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**CASE-WORK TREATMENT POSSIBILITIES
FOR
ALCOHOLIC PATIENTS:**

**A Classification Study of Patients Admitted
to the Psychiatric Ward, Vancouver General
Hospital, during one year, (1950).**

by

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ABSTRACT

This study is from a social work viewpoint and examines the nature and classification of the cases of alcoholism admitted to the Psychiatric Ward of a General Hospital. It gives particular emphasis to underlying personality factors and their relation to cause and cure.

The case material was gleaned from records compiled by members of the medical staff and delineates three categories of alcoholics, namely, (a) those who can be helped by case-work treatment, (b) those who cannot be helped by case-work because of deep-seated problems, but whose families can be helped, and (c), those who cannot be helped by either direct or indirect means.

The findings of this study indicate the need for case-work services (a) in screening alcoholic patients who probably cannot benefit from treatment, (b) in determining the best treatment procedure for those who can be treated, (c) in working with other professional personnel in an integrated team approach to treatment, (d) in helping the patient with rehabilitation from the hospital, and (e), in preventive work in the community.

This thesis is dedicated to Eleanor
J. Bradley, Case-work Supervisor, Vancouver
General Hospital, for her untiring efforts to
improve professional standards in social work.

TABLE OF CONTENTS

Chapter 1. Treatment Facilities for Alcoholic Patients

The Setting. Treatment facilities in the Psychiatric Ward. The need for a team approach in treatment. The role of the social worker in treatment. The purpose of the study. Selection of Cases.

Chapter 2. Alcoholic Patients Who Can Utilize Case-Work Treatment

Problems with which alcoholics require case-work help:- marital difficulties, psychological problems, attempted suicide, beginning of the alcoholic pattern, interpretation of other mental conditions.

Chapter 3. Case-Work With Families of Alcoholics Who Cannot Be Treated.

Interpretation of alcoholism and personality problems to the family. The need for case-work with families of psychopathic alcoholics, and in complex family situations. Helping the family understand the need for more intensive treatment, or permanent committal to another institution.

Chapter 4. Alcoholics Who Cannot Utilize Case-work Treatment

The psychopathic personality. Chronic addiction. The role of the social worker in diagnostic areas.

Chapter 5. Palliatives and Preventatives

Summary of cases studies. Possibilities of case-work treatment in Ward "R" in diagnosis, on the treatment team and in effecting rehabilitation. Comparative use of social workers in similar settings. The role of social work in prevention.

CASE-WORK TREATMENT POSSIBILITIES

FOR

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CHAPTER I

Setting

The Psychiatric Ward, (commonly referred to as Ward "R") in the Vancouver General Hospital is comprised of thirty¹ beds and is regarded as giving a specialized treatment service. Alcoholic patients admitted here are hospitalized for comparatively longer periods than alcoholics admitted to other wards which means that more time can be spent studying the total prob-²lem. There is a variety of reasons why patients are admitted to this ward, but the common factor in all cases is the presence of some symptom of mental disorder. These mental aberrations can be manifested in delusions, hallucinations, and being out of touch with reality. The patient may be admitted by his doctor, family, friends or the police for observation or treatment of some real or suspected disturbance. Admissions come from the jail or from other wards of the hospital or after an attempted suicide is reported to the police department. There is no screening process for admission to this ward. Because of this, there is no accurate way of telling whether or not the patient wants

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1. Vancouver General Hospital has capacity for 1200 patients requiring hospitalization for acute conditions.
 2. Average hospitalization period for the alcoholic patient in Ward "R" in 1950 was 4½ days. In comparison, the alcoholic patient admitted to the Emergency Ward, was hospitalized for one day and then discharged home or to another ward for some condition other than alcoholism.

treatment or if he will be able to utilize any treatment he does receive.

Treatment Facilities

Treatment on Ward "R" consists primarily of shock therapy, which is administered only to cases with an acute disorder. More serious cases, or patients requiring long term or custodial care are discharged to the Provincial Mental Hospital at Essondale where there are facilities for intensive treatment. There is little if any psycho-therapy carried on by the neuro-psychiatrists on the ward, principally because of time limitations imposed by large numbers of patients on the ward and by their private practices.

