ALCOHOL AND SOCIAL CASE WORK

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Like all other problems in social case work, the problem of the excessive use of alcohol is seldom if ever found alone. It is almost invariably bound up with other complications. Granted that either the father or the mother of a family uses alcohol, there is inevitably connected with that fact a chain of events which often brings social, physical and mental problems with them. We are frequently so engrossed with the fact that our clients use alcohol to excess that we forget to see the other problems involved; or we may see the other problems first and come to the fact of alcoholism after much time has been spent planning for the family's welfare along other lines. In our investigation in all cases we should be building up a group of facts both physical and social which when put together should forewarn of a possible hidden drink problem.

The combinations of problems in which drink is a factor which seem to occur most often are drink and immorality, drink and a mental defect or mental weakness, and drink and a physical defect. The following example illustrates the first combination:

Through failure to provide for his wife and child, Mr. D. who was obviously a drinking man, had lost a good home. The family was found living in a miserably furnished room. The investigation confirmed the story of degradation through drink. There was a painstaking period of treatment which included both institutional and home care and also the religious influence of his church. It was learned finally, instead of at the outset, that Mrs. D. was also a drinker, a secret one, and immoral. As Mr. D. had no confidence in his wife, there could of course be no real incentive for a home. The mixed problem should have been recognized at the beginning.

In the following instance we have an illustration of drink and a mental defect.

Mrs. W. talked freely of her condition and admitted she could not take alcohol without its immediately affecting her. We knew her husband earned good wages, yet we found them living in a basement, having scarcely any furniture. It developed that a sister continually tempted Mrs. W. to drink and the husband himself deliberately brought alcohol into the house. But most important, we found that Mrs. W. was worried because she "heard voices." We then took her to a mental

clinic where she was given medical attention and careful advice. Her interest was aroused in freeing herself. She insisted on staying at home, attending to her house and children. In a frank talk with her husband we made him face the fact that he had been doing a large share in dragging his family down. With everyone working together with equal knowledge of the facts and the goal to be reached, this family won out. Surely, however, this was not a simple case of a drink problem.

In the third case, Mr. X. said he drank because he felt sick all the time. We found the real trouble was tuberculosis, following years of drinking and unsteady habits. The plan of treatment was not made primarily for the man who drank. It was for the man with a communicable disease. It is indeed imperative that treatment begin with a correct diagnosis.

If it is true that the problem of alcohol is seldom if ever unattended by other complications, it follows that one can never generalize regarding the users of alcohol. The principle of individualization of treatment applies in this field as in every other field of social case work. Our plan of treatment is further complicated by the fact that the user of alcohol is often a member of a family group which must also be taken into account. Too much stress therefore cannot be laid on the importance of studying the client, of getting to know his background socially and physically. Although much may be learned from our client himself, it is often preferable to gain much information before any decisive interview with him takes place, in order that the worker may be more free at that time to begin treatment. Such information should include knowledge of whether this is his first breakdown or whether he has made and forgotten good promises before. The age of our client is another important factor. If he is young, he has no doubt taken to drinking for social reasons, or to try to prove how manly he is. If he is middle-aged, it may be the result of a social habit formed in his youth. If he is older, he may be trying to forget that he is past his best working period or he may be trying to keep himself stimulated to compete with younger men. If our client is a woman, this should be gone into even more carefully and special attention should be paid to her nervous organization.

While in most case work it is considered best to interview our client in his or her own home, in case work with the man or woman who drinks, it is usually wiser to plan for an office interview. The elements necessary to make an interview successful are privacy,

lack of interruptions, feeling of freedom, candor, openness and plenty of time. In the office the worker can better control the situation to include these desired elements and can also bring the interview to a close at the psychological moment. The atmosphere there is more conducive to coming to conclusions. The drinker, if he is a man, must feel the thrill in carrying out an agreement made in a business-like manner. His pride is aroused. He feels in a very real sense that he is chiefly responsible. Such a sense of responsibility, strengthened by simple encouragement from someone in whom the client has confidence, is one of the most potent factors in success.

A vital principle in working with individuals who drink, as in other forms of case work, is to work *with* the individuals in question, allowing them every opportunity to express their own opinion as to the difficulties in which we find them and helping them to make their plan for the future. Our treatment should as far as possible be based on their plan, or if we cannot accept their plan, we should make every effort to lead them to our plan so gradually and carefully that it becomes their own. The following will illustrate:

In the past we had been good friends of the G. family. We had not seen them in some time, however, till Mr. G. came in of his own accord to tell us about the days of hard drinking which had preceded his waking up to find his family literally broken up and separated. When asked his plan for the future, he shot back a reply which showed that his experience had really touched him, and that it had vitalized him into making a plan to which he had mentally committed himself. Its chief elements were change of habit, a new routine of life and the objective of a reconstructed home. His wife, broken down from overwork and worry, was in a hospital. His children had been taken by the S. P. C. C. Because he felt that the responsibility was all his, he wanted to start off immediately trying to rectify his errors. His plan was sound in every respect and we cooperated with him to the end of making it possible for him to succeed.

