on Group IV

There are two factors not so evident in the other groups that may well be the reason for Mr. G. being able to participate actively in socially acceptable groups. These factors are his happy married life and his ability to abstain for months at a time. The long abstinence periods allow him to repair the breaks in social integration that may have taken place during the spree and remain an active participant. Possibly this patient's happy home life has a great deal to do
with his long periods of abstinence, thus enabling him to remain adequately socially integrated.

F. Summary

A common factor in the group experiences of these twenty alcoholic patients was that they all actively participated in some degree in socially acceptable groups prior to problem drinking. This is noteworthy although the patients in group I were not participating in groups that were as acceptable as those patients in group II, III and IV. It might be implied from this, since these patients in groups II, III, and IV also disclosed that they were receiving satisfactions from these associations, that this group of patients at this time could be termed "socially competent" and adequately socially integrated. Closely aligned with this active social participation is the influence of the group in the development of excessive drinking habits, or more correctly the introduction to alcohol through group participation.

In sixteen of the patients interviewed there are indications that at this time, prior to excessive drinking, the group initially plays a significant part in setting the stage for the addiction to alcohol. Not that there are not innumerable other factors coming to bear on the patient at this time, but it is interesting the manner in which the group influenced drinking habits of these sixteen patients.

Out of the sixteen patients who were influenced by groups, thirteen became limited in their participation in
socially acceptable groups close to the onset of problem drinking. Twelve of the thirteen patients who became limited in their participation close to the onset of problem drinking did begin drinking heavily.

Seven patients actively participated in socially acceptable groups close to the onset of problem drinking, but all of these patients eventually became problem drinkers. What is very interesting is that all these patients were adequately socially integrated at this time, while thirteen patients were not. In six of these seven patients there was a traumatic incident that was so shocking that the patient became inadequately socially integrated practically without choice. For the most part, these traumatic incidents were of a greater severity than those received by the thirteen patients who were already inadequately socially integrated.

The home is the basic social unit and a definite part of a person's social integration. Therefore, when there is a complete breakdown in this unit as occurred in six of these seven patients, it is not surprising that these six patients became inadequately socially integrated. Since six of the seven patients in group II became inadequately socially integrated due to traumatic incidents and then became problem drinkers, it gives some indications that point to the possible part that limited participation in socially acceptable groups plays in the addiction to alcohol.
The average age of the patients interviewed was forty-seven years old. This is especially significant because quite naturally a married person around this age is very closely connected with his family. It is possible that such a person has, through the years of married life, gradually lost contact with outside acceptable groups to some extent. Therefore, with the loss of the family due to death, divorce, etc., this person will have a more difficult time becoming affiliated with outside acceptable groups. Inasmuch as fifteen of the patients had either no family connections or poor ones does intensify their need for participation in socially acceptable groups.

One patient, Mr. G., managed to remain active in socially acceptable groups after problem drinking. This was due to his ability to abstain for months at a time, consequently he was able to keep active in his social participation. Mr. G.’s family connections remained intact and he was not beset by any traumatic incidents. Although a chronic periodic alcoholic, this patient was able to function a great deal more effectively than the other patients. This might be attributed to his remaining adequately socially integrated.

Evidently there is a reciprocal relationship between drinking and social participation because, of the twenty patients interviewed, all except Mr. G. became less active in their social participation as their consumption of alcohol
increased. In fact, seven patients withdrew from any type of social participation, ten became active in their participation in socially non-acceptable groups, and although two patients became affiliated with an acceptable group, they were unable to utilize this group effectively.

Except for Mrs. S., all of the patients were active and apparently derived some satisfaction from participating in the hospital group. Although there was a variance in the sociability of each patient, it is interesting that those patients, when not under the influence of alcohol, were able to participate socially as positively. It was as though they had reverted to that time prior to problem drinking where they all participated actively in socially acceptable groups. This may indicate the potentialities that these patients have for again becoming adequately integrated socially.

So far in this section the writer has brought out some of the significant factors gleaned from the studies of twenty alcoholic patients and some of their ramifications, especially the role that the group plays in the patients' becoming addicted to alcohol. In addition, the factor of inadequate social integration among the patients was brought out, and some of its possible influence on the addiction itself. Since this study is dealing primarily with determining the role and the application of social group work with alcoholic patients, the remainder of this section consists of a perusal
of the significant factors brought out from the group experiences that might possibly indicate the patients' need for and the role of social group work in their rehabilitation.