Need for a Team Approach in Treatment

There is a minimum of referral made to the psychiatric social worker on the ward for case-work treatment of the patient's emotional, environmental and economic problems which may be creating or aggravating the maladjustment. While the influence of emotional problems upon both mental and physical conditions is given verbal recognition, it does not appear to be utilized in treatment given on the ward at the present time. Treatment, to be successful, should consider the relationship between mind and body and the subsequent interaction of any maladjustment in one area upon the other. This approach treats the patient as a whole rather than as a part of the whole. Use of this approach necessitates use of other specialized professional personnel in the total treatment process. Use of the team is becoming basic in

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medicine and psychiatry. Realization of the need for social, psychological, and physical examination prior to formulating a diagnosis is being made by the medical profession. An example of this has been found in treatment of venereal diseases. A few penicillin injections will cure syphilis but will not prevent the patient from becoming reinfected. Nor does penicillin remove the emotional and social components of the disease. It has been proven in the Vancouver treatment centre for venereal diseases that consideration of the emotional and social problems of the patient together with penicillin treatment, has effected a more complete cure. It has reduced recidivism and has helped the patient with the personality problems which made him seek an escape through promiscuous behaviour. Similarly with alcoholism; there is need for treatment in all areas if the cause creating the pathological need to escape by excessive drinking is to be alleviated and possibly removed. The presence of a social worker on the treatment team to help the patient with his social and emotional difficulties is becoming recognized as essential.

Social Worker in Ward "R"

The position of social worker in Ward "R" was created in 1946, for the purpose of helping patients with problems related to their condition, treatment and rehabilitation. This

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3. The treatment team on Ward "R" is comprised of psychiatrist, doctor, nurse, social worker and occupational therapist.
 4. This worker also gives services to the Psychiatry Clinic in the Outpatients Department, to the Neurology Ward and clinic. More adequate services could be given if provision could be made for division of these services so that there is a worker on each ward and at each clinic.

job was originally intended to be a specialized treatment role but statistics from the ward show that it has become more of a routine, fact-finding, short-contact situation. Referrals from the doctors on the ward consist almost entirely of requests for social histories and routine work entailed in contacting other institutions or agencies for pertinent information about the patient, or for placement in nursing or boarding homes. There has been no pattern established for the referrals which the medical staff makes to the social worker. This has resulted in a haphazard service as each doctor has a different method of referral. Such a situation can be attributed to several factors, the chief of which would appear to be lack of interpretation given by the social service department to medical staff about what is entailed in the practice of social case-work in a medical and psychiatric setting.

Recent changes within the department are improving professional standards and also increasing the interpretation of case-work to the doctors and other professional staff. Statistical reports for this brief period indicate the value of such interpretation. With this growing realization of the need for additional case work services for patients admitted to Ward "R", pressure is being brought to bear upon the hospital administration and the British Columbia Hospital Insurance Commission for additional personnel so that case-work services, once requested for all patients, will be adequate and able to meet the needs of all. It is against this background that this study is pre-

sented.

Social Work Treatment Processes

It may be asked why social case-work is necessary in treatment and how this process can help those with personality problems make a more satisfactory adjustment. Case-work is carried on through the medium of the case-work interview, with the worker assuming a warm, interested, yet objective role. The purpose of this interview is to help the worker explore the patient's personality pattern to determine the area of his individual needs, his ability for coping with problems and the manner in which he could use case-work treatment for effecting a more healthy adjustment to life. By giving the patient understanding, warmth and acceptance, the worker is able to help the patient to see himself more clearly in relation to his specific problem and then in relation to his total life. This does not mean that the worker imposes her ideas upon the patient. The rights of the individual to self-determination are upheld. He is encouraged with ^{the} case-worker's help, to think for himself, and to make decisions for himself. He is helped by a reevaluation of his ideas and feelings, to find a new way of living that will be more satisfactory to him. By use of diagnostic skills, the worker is able to shape the case-work given to meet the needs of the individual patient, to determine who can utilize case-work treatment, and who, because of deep-seated personality disturbances, are

5. For purposes of clarity throughout this paper, "he" will refer to the patient, and "she" to the case-worker, unless otherwise specified by context of the histories.

unable to profit from use of case-work as a method of treatment.

