

1950

# Environmental pressures as they affect the acceptance of treatment by fifteen alcoholic patients in the Washingtonian Hospital 1942 to 1950

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1950

BOSTON UNIVERSITY  
SCHOOL OF SOCIAL WORK

ENVIRONMENTAL PRESSURES AS THEY AFFECT THE ACCEPTANCE  
OF TREATMENT BY FIFTEEN ALCOHOLIC PATIENTS IN THE  
WASHINGTONIAN HOSPITAL  
1942 to 1950

A Thesis

Submitted by

Richard Edward Wheeler

(B.A., St. Lawrence University, 1947)

In Partial Fulfillment of Requirements for  
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1950

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CHAPTER I

INTRODUCTION

Purpose and Scope

This is a study of fifteen alcoholic male patients at the Washingtonian Hospital in Boston, Massachusetts. All cases have been active during the years 1942 through 1950, and five cases have been carried by the writer. The study has as its purpose the following:

1. The determination of what common environmental pressures are involved.
2. The determination of what pressures of the environment aid in the acceptance of treatment by the alcoholic patient.
3. The analysis of the social worker's role, and the determination of the services the worker can provide to promote acceptance of treatment.
4. The determination of how environmental pressures that may hinder the acceptance of treatment may be eliminated by the social worker.

This study will be descriptive rather than evaluative because of the limited number of significant case histories available.

The fifteen cases studied will include as many variations of environmental pressures as possible to show the varying degrees of these pressures.

Sources of Data and Method of Procedure

Case records from the files of the Washingtonian Hospital provided the source of data. All cases were selected for the amount of valid material present in the recording. Ten cases were active during the years 1942 to 1948. Five cases were carried by the writer during

the latter half of the year 1949.

In selecting cases to be studied all records in the file of the Washingtonian were surveyed. The following steps were taken to eliminate those cases with no significance to the study:

1. Cases with no social service recording were eliminated.
2. In the second step, social service records were scanned, and those with only very short term contacts were eliminated.
3. The remaining cases were read, and those which did not have pressures of the environment were discarded.
4. In the final step, the remaining thirty-three cases were studied and fifteen selected as being the most significant in content, quantity of recording, and social service contact.

To make the study more meaningful several authoritative studies have been utilized. All conclusions are based on the material present in the fifteen cases under study, but only five cases are presented in detail in order to illustrate pertinent points.

Since this study is not conducive to the statistical method of presentation, the cases presented were selected with the following points in mind: 1) presence of environmental pressures, 2) variations in the types of pressures seen in the cases, 3) the demonstrability of some significant points in each case, 4) the extensive use of the social service department, each case being carried a sufficient length of time to make conclusions valid.

#### Limitations

This study is limited in scope because of the lack of material

available in the case records. Since the study covers cases that have been carried by several different workers, at different periods of time, subjectivity is unavoidable in some instances. It must also be pointed out that all the patients did not accept the same treatment plan. For this reason the conclusions must be general and not applicable to one treatment as such.

Reasons for the Study

It has been fairly well established that the social worker has a definite and special role to play in the treatment and rehabilitation of the alcoholic patient. It is also generally agreed that they should be part of a team of workers including psychiatrists, doctors, nurses, and the social workers themselves. While the psychiatrist carries on the basic therapeutic relationship, the social worker can be of great value to the process of rehabilitation by working with the environmental aspects of the case. In talking about the scope of the social worker's efforts in work with the alcoholic patient Marjorie H. Boggs has this to say:

Hence, not holding ourselves responsible for our failure to effect cures we find ever increasing satisfaction in the modifying and alleviating results we have been able to achieve with some alcoholics and their families. To diminish the intensity of the addiction, to increase the number and duration of periods of relative stability in the family, to lessen the intensity of the family's reaction to the inebriate and provide substitute satisfactions are within our scope to accomplish. (1)

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(1) Marjorie H. Boggs, The Role of Social Work in the Treatment of Inebriates, Quarterly Journal of Studies on Alcohol, Vol. IV, # 4 March, 1944, p.557

Miss Boggs continues:

To be sure, these environmental pressures are often a part of the vicious circle of the alcoholic's own making; but they are things he consciously does not want and that cause him concern even while they provide rationalization for his drinking. The mere alteration of these factors might do little else than force him to find different excuses, but combined with a total program of rehabilitation they may have considerable ego-enhancement value. (2)

This study is to show the environmental pressures that besiege alcoholic patients, and what the social worker can do about alleviating them. It is to show how the social worker smooths the road to recovery for those who are having problems caused by the environment, and its pressures. To be "cured" an alcoholic must want to recover, and he must believe that he is able to recover. Actually there is no "cure" as such, as no alcoholic will ever be able to be a moderate drinker again. However, he can be rehabilitated, and his problem of inebriation arrested. All therapy has as its goal the elimination of the first drink. To promote this arresting of the urge for the first drink the social worker tries to manipulate pressures from the outside so that the patient is able to function at his fullest capacity in the all out effort to combat drinking. Drinking is a far reaching problem and has its effects on whole families, even though only one member is an inebriate. This paper is written to try and show how the social worker can help these patients and their families, by using these pressures to bring on acceptance of a treatment. This study will show how we can eliminate pressures, and it will also show how we can use those pressures present to best advantage.

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(2) Ibid p. 561

## CHAPTER II

### THE WASHINGTONIAN HOSPITAL

#### Introduction

The availability of hospital resources for the chronic alcoholic patient is of concern to social worker and layman alike. It has been brought out by a recent survey that there is a lack of these facilities.

This survey points out that:

As far as we know, only two of the special institutions, the Lambert Foundation in Los Angeles and the Washingtonian Hospital in Boston, appear to have any eclectic leanings and to vary the type of treatment given in accordance with the individual needs of the patient. <sup>1</sup>

The hospital of today sometimes has a ward for alcoholics, but the vast majority refuse these men admittance unless they consider the that the alcoholism is a secondary disease. This fact magnifies the importance of the Washingtonian, as this hospital gives medical men opportunities to study alcoholics as individual cases, with emphasis on the addiction.

#### History and Current Status of the Washingtonian Hospital

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

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

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1 Corwin and Cunningham, Institutional Facilities for the Treatment of Alcoholism, Research Report No. 7, p. 52, 1944

Research, modern therapies, social service work with patients and their relatives, out-patient clinics, the Conditioning Club, are all integral parts of the Washingtonian Hospital, where patients are accepted from all walks of life, regardless of economic status, race, religion, or place of residence. The chief focus of the hospital's endeavors is placed on the treatment for chronic addiction to alcohol and on permanent rehabilitation.<sup>2</sup>

Admission Policies

A patient may be admitted in one of two ways. He may come to the hospital on a voluntary basis, signing himself in and leaving at his own discretion, after serving three days notice in writing. The nearest relative or physician may commit the patient on a temporary care paper, but only for a period not to exceed fifteen days. The patient may remain after this period if he wishes, but he cannot be held against his will.

The first few days in the hospital are spent in the admitting ward. Here the patient is detoxicated. There are several methods that might be used, but the Washingtonian utilizes the sub-shock dosage of insulin method, followed by the neutralization of the body by dextrose. The length of time this process takes varies with the patient, but it usually takes at least one week to complete the dealcoholization process. During this time the patient is built up physically with vitamins, a balanced diet, and the proper amount of rest. Again this varies with the individual patient, some requiring sedatives in order to rest properly.

