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Social factors in drug addiction and their implications in casework.

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Boston University
SOCIAL FACTORS IN DRUG ADDICTION AND
THEIR IMPLICATIONS IN CASEWORK

A thesis

Submitted by
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CHAPTER I
INTRODUCTION

Purpose of the study.-- The general purpose of this study is to describe some characteristics relating to the drug addict population treated at the Washingtonian Hospital between the period October 1950 and October 1955. These patients were primarily hospitalized patients.

As this is the first study made at the Washingtonian Hospital on the subject of drug addiction, it has seemed appropriate to look at two major areas of investigation only, as preliminary to further studies on this subject.

1. A description of some background characteristics of this drug addict population and

2. An analysis of the areas in which the caseworker concerns herself in the treatment of these patients.

Scope of the study.-- The cases considered for this study were all those patients who were in treatment for drug addiction either as hospitalized patients or on an out-patient basis. Between the five year period of October 1950 to October 1955 there were a total of 33 patients admitted to the hospital for treatment of their addiction. This included 25 males and nine females. Only one patient, a female, was treated on an out-patient basis.

-1-
In the first part of the study, the whole population is considered in order to get a picture of the background characteristics of the drug addicts admitted to the hospital for treatment. In the second part, the writer deals with 20 of the 33 patients who had some form of casework service. The reasons for servicing 20 patients out of the total population will be related in Chapter V.

Although it would have been desirable to secure a larger number of patients in order to explore further the characteristics which these patients may have in common, this was not possible. It was difficult to reach this number as the hospital does not indicate the diagnosis of patients admitted for treatment in its registration book. It was necessary therefore, to rely on the memory of the medical director, social service director, medical residents, and to review the narcotic prescription books in order to determine which patients were drug addicts during this five year period. In view of this initial obstacle, it is the writer's understanding that the Administration of the hospital has taken recognition of it and will indicate the diagnosis in its registration book.

**Sources of data.**—The sources of data were as follows:

1. An analysis of the case records which contain "face sheet" information, medical records, and psychiatric and social service data

2. Conferences with the medical director and resident
physician

3. Conferences with the director of social service
4. Literature pertinent to the subject.

Limitations of the study.-- The study deals with a small number of cases in relation to the estimated total drug addict population in the country, and so its conclusions are applicable only to this group and are not to be generally applied to the nation's drug addict population. It is limited too, in its application to the casework service given within this particular hospital.

In some cases, the social service records were not adequate in their information which affects the writer's ability to use them for full exploration.

In addition, this study, as a first one, is limited to certain specific areas as outlined previously and it cannot investigate sufficiently the deeper dynamics of drug addiction nor evaluate the techniques of casework service rendered. This is not the intention of the student and cannot be because of her inexperience.

Methods of procedure.-- Each case record was studied for the information listed on Schedule A, Appendix. The records were then further analyzed and the data compiled as illustrated and related in tables and texts in Chapters IV and V.

Chapter II will give a theoretical picture of drug
addiction as derived from literature on the subject in order to provide a base for the understanding of the drug addict and the problems he presents. Chapter III will outline the setting of the Washingtonian Hospital and describe the treatment for drug addiction and the nature of casework service in the hospital. Chapter IV will present some descriptive background characteristics of the drug addicts and Chapter V will discuss the areas in which the caseworker functions in the treatment of drug addict patients as represented by the group under study. Chapter VI will present a brief descriptive summary of each patient who had some contact with the social worker directly or indirectly. The closing chapter, Chapter VII, will summarize the information gathered and present the writer's conclusions.
CHAPTER II

BACKGROUND ON DRUG ADDICTION

In the past several years, there have been sporadic outbursts of public concern as to the increased extent of narcotic use, particularly among adolescents. In 1952 Mr. Albert Deutsch/ made a survey of the narcotic problem. He reaffirmed prevalent statistical data, namely, that before World War I, it was believed that the number of American narcotic addicts was about 150,000, more than twice the present estimate. Since World War II, it is estimated that there are approximately 60,000 drug addicts, one-sixth of whom are teen-agers, found in the large cities predominantly, as New York, Chicago, Baltimore, and Philadelphia. Thirty years ago, about one-fourth of the total number, or 37,500 were teen-age drug addicts as compared to the estimated 10,000 teen-agers today. This does not mean that drug addiction is not a problem. It is, but it is not considered a major menace.

What is a narcotic?—Mr. Deutsch observes that a

"narcotic is a drug that produces sleep or stupor or relieves pain... Properly used for medically prescribed purposes, the narcotic drugs are a great boon to

1/Albert Deutsch, What Can We Do About the Drug Menace? Public Affairs Pamphlet. Number 186. September 1952.
mankind. It is in their misuse and abuse that narcotics are transformed from boon to bane..."

He describes the drugs as being divided into two groups; stimulants and depressants. The stimulants tend to excite the nervous system and keep the user awake. Drugs in this category are cocaine and benzedrine-type drugs. The depressants, or sedatives as they are commonly called, produce drowsiness and sleep. Among these are opium and its derivatives such as morphine and heroin. American addicts use morphine and heroin which are powders, sold in capsules or flat pockets. Heroin is the most toxic of the addicting drugs and its effects are considered so harmful that its manufacturing has been prohibited in this country. However, heroin is the most popular drug in use because it is more powerful than morphine and is more readily procurable through lack of rigid legal precautions in its import. Both morphine and heroin are most frequently used by sniffing or injections.2 Other categories of the sedative drugs in addition to the opium derivatives morphine and heroin are codeine, dilaudid, metoison, pantopon, paregoric, laudanum and synthetic substitutes as demerol and methadon (or dolophine). Other groupings are the bromides and marihuana.3 The final category, barbiturates (salts of barbituric acid), has wide

2/Ibid., p. 7.
popularity as they are the basic ingredients of nearly all sleeping pills or capsules. The manufacturing of these drugs has multiplied far beyond the medical requirements and lead all other poisons as a cause of death.\(^1\) The effect of this drug is the production of pleasurable sensations or forgetful-drowsiness by people seeking escape from life's responsibilities and burdens.\(^2\)

What is drug addiction?—While there are many definitions of drug addiction, all seem to be in agreement with that version defined as a

"state of periodic or chronic intoxication detrimental to the individual and to society, produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include: (1) an over-powering desire or need (compulsion) to continue taking the drug and to obtain it by any means (2) a tendency to increase the dose and (3) a psychic (psychological) and sometimes a physical dependence on the effects of the drug."\(^3\)

A drug addict is defined as a

"person given to or using a drug in a way that is considered to be harmful to himself and to others... in a way that is socially unacceptable and that may possibly interfere with his physical and emotional health."\(^4\)

There are characteristics that are considered the essential features of drug addiction. They are habituation,

\(^1\)Albert Deutsch, op. cit., p. 8.
\(^2\)Ibid., p. 9.
\(^4\)C. A. Roberts, Drug Addiction, Mental Hygiene, Volume 39, Number 2, April 1955, p. 293.
tolerance and physical dependence. While each of the addicting drugs do not exhibit all of these phenomena, it is considered that morphine and the barbiturates do.

Habituation refers to the continued usage of drugs to such a degree of physical or psychological dependence that withdrawal of the drug results in impairment of bodily function or in psychological distress. Tolerance is the ability of the body to adapt to the effects of the drug so that eventually as much as ten times the original lethal dose can be taken safely or a much larger dose is required to produce the same effects originally produced by a smaller dose. Physical dependence means that an addict uses drugs habitually to prevent the onset of physiological distress.  

Personality factors in drug addiction. — There is a common misconception that every person is susceptible to drug addiction. The prevalent point of view explains motivation toward drug addiction as stemming from a personality structure conducive to it. The psychoanalytic conception of drug addiction as expressed by Fenichel stresses that the addict is one whose make-up is such that he uses drugs in a certain way that satisfies earlier oral


longings which is a "sexual longing, a need for security, and a need for maintenance of self-esteem simultaneously." He feels that the addiction is determined not so much by the effects of the drug itself but by the personality structure of the individual. He suggests too that there is a pre-morbid personality type which is conducive to becoming addicted to drugs. Fenichel quotes the findings of other analysts who state that in the addict one finds dysfunction of the superego and of other identifications. Another way of expressing this theory is described in the article wherein drug addicts are stated to be individuals whose psychosexual development is arrested or regressed to infantile or primitive levels. A consistent father-figure is lacking and the mother appears to be overindulgent or rejecting. The writers attribute to the arrest in psychosexual maturation the fact that "oral" cravings become paramount.

There are four personality types described as applicable to the drug addict. They are (1) persons who become accidentally addicted following relief from pains for which they have received a drug, and they continue to use the drugs.

1/Fenichel, op. cit., p. 376,
2/Ibid., pp. 375-379,
3/Abraham Wikler and Robert W. Rosen, Psychiatric Aspects of Drug Addicts, American Journal of Medicine, May, 1953, pp. 566-570,
It is considered that they have fundamental emotional problems. (2) This type is the psychoneurotic who takes drugs to relieve symptoms of anxiety, obsession, compulsion, or other symptoms. (3) The largest category of drug addicts fall into the classification of the psychopathic personality.

"A psychopathic personality is a term applied to various inadequacies and deviations in the personality structure of individuals who are neither psychotic nor feebleminded yet are unable to participate in satisfactory social relations or to conform to culturally acceptable usages."  

Ordinarily psychopaths become addicted through associations with other addicts. (4) This grouping is composed of addicts with psychosis.

The writer accepts the point of view which explains drug addiction according to the psychoanalytic point of view, and there are a few studies in the field illustrating findings. In one survey of adolescent drug addiction, it is considered that actual social deprivation "magnifies feelings of emotional deprivation that may have had origin in the family relationship."  

The authors find a correlation between poverty, social degradation, racial discrimination and delinquency, poor scholastic performance on one hand and drug addiction on the other hand:


These impressions were deepened as a result of studies of small groups of patients where they found that there were revealed personality characteristics in common. There appears to be a close relationship to the mother. Often she is the favored between the parents and the father is usually out of the picture. Interpersonal relationships are tenuous and readily given up. All show profound work and school inhibitions, and a fear of new situations. The writers claim that narcotic addiction is one way of handling the problems that fits the needs of the ...