The case-worker's skills in treatment lie in an understanding of behaviour dynamics, an ability to help the patient verbalize his feelings and ideas, and an awareness of defenses (devices) used by the patient to cover up or hide his true feelings. Treatment skills can be utilized only after a thorough exploration is made of the patient's background and development; an assessment of the total situation should be made by the worker in conjunction with other members of the treatment team as a whole. The treatment tools which are used as a means of achieving change in the person's outlook include environmental counselling, psychological support and insight therapy. Use of counselling cannot be included in work with anyone showing personality problems, such as alcoholism, as its use is dependent upon the patient having a strong ego and the ability to make decisions for himself.

Environmental Treatment

Environmental treatment should be used when the patient is not able to effect a change in environmental factors himself. Examples of this process would be interviewing relatives to reduce their pressure upon the wife of a psychotic patient or in helping an alcoholic patient obtain employment as a part of rehabilitation. In these situations, the worker attempts to modify

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6. No attempt is made to effect a change in the patient's basic personality pattern, as this is the area of deep psycho-analytic therapy, not social case-work.

or manipulate certain environmental factors which are creating or aggravating patient's problems and over which he has no control. Relaxation of strain in the environment has been found to reduce strain upon the patient, so that he no longer has the same need to escape from unbearable reality by means of alcohol, or any of the other escape mechanisms such as drug addiction, suicide, or psychogenic illness, that is illness without any organic basis. When environmental pressures are removed or modified, the patient is often more able to accept treatment focussed on his emotional problems.

Psychological Supportive Therapy

Both psychological support and insight therapy treat the emotional problems of patients, but are employed with different types of patients, depending upon their capacity for self-help and for achieving emotional growth. Both use different means in working with patients, helping them to work through their emotional problems, to effect a healthier, more normal adjustment. Psychological support is given to patients who lack sufficient strengths for insight therapy, and who are primarily dependent people with weak ego formations. In giving support to the patient, worker assumes a good-parent role in that she is permissive and warm, allowing the patient to talk freely about his problems without berating or belittling him. This type of

7. In this situation the use of "insight" by social workers has a special connotation and refers specifically to the therapeutic process in which the patients re-live past life experiences. This process of re-living past experiences is called abreaction.

treatment is focussed upon relieving anxiety and guilt within the patient and in promoting confidence in his ability to handle his problem. This helps the patient to function on a more realistic, more comfortable level. This does not change him basically but gives him psychological support by his borrowing of strength from the worker. Such an approach is often referred to as ego-building therapy. The emphasis throughout the process, is on reinforcing the patient's ability to deal with life and its problems through guidance, release of inner tension and reassurance. There is no attempt made to develop the patient's understanding of himself unless he reaches the point where his ego has been reinforced sufficiently to permit him to cope with understanding of his behaviour and reactions.

Those with an alcoholic problem have been found to have a personality problem. Use of psychological supportive treatment is usually the best way of treating alcoholics while in hospital. Any attempt to give treatment on a deeper, more intensive level would be too threatening, as their limited egos could not cope with such material. While supportive therapy is being given the alcoholic patient in hospital, a change in the environment should be made if there are any pressures in the home or employment situations which seem to be creating or aggravating the patient's need to escape. The patient's permission is always obtained in working with environmental problems so that he will be able to enter in on formulation of treatment and in planning for his future. It is usually difficult to work

with the patient's family as experience has shown families to have problems of their own which must be worked with before any attempt is made to help them understand the patient's condition. It has been found in clinics treating emotionally disturbed patients that use of environmental and supportive therapy might be all that is required to remove the cause of the disturbance. Similarly with alcoholic patients, if the factors causing the need to escape are removed or reduced, there appears no further need for the alcoholic to escape. In such situations, a follow-up programme or referral to Alcoholics Anonymous is sufficient to keep the patient free of his compulsion to drink.