Not all patients come to the hospital in an intoxicated condition. Some come to take "preventive stays", so that they will not take part in the bout that they feel impending. Some come to take treatment

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2 Joseph Thimann, Annual Report of the Washingtonian Hospital, 1948

after realizing they cannot cure themselves without some help. All are given the opportunity to take advantage of the facilities of the hospital, and to gain the rehabilitation they need. The time when the rehabilitation plans are offered to the patient depends largely on his condition, and his progress in the detoxication process. Services are not offered until the patient is sufficiently clear of mind to fully comprehend the services, and to make the best use of them, within his own capabilities.

#### The Working-Parole Plan

One of the problems ever present in any treatment situation in a hospital environment is that of the ability of the patient to take time off from his job. To enable the patient to circumvent this problem, and at the same time to give him a feeling of being productive while taking treatment, the hospital has instituted a working-parole plan. In this plan the patient spends his days at work, but is only "on leave", and must return to the protective environment of the hospital evenings and week ends. In this way he is afforded the protection he needs to prevent his curtailing treatment by drinking.

The patient goes through the usual admission procedures, and when able to function adequately alone is allowed to work on the outside. If he does not have a job social service aids him in obtaining one. The importance of developing the patient's self-confidence, and sense of achievement can not be over emphasized. He undergoes this parole on a voluntary basis, and if unable to finance a treatment before now, is given a very constructive way to solve this problem. It has been found

that a patient who pays for his own treatment is more serious about the help he is receiving and has a better prognosis.

Since a good deal of our problem with the alcoholic involves stresses of the environment, this plan is important in that it relieves him of much of the environmental pressures he has had to face. In addition it enables the staff to be in contact with the patient for a sufficient length of time to understand his whole problem, and to offer services on a long-range basis. We can see that this controlled environment is of help to staff and patient alike.

#### Antabuse Treatment

In 1947 two Danish scientists accidentally discovered this new drug, and the use that could be made of it with alcoholics in helping them to abstain from the first drink. The Washingtonian now gives this treatment on a selective basis. Antabuse is a pill that, when taken in the proper dosage, will create a threat that enables the alcoholic to abstain. At the Washingtonian patients are required to spend at least twenty-four hours a week in the hospital, for the six weeks beginning treatment. Reasons for this are medical, and involve the safety of the patient. This period also provides an opportunity for the medical staff to observe the results of treatment, as it is still in a research stage. After the first six weeks the patient comes to the hospital on an out-patient basis once a week to have psychiatric interviews and receive his allotment of antabuse pills. Antabuse is a preventive to enable the patient to abstain from the first drink, but it is the accompanying psychotherapy that helps to bring on lasting abstinence.

### Adrenal Cortex

This treatment is on a research basis at present. It is not an aversion plan or a threatening treatment, where the patient becomes ill, but it does serve the purpose of preventing the first drink, which so often starts the vicious circle. It is given on both an out-patient, and house patient basis. Basically it affects the sugar count of the body and eliminates the desire for alcohol. It is accompanied by psychotherapy, either through individual interviews, or group therapy meetings, as is all treatment at the Washingtonian. At present it has been given only to a few patients over a short period of time, but results are encouraging. The treatment is given by injections. Three are given the first week, two the second week, and one a week for an indefinite period after that. This plan requires at least two weeks of hospitalization as the patient must be detoxicated first, and it is felt best that he be in the hospital for his first three injections. The second week the patient comes in for a short preventive stay. The remaining injections and psychiatric interviews are given on an out-patient basis, or to patients using the working-parole plan.

### Conditioned Reflex Therapy

In 1942 Dr. Thimann started this therapy at the Washingtonian, and it has advanced in techniques and efficiency through the years. At present it is the most proven method used at the Washingtonian Hospital. It is given on a selective basis, as not all men are able to take it for medical or psychological reasons. It is a medical treatment, accompanied by psychotherapy. Dr. Thimann states:

It is based on the experiments of Pavlov who exposed his dogs

simultaneously to food and the sound of a bell, for a series of sessions with the result that the dogs soon developed an association between food and the bell; in other words, they reacted to the stimulus of the bell alone with the same reflex responses of the increased secretion of saliva and gastric juice as they did to the sight, taste, and smell of food.

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

This reflex action is called "conditioned reflex" and is apt to fade out after several months, if it is not reinforced by protective follow-up treatment.<sup>3</sup>

"This treatment is not given to all patients, there being some contra-indications to its use. Mental defectives, psychotics, drug and alcohol addicts, criminals, and those constantly exposed to alcohol in professional and social contacts are excluded."<sup>4</sup>

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

Important in this therapy is the protective environment that is provided by the hospital and the follow-up maintained through a club of patients who have taken the conditioning treatment. This club meets

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3 Joseph Thimann, Mental Hygiene in the Rehabilitation of Alcoholics, p.1

4 Joseph Thimann, The Conditioned Reflex Treatment for Alcoholics, p.110

twice a month and members are encouraged to write a letter if they are unable to attend. This group therapy has been found to be of great value in helping the patients to maintain sobriety. In addition, the patient must return to the hospital on a regular basis for reinforcements. Six of these are given in one year at progressively longer time intervals.

### Fees

The hospital charges weekly board and room rates. These include medical care, but no special examinations or treatments. These rates vary, and are flexible. Full rate patients are charged eighty dollars for a double room, and one hundred dollars a week for a single room. Of course these rates apply even during the first week when the patients are usually in the admitting ward. There are a few free beds for those patients with no financial resources. Private social agencies are not charged the full rate, but get a token rate.

Patients on working-parole pay a weekly board and room rate in proportion to their earnings. The responsibility of the patient for home finances is also taken into consideration in setting the fee.

There is a small charge for psychiatric interviews, with three dollars the minimum fee. Adrenal cortex injections are charged for in relation to the patient's ability to pay. At present this cost is very low, but may increase later due to cost of the adrenal cortex. The conditioned reflex treatment of a year is charged for in proportion to the earnings of the patient, and his responsibilities. It must be pointed out that all charges at the Washingtonian are made with the therapy of the patient and his ability to pay without too much sacrifice in mind.

While the hospital makes every effort to arrange financial obligations of the patient so that no person is refused treatment for inability to pay, there are certain indications to the use of money as a therapy. It would be well to point out here that payment of his own financial obligations for treatment and hospitalization enhances the value of the treatment for the patient. Dr. Thimann brings this out when he says:

We see the alcoholic patient, like others who seek help that involves a change of behavior patterns, offering resistance to treatment through imagined inability to pay. The important point here is that the patient not be allowed to accept "gifts" from well intentioned employers, relatives, or friends, thus avoiding an investment of himself in the treatment. This tendency to slide out of responsibilities that require planning ahead and sacrifice is especially marked in the alcoholic patient. We have found that he learns to change his pattern by taking, within his capacity, a maximum responsibility for his own treatment, step by step. <sup>5</sup>

One point must be emphasized, and that is the flexibility of the rates charged to fit the capacity of the patient and his relatives to pay. Arrangement of financial matters is part of the function of the social service department, under the supervision of the hospital director.

#### The Out-Patient Department

The out-patient department has four psychiatrists, and a social worker. In addition, there is a group therapy meeting conducted by a psychiatrist. Women are admitted to the out-patient, but not the group. There are no facilities for females in the hospital proper. Modest fees

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5 Joseph Thimann and Gladys Price, Modern Trends in the Treatment of Alcoholic Addicts, Journal of Social Casework, Oct. 1946, p.226

are charged, and the adrenal cortex and antabuse medications are given to selected cases. Intake is handled by the social service department.