"... type of boy who perceives his activities as so dangerous that he has a strong need to inhibit all his aggressive and sexual impulses. He can find peace only under the influence of the drug, when sexual appetite is gone, and all aggressive activity is suspended...." 1/

Adolescence, they conclude, is a critical period of transition which is conducive to drug addiction.

The effects of drug addiction.—The belief held by Abraham Wikler, an expert in the field of drug addiction, is that the effects of morphine depend to a large extent on the personality organization of the individual and that the more

"firmly established reaction patterns in these spheres are more likely to be released by the drug,

1/Paul Zimmering and others, ibid., pp. 276-277.

regardless of whether individuals are normal or neurotic... Thus, in some highly narcissistic, egocentric individuals, morphine is apt to release phantasies of omnipotence and grandiosity with a corresponding feeling tone of unusual well-being and overt behavior characterized by garrulity, boastfulness and perhaps increased psychomotor activity, to which the term "euphoric" is applied. In other individuals, the effects may vary from mild depression to acute anxiety. To the extent that the drug's effects satisfy strong emotional needs, it will be used repeatedly.

In discussing the effects of drugs on adolescents, Dr. Herbert Wieder states that the effect of the drug puts at rest the "urgent cravings and the striving for gratification of wishes that are impossible to gratify in reality, in individuals who are unable to tolerate even a minimum of frustration of wishes." Along with this, drug users are people who believe in the magic and omnipotence of their wishes. They wish for peace, and the drug satisfies their every wish.

In another article, Dr. Wikler points out that drugs act as analgesics (reducing pain) or reduce anxiety of fear of pain. The author differentiates between the opiate drugs that have the effect of gratifying primary needs such as hunger, fear of pain and sexual urges, and alcohol or

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barbiturates that "reduce inhibitions on psychodynamic mechanisms that have been developed in the individuals for the gratification (in actuality or fantasy) of "secondary needs" such as narcissism, exhibitionism, sadism, masochism..."

As a result of drug use, the person becomes dependent on drugs and eventually becomes so overwhelmed that no other interests exist for him, other than activity directed toward the procurement of the drug. In the end, "all reality may come to reside in the hypodermic needle." The drug addict who is deprived of his drug is described as being miserable, sleepless, restless and with complaints of aches and pains.

The importance of environment.—While the emphasis on personality factors cannot be minimized, it is of significance to consider the role of environment in facilitating the choice of drug addiction. Why in essence does an individual select drugs instead of alcohol? Environment and accessibility account for this. A detailed account of the role of the "dope-pusher" is related by Wenzell Brown. In the congested areas of large cities, the seller of drugs is interested in forming groups of youngsters who will buy drugs from him for the financial profits are great. The

1/Wikler, op. cit., p. 593.
2/Fenichel, op. cit., p. 377.
drug peddler has as his selling point the properties of the drugs which induce rapidly the feeling of well-being and inhibit the individual's critical faculties. As has been pointed out, the drug addict is a passive, dependent, inadequate person. "By injecting the needle, he satisfies the quest for immediate and effortless pleasure."\(^1\)

Senator Price Daniels\(^2\) of Texas reported in a Senate Committee, findings of a seven month investigation into the narcotics situation. He stated that approximately 50 per cent of all crime in United States cities and 25 per cent of all crime in the nation is attributable to drug addiction. He suggests that the

"smuggling and sale of heroin should be punishable by penalties ranging from five years in prison to death, because heroin smugglers and peddlers are selling murder, robbery, and rape... Their offense is human destruction as surely as that of the murderer."\(^3\)

Albert Deutsch in his study concludes that while drug addiction cuts across economic and class lines, it is found that the drug addicts are concentrated primarily in poverty-stricken areas of large cities. He feels that the problem of drug addiction cannot be separated from the structure of broad social and health problems found in these slum areas, especially in those populated by minority and underprivileged

\(^1\)Fenichel, op. cit., p. 377.


\(^3\)Ibid., p. 19.
groups.

There is other literature substantiating the above point of view. Dr. Roberts\(^1\) states that the largest number of drug addicts are those who obtain drugs in cities and particularly those characterized by the existence of slums, taverns and in general well below standard.

From the above, it would seem that any program of rehabilitation for the drug addict must take into account and deal with the environment to which the treated drug addict returns.

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\(^1\)C. A. Roberts, Drug Addiction, Mental Hygiene, Volume 39, Number 2, April 1955, pp. 293-299.
CHAPTER III

THE HOSPITAL SETTING

Background.-- The Washingtonian Hospital is an 80 bed hospital offering psychiatric, medical and social service to the alcoholic and drug addict patient. While most of its patients are hospitalized and are serviced during this period, upon discharge the treatment initiated during the patient's hospitalization is continued in the out-patient clinic. This clinic is staffed by visiting part-time psychiatrists and the staff social service workers.

The history of the hospital begins in 1857 when it was founded as a home to provide "physical care, food, and shelter to the alcoholic," and offered a moral and religious persuasive approach to the problem of drinking.

The tremendous progress in the medical sciences and psychiatry during the past 100 years has had its influence on the treatment of addictions. The hospital, since its reorganization in 1939 under the leadership of Dr. Joseph Thimann, its present Medical Director, has undergone substantial changes in its treatment procedures, and in this

1 E. A. L. Corwin and Elizabeth V. Cunningham, Institutional Facilities for the Treatment of Alcoholism, Quarterly Journal of Studies on Alcohol, Volume 15, Number 1, June 1944, p. 9.
relatively short period of time has made many advances and conducted research projects on the problems of addiction.

The hospital moved to its present setting in Forest Hills, Jamaica Plain in February 1955.

The United Community Services and State Division of Alcoholism partially finance the hospital in addition to voluntary contributions. The hospital is licensed by the State Department of Mental Health.

Treatment of Drug Addiction,—Dr. Thimann\(^1\) has stated that it takes approximately two weeks to affect the withdrawal of drugs from a hospitalized patient by what is considered the gradual withdrawal method. The withdrawal is initiated immediately after the patient’s admission to the hospital. If a patient has had an opiate prior to hospitalization, 24 hours later it is replaced by a similar synthetic drug. This drug is administered because it is less painful than the withdrawal of the original drug and it takes 24 hours to make it less painful. This gradual withdrawal takes 10 to 14 days and is considered much easier for a patient to undergo in contrast to the sudden total withdrawal which was customary some years ago and which caused the patient a great deal of mental anguish.

As soon as the patient is not too preoccupied with his withdrawal from drugs, it is possible to offer psychiatric

\(^1\)Dr. Thimann discussed the subject of treatment with the writer.
consultation and therapy with the psychiatrist or the case-worker, as the situation may be, during the period of hospitalization. It then takes four weeks of full time hospitalization for the patient to adjust to a way of living without drugs, physically and emotionally. During this time the patient receives vitamin medication to build up his body and such psychiatric help as has been recommended. It is essential for the total rehabilitation of the patient that he enter the night hospitalization plan, or working protection plan as it is otherwise called. This means that the patient lives in the hospital at night though he goes to work in the day. This offers the patient a protective atmosphere in the hours when he is not occupied with work. The hospital has as its goal the establishment of recreational facilities under the supervision of a recreational director. These facilities are limited at present.

During the first week or two under the night hospitalization plan, the patient may be escorted to his place of work by a friend or relative to give him enough protection so that the transition to more complete freedom will be as safe as possible. After this time he is given more freedom and privileges. This period of hospitalization varies from six weeks to eighteen months or more, and following the patient’s discharge from the hospital he continues some form of psychiatric treatment in the Out-Patient department of the hospital on a regular appointment basis.
The Social Service Department and the role of the caseworker.-- An important adjunct to the psychiatric treatment is the service given by the caseworker in the hospital. Gladys M. Price, Director of Social Service at the Washingtonian Hospital, has clearly stated her view of the functions performed by the qualified professional member of the hospital staff:

..."A social worker is well qualified to interview patients and their families relative to their application for treatment... He has knowledge and experience which enable him to recognize severely disturbed and sick persons who should be seen immediately by a physician for diagnosis and disposition... A social worker has further knowledge and experience which enable him... to measure the extent of the patient's motivation and readiness for treatment in the clinic; to determine to what lengths the family go to cooperate or to interfere with the treatment... At the Washingtonian... the social service department does all of the so-called "intake for the out-patient department"... The social worker who is working with the auxiliary family member is clearly in a favorable position to serve as coordinator of services being given to the patient and family."

1/Miss Price sees the caseworker concerned with three main areas of problems in working with the addicted patient:
(1) casework with relatives who need help in understanding the patient (2) casework directly with the patient and (3) interviewing the patient or relative to secure history for the use of the doctor treating the patient.

As outlined in Chapter II, the basically deficient

1/Gladys M. Price, From an unpublished address delivered to the National States Conference on Alcoholism, Miami, Florida, October 31, 1955.
personality structure of the drug addict makes him amenable to this particular addiction under the given circumstances of environment and exposure to drugs. It is essential therefore that psychotherapy be given concomitantly with medical treatment either with the psychiatrist or with the caseworker.

The patient undergoing withdrawal from drugs is under severe emotional and physical strain. There is initial ambivalence about treatment because he has been satisfied by drugs and has been physically dependent on it. Some form of supportive treatment, as indicated in Dr. Thimann's explanation, is essential. This ambivalence regarding treatment is taken up as a focus of activity by the social worker and is considered as a problem in adjustment to the hospital, (in Chapter V). In another unpublished paper, Miss Price has stated that the caseworker is focused on: ....

"accepting the patient's hostility, expressing interest in and sometimes administering to his physical needs, and offering to make contact for him with the outside world... the patient may soon come to look upon the caseworker as the one person in the hospital who is on his side."......

In summary, it is evident that withdrawal from drug addiction is a traumatic period in the life of the addicted patient, and concomitantly with medical therapy, emotional support is maintained by psychiatrist, or medical resident, or caseworker, as the situation may be. Wherever possible,
the caseworker sees as her goal support to the patient, interpretation and understanding to the family. What the focus is in each case accepted for social service treatment will be presented in the data of Chapter V.