In the study of each patient, one section of the patient studies was devoted to analyzing the patient's group-experience history. This was done in order to come to some specific understanding as to what need each patient has for being affiliated with an acceptable group at this time. In all twenty patients interviewed there was a need for becoming affiliated with an acceptable group.

Possibly, the most significant factor that was indicated in the group experiences of the twenty patients is the picture of inadequate social integration that is clearly present in nineteen of the twenty patients interviewed. For thirteen of the patients the falling off in the participation in socially acceptable groups began at that time prior to problem drinking while six did not become inadequately socially integrated until after the time close to the onset of problem drinking. Only one patient was able to keep a reasonable contact with acceptable groups. Regardless of what circumstances, pressures that came to bear on each patient, which undoubtedly played an important part not only in the addiction itself, but also on the losing of contact with acceptable groups, there are definite signs that inadequate social integration is a significant factor in nineteen of the twenty patients.
Before proceeding any further, the writer would like to stress that other factors such as family life, employment picture, mental and physical status of the patient are recognized as going along and closely connected with what takes place in the group experiences of the patients. This study is primarily concerned with the group experiences of the patients interviewed. When there are factors clearly evident as being involved with the group-experience history and the addiction, the writer has brought these out as a means of bringing about a better understanding of the possible dynamics behind the group-experience history especially.

What are the ramifications of the faster of inadequate social integration or limited participation in socially acceptable groups? There seems to be a reciprocal relationship between alcohol and social participation in which limited participation in these groups where individuals are able to satisfy needs may lead, under certain conditions, to excessive drinking, and in turn the excessive use of alcohol apparently limits social participation.

Inebriety is thus seen to be a likely refuge for the person who is socially unoriented. This is not the only relationship of alcohol to social non-participation, however. The use of alcohol as the major or sole technique for the satisfaction of drives is utterly egocentric and this is a social if not antisocial in itself. It is a denial of that reciprocity in human life which is one of the essentials of group existence. If alcohol were used to further reciprocal activities, a social function could be served, but
if it is used only to avoid the activation of reciprocal operations, it is a socially dangerous phenomenon. 4

Due to the close connection between excessive use of alcohol and inadequate social integration, it is difficult to ascertain in the nineteen patients who exhibited inadequate social integration and excessive use of alcohol which followed what. In the case of thirteen of the patients there seems to be a combination of limited participation in socially acceptable groups along with the increasing heavy use of alcohol. In the case of three of the patients who were adequately socially integrated and then were subjected to severe traumatic events which contributed to their eventually becoming inadequately socially integrated. These three patients began to drink to excess following this. Three other patients actively participated in socially acceptable groups and at the same time were drinking to excess.

Since man is a gregarious and a sociable creature by nature, ostensibly at least, it would appear that in varying degrees for each person there is a need for social participation in acceptable ways in order for that individual to

function normally. Quite understandably then, if such acceptable social participation is missing, adverse consequences might result. Carrying this thinking into the realm of the alcoholic patients there have been indications, in the group experiences of alcoholic patients that were interviewed, of limited social participation and in some of the group experiences there seems to be a close connection between limited social participation and excessive drinking. Therefore, as a part of the rehabilitation of the alcoholic patient, along with the other services such as medicine, psychotherapy, and social case work that are offered at the hospital, it would appear that the patients should be also helped to become socially integrated. The above services are certainly contributing to the patient's chances of becoming adequately socially integrated again, but realistically it would appear that some of the alcoholic patients might need help in learning to participate in acceptable groups again, and also being helped into acceptable groups. Certainly the chances for a patient's successful rehabilitation would be enhanced if at the same time that he was receiving help from the other services at the hospital he was socially integrated or progressing toward that point.

It therefore seems quite valid to say that if some method can be employed, where there are indications that such help is needed, along with the existing services offered to the alcoholic patient at the Washingtonian Hospital to help
him participate in acceptable groups in order to become ade-
quately socially integrated again, such a method should be-
come operative in the light of the importance of adequate
social integration to the alcoholic patient. The social group
work method seems most suited to meeting this need.

Not only is social group work, as brought out by the
above description of the method, suitable to helping those
patients that are inadequately socially integrated and operat-
ing as an adjunct to the other services at the hospital, but
in addition it can serve as a diversionary tool to allay the
boredom of hospital life.
CHAPTER FIVE

APPLICATION OF SOCIAL GROUP WORK WITH ALCOHOLIC PATIENTS

A. Introduction

From this study, there are indications that social group work can contribute to the rehabilitation of the alcoholic patient. This contribution is based primarily on the alcoholic's need for participation in socially acceptable groups as brought out by this study. The group-experience history along with pertinent data secured from the patients' case records and other factors that came to bear on the patients, plus the nature of problem give some indications of the way that social group work can be applied with alcoholic patients.