Insight Therapy

In cases where the ego is strong or has been built up by environmental and supportive treatment, case-work can be directed to giving the patient some understanding of his behaviour. This treatment is called insight therapy. It is only used with those who have the capacity to change themselves. Insight involves a reliving of current and past emotions in a therapeutic atmosphere so that some of the affect may be discharged in order to bring irrationalities so clearly to the surface that they will be recognized, at first in the safety of the treatment relationship and later in real life. This helps the patient become aware of unconscious factors creating his current behaviour. With this form of treatment, the elements of the unconscious are not as deeply explored as in psychoanalysis, which is on a much deeper, intensive level. The growth

of the patient in this insight situation is, to a large extent, dependent upon the phenomena of transference, in which the worker is unconsciously identified with someone in the patient's life, usually a parent or relative. The transference may be positive or negative but usually changes during the emotional growth of the patient in treatment. The worker in this situation is accepting and permits the patient to express his feelings, both positive and negative, and gives him help in understanding the basis for them. It is advisable for psychiatric consultation to be available for a worker using insight because of the unconscious elements involved. While environmental and supportive treatment are tools used by all workers, special training and skills are required by workers using insight.

Not many of the alcoholics within the confines of this study would be able to use insight therapy without considerable work first being done on the environmental and supportive levels. However, if the ego could be built to the point where the patient could effect a change within himself, it might be possible to give insight. For purposes of this study however, the emphasis on treatment for alcoholics will be in the main, directed at using environmental and supportive therapies.

With these professional techniques for helping people to work through their emotional and environmental problems, the social worker in the medical setting is in a key position to work closely with others on the treatment team and to help the

patient utilize all professional and community resources for his treatment and rehabilitation.

Purpose of Study

It is the purpose of this study to discuss how case-work can be utilized in treatment of alcoholics. The writer recognizes that not all alcoholics are able to use this form of treatment, by reason of the deep-seated nature of their problems. However, case-work could be utilized by both patients and families if a referral of these patients was made by the medical staff to the social worker on the ward. It was found in reviewing the medical records of these forty-six alcoholic patients admitted to Ward "R" in 1950 for observation and possibly treatment, that 60 percent disclosed problems in marital, economic or emotional areas, which could have been⁸ and should have been treated by the social worker. However, no referral was made for this help. By this failure to use all members of the treatment team in treatment, a valuable opportunity was lost in helping these patients work through their difficulties. If problems of the nature to be presented in the following chapters had been worked with, it is likely that these patients would have obtained benefit from hospitalization. If they had received some measure of help either on the Ward or by referral to another agency, their neurotic need

8. Undoubtedly other patients had problems in social and psychological areas, but these were either not disclosed, not recorded on the medical record, or were so deeply repressed in the unconscious area of the mind, that they would have been expressed only by means of deep, analytic therapy.

for alcohol could have been minimized, possibly removed.

Selection of Cases

The cases presented in this study were chosen as they represent problems occurring in one form or another in all admissions to the Psychiatric Ward. The nature of these problems and the patients' ability for helping themselves to overcome these problems indicate the degree to which the individual condition can be treated. There are some patients who can be helped to overcome their need to drink excessively if treatment is directed to helping them with their immediate problems - either environmental or psychological in nature. There are other patients who can be worked with by indirect means only, that is, by the worker modifying environmental pressures upon the patient. Many of the patients in this category cannot be treated because of deep-seated personality problems; others might be treated if external or internal pressures are reduced. For patients who have problems of a psychopathic or progressive type and who are without family ties, treatment, on a case-work level is neither feasible nor practical. However, the case-worker's services could be utilized in a diagnostic area with these patients. Cases from each category will be discussed with emphasis on how social case-work could be instrumental in helping the patient.

CHAPTER II

Treatment Procedure for Those Who Can be Treated

In this study, alcoholic patients who can be helped by case-work treatment are those who express problems in marital, economic or emotional areas and who desire help. Such help is directed at changing or working with environmental conditions and at giving the patient psychological support. In many cases treatment is not confined to the patient, but is carried on simultaneously with his family. Treatment of the total situation has been found to be the most effective, most practical way of coping with the problem of alcoholism.

Marital and Psychological Problems

John A., a married man of 46 years, was admitted to Ward "R" with toxic delirium resulting from alcoholism. He had cirrhosis of the liver and nutritional anemia. For the first few days of hospitalization, he had paranoid hallucinations. He thought that a man with a gun pointed at him was coming through the window to "get him". He is stated to drink half a bottle of whiskey every night while at work and several glasses of beer. The patient works in a local night club as orchestra leader.

The psychiatrist reported that the "basic cause of the trouble was psychological, with domestic infelicity as a major problem. He is recoverable if he will stop alcohol absolutely.

It might be a good idea for him to go away for a time, as conditions at home do not favour recovery."