In investigating literature relevant to the casework treatment of drug addicts, the writer with regret finds no published theses or articles by social workers in casework journals that concern themselves with direct treatment of these patients.
CHAPTER IV
SOME CHARACTERISTICS OF THE PATIENTS

In this chapter the writer is presenting a description of some background characteristics of the entire group of drug addicts in treatment at the hospital for varying periods between October 1950 and October 1955.

This group comprises nine women and 24 men. The data were collected from Schedule A in the Appendix. All the material was obtained from the case records and includes information relative to age, marital status, race, religion, nationality, education, employment; also, marital status of parents, number of siblings, relationship of parents to children, type of drug addiction, length of addiction, professed reason for addiction, diagnosis of patient, and source of referral.

Table 1 reveals that 11 patients fall in the 20-29 age group. In the general population about half of all addicts are between the ages of 21 and 30 years of age. While the proportion of men to women in this study is three to one, in the United States it is estimated that the ratio is four to one.1

1/ Statistics taken from the Encyclopedia Britannica. 1956.
Table 1. Age and Marital Status

<table>
<thead>
<tr>
<th>Age Group</th>
<th>S</th>
<th>M</th>
<th>D</th>
<th>W</th>
<th>Sep</th>
<th>S</th>
<th>M</th>
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<td>(6)</td>
<td>(7)</td>
<td>(8)</td>
<td>(9)</td>
<td>(10)</td>
<td>(11)</td>
<td>(12)</td>
</tr>
<tr>
<td>20-29.....</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>11</td>
<td>33</td>
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<tr>
<td>30-39.....</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>18</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>40-49.....</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>8</td>
<td>24</td>
<td></td>
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<td></td>
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<tr>
<td>50-59.....</td>
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<td>4</td>
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<td>15</td>
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<td>60-69.....</td>
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<tr>
<td>Total.....</td>
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<td>13</td>
<td>2</td>
<td>1</td>
<td>32</td>
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<td>33</td>
<td>100</td>
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</table>

a/marital status abbreviations are: s - single, m - married, d - divorced, w - widow or widower, sep - separated.

The second largest group of eight patients are in the 40-49 age group and there are five patients in the 50-59 category. The fact that there are proportionately less patients in the older age group reflects the trend in the population at large as discussed in Chapter II and might indicate also that when one reaches middle age there may be less inclination to change one's pattern of behavior. Consequently fewer admissions for treatment come from the older age groupings.

Seven men of the group of eight Negro patients are in the 20-29 age group and one Negro female is in the 30-39 category.

Twenty-three patients of the total group had been married. Of these five were separated and divorced and three widowed. This indicates that for the majority of the group
there were attempts at heterosexual adjustments. Ten patients were single; of this group seven are men and three are women.

Of the eight Negro patients, four are single and four are married.

Not indicated in the table are the number of children which the patients have. Among the male patients, 10 out of the 13 married patients had children; two had none. This would indicate a greater responsibility, socially and economically for these patients who had families. The presence of children was unknown in the case of one patient where the face sheet information was incomplete.

Among the single patients, it is known that one patient fathered two children out of wedlock. Only one of the two divorced males had children. Both widowers had children.

Among the nine female patients, both married patients did not have children. Of the three single women, one had two children born out of wedlock who were given up for adoption. One of the two separated women had two children and one of the two widows had eight children, the other none.

According to the racial distribution of the group, 23 are white. The second largest category is the Negro group comprising eight of the total number. In addition there are two Chinese patients within the grouping.

Comparatively speaking, the white population in this study is 69 per cent while in the total population of the
United States there are 135 million white persons or 83 per cent.\(^1\) The Negro group in this study is 24 per cent. General statistics on the known drug addict population indicate that the number of Negro addicts is disproportionately high in relation to their number in the total population which is 15 million or nine per cent. As for the Chinese element which comprises six per cent in this study, comparison with their numbers in the total population, 117,140 or .07 per cent, indicates a disproportionate figure also.

In nationality, the overwhelming majority, 31 out of the 33 patients, are American by birth or citizenship and two are Chinese. This is consistent with the general statistics of an adult addict population which is predominantly white and American by birth.

In the religious distribution of the group, 16 or 45 per cent of the patients are Catholic. General population statistics\(^2\) show that there are 31 million Roman Catholics or 19 per cent of the total population of the United States. It may be that the large number of Catholic patients in this study reflects the fact that Boston has a predominantly Catholic population and so the hospital's population is


\(^2\)Ibid.
colored by the local factor involved.

The second largest group of 11, or 33 per cent is Protestant. In 1936, population statistics\(^1\) gave 58 million as the number of Protestants resident in the United States, equivalent to 36 per cent of the total population. This is close to the figure in the group studied.

With reference to the fact that there are four Jewish patients who comprise 12 per cent of the total group, it must be kept in mind that the total number of patients is small and so this figure stands out proportionately but does not assume any particular significance numerically. It is of interest to note, however, that in the general population the percentage of Jews more nearly approximates three per cent.

Table 2. Education of Patients

<table>
<thead>
<tr>
<th>Education</th>
<th>Male (1)</th>
<th>Female (2)</th>
<th>Total (3)</th>
<th>Per Cent (4)</th>
<th>Per Cent in U.S. population (6)</th>
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<td>Grammar School</td>
<td>6</td>
<td>6</td>
<td>12</td>
<td>18</td>
<td>57</td>
</tr>
<tr>
<td>High School...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>2 years</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>3 years</td>
<td>3</td>
<td></td>
<td>3</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>4 years</td>
<td>4</td>
<td>11</td>
<td>15</td>
<td>33</td>
<td>35</td>
</tr>
<tr>
<td>Graduate School</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>No Schooling</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
<td><strong>9</strong></td>
<td><strong>33</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

\(^1\)Statistics, op. cit.
Altogether, while six patients did not go further than grammar school, 11 did complete their high school course. These figures compare well with percentages in the general population, where in this study 48 per cent attended grade school and high school partially, compared to the 57 per cent in the overall population. Thirty-five per cent in the general population completed high school and in this group 33 per cent finished high school. Four others went into professional schools - two to graduate schools for medical training and law and two women attended nurses' training school. This too, is a proportionate figure in considering the general population statistics.

From the above figures it appears that drug addiction crosses all levels of education in this particular group and is similar to Deutsch's conclusion discussed in Chapter II.

Only two Negroes out of the entire group of eight completed high school. Two completed grammar school and four went to high school but did not finish.

In glancing at the above figures, one wonders what relation may exist between level of education and subsequent occupation and employment.

Among the skills of the male population which are not enumerated in the following table there are occupations ranging from factory worker, dyemaker, music teacher, contractor to engineer, lawyer, and doctor. Of this skilled group of 16, eight were employed and eight were unemployed. The status
of one patient was unknown. The unskilled group of seven included laborers, porters, laundry workers.

Table 3. Occupational Skill and Employment Status

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled occupation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed ..........</td>
<td>8</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Unemployed ........</td>
<td>8</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Unknown ...........</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Total ............</td>
<td>17</td>
<td>4</td>
<td>21</td>
</tr>
</tbody>
</table>

| Unskilled occupation |      |        |       |
|Employed ........... | 2    | 1      | 3     |
|Unemployed .......... | 5    | 3      | 8     |
|Total ............. | 7    | 4      | 11    |

| No occupation ...... |      |        |       |
|Total ............ | 24   | 9      | 33    |

Of the nine female patients, four were classified as skilled. There were two nurses and two secretaries. Four were unskilled, being waitresses and factory workers. One patient was a recipient of Old Age Assistance and has been classified as having no occupation.

The foregoing statistics would give rise to the speculation that skilled workers were more employable than unskilled.

\footnote{This patient refused to disclose any personal information.}
or had more chances of employment. Correspondingly there is a larger proportion of unemployed workers among the unskilled group. There are also some indications not elaborated on here that those patients who had more schooling were among the more skilled workers and were employed.

Among the Negroes, five out of eight patients were employed, and three are unemployed while four are skilled workers and four are unskilled.

Concerning familial relationships, in 12 instances the family background of the patients is not known specifically. In one case, that of a Negro patient, there is a definite statement that the family atmosphere was good. In 20 cases there is evidence of disharmony. Seven patients come from broken homes, implying divorce or separation. Five of these are Negroes. Twelve patients give evidence that there are poor relationships between parents and children. This includes statements to the effect that their parents gave the patient no affection. Father was brutal or mother extremely dependent, or dominant in the home. Thus, in 21 out of 33 patients there is some reason to suppose that emotional stress exists in the home through divorce, separation or poor parent-child relationship. This is similar to the impressions which Wikler and Zimmering and others find in their studies of narcotic addicts, as stated in Chapter II.

The writer's interest in knowing the status of parents, living or dead, and of siblings, had two sources: (1) to
understand to what extent this may be significant in the patient's illness and (2) to determine to what degree relatives participate in the treatment situation. A survey of this factor reveals that among the 33 patients, the largest group, 13 or 36 per cent had both parents dead. Nine had one parent dead and seven had both parents living. Four of the parents were divorced or separated. The status of one patient was unknown, because of unwillingness to disclose personal data.

Twenty-three of the patients had siblings. Six patients had none and in four cases, the information was not recorded.

In the following table the type of addiction is presented. The writer did not pay particular attention to the factor of primary addiction, be it alcohol or drugs in any of the instances where a combination existed. It is not always possible to distinguish precisely which was the main addiction when the patient was admitted at one time for alcoholism or at another time for drug addiction. It is important to understand however, that the combination of opiate drugs with alcoholism is usually more rare than the combination of barbiturates with alcoholism. The reason lies in the fact that the stimulus of the opiate drugs is so strong usually that a patient who is primarily an opiate addict will not be satisfied with alcohol.\(^1\) If he is an alcoholic

\(^1\)This information was obtained in conversations with the medical resident, though not repeated in the precise words.
primarily, he can also satisfy his needs for relaxation through the sedative effects of the barbiturates, whose effects have been described in Chapter II. In one instance there is a male patient who relates absolutely that he became addicted to barbiturates in order to relax from the effects of drinking alcohol.