B. Application in the Light of This Study

In chapter three of this study it was indicated how certain specializations outside of the field of social work have recognized the validity of the group work method and the values inherent in the group setting. These specializations have utilized the group-work method and have used it as a vehicle of service.¹ This is significant, since it is not only a recognition of the values of this method, but also points out the flexibility of the method. Other than serving as a diversional vehicle to allay the boredom found in the

¹ p. 15
hospital setting, as brought to light by this study, there are definite indications that social group work has a possible part to play in the rehabilitation of the alcoholic patient. Due to the emphasis on the group experiences of alcoholic patients in this study and the limitations of the social group-work method per se; in this restricted sense the writer will indicate the manner in which social group work can be applied to help the alcoholic become adequately socially integrated. Thus social group work will operate as an adjunct to individual treatment.

In the light of the significant factors gleaned from the group experiences, the nature of the sickness and other pertinent data secured in the patient studies, there does not seem to be any indication that would call for any basic changes in the application of social group work. The alcoholic patient's participation in the hospital group was in the main of a usual type, thus signifying to some extent that the alcoholic patients that were interviewed are able to participate socially. In comparison with the application of social group work in a social agency there is no essential difference in the role of the social group worker. Essentially there is no change in the basic application of the method either.

The role of the social group worker in groups sponsored for treatment is specifically defined in terms of the needs of the members, for in this situation the group exists only for the members, not for corporate achievements. Corporate achievements in a therapeutic group are
emphasized only because of their value to the members. The group as an entity has social value in that it rehabilitates individuals whose illness removes them from membership in groups that are working toward societal goals.

The social group worker who serves ill and handicapped people as one of a team of specialists with a primary focus upon treatment has occasion to need a more specialized knowledge of disease and injury, but his function remains unchanged. His contribution to the patient is that of helping him in his social adjustment through participation in groups. The team of which he is a part consists of all the specialists who are contributing to the treatment of the patients. In a hospital setting the team may include the doctors, nurses, case workers, occupational therapists, other specialized therapists, ward attendants, and any other persons concerned with rehabilitation of the patient. The key to successful treatment is the group achievement of the specialists. The relationship between the social group worker and the ill or injured person served in hospitals, clinics, and other medical settings, is essentially no different from that between the social group worker and any other group member with whom he works. The general principles governing this relationship we restate here, however, with emphasis on the factors of difference which illness creates.

The social group worker must understand each patient as a whole person, and not think of him merely in relation to his illness or handicap. Through this understanding the patient feels accepted as a person who matters to other people. This is not to say that the worker should ignore the illness or handicap, or try to act as if it were not an integral part of the patient's life; on the contrary, the worker makes every effort to understand what particular meaning the illness or the handicap has to the patient and he incorporates this meaning in his understanding of the patient as a whole person.2

The social group-work method should be applied with alcoholic patients with the realization that at the time of their admission to the hospital many of them are not socially integrated. Therefore, emphasis should be put on helping these patients to participate in the hospital group in order that they not only learn to participate in an acceptable group, but also to realize that they can gain satisfactions from this type of experience. Therefore, there must be an atmosphere of informality and friendliness in which the social group worker attempts to help the patients to participate actively. Put simply, the patient must be able to feel at home, and therefore the social group worker has the job of not only bringing into being such a setting, but also by guiding the interaction between patients to keep it that way.

Disturbed persons need groups of social mobility where they can feel free and develop relationships at their own pace. It is this basic dynamic that makes therapy through a group possible. A therapy group is one of social mobility in which an individual is able to fit because he is permitted to act out freely, to discharge his feelings and to display his attitudes; nor is he expected to modify his actions or language.3

In reference to the alcoholic patient's illness, the social group worker should allow for permissiveness especially when there is a group discussion centering on drinking, if he understands what meaning this has for the patient.