#### The Social Service Department

Although all patients are not given social service, the majority have some contact with the department. Every patient is free to ask for this service during the newly formed "Social Service Hour". This hour is conducted by student workers, one of whom is available for an hour each noon in the recreation hall. At this time patients may approach the worker and seek help with problems. Many have done this, and it has helped the department and the patients to develop a closer relationship.

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

But the patients, and even their families, will testify that dedication to a plan is one thing and the realization of their goal is quite another; for the road to successful rehabilitation of the alcoholic patient is beset by bumps and rough spots, both real and imagined. It is the task of the social worker to help the patient over these disturbances to treatment, be they financial deprivations, unemployment, or marital discord. And the way in which the social worker helps must be in accordance not only with the treatment plans of the physician, but with those of other social agencies and employers as well, all of whom are in close contact with the patient and his family. (6)

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(6) Gladys Price, Report of the Social Service Department, 1945, p.13

## CHAPTER III

### ENVIRONMENTAL PRESSURES FOUND IN THE CASES UNDER STUDY

In this chapter the writer will study the most common pressures of the environment found in the cases. A basic list of five categories has been found. These are pressures of the home; pressures of the church; pressures by the employer; pressures from the community; and pressures from social agencies. Since each of these groups covers a considerable scope they will be divided in the study for further clarification.

#### Home Pressures

In the cases studied only one patient did not have a wife and family. This patient did, however, have a foster home life situation which involved a mother-figure in his place of living and employment, so that it may be said with some justification that all cases had some home pressures and problems. The range of these home pressures ran the gauntlet from simple every day arguments in the home to divorce threats, and threat of loss of a home.

The wife in any alcoholic's home can be a pressure in herself. It has been found in the study that the marital problem is one of the most frequently met. These marital pressures often take the form of threats of divorce or separation. In many instances it has been found that the wife has tried everything that she knows in an unsuccessful attempt to cure the patient and bring happiness to the home. Being unsuccessful, the wife often falls back on the threat of divorce in a last desperate effort to get the patient to cooperate and make an effort toward rehabilitation. Of course some men are actually trying to get their wives to leave them, and then divorce is not a real threat.

With others the loss of a wife is the greatest threat they could be presented with. Some feel their wives are mother-figures, and the loss of the wife is a double loss involving both their spouse and their mother protector. It must be pointed out that the direct opposite of a divorce threat: namely, much sympathy and understanding by the spouse, sometimes has the same effect as a divorce threat. In this situation the patient has no defense because he knows he is in the wrong, and the guilt feelings aroused are more than he can bear. The alcoholic can understand the threat of divorce, because he would be receiving punishment, as a little boy would, and would be paying for his wrongdoing. However, he is not able to understand the sympathy given, as then his guilt feelings are not taken away by the punishment of loss. The wife then, is an environmental pressure by the very fact she is married to the alcoholic. She is the center of his home life, and as such is constantly on the patient's mind. No matter which course the wife takes, she is bringing guilt feelings to the alcoholic, and she is a pressure on the ego mechanism of the patient.

The home as an institution has been found in the study to be a pressure in the majority of cases. Our cultural mores hold that the home is the basis of all family and social life, and that the man should be the bread winner as well as the authoritative figure in the household. Sometimes the financial worry of the responsibilities for the home are too much for the alcoholic's ego structure to take. It has been noted from a study of the cases that most of the patients had some feelings of inferiority about their lack of success in building a household and supporting it. To some men the marriage ceremony itself is a very great

emotional hurdle. The added burden of responsibility for the household is often too much for the alcoholic.

Children in the home are a pressure on the male alcoholic. In this study many reasons have been found for children being a pressure. First, they are a responsibility, and most often the responsibility that the male in the home feels must be considered first. If he fails them by drinking he is faced with tremendous guilt, not only from his own conscience, but also through talk of relatives and neighbors. Often the child who is brought up in an atmosphere where he is subject to problems that are created by alcoholic fathers are maladjusted. This puts pressure on the patient. Children are a source of pride to the male, and he does not wish to lose them. Often they provide competition for the affection of the wife. This causes conflict in the home, and in the alcoholic's mind, as he would like to eliminate competition, but would like to love children.

Relatives, both by marriage and through ties of blood relationship are often sources of pressure. These relatives, especially older sisters and brothers often take the place of mothers and fathers to these men, and they are a source of dependence on which the alcoholic relies. Having identified with a relative as his figure to follow through life, it is difficult for the alcoholic to fail this figure, and still not be in conflict. He would like to stop drinking to please them. However, his drinking is a compulsive thing, and he cannot help himself, so that his guilt feelings are rapidly increased. The early life of the patient is often molded by his position in the family circle, and his emotional

development will depend on his relationship with them. This is brought out later when the man becomes an alcoholic and these relatives endeavor to help him to become rehabilitated. If the relationship was good the relatives can be of great value in helping the patient, but if it was not they are most often a detriment to rehabilitation. Often the alcoholic patient will drink as an escape from his relatives. Again, it may be an expression of aggression against the relatives, or a display of his desire to be independent. This drinking may be an expression of resistance, as the patient is in reality dependent on the relatives, and not liking it, will go on a bout in protest. In-laws bring pressure on the patient, usually through the medium of the wife. Often competition develops over the affections of the wife, and in order to be first in her esteem the patient will try to go beyond his capacity and out do the relatives. If he is unable to do this and win the battle, frustration may develop, which leads to drink as an escape from the reality situation.

One of the most important pressures from the home situation, as found in the study, is the financial burden placed upon him by a family. Despondency over lack of funds in the home, and the apparent lack of ability as a provider often brings the alcoholic to participation in a drinking bout. Lacking the emotional stability with which to cope with the reality situation, the alcoholic retires to a bar to build up his ego through the medium of drink. This is not the answer, and he knows it, as the problem remains, but the alcoholic unconsciously feels he is master of his situation while under the euphoric influence of liquor, and his revolt against his position becomes justified in his own mind.

### Church Pressures

All patients studied were either Catholic or Protestant. The pressure of the church was exemplified in several ways. In many cases it was a direct thing, with the minister telling the man he is failing God, and himself, and he is sinning. This creates guilt feelings in the alcoholic. It has been found in the study that often the alcoholic has not attended church for several years. This may be a defense of a type, as the patient is afraid. Some attend church with great regularity, and this may also be a defense mechanism, as being close to the church the alcoholic feels some measure of acceptance of his inebriation, and he is somewhat protected from his own feelings of guilt. Most of the patients studied had a great fear of the final day of retribution when they would die and have to pay for their sins connected with alcoholic bouts. It must be noted that ten of the cases studied had tried Alcoholics Anonymous before entering the Washingtonian Hospital. This program has a very definite religious aspect, and most of the men could not relate to it. These men gave as their reason for not liking this program the fact that they had to admit their alcoholism and seek help through a higher power. They were not able to accept the religious angle. They could not take the public admission of alcoholism, and the subsequent admission of guilt. Often the patients will feel that if they go back to the church and make a pledge of sobriety they will be all right. This is seldom, if ever, the case. Their inability to keep pledges only motivates more guilt feelings. Many have tried pledges of this nature, and as a result have been more in conflict than ever.