Table 4. Type of Addiction

<table>
<thead>
<tr>
<th>Type of Addiction</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
<tr>
<td>Heroin....................</td>
<td>14</td>
<td>4</td>
<td>18</td>
</tr>
<tr>
<td>Opiates and alcohol.....</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Demerol and alcohol.....</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Opiates and barbiturates</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Barbiturates.............</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Barbiturates and alcohol</td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Opiates and bromides....</td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total....................</td>
<td>24</td>
<td>9</td>
<td>33</td>
</tr>
</tbody>
</table>

The majority of both male and female patients are addicted to heroin the popularity of which was explained in Chapter II. It is smuggled into the country in small quantities as a pure concentrate, taking up little space. It can easily be diluted by adding milk and sugar, thus increasing the original quantity in large amounts.¹

¹Dr. Thimann gave this information to the writer in a conversation on this subject.
to opiates and alcohol. All of the Negro patients use heroin while the two Chinese patients use morphine and heroin.

Among the female patients, four of their group take barbiturates which were more readily obtainable for them. Two were nurses, another was a hospital aide. The fourth had a prescription which could be readily refilled.

Not indicated statistically is the fact that of the total population, seven men had had previous treatment for withdrawal of drugs and had relapsed. None of the female patients had ever been treated before. Four patients were in the 20-29 age group, two of whom were Negroes. Another patient was in the 30-39 category, a Negro patient, and the others were in the 40-49 and 50-59 age groups, one each respectively. These figures are small but reflect a more intensive search for treatment for this group in the younger adults.

The largest number of patients, 17 or 50 per cent of the group were addicted for a period ranging from one to five years. The second largest grouping, eight - seven men and one woman were addicted for a period of 5-10 years. Five patients had been using drugs for 10-15 years and three for less than a year. It is presumed by the writer that those using drugs over a longer period of time are in the older age group and correspondingly those addicted for a shorter period of time would be in the younger age groups.
Table 5: Professed Reasons for Addiction

<table>
<thead>
<tr>
<th>Professed reason</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
<tr>
<td>To relieve pain</td>
<td>8</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Emotional or personality problem</td>
<td>7</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Social reasons a/</td>
<td>6</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>To relieve alcoholic effects</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Unknown b/</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>24</td>
<td>9</td>
<td>33</td>
</tr>
</tbody>
</table>

a/Social reasons refers to groups of persons using drugs at the same time.

b/Unknown category indicates that information as to this category was not obtainable.

From this table it is clear that the largest grouping gives evidence of emotional or personality problems. Of these, five relate trauma which precipitate the addiction. Among this group are two Negroes. As indicated in Chapter II it is considered that a basic emotional or personality problem exists which predisposes a person toward addiction; and given social and emotional or economic stresses and a conducive environment, the person chooses drug addiction as his solution to problems. Eleven patients continue to take drugs following some painful illness or surgery. Eight of these patients are in the age grouping over 40. Those patients who use drugs for social reasons or through contacts...
are in the younger age grouping of 20-29 predominantly.

In considering the diagnoses which have been made by the examining psychiatrists in 25 cases, the largest group, 14 in number, fall into the classification of the emotional, immature, dependent personality type. This is in keeping with the general diagnostic impression in the literature on drug addiction and has been discussed in Chapter II. Nine of these patients are between the ages of 20-29 and five are over 40. The second largest group of four is placed in the category of depression; two are Negroes in their twenties, another is in the 30-39 group and one white male is in the f Ourties. There are three psychotics, two schizoid and one compulsive and psychopathic personality each.

Further investigation of the dynamics involved in narcotic addiction might reflect directly on the reasons for addiction as discussed previously, in the writer's opinion.

Table 6. Source of Referral

<table>
<thead>
<tr>
<th>Source of Referral</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
</tr>
<tr>
<td>Doctor or hospital</td>
<td>10</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>Family agency</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Family</td>
<td>5</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Self</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Boston Committee for Alcoholism</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>24</td>
<td>9</td>
<td>33</td>
</tr>
</tbody>
</table>
At times it was not possible to distinguish between hospital or private medical referral to the Washingtonian Hospital. Fifteen patients of the total group of 33 were referred by physicians however, which indicates that these patients recognized a serious medical problem involved and sought help for their addiction. The second largest groupings of six each are family agencies and the family itself which are instrumental in bringing patients to the hospital for treatment. Four of six patients are Negroes who were referred by family agencies because they lacked financial resources for treatment. Altogether twenty-two out of 33 patients used some community resource as hospital, doctor or family agency, and the Boston Committee for Alcoholism which referred one patient for treatment, indicating a most substantial use of the local community.

Families themselves brought six patients in for treatment. This fact, plus the involvement of the family agency would appear to be most significant in the treatment situation, and this will be considered in the Chapter on Casework Focus.

Summary of Findings.-- The foregoing descriptive factors of the total population of drug addicts treated at the Washingtonian Hospital show that the largest group of patients fall into the youngest age category. This factor of youth would be consistent with the general trends in the adult drug addict population.
Fifteen patients are currently married, while five others are separated or divorced. One may wonder to what extent marriage among drug addicts reflects a tendency toward normal heterosexual relationships, for among drug addicts the ability to maintain interpersonal relationships is weakened due to their self-absorption in the cycle of drug usage. However, in this study the nature of such relationships is not pursued but is left for further investigation. Fifteen patients had children and thus were burdened with familial and economic responsibilities which were presumably maintained with some difficulty insofar as we see a large number of patients finding resources in family agencies or hospitals.

The majority group is white and Catholic in religion, presumably because Boston is a Catholic city. The numbers of Jewish, Negro, and Chinese patients represent figures proportionately higher than their distribution in the general population of the United States. This fact might represent a local factor also, though this has not been sufficiently investigated as far as geographical distribution is concerned.

In general, the statistics on education of patients in this group compare well with the percentages in the total population, indicating that narcotic addiction exists at all educational levels.

Concerning occupation and employment, the largest group, 21 in number is skilled although only 11 are employed. Among
the 11 unskilled patients, eight are unemployed. Seventeen patients are unemployed which presumes some financial stress. There appears to be a tendency toward more employment and employability among the skilled group of workers.

Twelve patients have no living parents. Seven have both parents living. Twenty-three patients have siblings which indicate that some family participation might be expected in addition to marital partners. In 20 instances there is evidence of disharmony in the parent-patient relationship at some time.

The largest group of addicts use heroin which is the popular drug among the total estimated drug population. Seven patients had had some previous withdrawal treatment. Four of these were Negroes referred to the hospital by a family agency. In general these men were in the younger age categories. The largest number of patients were addicted for a period varying from one to five years. It could be assumed that the younger addicts were addicted for a period shorter than the older drug addict who used drugs for periods up to 15 or more years.

Thirteen patients gave evidence of addiction because of emotional trauma or personality problems. Eleven patients use drugs following surgery which indicates a personality predisposition towards addiction. Six profess to use drugs through companionship associations.
Psychiatric diagnoses of 25 patients find the largest number characterized as emotional, immature and dependent. These are 14 in number. Four patients are predominantly depressed, three are psychotic, two are schizoid. These diagnoses indicate a substantial number of underlying personality disorders which is consistent with impressions from other studies of narcotic addicts as discussed in Chapter II.

Fifteen patients were referred for treatment by physicians and hospitals and six by family agencies. This is a substantial use of community resources.

In this study, motivation toward treatment is not studied nor is individual financial responsibility as a motivating factor considered. The writer suggests these as further factors to be investigated.
CHAPTER V

CASEWORK FOCUS WITH THE PATIENTS

In the previous chapter the writer presented the descriptive characteristics of the 33 drug addict patients in treatment. Twenty of these had some casework service. Of these, seven were women and 13 men. All but one patient were hospitalized. The non-hospitalized patient was treated by a psychiatrist on an out-patient basis but had some initial casework service prior to acceptance in the clinic.

In considering the reasons why the total group of 33 were not given casework service of some sort, it becomes evident that it is not due to the particular characteristics of the patients; it is stated by Miss Price, Director of the Social Service Department, to the writer that exigencies of time and a small casework staff did not permit that each patient be interviewed or their situation explored for possibilities of casework help. In addition, the fact that many patients left the hospital before completing their medical treatment, prevented the initiation of casework contact.

This group of 20 will be considered from these view points: the persons or agencies with whom the caseworker was
active, the intensity of contact and areas in which the caseworker was active.

Table 7. Source of Contacts

<table>
<thead>
<tr>
<th>Source of Contact</th>
<th>No. Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact with patient only...</td>
<td>3</td>
</tr>
<tr>
<td>Contact with relative only...</td>
<td>2</td>
</tr>
<tr>
<td>Contact with patient and relative only...</td>
<td>4</td>
</tr>
<tr>
<td>Contact with patient and social agency only...</td>
<td>9</td>
</tr>
<tr>
<td>Contact with patient, relative and social agency...</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>

An analysis of the above table reveals that in three cases the patient was seen alone and in 15 instances the caseworker treated the patient in cooperation with relatives and other agencies. There were only two cases where no direct contact with the patient took place. In these cases the relatives of the patient were interviewed for the purpose of securing information as to the patient's history, as the patient himself was too sick to be interviewed. The largest group, nine, showed that the caseworker had contact with the patient and social agencies such as Family Service, Department of Public Welfare, or hospitals.

Among the 20 patients, 13 had relatives. The caseworker
had contact with eight of these which represents a substantial proportion of family members involved in the treatment of patient's illness.

Table 8. Number of Recorded Casework Interviews with Patients

<table>
<thead>
<tr>
<th>No. of Interviews</th>
<th>No. of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
</tr>
<tr>
<td>None</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
</tr>
</tbody>
</table>

The tabulation of recorded interviews when averaged show that there are approximately 3.8 or four interviews with each of 19 patients who were seen prior to or during hospitalization. The patient who was seen during 104 interviewing sessions has not been included in this tabulation because it is an extreme figure and if included would overweight the total figure unduly.

The range of interviews, excluding the extreme case, varies from none to 12. The variation in number of interviews
is related primarily to the length of hospitalization and type of problem handled in the casework situation which will be discussed later.

The number of recorded contacts with relatives or other agencies such as the Family Service Society or Department of Public Welfare ranged from two to 17 contacts, by telephone or face-to-face contact. The larger number of contacts is related to the patients who were longest in casework treatment. In the case of the patient for whom there are 104 interviews, there are also three with relatives and 17 contacts with agencies. Where there were seven interviews with one patient, there were 10 contacts with family and agencies.