Inasmuch as an alcoholic is defined as a compulsive drinker, in this area he is like a child. That is, the impulse of drinking is not under control and repressions and inhibitions have not been established. Thus the alcoholic patient cannot differentiate between his impulse to drink and its control because of the compulsive nature of the addiction. In a way it can be said that the alcoholic patient is completely mystified by his addiction to alcohol and therefore any restraint or opposition exerted by the social group worker may only serve to bring to the fore resistance and hostility. This resistance and hostility drives the alcoholic patient deeper into his shell. When this takes place the therapeutic value of the group to this patient is greatly diminished. The reason for this is that

- the chief and common value of the group is that it permits acting out of instinctual drives, which is accelerated by the catalytic effect of the other members. There is less caution and greater abandon in a group where the members find support in one another and the fear of self revelation is strikingly reduced. As a result, patients reveal their problems easily, and therapy is speeded up. Defenses are diminished, the permissiveness of the total environment and the example set by others allow each to let growth decrease self-protective restraint.\footnote{C. Application of Social Group Work at the Hospital

In chapter three\footnote{C. Application of Social Group Work at the Hospital} a short description of the social group work program at the Washingtonian Hospital was given.

\footnote{C. Application of Social Group Work at the Hospital} pp. 23-24.

5 pp. 13-14}
In the main, discussion meetings serve as the primary means in which the social group work method is applied at the hospital.

The patients in this study were not all members of the same group, but due to the short time (two weeks) that patients are in the hospital, the patients selected for this study were taken from twelve groups. On the average these groups met four times and were made up of seven patients.

The application of social group work with alcoholic patients at the hospital is illustrated in a typical group discussion where, although of a pronounced transitory nature, the group is a combination of natural and farmed group. The reason for this lies in the fact that the patients are drawn together by the forces of the environment (institutional setting) and mutual interest (in general all are faced with the same problem), but at the same time the patients are stimulated by the promotional efforts of the social group worker to join the group. The group worker contacts each patient able to participate prior to the group discussion and invites him to the discussion.

Although at the typical meeting the discussion revolves about subjects pertaining to the patients' problem, the value of this type of meeting lies for the most part in the patients' participation in a social situation. If nothing else

6 See "Record of the Application of Social Group Work at the hospital", Appendix
is accomplished this is important, particularly in the light of this study. From the educational point of view, the discussion may be helpful to some of the patients in gaining more insight into their problem, but the main value of this type of meeting is the social value; that is, the patients being able to participate in an acceptable social setting, therapeutically speaking is of great importance inasmuch as many of the patients at the time of the discussion are inadequately socially integrated.

At the time that this study took place the social group-work method, due to various limitations, for example, the transitory nature of the group, was only partially accomplishing its goals although there are indications that the social group-work process was to some degree accomplishing results especially in providing the setting and the help for social participation by the patients. In the light of the findings brought out by this study, the social group-work method should particularly emphasize the application of techniques that will bring about social participation by the patients.

The record⁷ does reveal that the patients in the group discussion were able to participate. In this restricted sense social group work is involved in a very important part

⁷ Ibid, appendix
of the rehabilitation of alcoholic patients.

Essentially, the basic principles of social group work remain unchanged although at times they are accentuated because of the nature of the setting and the patients' illness. The group worker usually has to put emphasis on establishing a purposeful relationship with the group through which the group feels accepted by the group worker. This is important since the alcoholic has had little acceptance and understandably is quite suspicious about whether he is receiving acceptance from the group worker.

Therefore, there is no fundamental change in the application of social group work with alcoholic patients other than applying it in light of the illness and the way that it affects the alcoholic patient physically, emotionally and socially. In particular, social group work should be applied in a manner that will stimulate social participation by the patients in order to help them to become adequately socially integrated.
CHAPTER SIX
SUMMARY AND CONCLUSIONS

In this thesis, the writer has investigated the
group experiences and other pertinent data of a group of
twenty alcoholic patients. One chapter was given over to the
application of social group work with alcoholic patients, while
another dealt with the concepts of social group work which
apply to this study. In addition, a chapter was included that
gave a picture of the setting in which this study took place.
This was done in order to determine the possible role of
social group work in the rehabilitation of alcoholic patients
and the way that social group work can be applied with alcoholic
patients.

Three general questions were asked:

1. What have been the group experiences of
   the patients?

2. In light of the group experiences of the
   patients, what possible role can social
   group work play in their rehabilitation?