Community Pressures

The element of disgrace seems to be the most prevalent pressure of the community. Only one of the patients in the cases studied did not have any feelings about his disgrace in the community. This disgrace is a subtle thing, and usually arises only in the mind of the alcoholic. However, sometimes it is very real. When an alcoholic puts himself in the position of being " the talk of the neighborhood", by staggering home, or spending all of his time in taverns , he puts pressure on himself. This is especially true where the patients are very poor or where they live in an area of wealth. The neighbors believe the poor man should not squander his money, and the rich man is not upholding his prestige in the community. These drinkers, both rich and poor, are the type that will bring their bottle home to drink. They do not do this because they wish to be alone, but because they cannot face the public condemnation of their drinking. When drinking the patient knows he is going against the mores of the community , and this is a pressure that brings conflict to his mind. Sometimes the patient drinks enough so that the people of the community feel he is neglecting his family. Then the Society for the Prevention of Cruelty to Children , or the law, is brought into the case. This is considered a disgrace of the highest order by the alcoholic, and is a powerful influence on the patient's ability to accept the fact that something must be done about his drinking. Then he may accept treatment.

Employer Pressures

The male alcoholic , being the provider , must of necessity be employed in order to live in peace with himself. Loss of employment has been found to be a very disturbing factor in this study.

The threat of loss of position , or the actual loss of it , are great pressures on the alcoholic patient. He feels guilty for letting his employer down, and more guilt for not supporting his family. Some men drink to combat this , but others can be guided into acceptance of a treatment plan with this as a mobilizing force. The loss of employment usually carries with it an increase in the other pressures of the environment. It is a symptom of failure, both to the patient and to the rest of his environmental associates. Most employers cannot afford to have alcoholics on their payroll, and are forced to let these men go. However, sometimes these men are allowed to hold their positions if they will participate in treatment. This situation is also a pressure , as the alcoholic is then dependent on the employer , and this interference in what the alcoholic considers his private life causes conflicts.

Social Agency Pressures

As previously cited , agencies of a protective nature are a pressure to the patient. Other agencies may also exert pressure, but in a more subtle way. The fact that the alcoholic's family has to ask for financial aid is a pressure. Again guilt feelings arise because the alcoholic has failed. An agency can use this pressure through renunciation of their help to the family, by direct means such as a court procedure, or by manipulation of the financial support of the patient and his family. This is done with acceptable case work methods, and no means are used that would be in opposition to case work principles. Often the agency acts as a liaison between the hospital , the family, the employer, and the patient. This places the patient in a dependent position, where

he must do his part in order not to let the agency down.

In summary, we have five main groups of pressures of the environment. It has been shown these do exist, but no attempt has been made to determine which pressures are detrimental to the patient, and which aid the acceptance of treatment. These questions will be discussed in later chapters. Chapter IV will consider those pressures that aid acceptance of treatment. Chapter V will be a study of those environmental pressures that hinder acceptance of treatment. It has been the writer's intention to point out the pressures present to show that it is most often a combination of these pressures that causes the patient to drink, and it also may be this combination that will help him to accept treatment. It must be remembered that all alcoholics are not neurotics. However, most of these men have pressures from the environment which may be causative factors in their drinking pattern. Environmental pressures are not the only cause of alcoholism, but have been presented because they are factors with which the social worker deals. The biggest hurdle for the alcoholic is his ability to see that he does need help to rehabilitate himself. He usually is not able to do it alone. The alcoholic needs help, and sometimes the pressures listed can be of help in bringing the patient to acceptance of treatment. Pressures do not have to be detrimental to the patient even if they originally presented a problem to the patient. The social worker can manipulate these pressures to benefit the patient.

It is not the intention of this paper to put forward environmental pressures as the cause of alcoholism, or as their cure. It is the basis of this study to try and show that these pressures are present, and that

a constructive use can be made of them by the social worker in helping the patient and his relatives to relate. It is the bringing about of what Harry M. Tiebout calls "the act of surrender", when treatment is accepted despite the conscious and unconscious conflicts of the patient concerning it. We are working here on the hypothesis that any method used with the alcoholic is justifiable, within case work principles, if it helps to bring him to an acceptance of treatment, and starts him on his way to permanent rehabilitation.

## CHAPTER IV

ENVIRONMENTAL PRESSURES THAT AID THE ACCEPTANCE OF A TREATMENT

In presenting pressures of the environment that may help the alcoholic patient to relate and come to an acceptance of a treatment plan, we must again return to the five main categories listed in the previous chapter. It must be pointed out that the degree of aid in helping the patient accept, and in fact the ability of the pressure to be useful or detrimental differs greatly with each case. There is no set rule to utilize and any correlation table would be invalid. This chapter is to present some of the pressures in the cases studied that have been found to be of help to the patient and the social worker in helping the patient to relate himself to the problem and bring himself to acceptance of a treatment.

While at first glance, and from previous statements, it might seem that the threat of divorce is entirely negative in action, and that what the patient really needs at this time is acceptance and understanding, it has been found in the study that sometimes the threat of divorce can have a therapeutic value in helping the patient to consider treatment. As a child does, the alcoholic will play on the attentions he receives, and make an attempt to receive more as long as he is permitted to do this. As long as he can be the center of attention and the cause of concern to his wife and family he will continue to participate in alcoholic bouts. Some alcoholics enjoy being little boys who are receiving attention from their mother-figures. However, they do have ambivalent feelings about this, as considering the wife a mother-figure, they also feel they should have her direction and protection. Often a threat of separation or divorce

## CHAPTER VI

SOCIAL SERVICE DEPARTMENT: ITS ROLE AND SERVICES RENDERED

When the patient enters the hospital he is interviewed by a social worker as soon as he is sober enough to relate and understand what is being said. If possible his relatives are interviewed when he is admitted. The patient and the relatives are given explanations of the various treatments available. In this way they are both given an opportunity to see the treatment plans in the proper light. In addition, the patient is able to consider the various aspects of treatment as it would effect him before he sees the psychiatrist and decides with him on a definite plan. The social worker makes no decisions as to the type of treatment to be given, but clarifies to the patient and relatives the various aspects to be faced in a treatment situation.

The social worker tries to smooth the road for the patient, in order that he might be able to relate on a productive basis. Some men have fears of psychiatrists, thinking of them only as men who commit people to institutions. An interpretation of the work of the doctors is given to the patient. This helps to pave the way for his acceptance of a therapeutic relationship, which is part of all therapy at the Washingtonian.

The social worker acts as a coordinator between the doctors, other agencies, the patient's family, and the employer of the patient. Interpretations are given to relatives, and case work contacts are held with them on as long a range basis as possible so that they may understand the alcoholic as he goes through the various stages in his rehabilitation process. It has been found in the study that often this involves helping

relatives with their own complex problems, and helping them to relate to the alcoholism of the patient and to accept it. If the relative accepts the patient as a person with a disease, although an emotional one, it is easier for the patient. In coordinating the work of other agencies with that of the hospital duplication of work is eliminated, and the patient helped more. By using the cooperation of other agencies often the pressures brought to bear on the patient can be controlled to an extent, and used as a measure to help the patient accept treatment. The hospital social worker is a liaison between the patient, the hospital staff, and others concerned with the patient's welfare.

When financial insecurity is present the worker often helps the patient to work out his monetary problems. He may help in obtaining a new position, or interpret the patient's position to the old employer so that the patient has a position to return to. He may, with the permission of the director, alter the fees of the hospital to fit the financial status of the patient, eliminating much pressure. The removal of financial pressures is one of the most important functions of the social worker, and it is sometimes done by getting other agencies to help finance the patient, or, in a few cases, to provide free beds for the patients.