Frequency of contacts is seen to be related in most instances to the length of hospital stay. In five cases, the writer finds that there were short-term contacts of one week's duration. This would indicate that the patient withdrew from casework treatment concomitantly with his medical withdrawal from treatment; this implies that discharge takes place against medical advice. Four patients remained in the hospital for two weeks, ten others had hospitalizations ranging from a few days to three weeks. The longest period of hospitalization was that of a female patient who continued to remain in the hospital for over a year during which time she was seen frequently by the caseworker.

In considering the role of the caseworker and the content
of the casework relationship, it is important to examine the
goals involved. This has been discussed in Chapter III in
the presentation of the work of the Social Service Department
where it has been pointed out that the major role of the
caseworker is a supportive one. The addicted patient
presents manifold problems and what these are and on what
casework focuses is the next concern. Gordon Hamilton has
used the term focus to mean

"deciding what to do in the light of the
presenting request, the diagnosis, and what the client
seems able and willing to undertake... it... means
determining the direction of treatment and periodically
reviewing it with the client, since the focus may be
changed because of new factors." 1

It is in this sense that the term focus is used in this
study.

In examining the types of problems which arise in the
casework contact, the following definitions are used to
describe each area of focus.

1. Adjustment to hospital - includes discussion of any
admission contact as well as treating the ambivalence
expressed by the patient about remaining in the hospital for
complete treatment.

2. Pre-treatment - includes gathering social information
about the patient and determining his readiness for psycho-
therapy:

3. Discharge - means the exploration of plans which the
patient intends to carry out upon his leaving the hospital,
as well as determining his readiness for discharge.

1/ Gordon Hamilton, The Theory and Practice of Social Case
4. Finances - includes discussion of financial problems concerning payment of hospital fees, as well as any financial problems which he may have in the area of economic stability for himself or the family.

5. Family difficulties - covers problems which the patient may have in relationship to wife, children, husband, or with parents and siblings.

6. Employment - means determining the patient's employment status upon admission, discussing the re-employment of patient with employer, or referring patient to employment resources, or discussing problems of vocation.

Table 9. Areas of Casework Focus

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>No. of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
</tr>
<tr>
<td>1. Adjustment to hospital</td>
<td>1</td>
</tr>
<tr>
<td>2. Pre-treatment</td>
<td>3</td>
</tr>
<tr>
<td>3. Discharge</td>
<td>1</td>
</tr>
<tr>
<td>4. Finances and family difficulty</td>
<td>1</td>
</tr>
<tr>
<td>5. Adjustment to hospital and finances</td>
<td>1</td>
</tr>
<tr>
<td>6. Adjustment to hospital, family difficulties and employment</td>
<td>1</td>
</tr>
<tr>
<td>7. Adjustment to family difficulty and discharge</td>
<td>2</td>
</tr>
<tr>
<td>8. Adjustment to hospital and pre-treatment</td>
<td>1</td>
</tr>
<tr>
<td>9. Family difficulty, finances and discharge</td>
<td>1</td>
</tr>
<tr>
<td>10. Finances, employment and discharge</td>
<td>1</td>
</tr>
<tr>
<td>11. Finances, employment, discharge and adjustment to hospital</td>
<td>1</td>
</tr>
<tr>
<td>12. Finances, employment, adjustment to hospital and pre-treatment</td>
<td>1</td>
</tr>
<tr>
<td>13. Adjustment to hospital, family difficulty and finances</td>
<td>1</td>
</tr>
<tr>
<td>14. Adjustment to hospital, finances and discharge</td>
<td>1</td>
</tr>
<tr>
<td>15. Adjustment to employment</td>
<td>1</td>
</tr>
<tr>
<td>16. Finances, family difficulty and discharge</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>
In analyzing the areas of casework focus, it is evident that the caseworker was active in more than one area of problems in the majority of cases. In seven cases the worker concentrated on one specific problem, in seven other cases she coped with three specific difficulties, and in three instances each, was active on two to four problems.

Finances is a problem of concern in nine cases out of 20. This may be related to the fact that ten patients out of this group are unemployed and thus the worker is active with other agencies also such as the Family Service or Board of Public Welfare which help finance the patient's hospitalization.

Family relationships is another area of concern specifically in seven cases and adjustment to the hospital and giving support to the patient during the difficult withdrawal period is the focus in seven instances too.

Summary of Findings.— Of the 33 drug addicts treated at the hospital, 20 had casework service. In 18 cases, the patient was seen alone or in cooperation with relatives or other agencies. There were only two instances in which there were no interviews directly with the patient.

The frequency of contact or recorded interviews varied from one to 104 interviews. The majority were seen on an average of 3-5 times and this is related to the length of hospitalization period.
The frequency of contact with patient, relatives or social agencies is also directly related to length of hospitalization. Where there was a patient in treatment for over a year there are recorded interviews with relatives, three in number, and 17 other contacts by telephone, letter, or interviews with other agencies.

The caseworker is active in more than one area in the casework relationship. In seven instances she concerned herself with one specific problem, and in seven other cases she copes with three specific areas.

The dominant areas of concern presented by the patients lie within the areas of finances, family relationships and adjustment to the hospital.

In all instances the fact cannot be separated out that all the patients have some underlying emotional problems which are handled in the casework relationship but which are not considered as a specific area of focus.
CHAPTER VI
PRESENTATION OF CASES

As this study is primarily descriptive, the presentation of cases in this chapter will highlight the two main purposes set forth in the first chapter. They are a consideration of the background characteristics of the drug addict and the areas of problems which the caseworker handles in the treatment situation. It is the writer's considered opinion that a selection of cases could not justifiably represent casework with a narcotic patient because of the multitude of variables present in the case. Therefore, a brief summary on each case is now presented in which all the primary characteristics of the patient in his situation are seen in light of their interrelationships and what this means to the caseworker as far as focus is concerned.

CASE I

Background information.-- Mrs. B. L. is a 27 year old white female, divorced from her second husband. There are no children of this union. She was admitted for treatment of morphine addiction, upon referral by a physician. A receptionist by occupation, she is unemployed upon admission. She became addicted to drugs after hospitalization following a suicide attempt. This patient has a long history of impulsive behavior with small regard for social, moral and religious codes.

Her early history reveals a broken home. Mother was married twice and father also married twice. Mrs. L.
lived with her grandmother from the age of three. As an adolescent she was sent to reform school as an incorrigible child. Her first marriage was at the age of 17 to an alcoholic whom she divorced at the age of 21. Her second marriage lasted five years and ended in divorce. The reasons for separation are not indicated but it is considered that the patient, in grief, made several dramatic attempts at suicide. Her last attempt resulted in a fracture of the femur following which she was given morphine to relieve the pain. She continued to take this following her discharge from the hospital, thus acquiring an addiction.

Casework contact.-- The patient was seen once by the caseworker to explore the possibility of entering psychotherapy, but the patient was not amenable to this. Contact with this patient was terminated with the patient's discharge from the hospital after a two weeks' period, against medical advice.

The primary focus of exploring the possibility of the patient's continuing in treatment was not achieved in this interview. This patient was considered an emotionally, immature and unstable person who was not willing to accept insight into her impulsive behavior.

CASE II

Background information.-- Mrs. C. R. is a 34 year old Negro married female who became addicted to heroin following her marriage nine months previously. She was a waitress, unemployed upon admission, and referred to the hospital by a family agency.

The patient's childhood was fraught with difficulty. Father was an alcoholic and there was always domestic discord in the home and economic deprivation. Mrs. R. left home at the age of 16 and married at the age of 17. This husband deserted her within a year after marriage. Mrs. R. married again and seemed to function well until the death of her husband from tuberculosis. After his death she was depressed for two years. She married for the third time, a man seven years her junior, who introduced her to the use of narcotics.
It was the psychiatrist's impression that her third marriage revived depressed and hostile feelings which she had had after her second husband's death.

Casework contact.--- The casework relationship concerned itself with arrangements for patient's admission, as her hospitalization was financed by a family agency and it was understood that the patient was to return there after discharge from treatment. The social worker did not wish to admit this patient at the same time that her husband applied for treatment. The worker's reasoning was that it might prevent the patient from mobilizing herself to full participation in the treatment. Mrs. R. was not amenable to postponement and was finally admitted.

During the patient's hospital stay, there were two interviews with her, relative to her ability to adjust to the hospital and treatment. There was no attempt to explore further into the patient's problems as it was understood that she was to return for further treatment to the family agency after discharge.

The patient proved to be cooperative and remained in the hospital close to three weeks, leaving before completion of treatment. The caseworker believes that the unexpected and hasty withdrawal from treatment was influenced by the fact that the hospital moved from one location to another at this time. This created some additional anxiety among the patients and may have influenced this patient also.

In the case of Mrs. R., the focus of casework contacts were clearly designated to two areas, admission and adjustment to the hospital, and contact with the patient ceased with her discharge and referral back to the family agency.

CASE III

Background information.--- Mrs. G. S. is a 27 year old white, Jewish married woman, nurse by profession, but currently unemployed because of her addiction to demerol. This began three years prior to her application for treatment. The patient was referred by a hospital because her behavior at work was negatively influenced by the addiction.

Mrs. S. is an only child of divorced parents. After
the divorce, the patient lost contact with father for whom she retained affectionate feelings and had some feelings of guilt at losing him. Correspondingly, she was less attached to mother. The psychiatrist saw the patient as an obsessive, compulsive neurotic who was reacting her parents' pattern of family life in her own marriage. Mother had worked for many years, while father remained in the home. The patient was also doing this.

Mrs. S. professed to take drugs because she was lonely and had no friends.

Casework contact.-- This patient was the only patient admitted for out-patient treatment without prior hospitalization. The caseworker had one interview with her to establish her eligibility for treatment and motivation, and to make the necessary financial arrangements.

The caseworker was able to focus on and determine the patient's capacity to enter psychotherapy and recommended her referral for psychiatric treatment on an out-patient basis.

CASE IV

Background information.-- Miss H. K. is a 47 year old white single woman, addicted to barbiturates for 12 years. The patient worked as an aide in a hospital which referred her for treatment. Little is known of her familial history.