3. How can social group work be applied with
   alcoholic patients?

The most significant factor brought out by the
study, which is of paramount importance in regard to the ap-
pllication of social group work with alcoholic patients was the
picture of inadequate social integration evident in nineteen
of the twenty patients. In conjunction with this factor of
inadequate social integration was the apparent influence that groups had on the forming of excessive drinking habits. In close connection with this detrimental influence of groups was the interesting reciprocal relationship between excessive drinking and social participation. There were indications that in nineteen of the patients as they began drinking excessively, social participation decreased and conversely as participation in socially acceptable groups became limited for thirteen of the patients there are indications that the degree of drinking increased. These findings in particular and others help to establish the role of social group work in the rehabilitation of the alcoholic patient.

Specifically, the writer will first summarize the findings which answer the first two questions.

1. What have been the group experiences of the patients?

2. In light of the group experiences of the patients what possible role can social work play in their rehabilitation?

Implied within the group experiences are factors such as home life, occupation, and inner and outer pressures and circumstances that came to bear upon the patients.

From the study in chapter four of the group experiences of the twenty patients, four categories of alcoholic patients were observed in reference to their participation in socially acceptable groups prior to problem drinking, close to the onset of problem drinking, after problem drinking and
their participation in the hospital groups. This finding is important since it indicates that social participation by the alcoholic patients is not the same throughout the above stages, but in the final analysis the vast majority were limited in their social participation regardless of the differentiation in the group experiences up to a point. The final breakdown in the nineteen patients, in regard to their becoming limited in their participation in socially acceptable groups or their becoming inadequately integrated socially seems to be tied in with the relationship between social participation and the excessive use of alcohol.

This combination or relationship between social participation and excessive drinking and the inadequate social integration of the nineteen alcoholic patients points to possible help for the alcoholic patient, through participation in socially acceptable groups as an adjunct to individual treatment.

It would seem, remembering the relationship between social participation and excessive drinking that the patient who becomes adequately integrated socially would have a better chance of becoming rehabilitated than the patient who has received successful help from the other services offered at the hospital, but remains inadequately integrated socially. The active participation of nineteen of the patients in the hospital group seems to indicate the alcoholic patients'
potentiality to participate actively in socially acceptable groups.

Sixteen of the patients verbally expressed their feeling that their group affiliations definitely had something to do with their acquiring heavy drinking habits. Again it should be stressed that there are innumerable other factors, individual and circumstantial that play a part in the social participation and excessive drinking of the patients.

In the main then, the most significant factors in the group experiences of the patients studied were in connection with the relationship between inadequate social integration and excessive drinking, and the important part they play in the patients becoming addicted to alcohol. This information seems to indicate the need of alcoholic patients to utilize socially acceptable groups as an added help in their rehabilitation.

The writer will now apply the findings of this study to question three.

3. How can social group work be applied with alcoholic patients?

In chapter five the application of social group work with alcoholic patients was illustrated and discussed. Although in the light of the study of the group experiences of the patients it would seem that emphasis should be put on the helping of the patients to participate actively, more than would be required in an ordinary group. Other than this, there
does not appear to be any fundamental change in the application of social group work called for. Understandably there is some variation in its application due to the setting and the nature of the sickness.

One important aspect in the application of social group work with alcoholic patients is the realization that this method is only one of several that the patients are being exposed to in an attempt to rehabilitate them. Therefore, the social group work method has a role to play and should be applied with not only an understanding of that role, but also some knowledge of the roles that the other services have in the rehabilitation of the patients.

This study was conducted to determine what the possible role of social group work is in the rehabilitation of alcoholic patients. From this study there seems to be a role that social group can play in the rehabilitation of the alcoholic patient. This role, as indicated in the study, is not restricted to helping to allay the boredom of the hospital routine through recreational measures, although this is part of its job, but beyond this, as a member of a team, it can help the alcoholic patient in recovering or improving upon his former social skills in group life in order to become socially integrated.

Approved:  
Richard K. Comas  
Dean
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SCHEDULE

I Information from the patient's case record

A. Age

B. Physical and mental status

C. Educational status

D. Employment status

E. Marital status
   1. Number of children
   2. Relationship with spouse, etc.

F. Drinking status
   1. Number of admissions into the hospital
   2. Length, degree and type of drinking

G. Social status

II Information from the interview

A. Group experience prior to problem drinking
   1. Degree and range of participation in socially acceptable groups
   2. Satisfactions derived from association with other people
   3. Degree and range of association with other people
   4. Other factors that apparently contributed to increased drinking.
   5. Attempts made to utilize socially acceptable groups.