The social worker is a central figure to the patient because he is not a therapist, and therefore not a direct threat to the patient. He is there to help, as is the therapist, but the social worker is more generally regarded as one who gives with no thought of something in return. The social worker can smooth the road to acceptance of treatment in this

position because he is able to allow the patient to abreact some, and to express his hostility in an environment where he is not subject to any measure of rejection for his hostility. The patient often talks to the social worker, expresses his problem verbally, and then is able to relate to his reality situation with the psychiatrist. The social worker can answer the endless small questions of the patient which seem to worry him, and for which he demands an immediate answer. By answering these questions the social worker helps the patient to relate to the hospital and to make the best use of his stay. When the questions are answered the patient then feels the hospital is interested in him as an individual case. Talks with the social worker also give the relatives a chance to air their views, and to express their hostility over the situation. Often after an interview these relatives accept a different view, and are able to help the patient with their new-found understanding.

Manipulation of the various pressures is an important part of the role of the social worker. Pressures that hinder treatment can sometimes be eliminated. By giving the family understanding the worker helps them to eliminate the pressures they are unknowingly bringing on the patient. The time element is important in all this work, as the same pressures that hinder treatment often help the patient accept at a different time. The social worker applies pressure, within case work principles, and tries to remove it in his role of coordinator and central figure in the early relationship with the client.

Pressures that help the patient are also handled by the social worker. Not only can he bring these to bear in the proper proportion

to the patient, but he can help the patient to understand them, so that they are supports. No deep psychotherapy is undertaken by the social worker, but the conscious problems of the patient can be worked through to the extent where he will feel more free in his mind, and will be able to relate to the psychiatrist.

## CHAPTER VII

CASE ILLUSTRATIONS

The following five cases are presented in some detail in order to illustrate the various environmental pressures that come to the alcoholic patient. They will show these pressures as they help the patient accept, treatment, as they hinder the patient in his attempt to seek and utilize help, and as they are used by the social worker to help the patient. Of the fifteen cases studied, the five presented contained the most material, and seemed to be the most representative samples. Each case illustrates some different pressures, all of which have been brought out to some degree in previous discussions. They will also show which pressures seem to be the most common, as exemplified by their presence in many cases.

Case of Mr. A.General History

Patient is forty-three years old, married, has four children, and has been a heavy drinker only two years. His oldest child is fifteen. He started as a social drinker, over a ten year period. He has held only one job since leaving grammar school. He works seven days a week in a newspaper distributing office. He has held this job twenty-seven years. Both patient and wife are Catholic. His parents are dead, and he has one brother living and well. This brother rejects the patient. This man has a small home he owns except for a negligible mortgage.

Social History

In interviews with the patient and his wife it was found that he

had never been able to relate to groups. At the age of nine he became afflicted with psoriasis, which now covers his entire body. At this time the children in the neighborhood began to taunt him because of his skin disease, and his mother would not let him play with them. She made him come home immediately after school, over-protected him, and as a result he never was able to learn how to hold friends. He is still very sensitive about his skin disease, and when entering the hospital would not take a shower as he was afraid someone might see him. His life has been one of constant fear that people would not like him because of the psoriasis. He has been in fear that people are looking only at him, and as a result he would not marry in the church until after all the guests were removed. He has not gone to church for several years. He walks two miles to work each day, as he is afraid he will drop dead in front of people on the trolley. He has no recreational outlets except television and comic books. He will not attend movies because of the crowds, and will not enter other places where crowds might gather. The wife feels he must do something about his alcoholism as he staggers home nights, and she and the children are ashamed of him.

Patient would not enter the hospital until he was assured he would not have to sign a paper that he was an alcoholic. He is in great fear of closed places, and the first day in the hospital admitting ward was in great anxiety about the locked doors, expressing the conviction that he would not live through the first night if confined. He would not take the suggested sedatives to help him to sleep, as he was afraid the people in the hospital would look at him while he slept. He declared that

he was duped on coming to the hospital and he would never trust anyone again. He was referred by a social agency in his own community, outside of Boston. His claim was that he had no problems with alcohol. He said that he did have problems of anxiety, hypertension, and psoriasis. Later he changed this story to include the fact that his wife also drank, and he was just "taking the rap" for them both. Patient was intoxicated when admitted and made a great show of bravado, but in general was cooperative. The agency paid for his hospitalization, while his employer, who held his position for his return on the condition that he take a treatment, helped to support the wife and children by giving them his weekly check.

#### Pressures Present

Loss of employment threats seemed to be the biggest pressure on this patient. His employer insisted he take a treatment and make an honest effort to recover before he would take him back. Having been employed by only one firm all his life, the patient was put in the position of loss of everything because of this threat.

The social agency brought pressure to bear, as they were supporting his hospital stay financially, and he owed cooperation. When he first came to the hospital he said he had only come in for them.

The church exerted an indirect pressure. Patient had not been to church for several years, and was in fear of dying outside of its protection. He had many guilt feelings over this, and it was causing him conflict, as going to church would mean he had to be in a crowd.

The wife and children were a pressure on the patient. One reason was the wife's fear he would lose his job, which she expressed to him.

This made the patient insecure in his home relationship as well as in his employment situation. Since the wife also filled a mother role for the patient, many feelings of guilt were brought out.

#### Social Worker's Role

The patient had three admissions to the hospital in a period of a month. He first entered the hospital at the request of his wife and the social agency in his community. At this time he would not consider any treatment, as he felt he was not an alcoholic. He left at the end of one week with the excuse that he had to have a heat lamp for his psoriasis, and his was at home. During his first admission the social worker gave both the patient and his wife an explanation of treatment plans that might possibly be worked out, so that he could take his time and consider them. He was not able to relate as he was not entirely sober during this time, and he appeared to be emotionally deaf, being so concerned with his anxiety that he would not, or could not hear. It was arranged with his social agency that he would be able to return to the Washingtonian when he wished to make another effort, and the program started with the patient would be continued. The patient left on a Friday, accompanied by his wife, although she was very much against his leaving. The wife at this time was interviewed by the social worker and encouraged to put up a firm stand to the patient, so that he would have her support in his conflict over returning to the hospital. It was arranged with his social agency that if he returned to them for help in seeking his position back they would refuse this help. They would explain this to the patient on the basis that he had not cooperated with them, and they could not cooperate with

him. The hospital social worker talked with the patient and his wife together, giving them an explanation of his plight, and impressing on them the necessity of his returning to the hospital, as he could not rehabilitate himself without aid. He had tried alone and failed.

The following Monday the patient came in for his second admission. He returned with a better attitude and seemed to want to try some type of treatment. These were again reviewed with the patient, and he picked the one which, for physical reasons, he obviously would not be able to take. He still insisted that he did not need treatment, but he consented to try one because so many people wished him to make the effort.

After a discussion with the doctor he decided he would like to take antabuse. This entailed a difficult physical examination. He did not wish treatment, and was using this method to resist it. His reasons for taking this treatment were two. First, he knew he stood little chance of passing the physical examination, but could say he had done his part even if he failed. Second, he was anxious about his physical health and welcomed the new opportunity to have another doctor say he was not well. Needless to say he failed the examination because of hypertension. After this he became upset and left the hospital, saying he had much faith in the antabuse treatment. He would not consider the offer of any other treatment.

A few days later he came to the hospital again. At this time he requested that he be allowed to take the adrenal cortex treatment. He said that he had been to his social agency for help in receiving his

position back. They had refused this help until he was willing to take treatment. He now decided that the only way out was to take treatment. The hospital social worker helped him to work through some of his feelings about this and assured him that arrangements had been made for his return to work as soon as he had completed the initial stages of treatment. This relieved his mind. Hethen wondered about his wife, and the fact that she drank and did not help him. The worker assured him that his wife was loyal, and that an explanation of her role would be given her. She would also be warned that if she drank it would be injurious to the treatment.