This patient was considered by the psychiatrist to be a schizoid personality with persecutory delusions, ideas of reference and auditory hallucinations. Miss K. had few friends, little social life and no hobbies. She was tense and nervous, and drugs "kept her from feeling wobbly," she said.

Casework contact.-- Miss K. was hospitalized for three weeks and in two interviews attention was focused on making financial arrangements and clarifying the employment status of the patient with the employing hospital. There were also three contacts with the Board of Public Welfare.

It was the social worker's keen perception of the
patient's personality difficulties that resulted in immediate psychiatric consultation and subsequent transferral of Miss K. to a State Hospital.

Thus, with Miss K. the caseworker facilitated the patient's admission to the hospital by clarifying her employment status, a major concern to the patient. The worker's ability to recognize the degree of disturbance in this person resulted eventually in her transfer to a State Hospital for further treatment.

CASE V

Background information.-- Mrs. H. F. is a white married woman, 46 years of age, mother of two children, one married, the other a teen-ager. Mrs. F. was separated from her husband five years previous to date of hospitalization. She was referred for treatment of barbiturate addiction of 5-10 years duration by the Department of Public Welfare and a family agency which together financed her treatment.

Mrs. F. was the eldest of ten children. She therefore carried a great deal of responsibility in the family and always had the feeling from childhood on that no one cared for her, and particularly her mother. Her father was brutal to her.

The patient was married for twelve years when husband separated from her and there was no contact between him and the family since. Mrs. F.'s early history as well as marital life had economic difficulties and dependence upon public welfare institutions for assistance.

Mrs. F. had begun taking drugs to relieve pains and pressure in her head. For the past two years prior to hospitalization, she became withdrawn socially, did not leave the house, was neglectful of her personal habits as well as of the house and children. Upon admission to the hospital she was found to be badly malnourished and taking at least twelve barbiturate pills daily.

Casework contact.-- This case represents the longest period of continuous casework service in that Mrs. F.
entered the hospital for the complete six weeks withdrawal period and then became a resident under the night hospitalization plan, for over a year and a half. She was seen on a regular weekly basis varying from one to two or more times so that there are approximately 104 recorded interviews with her. There are concomitantly three interviews with her daughters and several telephone and other contacts with the public agency and family agency involved.

The broad plans that were worked on had to do first with her physical rehabilitation, and secondly to help her to develop those strengths within her so that she might be enabled to return to the community. The worker gave this patient a great deal of emotional support during the difficult withdrawal period. Once this was achieved, casework was concentrated on helping her to accept living in the hospital on the working protection or night hospitalization plan. She was assisted in getting a job. There were problems that she had in the area of socialization and relationships to persons and this was an important focus in treatment. She was also helped in gaining insight into her role as a mother to her children. Her problem of dependency and consequent fear of loss of love was a dominant element in the casework relationship.

Indirect service to the children was rendered by the caseworker through her contacts with the family and public welfare agencies, as far as their care was concerned during mother's hospitalization. The married daughter was seen to obtain social history and explore the possibility of her becoming guardian to the younger sister during the treatment period.

The patient was able to be withdrawn from drugs, did get a job and accomplished much toward the goals of rehabilitation. When the male caseworker left the agency, her transfer to a female caseworker brought out another focus of casework treatment, namely to give her identification with an ideal-type woman. Contact with this patient was terminated by her when the hospital moved to new surroundings. Moving to a new environment was too difficult an adjustment for the patient
to make at that particular time.

This case stands out in contrast to others in that this patient carried out all recommendations directed toward total rehabilitation, namely, a complete period of hospitalization for withdrawal, living in the hospital, and active casework participation.

CASE VI

Background information.-- Miss C. T. is a 37 year old white, Catholic single woman of Italian origin, admitted to the hospital for withdrawal from barbiturates of three years duration. Introduction to drugs was precipitated by treatment of a pulmonary condition. Patient was a trained clerical worker but unemployed at the time of admission.

The patient is the youngest of six children in a closely knit family. Mother was considered to be extremely emotional. Patient had had a series of illnesses such as typhoid and tuberculosis, and had become depressed during her hospitalizations and following father's death. Miss T. was over-protected because of her illnesses and was catered to in all her wants.

Casework contact.-- Casework service to the patient during her two weeks hospitalization could not be initiated directly as she was too ill. There was one interview with a brother to obtain relevant social history about the patient. The examining psychiatrist had diagnosed this patient as having visual and auditory hallucinations and recommended her transfer to a state hospital. The social worker was active in this process.

This case represents contact with relatives to obtain social history and discuss patient's recommended treatment. With the cooperation of the relative, the transfer to another hospital for continued treatment was attained.

CASE VII

Background information.-- Miss S. E. is a 41 year old
white, Protestant single woman who is both an alcoholic and codeine addict. The patient, a comptometer operator, was unemployed upon admission. The patient had been using drugs for six years.

The history on this patient indicates that she was born 13 years after her parents were married. Mother died when Miss E. was an infant. Father died when she was six years of age as a result of his being in a drunken brawl. She was then placed in several foster homes.

Miss E. had many hospitalizations for illnesses such as polio, tuberculosis, appendectomy, abdominal operation and fractures. The patient never married and had no close friends although she has had intimate relationships with older men and two children born out of wedlock; both children were given out for adoption.

The patient was considered to be emotionally unstable and dependent, impulsive and of poor judgment; she suffered from guilt as a result of her extra-marital relationships.

Casework contact.— Casework focus during the patient's two weeks hospitalization stay was directed towards assisting her to accept admission to the hospital, as it was difficult for her to seek and accept assistance because of her distrust in people. The worker encouraged the patient to be dependent on her and helped her to anticipate difficulties when she left the hospital; this included job and extra-marital relationships. The patient terminated casework contact when she left the hospital. There were ten interviews with this patient, of varying length.

This case represents treatment on an intensive basis although the patient remained within the hospital for a minimum number of hospital days. It is not clear in this case which addiction is primary for she uses both alcohol and codeine.

**CASE VIII**

Background information.— Mr. C. P. is a 26 year old male Negro heroin addict, married nine months previous to admission. His wife is the patient described in **CASE II**.
Mr. P.'s mother died when he was five years of age and father deserted the family just prior to mother's death. Patient was in a correction school until he was 16 years of age at which time he ran away. Mr. P. first used heroin when in the army and continued this after his discharge. He had few friends, belonged to no organizations, and had no social interests. The patient, an unskilled laborer, was unemployed since his discharge from the army. He then began to engage in petty thefts and was currently on probation. He is thought to have introduced his wife to the use of drugs also.

The local family agency in his community agreed to sponsor the treatment of this patient and his wife.

Casework contact.-- Mr. P. was seen twice by the caseworker during his three weeks hospitalization. The casework plan was to help him face the fact that he was on probation and that the officer looking for him would have to know that he was under treatment. The worker also showed the patient that he could remain in the hospital and complete treatment, or act out impulsively against his own interests by leaving against medical advice. The patient chose the latter course.

As was indicated in the discussion of CASE II, the fact that the hospital changed its location had some unsettling effects on a number of patients, due to circumstances which were not possible to control. Both Mr. P. and his wife were somewhat shaken by this event and gave as reasons for leaving the pressure to secure employment and re-establish themselves in another home. It had been understood that the couple were to return to the referring family agency for further treatment on problems in the marital relationship with which the caseworker in the hospital setting did not concern himself.

**CASE IX**

Background information.-- This patient, Mr. G. J., is a 26 year old, single, Negro male referred by another hospital for withdrawal from heroin addiction. The
patient was a musician by occupation, presently unemployed.

Mr. J. is an only child of a mother who was living. Father died five years prior to patient's admission. Mother is said to have babied the boy a lot as father travelled a great deal of the time. In school the boy did poorly, though he managed to complete three years of high school. He left school at this time to take a job playing in a band. He associated with musicians who used heroin regularly. Mr. J. was rejected for military service because he was found to have had illegal possession of marijuana.

Mr. J. appeared to be a quiet, friendly, submissive person, and was diagnosed as a psychopathic personality who acted out his depressed feelings. He had done so in the past by leaving home and by a certain amount of delinquency. He took heroin in response to feelings of depression.

Casework contact.-- This patient was seen twice during a three week hospitalization period. Social service was concentrated on getting a social history and preparing the patient for psychiatric evaluation. The patient was given support in adjusting to the hospital during the withdrawal period. The mother was also seen and discussion with her was focused on the handling of the patient at home and understanding his behavior.

This patient left the hospital before the advised time and contact terminated with his discharge. During his hospitalization the patient received encouragement that enabled him to complete the three weeks stay. Further plans for his rehabilitation could not be carried out in view of his discharge and his cessation of contact.

CASE X

Background information.-- Mr. H. W. is a 25 year old Negro married male. He is an unemployed iron worker referred to the hospital by a family agency because of his heroin addiction of six years duration.

The patient's social history reveals that he was an only child whose parents separated after a great deal of
dissension in the home. He lived with mother who had remarried. When his mother died, he became depressed. He began to smoke marihuana in the company of friends. He continued to use drugs in times of tension.

After marriage and the birth of three children, Mr. W. worked at two jobs to ease the financial strain. To relieve the feeling of anxiety and exhaustion he used heroin. He claimed that taking heroin intravenously made him feel good and enabled him to continue his tedious work without difficulty.

The examining psychiatrist felt that the patient was warding off an underlying depression by his addiction, in terms of the loss of his mother from which he had not completely recovered.

Casework contact.-- The patient was referred to social service during his three week hospitalization period on three occasions. The patient denied his difficulties and the fact that he needed assistance. Mrs. W. did not wish to cooperate in the treatment for she refused to be interviewed. Thus, upon discharge against medical advice, the patient did not accept the offer for further casework service.

In this case the worker focused on the patient's resistance to treatment but without success. His denial of problems and his wife's lack of encouragement to complete treatment seemed to be sufficiently strong so as to prevent him from entering the casework relationship.

CASE XI

Background information.-- Mr. L. J. is a 28 year old married Negro whose heroin addiction dates back to five years duration. He was referred to the hospital by a family agency. The patient is a twin to a brother who was also treated at the hospital six months previously.