B. Group experience close to the onset of problem drinking
   1. Degree and range of participation in socially acceptable groups
2. Satisfactions derived from association with socially acceptable groups

3. Degree and range of association with other people.

4. Other factors that apparently contributed to increased drinking.

5. Attempts made to utilize socially acceptable groups

C. Group experiences after problem drinking

1. Degree and range of participation in socially acceptable groups.

2. Satisfactions derived from associations with socially acceptable groups.

3. Change in associations from socially acceptable to non-acceptable groups or change in utilizing the acceptable groups.

4. Degree and range of participation and satisfaction acquired from association with either an acceptable or non-acceptable group.

5. Affect of drinking on social participation

III Writer's observation of the patient in the hospital group

A. Group experience of the patient in the Hospital group

1. Degree and range of participation in the group.

2. Apparent satisfactions derived from associations with this group.

3. Indications in the patient's group behavior that point to his possible need for this experience.

IV Indications from the patient's group experience history that point to his need for and being helped to participate in an acceptable group.
Census: All the patients that the l. had contacted on 10-17-51, excepting Mr. R., are still in the hospital.

"Group Discussion"

A. Narrative:

When the l. entered the rec. hall for the group discussion Mr. R., Mr. S., Dr. M., Mr. G., Mr. B. and Mrs. L. were in the hall waiting for the discussion to begin. Mr. B. and the social case worker were playing pool, but seated themselves when the discussion began. Five minutes after the meeting began Miss N. joined the group. Approximately twenty minutes after the meeting began another case worker joined in. Therefore, there were seven patients present at the discussion and two social case workers.

All of the group sat within a five foot radius of the l. The discussion began with the l. informing the group that he would like to see the discussion go on very informally with everyone having a chance to speak. The l. asked the group if there was anything in particular that they would like to discuss. None of the patients gave any suggestions so the l. asked the group if they would like him to throw out a subject for discussion. The group assented to this so the l. stated the question, "Why do we drink?" Further developing this subject and to give the group something more definite to discuss he told them how certain eminent authorities in the field of alcoholism believed that people drank sometimes in an attempt to get away from the troubles of life, etc. The l. then turned to the group and asked them what they thought of this.

Mr. G. sat forward in his chair and said, "I disagree with that explanation because I drink for no apparent reason." Dr. M. in a way that showed he had weighed carefully what he was going to say said, "I began drinking to excess after I had moved my business from one city where I was extremely busy to a town where I had very little business and consequently a great deal of time on my hands, and it was during this time that I started drinking." Mr. S. indicated that
he had something to say so the 1. asked him what his ideas were on this. Picking his words slowly Mr. S. said, "I drink to drown out pain." "The pain gets so bad, especially when I am alone, that it drives me to drink." The 1. then asked Mr. S., "Do you think that part of your drinking is due to loneliness?" In a very determined way Mr. S. said that it was. With this a great many of the patients, especially the older ones, nodded their heads in agreement. (Mr. S. is suffering from a lung ailment and lives in a soldiers' home). Mr. E. then said, "That's right, I drink because of pain." (Mr. E. is afflicted with arthritis). (It is interesting to note before proceeding further that Miss N. and Mrs. L. sat next to each other and the two case workers on the periphery of the group).

The 1. then turned to Mr. R. and asked if he had anything to add to this. Mr. R. said that he did not think that he had any particular reason for drinking. Neither Miss N. nor Mrs. L. had anything to say. In an attempt to pull the above ideas together and to get a consensus of opinion that would also be thought provoking and helpful to these patients the 1. threw out the question, "From what we have heard do you think we could say that one reason why we drink is to get away from pain both physical and mental?" Mr. G. turned to the 1., sat forward in his seat and with a great amount of feeling said, "After listening to each persons' idea why he drinks and thinking about why I drink much more than I did when I first gave my reason, I can see more clearly why we drink like we do." Again a murmur of approval was heard to go through the group. The 1. waited for a few minutes to see if anyone else wished to say anything. Apparently none of the patients wished to comment on this further, but each patient appeared to be reflecting on what had gone on heretofore. The 1. turned to Dr. M. and said, "Doctor, in your work you use anesthetics don't you?" The Dr. said he did and the 1. continued by saying, "From your observation of patients under an anesthetic would you say in the main that it has the same affect on a person as alcohol does?" Dr. M. said "Yes" and went on to explain how it did affect the patient from the onset of the application of the anesthetic until the patient had lost consciousness. The 1., "Do you think that after what you have said Doctor that alcohol could be considered an anesthetic. Dr. M., "Yes, I believe you could. Mrs. L., "What you are saying then is that there is some connection between the use of alcohol and pain as the case worker brought
"There seems to be." Again there were signs of approval running through the group and one could almost feel the generating of feeling. Mr. B., "Years ago they used to give patients who were undergoing an operation liquor to put down the pain." This remark of Mr. B's. stimulated a great deal of kidding among the patients. Mr. S., "If that's the case, if we want to feel good all we have to do is knock ourselves over the head, and it's cheap too." With this comment of Mr. S. the patients began roaring with laughter and the L. could not detect a single member of this group who did not get a kick out of this. (Up to this point, in the discussion Miss N. did not have anything to say but she was intensely interested in what was going on and one had the feeling that she was preparing to break out of her shell. Per se Mr. R. did not contribute to the discussion but in a way he was actually in it because at times one could hear his grunt of approval and the way that he sat forward in his seat and followed the discussion closely it was evident that he was taking it all in.)