Summary

In this case the patient could not operate alone. The social worker used the pressures present to help him to acceptance of a treatment plan in three ways. The employer cooperated by not permitting a return to work too early, and by financially supporting the family. The social agency was used as they supported the patient financially in the hospital, but still held pressure on the patient by refusing to help him return to work at too early a date. The wife brought pressure, which was directed by the social worker, by taking a firm stand with the patient. She had the support of her children and the church in this. After treatment was accepted an explanation of why pressures were used was given to the patient so that he would understand and be able to relate for further interviews.

Case of Mr. B.

General History

Patient is a forty-nine years old male, married, with two young children. He was born in Ireland and educated in the National schools.

Both the patient and his wife are Catholics. His marriage has lasted thirteen years. He has eleven siblings, the most predominant of which are two older sisters with whom he has a sort of mother-figure relationship. He has been drinking to excess for several years and was in the Washingtonian for two weeks four years previously. His parents are deceased. Patient has a position with the Metropolitan Transit Authority as a car washer.

### Social History

In interviews with the older sister, who financed his stay at the hospital, a history of the patient was obtained. It was brought out at this time that the patient had many friends, but was rejected by his brothers, as they felt he **should** be able to handle his drinks or leave them alone. The older sisters have always acted as his mother, and they were the ones that saved their money and brought the patient to the United States. This sister is ambivalent about the patient, wishing to mother him at one time, and at the next moment to "give him a kick in the pants". The wife had decided that she had been through enough and was threatening divorce proceedings. She did move to a new address so that the patient could not contact her. She did this because she was afraid he would escape from the hospital and do her bodily harm. Patient was described by his sister as a dual personality, who was a wonderful man when sober, but a beast when drunk. Patient always had many friends and belonged to a union and a fraternal organization.

### Pressures Present

The biggest threat to the patient was his wife's leaving the

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home and declaring she would divorce him. This he could understand, as he realized he had been bad to her when drinking, but he felt that he did not have to take treatment, He broke into much weeping when told his wife might leave him.

His employers were a pressure. The patient might lose his job. They were disgusted with him, and felt that he really had to make a good adjustment before they would take him back.

The church and social agencies were not directly involved.

The relatives were a definite pressure as they did not have any understanding of alcoholism as a disease. They felt he could cure his problem with church pledges and a little will power. He had tried some church pledges , but had failed. When he was admitted the sister said that she felt that all he needed was a two week sobering up period and he would be all right.

#### Social Worker's Role

The patient had three admissions in succession, but it was not until the third that a social worker was assigned to the case. The first step in helping this man was to interpret the situation to his sister, who was willing to help him financially, but did not seem to understand that there was more to alcoholism than an occasional sobering up. This interpretation took two interviews, and at the end of this time she was willing to keep the patient in the hospital for two weeks, to enable the staff to work with the man. He was committed by the sister, and was not able to leave without her consent. She went to see the patient and encouraged him to stay, so that he would not carry out his earlier threat to escape.

In interviews with the patient it was pointed out that his wife might leave him, and he sobbed and became very upset. This was done because it was felt it best to tell him this while he was in the hospital rather than have him leave and find his wife gone. This would have only led to another drinking circle. Help in talking with his wife to get her to stay with him was offered, and the patient clutched at it. At the same time treatments were outlined and it was suggested to the patient that his wife might have a more lenient attitude toward him if he would undertake some treatment. He would not consider anything but psychotherapy, but this was a start. His obligations to his relatives who were helping him financially were also pointed out by both the sister and the social worker, and he came to realize that he owed something in return. Aid in obtaining his position back was also offered. However, the sister had already arranged this matter.

Although the patient was emotionally upset at the prospect of losing his wife and children, this pressure was kept on the patient until he was able to realize he needed help. This seemed to be the area where he was in the greatest need of help, and it was offered, but only on the condition that he cooperate and stay in the hospital. He was then to see a psychiatrist. An explanation of the work of the psychiatrist was given the patient, as he showed evidences of fear concerning the interview.

#### Summary

The marital problem is the central pressure here. This was used as a threat to bring about acceptance, and then relieved by helping the relatives to understand the patient and the wife to accept him back.

This was not done directly, but through the sister. The patient's job was assured through the sister. The pressure of the relatives and their attitude was eliminated by explanations to them, and by having the patient accept treatment so that he could show them something very concrete in the way of his desire to recover.

Case of Mr. G.

General History

Patient is a fifty-three year old Irishman. He was born in Ireland and educated there in the National schools. He has always been single, and has six living siblings. His father is deceased, but his mother is living. She is still in Ireland. Patient has always been a drinker, but never to excess until very recent years. He does not consider himself an alcoholic. Patient has had tuberculosis, which is now arrested. Since his immigration to this country he has held odd jobs, his present position being that of caretaker at a children's home.

Social History

Patient has always been a rather friendly man, and has many social acquaintances. He belongs to a union, and has many recreational activities. Patient describes himself as the baby of the family and the only one for whom his mother still cares. He appears to be rather limited in intelligence and is rather hard to understand, as he talks with a thick Irish brogue. He came to the hospital at the request of his employer, a woman. He considers this woman a mother-figure, although not on a conscious level. Patient seems to have a great deal of dependence on this woman. He is ambivalent, resenting her "bossing", but at the same time he feels she

protects him, and he cannot operate without her guidance. He obeys her without question and respects her judgement in all matters, much as a trusting child. His claim on entering the hospital was that she was only sending him to the hospital for a rest, and she would call for him in her own car when it was time to leave. He did pay for his own hospitalization from savings, but decided that "no doctor is going to get any of my money for treatment". He would like to be independent, as he realizes he should at his age. However, he would also like to be dependent, like a child, on this employer. This brings him much conflict. He gets room, board, and a small cash allowance at the home where he works, and he feels it would be giving up too much to lose both the job and his mother protector.

#### Pressures Present

Home pressures are evident here, as the man is all alone in the world, and feels the loss of identification with the home and employer as a loss of his real home and the accompanying security.

The loss of employment is another pressure, which is closely related in this case. His great dependence is threatened by the fact the employer will not have him back until he is cured. He can never be cured, but if the alcoholism is arrested the employer will be satisfied.

The community does not enter this case, as the patient is alone in the world, and does not relate to the community as a functioning member of society. The church is not a factor except through the fact he is a Catholic, and therefore does not want to sin.

There is a social agency in the case, but it is also his

employer, so its affect can be studied under the employer-home relationship.

### Social Worker's Role

When the patient entered the hospital he thought it was just for a rest. The social worker had to tell him that his employer wanted him to take a treatment, and would not accept him back unless he did. This was a severe blow to the patient and at first he threatened to leave the position, but later decided that he was not strong enough in will power to go against the powerful employer-mother figure of the woman he worked for. The available treatments at the hospital were explained to the patient, and it was brought out to him that acceptance of a plan was his easiest way out. He had more to gain by taking treatment than he had to lose, so he came to the conclusion that he should take a plan under consideration. This he did. However, he would not do this until the social worker talked with his employer and gave her an understanding of the real nature of the problem. After talks with the employer she agreed to take the patient back, and this made the patient very willing to take treatment as his part of the bargain.

### Summary

In this case the main point was threat of loss of position, with the added factor of loss of the mother-figure. The social worker used the threat of the loss to help the patient to accept treatment. The insecurity feelings he had over this threat were eliminated by getting the employer to accept him back, after the start of treatment. At the same time the pressure was still present because he could not back out and not take treatment since it would mean loss of everything. He was alone in the

world, and therefore this loss was more important to him than it would have been to a person with another home. He did have some sisters he could go to, but this would have meant admission of failure, and he could not face this prospect. He took the easiest way out and accepted treatment.