Mr. J.'s mother is described to be a dominant person, irritable and easily upset. Mr. J. has always felt closer to mother than to father whom he considered a disciplinarian. Father is living and divorced from wife for 11 years. Mr. J. discontinued his schooling in the second year of high school. He secured work as a cook
and "due to bad companionship" began to smoke marihuana. After a year he began to take heroin, first by sniffing and later intravenously. He was arrested after participating in a few hold-ups in order to get money for drugs. As a result he was imprisoned for three years.

After his release from prison he married a motherly type of person who gave him much affection. Patient is described as a passive, dependent person whose problems have roots in relationship to father and to brother who is the dominant sibling.

Casework contact. During the patient's six weeks hospitalization period, he was interviewed four times. The focus was directed to the area of patient's relationship to mother, brother and wife which were to be further worked out when he would return to the referring family agency. Another major problem was the current one of patient's adjustment to the hospital. He showed ambivalence about remaining for treatment the full length of time.

This patient was able to work through his ambivalence toward treatment and did remain for the full length of time. He was referred back to the family agency for continued treatment.

CASE XII

Background information. Mr. F. J. is a 28 year old single male Negro heroin addict, the twin to patient cited in CASE XI. Mr. J. is a welder by trade and unemployed on date of admission. Mother was partial to this twin and over protective of him as he was the smaller of the two twins. Mother was always prying into his affairs and always told him what to do.

This patient had previously been treated at the Federal Hospital at Lexington, Kentucky. His history indicates three imprisonments for opiate addiction.

Mr. J. did not make friends easily, was lonely and felt better when using drugs. His girl friend was also a drug addict. The psychiatrist considered that Mr. J.'s main problem stemmed from the fact of his being a twin.

Although referred to the hospital by a family agency, it
was thought that the patient did not have as good a
relationship with that agency as his brother.

Casework contact.-- The purpose of casework treatment
during the four weeks hospitalization was twofold:
(1) to act as a liaison with the family agency relative
to making plans for the patient and (2) to deal with
the patient's ambivalence toward his desire to give up
taking the drugs. During his treatment he was very
restless and wished to leave the hospital. There were
nine interviews with this patient and it was evident
that the patient appeared to get a strong measure of
strength from the relationship with the worker.

The patient was able to bring out to the worker a lot
of feeling that he had about the family, the hospital, and
the taking of drugs and with the strong support of the casew-
worker was able to return to the family agency for further
treatment.

CASE XIII

Background information.-- Mr. R. N. is a 22 year old
white single, Jewish male. He is a high school graduate,
working as a salesman when employed, but now currently
unemployed. This patient was referred for admission
following his being apprehended for carrying drugs.
The patient's history revealed that he was dependent on
mother and jealous of her. His father died when the
patient was 14 years of age. Father was stern to
patient and latter did not grieve for him when he died.
Mr. N. began to use heroin when he was 16 years of age
just for the thrill and to be part of a crowd.

Mr. N. was felt to be emotionally immature and unstable,
and in the hospital he reacted strongly to authority.

Casework contact.-- The caseworker was called upon to
discuss with the mother the problem of patient's addic-
tion. During the patient's three day hospital stay,
there was one interview with the mother, none with the
patient. On this occasion, the mother indicated that
her son was strongly attached to her and spoiled both
by herself and maternal grandmother. The mother did
not accept casework service and contact was terminated
when the patient withdrew from treatment against
medical advice.
This case represents a case of contact with the relative only, in an attempt to focus on the patient's illness. Lack of insight and cooperation on the part of the parent, plus the patient's resistance did not permit further exploration into the possibilities of treatment.

CASE XIV

Background information.-- Mr. S. F. is a 39 year old white Jewish male, admitted to the hospital for the seventh time because of barbiturate addiction. He died during the last admission.

Mr. F. was the second eldest of four brothers. He had a very close relationship to his mother. His father was ambitious, successful and critical of patient. Patient had had bronchial asthma since the age of 10. After his father's death, he went into business with his brothers, working as a salesman. Mr. F. felt that the use of drugs which he took over a period of ten years improved his capacity to work.

The patient had married and was father of one child. However, his wife had separated from him.

Casework contact.-- The caseworker helped the patient adjust to the hospital and worked through with him the possibility of night hospitalization, a plan which the patient began but did not continue. The worker was in touch with his brother during his recurrent hospitalizations, clarifying and lending support to the family during this time.

Although the patient was considered to be an inadequate personality suffering from a psychotic reaction following his mother's death, he was not committable.

There were several interviews with this patient in an attempt to make suitable living arrangements for him so that he could avail himself of intensive psychotherapy with the staff psychiatrist. Mr. F. was not able to carry through with any plan and his repeated withdrawals from treatment
plus the continual physical abuse of self culminated in his
death due to toxication of drugs and general exhaustion.

CASE XV

Background information.-- Mr. D. J. is a 42 year old
white, Catholic, married male. He is a high school
graduate and an employed retailer. Mr. J. was admitted
to the hospital for treatment of drug addiction of
three years duration. He has admittedly been taking
seconal for sleep relaxation, and is referred for
treatment by his local physician.

The patient's parents are deceased and little is known
of his relationship to them. As a child the patient
had bronchial asthma which is considered by some to
have a psychogenic basis.

The patient has been married for 18 years to a woman
who is thought to be aggressive in contrast to Mr. J.
who appears to be very phlegmatic, shy and dependent.

Within a three month period of his first admission for
treatment of drug addiction, Mr. J. returned to the
hospital on two occasions for treatment of alcoholism.
He left on each hospitalization before completion of
medical treatment.

Casework contact.-- During this patient's treatment
for drug addiction, he was referred to social service
because of his wish to be discharged before completing
treatment. There were two interviews with the patient
in which his discharge was discussed. The patient
refused to reconsider completion of treatment and con-
tact was terminated when he left the hospital.

In this case the focus of the casework relationship
revolved around the patient's resistance to treatment which
could not be overcome and resulted in his early discharge
from the hospital.

CASE XVI

Background information.-- Mr. S. F. is a 47 year old
white married, Protestant male, a painter by trade but
currently unemployed. He was referred for treatment of
drug addiction from another hospital. Mr. F. became
addicted to opiates following an injury and three subsequent operations three years previously.

The patient's father is deceased and his mother is alive. Mr. F. has been married for 27 years and is the father of five children. Mr. F. blames his wife for his being in the hospital and has many complaints about her "nagging" him. On the other hand he states that only his mother understands him and can help him.

Casework contact.— The patient was seen on two occasions by the caseworker to discuss the patient's ambivalence about remaining in the hospital to complete withdrawal treatment. The patient remained two and a half weeks and was then discharged. It was understood by the patient that he would return to the referring hospital for further treatment of his neurological difficulties.

It is possible to consider that the hospital's change in location during this patient's hospitalization may also have had some disturbing effect upon him. This, in combination with his initial reluctance to enter the hospital, was the focus of casework service which this patient could not face.

CASE XVII

Background information.— Mr. G. C. is a 24 year old single male Negro, working as a laborer in a rubber company.

Mr. C. is the second youngest of five brothers and his relationship to them is good. Both parents are living and well. Mother is considered to be irritable and difficult to satisfy, and unsatisfied in her wants. Mr. C. is the favorite of the children, and he has always tried to be outstanding. In contrast to the elder brothers, the patient was given less help financially than they.

The psychiatrist saw the mother as meeting her own dependent needs in her children.

Mr. C. moved to Boston from another city and found it difficult to make friends. He was introduced to drugs
by acquaintances two years prior to admission. At first, he smoked marihuana and then he began to use heroin. He did not commit any anti-social acts, as some of his acquaintances had.

Casework contact.-- This patient remained in the hospital for a period of ten weeks. During this time there were six interviews with the patient and three interviews with the father.

The focus with the patient was on adjustment to the hospital, pre-treatment in terms of preparing the patient for psychiatric help, and discussion of plans upon his discharge. Casework with the parent was concerned with arrangement of financial terms, obtaining social history about the patient and parental attitudes.

In the case of Mr. C. there was full cooperation on the part of the patient who showed much readiness to enter treatment and he was able to be withdrawn from drugs. His father too was cooperative and secured much support from the caseworker through the assistance given in financial arrangements as well as the understanding and interpretation he acquired about the son's addiction. After the patient's discharge from the hospital, the worker was notified of Mr. C.'s induction into the army with the report that he was doing well.

The importance of a relative active in the treatment situation gives emotional support to the patient as well, as is evident in this case.

CASE XVIII

Background information.-- Mr. S. P. is a 44 year old white divorced, unemployed male referred to the hospital for treatment of nembutal addiction. This followed a disc operation two years previously.

This patient was one of seven siblings. Both parents are dead. The patient is known to be mentally deficient.
He ran away from school and did not learn how to read or write until he was an adult. His parents babied him because of his mental deficiency.

Mr. P. was able to enter the navy. Upon discharge he became depressed, and this is associated with his mother's death coinciding with his service discharge.

The patient was married twice and divorced each time with charges of infidelity brought against him.

The patient was hallucinating upon admittance to the hospital.

Casework contact.-- The caseworker interviewed Mr. P.'s brother on three occasions during the patient's three week hospitalization period. These meetings were concerned with making financial arrangements with the Department of Public Welfare and obtaining social history about the patient.

The patient was too ill to be interviewed both because of his hallucinatory state and an acute alcoholic condition upon admission. The alcoholism was secondary to the use of drugs in this case.

The patient died within the hospital due to the toxic condition of the drugs and alcohol in his general rehabilitated state.

In the case of Mr. P. the casework contact was with the relative directly because of the inability of the patient to participate in the casework relationship. It was helpful to Mr. P.'s brother to have the understanding and support of the caseworker who could interpret to him Mr. P.'s physical and mental condition; in addition, the caseworker made adequate financial arrangements in the admission process which helped relieve the family of severe economic strain.

CASE XIX

Background characteristics.-- Mr. C. R. is a 21 year old white Protestant married male, employed as a dye worker. Mr. R. was addicted to demerol following a series of neurological operations five months prior to
admission. Until that time patient had never used drugs. An accident which resulted in constant and severe pains in his right arm and hand precipitated this use of medication.

The patient was reticent in giving information and little is known other than that he seemed to be a dependent person, both on his wife to whom he had been married for four months and on his mother.