During hospitalization, he often repeated that he could not relax as he had so much to do. He missed his children and wanted to return home to them. After 35 days hospitalization, he was discharged as cured, that is, the physical problems which had been treated on the Ward had been cured. Nothing had been done about his personality or alcohol problems.

The nature of this patient's problems would seem to indicate that referral should be made to the case-worker on the Ward if the total treatment process was to have any value for the patient. During these 35 days hospitalization, some psychiatric help should have been directed towards these psychological problems so that patient could have received some help with his basic problem. Without such help, it would seem that he could not gain anything concrete from this period on Ward "R", that the reasons for his being there were not treated or alleviated, that his problems still remain and will continue to be expressed by resorting to alcohol or any other escape mechanism.

If a referral had been made to the case-worker on the Ward, at the beginning of patient's hospitalization, information obtained from the social history would have brought up the matter of complicated marital relationships and the patient's problems in adjustment to life. More accurate information concerning his alcoholism would have been forthcoming, so that the total picture of his problem in this area would have been presented. Treatabil-

ity could have been determined by a team approach, that is, by the social worker and doctor discussing ^{the} patient's individual problems and determining the area which required the focus of treatment.

The process of obtaining the social history could have been therapeutic for both patient and his wife, if used by the social worker with this aim in mind. The wife could have expressed her possible guilt and concern about her husband's alcoholism and also about the marital problems. In this way, she could have expressed the anxiety and feelings which seem to be within her in a situation such as this. Case-work directed at helping her with these problems and interpreting her husband's problems could be instrumental in relieving some of the strain upon patient in his home and also prepare the way for his return home. In a case like this, it is mandatory that environmental pressures be released so that ^{the} patient does not return home to the same problems as originally caused him to effect an escape by resorting to alcohol.

In this connection, it is interesting to note that spouses of alcoholics require considerable work both to help them with their own personality problems and also to understand their spouses condition. It has been found that wives of alcoholics are often dominating and literally nag their husbands into finding an escape. Their continued berating attitude to their husbands, after drunken bouts creates a vicious circle and the continued need to escape. Or, it may be that the wife

might have a deep-seated need to mother the alcoholic and keep him in a dependent position, enabling her to be the dominant figure in the household.

Some case-work help should have been given to this patient while he was hospitalized to have him express his feelings about his condition, and the marital situation. His over-concern about his children, his unrest, his dissatisfaction appear symptomatic of underlying problems. These deep-seated problems, with skilled use of case-work techniques could have been brought to the fore and the patient could have been helped to work through his feelings, that is to rearrange his ideas so that they would be more acceptable to the conscious portion of his mind and not create the inner tension which in turn gives rise to the anxiety and alcoholism.

Treatment, to be successful, must consider the effect of the mind upon the body, and must be directed to both areas. If symptoms only are treated, then the problem will reappear in a short time or will find a new media of expression. It is essential to treat the cause if the roots of the infection are to be removed.

Upon discharge from this Ward, referral should have been made to the Family Welfare Bureau for marital counselling to continue this modification of the environment. Also it is possible that this patient could have been helped by contact

9. Social work ethics require that referrals of patients from one agency to another be made only with the patient's consent being obtained first.

with Alcoholics Anonymous. Referral to this organization should have been made, so that a member could have visited the patient before his discharge and discussed the A.A. approach to alcoholism. There should be some form of case-work follow-up from the ward during the post-hospitalization period, as it is here when the greatest strain is imposed upon the patient. The need for an escape from reality arises again as the patient is confronted with a new and threatening situation after the dependency of a long period of hospitalization. For treatment to be successful and the problem of alcoholism to be dealt with adequately, referral to the case worker is necessary in cases involving obvious problems as were indicated in this situation.

Treatment with Complex Psychological Problems

Other cases present more complex problems than those involved in the case of John A. This next case, for example, shows a patient with deep-seated problems, who might have profited from case-work treatment.

Mary B., age 34 years, was admitted to Ward "R" by police for observation after she allegedly threatened her husband with a knife following an alcoholic bout. She later denied this charge, saying that her husband had threatened her with a gun, that she was using the knife in self-defense only.