In the case of Mr. B., his plan included the breaking up of his own home, having his wife committed through court for a cure, having the S. P. C. C. take his children in order to bring his wife to a realization of her responsibilities and opportunities and banishing himself and his oldest son to a furnished room life until the family could be reëstablished on a firm foundation. Getting Mr. B. to put into words the long road ahead of him was perhaps the biggest possible help both to himself and to the case worker.

In making our plans for the individual who drinks, we find two possible lines of action, care at home or institutional treatment. Before we decide on either course of action, we want to have our

facts very clearly in mind. In his Report of the Inspector under the Inebriates Act for the Year 1909, Mr. Branthwaite places every alcohol user in one of three groups. They are as follows:

1. The occasional drinker, those who are are strictly moderate in their indulgence.
2. The free drinker or occasional drunkard, those who drink more freely than is consistent with strict moderation or who are occasionally drunken.
3. The habitual drunkard or inebriate, those who are habitually drunken or being usually sober, are subject to occasional outbursts of uncontrollable drunkenness.

It is the individuals who fall in the first two classifications who give us our best opportunity for care at home. This plan of treatment undoubtedly has some disadvantages which must be realized at the outset. For example, we are hampered in a large city, no less than in a small community, by the attitude of the public towards the persons who are trying to cure themselves at home. On the one hand, there is the public which sentimentalizes; on the other, the public which is harsh and sees no hope for the drinker. Both of these attitudes are manifestly unfair to the individual; we must seek to educate the public, on the one hand asking people to give the individual a chance, on the other, expecting them to hold the individual up to standards, to demand of him that he attain the best of which he is capable. There are, on the other hand, undoubted advantages in home care of which we must take account. Among other things, the individual's pride and self-respect are saved; there has been less of a break with the past, there are fewer explanations and apologies to be made. This applies especially in regard to the children of our client, particularly the younger ones. Above all, if the individual can remain in the home and continue in the support or care of the family, the psychological effect is very great. Such a course of action builds up self-confidence and self-respect, both of which are vitally important.

Weighing the advantages against the disadvantages, we still can not choose home care unless we are sure of other facts. Is such a plan conducive to the welfare of the family as a whole or will the family life be materially injured? Further we must be sure of the sincerity of our client in his effort to get hold of himself and we must be sure that we can direct his plans, if not actually control them. We must be sure that we have the needed resources to make home

care a success in the given case. First among such resources is the proper medical care. It is vital that from the outset we know the physical condition of our client in order that we may build up his or her health in every possible way. The plan of a good physician for sound health must be the foundation stone on which we build up our other plans for treatment. Special medical treatment may also be used, depending upon the needs of the patient. Mr. Branthwaite, however, does not believe that any of the cures for alcohol have an inherent value. If the patient believes that the drug will cure him, then by all means try it. This belief will strengthen his will. Other resources sometimes tried are suggestive therapeutics, electrical treatment, hypnotic suggestion and religious influence. With some this latter may be a strong help; with others the gospel mission may do better work.[1] Above all, interesting and remunerative work and relaxing diversions are invaluable. All these resources may be tried in the effort to gain our end which is the ability of the individual to break his past habits and to establish self-control. "There may be more control there than anyone thinks," says Branthwaite. "Awake the dormant self-control."

It is the persons who fall in the third classification above quoted who constitute the group for whom institutional care is most often needed. It is therefore essential to have clearly in mind the characteristics of this group. Dr. Irwin H. Neff of the Norfolk State Hospital, Massachusetts, says that inebriety is an expression of nervous weakness and that upon this weakness is founded a habit which we call drunkenness. In other words, there is in the inebriate a definite pathological condition which predisposes him to an excessive use of alcohol if he drinks at all. It is possible that inebriety may be acquired by long continued indulgence but usually inebriety is inherited as a nervous condition, remaining latent or becoming evident according to circumstances of habit and environment. Dr. Neff concludes that inebriety is a definite disease and must be treated as such, although much can be done along the line of establishing new habits and by personal influence as in the case of both the occasional drinker and free drinker. Because there is a definite pathological condition in the case of the inebriate, his or her only hope lies in having the possibility of drinking entirely removed, at

[1] For a brief discussion of the value of gospel mission, *see* American Red Cross Publication 200, July 16, 1917, pp. 41 and 42.

least temporarily. It is for this reason that institutional care (including farm colonies) is advisable for this type of clients. The place of institutional care in the treatment of inebriety has been so well covered in the article on "The Practical Treatment of Inebriety in a State Institution" by Irwin H. Neff[2] as to make further discussion unnecessary here. The reader will there find a full discussion of after care in which work all the skill of the finest type of social case work is involved.

In all types of cases in which drink is a factor, be they the occasional drinker, the free drinker or the inebriate, it is essential that there should be given to the man a definite objective in life to help him overcome his battle with drink. This objective must be chosen with a full knowledge of the possibilities of the individual and must never be beyond his reach. It is needless to add that the objective should be such as to call forth the very best efforts of the client, awakening his imagination and arousing him to a new life.

[2] Proceedings of the National Conference of Charities and Correction, 1915, pp. 396–407.