Casework contact.-- The patient was hospitalized for three weeks. Casework was focused on admitting him as a referral for treatment from another hospital. The patient was seen on several occasions and his adjustment to the hospital and plans upon discharge were discussed.

The patient's wife was interviewed on six occasions to interpret treatment and hospital care to her.

Contact with the patient was terminated upon his discharge from the hospital as he did not wish to participate in follow-up treatment on an out-patient basis.

In Mr. R's case the worker was equally concerned with the anxiety which wife presented regarding patient's tolerance of treatment, as with the patient himself and his course of treatment.

CASE XX

Background information.-- Mr. S. L. is a 47 year old white married male, Catholic in religion who is admitted to the hospital for treatment of barbiturate addiction of nine years' duration. He is referred by the county physician in his community. Mr. F. is a music teacher, not employed at present.

Mr. F. said that he slept well only when taking drugs. He had always had difficulty since childhood in sleeping, following an accident which gave him nightmares. Mr. F. was spoiled by his mother who used to take him to bed with her. He always felt nervous and was rejected by the army because of this.

Mr. F. had been married for 16 years and had two children. He felt overwhelmed by the financial responsibilities of the household and his inability to
discipline his children.

Casework contact.-- The patient was hospitalized for a four week period and was seen seven times to discuss his adjustment to the hospital, family problems and plans upon discharge. Mrs. P. was seen on several occasions and she telephoned frequently to talk about the financial problems of the family and Mr. P.'s treatment. There were also several telephone contacts with the referring agency which also contributed to the patient's hospitalization.

Contact was terminated upon the patient's discharge from the hospital. On this first admission to the hospital, the caseworker was more active with the wife in discussion of family problems and financial arrangements than with the patient. When the patient was admitted a second time, he was seen 11 times during which the focus was on the patient's adjustment to the hospital and need to complete treatment, and to prepare him for psychiatric treatment.
CHAPTER VII
SUMMARY AND CONCLUSIONS

This thesis represents the results of a descriptive study of 33 drug addict patients treated at the Washingtonian Hospital during a five-year period. As it was the first investigation to be made on this subject at this hospital, the writer considered this inquiry to have a twofold purpose: (1) to ascertain the background characteristics of this group as they relate to age, race, religion, nationality, marital status, economic and occupational grouping, parental status and relationship, type of addiction, length of addiction diagnosis of patient, previous treatment, and source of referral; and (2) to describe the problems presented in the casework relationship with 20 patients, and to analyze casework service in terms of frequency and intensity of contact, sources of contacts and to describe the areas of problems which were handled.

Chapter II presented a survey of the literature on drug addiction so that it might be related as background material to an understanding of what is involved in drug addiction. It was seen that there are various drugs which have their particular attributes. The person who uses drugs has some emotional or underlying personality difficulty that makes
him amenable to using drugs when he is exposed to them. The consequences of drug use are the formation of habit and increasing inability to withdraw from the drug. The effects are broadly social, economic and emotionally deteriorating to the individual and his immediate environment and ultimately to society when it leads to anti-social behavior.

Chapter III outlined briefly the hospital setting and the medical and psychiatric procedures used in the treatment of drug addiction. The caseworker's function was described. It is primarily supportive in relation to the patient's ambivalence in accepting treatment and offers clarification and understanding to the patient's family.

Chapter IV outlined the salient descriptive background features of each of the 33 patients. This study showed that the largest group of addicts fall within the youngest age category of 20-29 years. The majority of the group were currently married and most patients had dependents, implying some pressure of responsibility toward the family, socially and economically.

The group is characteristically white and Catholic in religion, probably because Boston is a more densely populated Catholic city. There were disproportionately large numbers of Negroes, Jewish and Chinese patients within this group, in relation to their statistical distribution within the total general population. While it is possible to find the explanation for this large number of Negroes, eight, along
social, racial and economic lines, it is less possible to explain the numbers of Jewish and Chinese patients for the same reasons. Minority status as a tentative explanation may have some validity in the writer's opinion, and this is left open for further study. Other studies, discussed in Chapter II have found this factor to be present in the background of narcotic addiction.

One-third of the group had completed high school and one-third finished high school only partially. The figures in educational background compare well with the general population figures in the United States. A substantial number had skilled occupations, but one-half of the group was currently unemployed. Financial stress due to unemployment is reflected in the casework situation where finances was a dominant area of focus.

A small number of patients had both parents living; and a majority of patients had siblings. To this extent a significant number of relatives had some part in the casework situation.

There was evidence of emotional difficulty in the parental home due to divorce, separation or broken home.

The most common addicting drug in the group was heroin, which is also the most popular drug in the general population. All of the Negro group were addicted to this drug which was more readily accessible. The length of addiction varies from one year to 15 years, the largest group falling in the
1-5 year category, probably related to the fact that the largest number in the group is a younger element who are addicted to drugs for a shorter period of time than the middle-aged drug addict who has a longer history of addiction. Only a small number of the group had had previous treatment for their addiction and these too were among the younger adults. The reasons for seeking treatment stemmed from involvement in anti-social activities and family difficulties which in some instances led them to seek help in family agencies; These in turn sponsored the hospitalization of the patients.

A large proportion of the group claimed to have become addicted to drugs following surgery, or treatment of some pain or injury. An equal number had had some trauma or emotional stress; A smaller group stated that group associations led to their introduction to drugs.

Psychiatric evaluations of the patients place the largest group in the emotional, immature and dependent category which is consistent with the dynamic interpretation of the personality of the drug addict, referred to in Chapter II. A large number have personality disorders - schizoid, paranoid, psychotic in variation.

The utilization of community resources is evident in the large number of referrals from hospitals or doctors, and family agencies. Families themselves are substantially instrumental in bringing the patient to the hospital.
In Chapter V an analysis of casework focus was presented. It is seen initially that treatment is hampered by the fact that patients terminate contact within a short period of time for they do not complete medical treatment.

Of the 20 cases seen by the caseworker directly, 18 were handled in cooperation with relatives or social agencies, indicating that there was financial or medical need which brought them to the attention of these social agencies.

The frequency of contact varied considerably from one interview to 104. The majority of patients had an average of four interviews during their hospital stay which varied from less than a week in one instance to more than a year in another.

The caseworker had to concern herself with more than one problem in the majority of cases. The predominant areas were within the realm of finances, family relationships and adjustment to the hospital. Ambivalence about the use of drugs is implied in those patients who needed help in adjusting to or remaining in the hospital.

Chapter VI presented the twenty cases handled by the caseworker to illustrate the background descriptive characteristics of the patient in their interrelatedness to the problems and manner in which the patient presented himself in the casework situation.

From this study it appears that the drug addict is one that cuts across all lines and levels of society. While
the larger number is young and a good proportion is Negro, there is considerable variation in the population distribution itself - being Catholic, Protestant, Jew, or Chinese. The patients are skilled and unskilled, professional persons as doctor, lawyer, nurse - and also are cooks, waitresses, welders. This substantiates the impressions of other studies cited where addicts appear in all strata.

The drug addict has some emotional problem or personality disorder and its roots may lie in part, in the type of family pattern which existed in childhood. A large number in this study had broken homes or poor familial relationships. Yet one must reckon with the factor of exposure in environment and why it is that drugs are chosen as a solution to problems. A further investigation into the dynamics of childhood and parental influences is indicated if one accepts the theory of predisposition of personality toward drug addiction.

The addiction of the patient and its inherent quality of habituation prevent the patient from working out his ambivalence to the withdrawal treatment.

It is seen that the hospitalization period of this group is generally one of short duration and this affects the intensity of casework relationship and scope of activity possible. Where patients follow up treatment in other agencies or continue in the night-hospitalization plan, it is expected that there is more opportunity to support the
patient in his struggle to keep from drugs and to handle underlying personality problems.

The concern of the family is seen in the great extent to which they participate in casework treatment. Financial problems follow the course of addiction. The use of drugs is expensive and increases with the habit. This often means inability to maintain the family and also loss of gainful employment. It is not surprising therefore, to find the family agency or public welfare department active in the family situation.

The case illustrations have pointed out the varied mixture of characteristics which the patient presents. In those instances where hospitalization was longest, and casework treatment more intensive, to that extent more problems were handled and worked through with the patient. It would seem from the data that a mandatory six week period of hospitalization (which is now the policy of the hospital in contrast to the period studied) plus night hospitalization are plans which facilitate the rehabilitation necessary in the treatment of addictions. This, in addition to casework or psychotherapy. The case example of a patient in treatment for over a year illustrates this.

This study could not investigate sufficiently the dynamics of narcotic addiction. Future research in this area might concern itself with questions of motivation toward cure. It does not seem evident from the literature
what part substitution of goals plays.

There are many questions that bear investigation for the further understanding of the drug addict. What is it that makes one person more readily submissive to treatment than others? How influential is the family constellation? What are the interpersonal relationships of drug addicts? While there is some evidence that social relationships are affected as the addict withdraws and becomes involved in his addiction, what does this mean when the addict does marry? How well do drug addicts adjust to marriage?

It might be asked whether a difference in type of drug addiction would make for different adjustments in one's total life situation.

Questions of parental backgrounds, sexual difficulties, and minority status, arise as further sources of investigation.
APPENDIX

SCHEDULE A

I. IDENTIFYING INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Case Record Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
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</tr>
<tr>
<td>Sex</td>
<td>Discharge Date</td>
</tr>
<tr>
<td>Age</td>
<td>Nationality</td>
</tr>
<tr>
<td>Religion</td>
<td>Citizenship</td>
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<tr>
<td>Education</td>
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</tr>
<tr>
<td>Occupation</td>
<td>Place of Employment</td>
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<tr>
<td>Employed</td>
<td>Unemployed</td>
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<tr>
<td>Marital Status</td>
<td>Number of Children</td>
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<tr>
<td>S M W Sep Div</td>
<td>Number of Siblings</td>
</tr>
<tr>
<td>Parental Status</td>
<td></td>
</tr>
</tbody>
</table>

II. ADDICTION STATUS

| Type of Addiction | Length of Addiction |
| Place of Addiction | |

III. RECOMMENDED TREATMENT

| Withdrawal of Addiction | Psychotherapy |
| Casework Service | |

IV. CASEWORK FOCUS

| Problems handled | |
| Contact Sources | |
| Frequency of contacts | |
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