The patient, when sober, stated that she never drank heavily until she was married but that she has been drinking considerably in recent months to forget the misery of her marriage and her husband's brutality. She has been depressed lately and has increased her

drinking because of this. Her husband beats her she claimed and showed bruises to substantiate her claims. She gets palpitations from fear of him and is afraid that she has a heart condition. (This was later found to have no organic basis).

Both patient and her husband drink heavily. His drinking is reported to have increased during the last six months since he has been unemployed. The patient states that she uses alcohol to take away her problems. She believes that "a whiskey sour drives all pain away."

Physical examination revealed that patient needed a gall bladder operation, that she has a functional heart condition and residual lower extremity atrophy resulting from polio at the age of 2 years. She has been obese since the birth of her child six years ago.

Treatment consisted of three insulin shocks to reduce depression and sodium amytal. The psychiatrist called for consultation stated that the patient "showed no insight, has poor judgment but that there is no definite psychoses present."

After five days hospitalization, she was discharged to a boarding home to rest for the gall bladder operation.

Mary B. seemed to be asking for help in marital and psychological areas, but help was not forthcoming. From the medical history, it appears that the psychogenic heart condition is the result of personality problems related to difficulties experienced in early emotional growth and aggravated by patient's husband's cruelty. Problems with a psychogenic origin can be treated by case-work with a relatively high degree of success, usually to the point where the problem is understood by the patient, and the symptoms disappear because pent-up emotions, fear, anxiety and hostility are released through verbal-

ization rather than through symptom formation.

There appear to be several reasons why this patient has resorted to alcohol as a means by which she can escape from reality difficulties. However, the primary reason appears to result from the marital situation. In giving case-work help, the patient should be helped to discuss her feelings in this area and to work through the difficulties which she is experiencing. It is interesting that she made no reference to wanting a separation from her husband. This could mean that she still retained enough affection for him that, with help, the problem could be worked through; or that this patient had erected a mental block about obtaining release from this marriage as it might be answering some deep-seated need to suffer and to be punished.

The patient's obesity since the birth of her child six years ago would indicate that there is some emotional problem, possibly on the unconscious level, in connection with the birth of her child. It has been found in other studies being made at the Vancouver General Hospital that obesity is a result of poor emotional adjustment. This condition, in conjunction with patient's alcoholism would indicate that she requires considerable intensive help in discussing her emotional problems. From the history, it appears that she has had health problems since early childhood, that by the nature of these problems her emotional attitudes and her emotional growth have been retarded and possibly distorted. To be helped with these problems treatment should be directed at cause, rather than at symptoms

only. Her illness, her obesity, her alcoholism, can all be regarded as an escape from reality and the difficulties encountered in reality. Treatment with case-work would be directed at modifying environmental pressures, giving ego-building support and helping the patient to effect a more normal, and healthy adjustment to life.

Placement of patient by her doctor in a nursing home to relax prior to her operation was good procedure as environmental pressures upon her were relaxed somewhat. However, a long range point of view would have included case-work services to both patient and husband during this period of separation. Some practical consideration should have been made about the child and whether or not placement in a foster home during this period would be necessary. If there were no relatives or friends able to look after her, a referral should have been made to the Children's Aid Society for temporary placement. It is likely that help in this area would have lessened the mother's guilt at leaving her child. It has been found that parents who unconsciously reject their children, have strong guilt feelings at leaving them for even brief periods as they are inclined to over-protect rejected children, to compensate for their feelings of rejection which they are afraid might come to the fore.

Considerable help should be directed to working with the husband in this case. However, the reality of the lack of time for intensive work with his problems could not be overlooked; this work could not be accomplished on the Ward.

It would seem that the worker should discuss the possibility of this couple obtaining further help with their marital problems. An interpretation ^{of the} and Family Welfare Bureau work should have been given, and with their consent, a referral made to this agency for help with the marital and personality problems. In this way, this couple could have received ^{the} help requested by the wife and which is needed so badly.

Attempted Suicide

Norah C. would appear to be in need of direct case-work treatment and probably able to profit from it. She was admitted by her landlady because of attempted suicide during an alcoholic bout. Statistics revealed that she had met and married her husband when both were in Britain during the war. She is 33 years old, and a practising Roman Catholic. Patient was a trained physiotherapist but had not renewed her professional affiliations when she came to Canada. She served in the English army for three years and was sergeant. Her husband was a sergeant in the R.C.A.F. When she and her husband came to Canada, they went to the Okanagan where he worked on a farm. He stayed here for two years, and was committed to Essondale Mental Hospital because of depression.