#### Case of Mr. D.

##### General History

Patient is married and has six children. He is forty-four years of age, and has an education extending through high school level. His parents are dead, one dying of heart disease, and the other of tuberculosis.

He was employed at fourteen years of age. He is a builder by trade. When sober he is considered a very good carpenter. His mother died when he was two years old, and he lived with an indulgent grandmother. He was an only child. His present marriage is his second. His first wife died after four years of wedlock. There were no children of the first marriage. Patient is a Protestant, and attends church. He has one step-brother, and many friends.

##### Social History

Patient was referred by the Society for the Prevention of Cruelty to Children on Cape Cod. He had a previous admission a year before, and at that time he could not accept treatment, although the social service department had tried to help him. He did accept a preventive stay plan, but soon abused this plan. On the present admission he came to the hospital in a very inebriated condition, and sought to leave as soon as he was a little sober. It was arranged that he would have to be signed in the hospital on a temporary care paper by the wife this time. He has

always been a good husband and provider, but of late has been taking to drink because he feels that as a builder he should be able to place his family in a better home than he is providing. His family is on the rolls of the local welfare, and he has guilt feelings about the matter. The patient has tried to build his own business but failed, as he is not the aggressive type, and has little organizational ability. He is a good workman however. This has impaired his sense of independence, and he feels guilty for having failed in business. He attends Alcoholics Anonymous but not consistently. He seems in great need of the religious angle that this program provides. The patient feels very self-conscious about any help that he receives, and feels guilty for having to ask help, since he is a skilled workman. The patient himself feels he is an alcoholic, and gives the fact that he was pampered as a child as the main reason for his alcoholism. He also feels that perhaps the cause of his inebriation is heredity. He has a problem, and has been drinking for over ten years. He has guilt feelings about not being in the service during the war, and this had caused him to resort to drink. He would like outside interests but feels that his large family prevents this. He seems to have a fairly good grasp of his situation from an intellectual standpoint.

#### Pressures Present

The most prevalent pressures found in this case seem to be those created by the social agency. First, the Public Welfare Department is supporting the wife and children. Second, the SPCC, which has been called in by the community because he was drinking, exerts much pressure.

Pressure is brought to bear from the home. The patient has six children to support, and according to his own standards he has failed. The wife wishes to help the patient, but would like him to do a better job as a father and household provider.

The community has exerted pressures through the SPCC, things having come to the point where emergency measures of a protective nature had to be taken by the social worker. An admission was forced on the man.

The patient is self-employed, but at the same time the lack of ability his inability to hold a position and create one is a pressure.

The church exerts no direct pressure, but the patient's need for spiritual guidance is evidenced by his desire to utilize the Alcoholics Anonymous program.

#### Social Worker's Role

The patient's previous admissions had been before the advent of the antabuse and adrenal cortex treatments. He was not able to accept the long period required for the conditioned reflex, and he thought out-patient was not advisable, as it was eighty miles to his home. He did not think psychotherapy alone was worth the trip. When he was admitted at the present time he knew he had to do something. The SPCC was demanding that he take action, and his wife had come to the point where she was willing to risk their marriage relationship by signing a temporary care paper for the patient. After his sobering up period he was presented with the facts about the new treatments, and after long thought on the subject he decided that he might be able to try the adrenal cortex treatment plan.

The social worker pointed out to him the debt he owed his wife and children, and the disgrace he must feel for having failed them in the community. This was done to help him mobilize his strengths, and later was worked through with the patient. The patient realized his faults and was desirous of having them rectified. He stayed at the hospital for a period of weeks, and then took parole to hunt for a position. He was not able to find a job, as he had grandiose ideas about the type of position that would be good for him, and this, combined with his intense desire to join his family was too much for the patient. He finally left, and returned to his home.

Before the patient left it was brought out to him that his family would not want him back if he was going to drink again, and that he should take treatment to show his good faith to them. It would also show his faith in his own ability to help himself. This he agreed to do.

He was encouraged to attend the Alcoholics Anonymous at home, if he felt this would help. This relieved his feelings of conflict, as he did think they did a good job. In addition they were a social contact that he felt he needed. He was also encouraged to attend group therapy meetings at the hospital. It was pointed out to the patient that the social worker realized he must have feelings about not being able to support his large family, but if he would stop drinking he would soon be able to assume this responsibility, and eliminate the pressure of insecurity and inability to support the home. The social agency in his home town agreed to pay for the treatments until he was able to assume the burden. This eliminated the pressing burden of financial obligations and he started treatment.

### Summary

The role of the social worker in this case was to bring the pressures present to bear as a unified whole, rather than as separate items that the patient would be able to rationalize away one at a time. The worker had to help the patient see his responsibilities to home and family, and to help him realize that he could not become gainfully employed anywhere as long as he continued to drink to excess. The pressures brought to bear outweighed the patient's desire to drink, and he took treatment. The patient unconsciously would like to drink, and the fact that he would not be able to take any form of alcohol was a hard thing to face. By bringing out his responsibilities he was made to face the reality situation. If he had been allowed to come to the hospital just for the purpose of detoxication he would have continued to drink, and his vicious circle would have continued. By enforcing the fact that this would be his last chance at the hospital, and by manipulation of other pressures on the patient he was made to see that he had no escape except that offered by treatment. By giving the patient an escape route, through treatment, the worker was keeping within the bounds of good case work practice. He was forced to see his own strengths, and then helped to utilize them to best advantage. Often patients are not able to use their own strengths until they are placed in a position which has only one avenue of escape. Since this escape route was good for the patient it can be said that the method used was in accordance with good case work principles. It is the end result that is important. If the patient cannot use his strengths he is aided.

Case of Mr. E.General History

This patient is fifty years of age. He is married, and has one son. This boy is married and lives in a separate city. Patient has one brother and one sister, but has never had a close relationship with either. He has a high school education. His father died of cancer, and his mother is living and well. He is a veteran of World War I, and was wounded in the conflict. He belongs to the American Legion. He has many friends and some hobbies. He works as a salesman for a brother-in-law, and he first began drinking heavily while entertaining his customers. Patient is a Protestant. His church financed his hospitalization.

Social History

Patient had a very traumatic childhood. When he was born, the third sibling of the marriage, he was sent to live with an aunt. This aunt had no children of her own and lavished affection on the patient. He was sent to his aunt because his mother did not feel she was well enough to care for three children. He did not live in the home of his putative parents until the age of six. At this time the aunt died and he was sent home. While at the aunt's he had been the center of attention and was given everything he wanted, including a pony. When sent home he did not have the pony and he was rejected in his search for an equal amount of affection from his parents. At this time he tried to kill himself by throwing his body over a street car line. He never gained the acceptance he needed at home, and resisted this by calling his mother "Aunt". Later in life, through no fault of his own, he was

removed from a position. It was after this that he started to drink heavily.

The patient tried to start a business of his own during the war years, but was not successful. He blamed this failure on a partner who was an alcoholic, and who stole from the corporation. After this effort the patient was forced to take employment offered by his brother-in-law.

In his home situation there is much rivalry between the patient and the two brothers of the wife. Both of these men are single, and both are about the same age as the patient. His wife depends on them for advice, and will seldom consult the patient. During their whole married life the patient has never been to his own home for a holiday, always giving in to the wishes of the wife and going to her relatives. In the presence of the relatives he felt inferior, as they are all successful men. The patient has never been severe in his drinking bouts. However, a very few drinks seem to be too many for this man. When drunk he would fall asleep and forget where he was. He was arrested just before he came to the hospital. This made the family very angry, as they felt it a very severe disgrace.