Referring to the connection of an anesthetic agent and alcohol Mr. G. said, "Say, that fellows, when I begin drinking I feel on top of the world, but as I continue I slowly get dulled and finally don't remember what's going on." In the familiar pattern that was exhibited throughout this meeting the group by and large nodded their heads in agreement. Up to this point, the meeting had been going almost one hour and there were no indications that the patients were anything close to tiring of the discussion. The case worker brought up the question that possibly people drank to excess at times to bring "pain" upon themselves or others. Mr. G. related that at times he returns home with only a couple of drinks "under his belt" and after his wife bawls him out he goes out and gets drunk. He concluded that maybe he was trying to "hurt" somebody. The L. agreed that this might be so and Mr. G. sat back in his chair as though he had just discovered something that he had never realized. Just about this time the case worker became embroiled in some subject with Miss N. which the L. thought important but since it did not bring in the group he will not relate it. At one point another case worker was very useful to the L. when he was able to give some information on the treatments at the hospital. This case worker so presented this information that it was an important contribution to the group discussion and kept the interacting process moving at the same time.
After the meeting had progressed approximately one hour and ten minutes Miss N. said, "I find this very interesting," and as though the meeting reminded her of her associations with A. A. she told about her experiences with this organization. Miss N. talked steadily for almost ten minutes but everyone in the hall seemed to be interested. One thing in particular the l. thought very interesting was when she told how she was so depressed when she was sobering up at the hospital and how she griped about everything. She said that she didn't realize what she was doing. The l. had the impression that she was trying to ask for forgiveness for her malbehavior. The l. told her that it was understandable why she acted the way she did. Miss N. then sat back and let Mr. G. tell how the A. A. had helped him. The l. asked Mr. G. if he thought that along with A. A. if one took the treatments offered at this hospital it would be of greater help to the alcoholic. Mr. G. indicated that he did not know. Miss N. asked the l. if the patients could have any information pertaining to the treatments given at the hospital. The l. told her that Dr. T. had informed him that he would be glad to answer any questions in this line and possibly this could be taken up at the next group discussion. Miss N. indicated that this would be fine by her. Before closing the meeting the l. asked the group how they liked this discussion and the consensus of opinion was that they enjoyed it a great deal. Possibly the patients' feelings about the meeting were summed up when Mr. G. said, "This meeting was better than three shots". The meeting lasted for one hour and twenty minutes.

B. Interpretation

1. Group

As indicated in the record, this group was a very stimulating one. The effect and counter-effect that ran through the entire meeting clearly points out the stimulating affect that the patients had on each other. The interaction which took place in this group had an emotional tinge to it. By and large the interaction and reaction went thus: from the l. to a patient among the patients and finally back to the l. who would shoot it back slightly, change to insure progress and a consensus of opinion. At the beginning the l. had to initiate participation, but as the discussion progressed the l.'s role as an initiator gradually lessened. A possible explanation of this process could be the l.'s inexperience in leading such a session and also in all
probability this was the first contact that the patients had with this type of group discussion. The subject discussed had a bearing on the enthusiastic participation by the patients. This in turn brings up the therapeutic value of this session to the group as a whole. With due reservation the l. believes that this meeting did contribute a great deal therapeutically even if one only limited it to giving the patient an opportunity to express his own ideas and feelings centering around drinking. Keeping this factor in mind, it might be said that this discussion could be classified as an activity catharsis because it gave the patients the chance to release thoughts and feelings. This group in particular has a need for inter-personal experiences and the narrative clearly shows that this did take place for many of the patients. The l. feels that the presence of the case workers contributed a great deal to the discussion because they were a resource that the l. could tap, but the question of the case workers role or any other staff member must be further worked out and understood before entering a meeting of this sort. This brings up the interpretation of the l.'s role.

2. Leader's Role

It seems that the group will gain much more therapeutically if the l. acts as a sort of a manipulator, a guiding hand that operates indirectly to pull the discussion together. Ideally, the l. through indirect guidance should help the patients express themselves (and thus their ideas and feelings) in such a way to release feelings and thoughts. Another step would be the indirect bringing of the ideas together in order that a gradual progress takes place and also that the patients themselves come to some understanding. This calls for an abundant amount of sensitivity of the l. to the feelings of the group at a given time and also the ability to sense the feelings of each patient during the meeting in respect to having the discussion fulfill the need of that individual at that time.

The sensitivity of the l. to the feeling tone of the group as a whole and also individually cannot be overstressed because without it the meeting would regress to the swapping of ideas only. The l. had the feeling that the patients at this meeting were by and large seeking that "something" which might help them. With this in mind the l. attempted to the best of his ability to help them find that "something". Keeping this in mind, it would appear that the l. although he may have
the answer, under no circumstances should bring it out, but "help" the patients find it themselves. By finding the answer themselves it calls for the mind to work and the emotions to operate. If they do find the answer with the "help" of the 1, it would understandably mean more. One can see the use of staff personnel in the light of this. Since the 1 is restricted "in the giving of the answer" because of his role in the group, the use of the staff as a resource or "a symbol of professional opinion" is very important. As mentioned heretofore an explanation to the staff member of his role in this situation should be carefully set down because it is not difficult to understand that instead of being a positive influence within the group discussion, unknowingly he could jeopardize the entire session.

3. Patients

(This section of interpretation will contain information helpful to the psychiatrist and the social service department. This section will not only contain interpretation from the narrative record but also added information and observations of individual patients that may be helpful).

(1) Mr. G.

This patient played a very active part in the discussion and seemed to get a great deal out of it. He expressed himself clearly and the 1. had a feeling that this patient was very sincere as indicated by his interest shown, and the way that he admitted that maybe there was "something" behind his drinking when he had previously stated that he drank for no apparent reason. Mr. G. was very interested in what each patient had to say and seemed to be the key figure in this group. His behavior in this group seems to indicate an individual who is able "to give and take". This patient seems to have formed a relationship with

(2) Dr. M.

The doctor's explanation why he drinks, while it may be partly true, seemed to be an intellectual maneuver by which he quite aptly avoided the real source of his drinking problem, thereby appeasing himself and all who are interested in helping him. The manner in which he expressed himself gave one the idea that "I know why I drink" but his confident manner seemed to belie his true feelings in this matter.
(3) **Mr. R.**

Mr. R. played a very passive part in this discussion. Although he was intensely interested, it seemed that much of it was entertainment for him. Outwardly Mr. R. appeared to enjoy this group experience and acted as though he had never been subject to such a thing before. There is a possibility that he would play a more active part if he had an opportunity to participate in this type of an experience again. Maybe this indicates that his past group experiences have on the whole been of a negative nature.

(4) **Mr. B.**

In general Mr. B. sat back and "digested" what was going on around him. When something would apply to him he would quickly verbalize this. Mr. B. was forthright in admitting that there was a connection between pain and his drinking. It seemed to the I. that this was merely an excuse for Mr. B., because the way in which he expressed himself seemed to smack of "I told you so".

(5) **Mr. S.**

Mr. S. played an active part in this meeting and seemed to thoroughly enjoy the whole experience. His feeling that loneliness might have something to do with his drinking is interesting and might be indicative of his present isolation.

(6) **Mrs. L.**

This patient played a fairly passive part in the meeting. It seemed to the I. that this patient was trying to impress the I. and thus therapeutically did not gain a great deal from the social interaction that took place within the meeting. Mrs. L. did follow the discussion closely and although she was not ready to commit herself at this time, she may have taken something worthwhile from the meeting. She sat next to

(7) **Miss N.**

Apparently Miss N. was confessing to the group and the I. when she disclosed her actions. Possibly she had guilty feelings about this and wanted to express them. It was very noticeable that she appeared more comfortable after the I. said he could understand why she
acted the way she did. It was easy to see that this patient had played an active part in the A. A. as indicated by the length and ease of her "speech".