Patient would like to be the man in his household, but has never been able to accomplish this. He lives in an apartment beneath his relatives and his wife has never broken away from her own home enough to assume the role of wife.

Patient is a dignified appearing man. He came to the hospital at the request of his minister, who was taking an active part in his case.

His expressed reason for entering the hospital was because his wife was threatening divorce action, and because he felt he had made a fool of himself by being arrested.

#### Pressures Present

The home is a pressure here, because the wife is threatening divorce. She waits at the door for the patient each night so that she can smell his breath and catch him in the act of being drunk. She depends on her relatives rather than the patient, and has a very infantile method of approach to her husband's problem.

The employer is a factor, as he will not have the patient back until he is sober and has tried a treatment. This is both because the employer is his brother-in-law, and is seeking to protect his sister, but also because he has been going on bouts and leaving his work to others.

The church is a direct pressure. The minister is paying for the patient's hospitalization, and although collecting this fee from the wife, is exerting pressure through finances. The church is also placing pressure on the patient through the active participation of the minister, who is attempting to put the patient back on his feet and make him a respectable member of the community.

The only social agency involved is the church.

The community is presenting indirect pressure through the arrest of the patient, and the subsequent disgrace. His wife feels she will never live this down. The patient has always tried to maintain a respectability in the neighborhood, and it is important to him.

### Social Worker's Role

When the patient entered the hospital he was interviewed. The minister and wife were also interviewed. The patient felt he could cure himself, but the minister and the wife felt he needed help, and were willing to cooperate. The wife had a punitive attitude, and the first step was to interpret the patient and his alcoholism to her so that she could relate and have some of her feelings about his alcoholism changed.

The minister's aid was enlisted as a supportive measure for the patient, as he seemed to be in need of religious backing. Through the wife it was arranged for the patient to return to his job after treatment. This was not good, as the best thing for the patient would have been to go out on his own, with his wife, but it did provide an income, and without this money he would have felt more at loose ends, and would not have been able to consider treatment. It was difficult for the patient to face the fact that he was really unemployed. When this was pointed out to him he immediately took a greater interest in treatment plans. The patient seemed to have a desire to get well, but was unable to accept hospital treatment as the answer to his problem. The social worker told him that he was dodging the issue, and if he wished his wife to take him back it would be best to show that he was serious about his desire to get well. He could do this by accepting a treatment.

It was also pointed out to the patient that the church had done much for him, and he owed them a debt of gratitude. In addition, it was pointed out in subsequent interviews that the community felt he was a disgrace, and in order to face them again he would need the support a

treatment would provide.

The patient finally agreed to face the situation and take a treatment. The plan was for him to see a psychiatrist first, and then take adrenal cortex. He did not feel any other treatment would help because of his guilt feelings over acceptance of financial aid from the church. An interpretation was given the wife so that she would not "nag" him and treat him as the little boy she had previously considered him to be. An attempt was made with this woman to place the patient on a basis of being the man of the house, in order to give him some measure of stability when he left the hospital. The patient had a great need to have his wife dependent on him, rather than the relatives, and by doing this interpretation to the wife an attempt was made to give him this feeling.

#### Summary

There were many complicated pressures on this man. He was in great conflict. First, these pressures were used to bring him into a treatment, but only with the promise of help in solving his problems of home and employment. The minister was used as a supportive measure. The patient was able to take treatment when he realized his adult responsibilities.

No one pressure could have brought this man to a consideration of treatment. First, because he was too intellectual to be helped by channelization of his ego strengths, and second, because he had such resentment against his relatives that he did not really care too much whether they saw him sober or in an inebriated condition. The appeal

to this patient had to be a combination. When the pressures began to mount, and he could no longer handle them all alone, he consented to take help in the form of a treatment.

CHAPTER VIII

SUMMARY AND CONCLUSIONS

This thesis has been written to show the results that have been found in the study of fifteen male alcoholic patients, and how the environmental pressures on them affect their acceptance of some treatment plans. The cases presented were active in the social service department of the Washingtonian Hospital during the years 1942 through 1950. Four main factors were to be determined. First, the pressures of the environment present; second, the pressures that might aid the patient in his acceptance of treatment; third, the pressures that might hinder the acceptance of treatment; and fourth, the role of the social worker in using these pressures to help the patient make the best use of the hospital and accept treatment.

A brief description of the hospital was given to enable the reader to understand the treatments available, and to help point out the possibilities for treatment present in the hospital setting. This material was presented to give a background for the study.

Environmental pressures, pressures that aid treatment acceptance, and pressures that might hinder treatment acceptance were discussed to show the complexity of the situations met, and to point out what might be accomplished by the social worker.

The social worker's role and the services of the social service department were discussed to show problems met, and to point out the possibilities for working with the alcoholic. It has not been the hope of the writer to present all activities of the social worker in the hospital. Only those factors that had some bearing on the cases under

study were given.

Five cases were presented in detail to bring out the various aspects involved in helping the alcoholic to use his environmental pressures to combat his alcoholism. They were chosen for their ability to demonstrate the various pressures present, and for their ability to be presented in a manner conducive to illustration of points previously discussed.

In conclusion, we must see that some pertinent points have been brought out. Pressures of the environment do have a definite bearing on the ability of the patient to accept treatment, in selected cases. It is not so in all cases, but these pressures may be causative factors in inebriation, and they do place conflict in the mind of the patients.

There are certain pressures that have been found to be of aid in helping the alcoholic accept treatment. They are reality situations which the patient must face. It has been found that these pressures may be used for support in acceptance of treatment. It has also been found that these pressures must be in combination, as no one factor is enough to bring an alcoholic a new experience, which will enable him to accept a treatment.

There are certain pressures of the environment that may hinder treatment. The largest factors seem to be financial status and insecurity in its various forms. These can be overcome, but it is a difficult job for both social worker and patient.

The social worker has a definite role to play with these men who are alcoholics and immobilized by their environment. It is in

this area that the social workers have the best chance to utilize their central position. It has been found that even small services can be of value in helping the patient to accept treatment. By smoothing the road for the patient the social worker provides a service that no other person is able to give. By utilizing pressures on the patient, within the limits of case work principles, in order to help the patient to relate and accept treatment, the social worker is fulfilling his role as a help to the client.

The social worker then, is justified in using pressures to help bring the patient to treatment. Without the treatment acceptance the patient would have nothing, and would be an alcoholic for the rest of his life in the majority of cases. These pressures are brought to bear only as a means to an end, and are eliminated as soon as it is feasible after the patient accepts a plan of treatment.

Pressures of the environment are a heavy weight on the alcoholic. Most prevalent seems to be those of home and finances. These do not have to be destructive forces, and can be turned to help the patient. The method used is to get the patient to face his reality situation and to aid him in using his own strengths to help himself.

Interpretation to relatives often alleviates undue pressure on the alcoholic, and gives him a better understanding. The same is true of interpretation to employers. The alcoholic cannot live in a solitary world, and the interpretation to his life associates is necessary to help the patient accept treatment.

The patient who is an alcoholic may be helped by the very same

environmental pressures that originally were factors contributing to his alcoholism. The time element in the presentation of these pressures is the crucial point. This calls for much case work skill. The patient does not have to be destroyed by his environmental pressures. With the help of the social worker, doctor, relatives and his employer he may often be brought into a situation where he may accept treatment plans and start on the road to rehabilitation.

Approved



Richard K. Conant  
Dean

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