She stated that she was feeling depressed and had "turned on the gas" after drinking. She is lonely and has made few friends since being in Vancouver for two years. She expressed a wish to die as "there is nothing left to live for". She gave her occupation as kitchen help in the Vancouver General Hospital. She lives

in a single room in a large rooming house near the hospital. Her work is tiring and she is never able to go out at night so that she has had no opportunity to make friends.

Psychiatric examination found her in good health. She was discharged after five days hospitalization.

In this case, there would appear to be considerable scope for the use of case-work in helping the patient to make a better, more adequate adjustment. The only way by which she could achieve this would be through help directed first at her immediate problem - probably her wish to die. Considerable work would have to be done to have her express her feelings in this matter. Case-work would then be directed at an interpretation of her husband's condition, as this seems to be the basis for her depression and loneliness. Her feelings about his condition should be explored, and she should be helped to express them rather than repress them. She should be helped to get rid of any guilt she has in connection with his condition and given warm acceptance and understanding so that she does not feel too threatened by the release of any threatening unconscious material. It is possible that some insight might be used to help ^{the} patient rearrange her feelings and ideas, but this would only be possible if her ego was found to be strong.

Considerable environmental help is required. This should be arranged between worker and patient, with patient assuming added responsibility as she improved in mental outlook. A change in job would appear indicated, if a more suitable one

could be found. The services of the Rotary Vocational Counseling Bureau could be interposed^{referred} and a referral made for a test of vocational aptitude. It is possible that her complaints of being tired are emotional in origin, but with the help of the case-worker and vocational counsellor, she would receive help in this area. There should also be a referral made, with her consent of course, to the parish priest who could help patient become interested in church groups and also be able to help her with the religious guilt she probably is experiencing, with the attempted suicide. If the patient prefers non-religious community activity, then a referral to one of the many girls and women's clubs would be better. These referrals to clubs and possibly Alcoholics Anonymous would help her to extend her interests and give her a healthy outlet for her pent-up energy.

A discussion of this situation with the Social Service Department at Essondale Mental Hospital seems indicated so that more information could be obtained about the nature of the husband's condition. Also information should be elicited from this agency to see if there is any connection between the patient's condition and that of her husband. Some arrangement should be made for follow-up services from Essondale to keep patient informed about her husband's condition and progress, and also to help her further with her feelings in this area.

By the nature of this patient's problems and the lack of help she received, it would appear that her problems still exist, that she continues to use alcohol as a means of escape.

Any benefit that she received from treatment during hospitalization would seem to be nil, except for the rest which she received, the interest of the nurses and the companionship of the other patients, which she enjoyed so much, on the sunporch. With this patient, as with other patients who have problems which could be helped if they so desired, treatment should be aimed at cause as well as symptoms.

Case-work as a Tool in Prevention of Alcoholism

In working with alcoholic patients considerable preventive work is required with those who are in the process of forming an alcoholic pattern. Such work should be focussed on replacing their need for alcohol with some other form of activity in a group situation, preferably athletic, or artistic. It is also important that those who are in the early stages of alcoholism be helped to work through their problems so that they will not merely substitute their alcoholism with another form of escape, such as addiction to drugs, sleeping pills, or, in the ultimate, suicide. In the cases used in this study, a comparatively high percentage of patients showed drug addiction as well as alcoholism; many had attempted suicide during an alcoholic bout. Characteristic in the majority of cases in the early stages of alcoholism was the need for help expressed by these patients in marital, employment and emotional areas. As this help was not forthcoming, these patients received another frustration, from which their only means of escape would be to resort to alcohol (and possibly later,

as the condition progressed, to drugs or to attempt suicide.

Early Stages of Alcoholism

The following case illustrates the need for a preventive approach in case-work treatment of patients who are in the early stages of alcohol addiction.

Pete S., a 24 year old male, single and a miner by occupation, was brought to Ward "R" by police following a street brawl in which he had injured his nose. Restraints were necessary because of patient's combative attitude.

When sober, he told the doctor that he and his friends were in town for the week-end to celebrate; that they always "go on bats", that this is their favourite recreation. When patient's physical injury was treated, and he was sobered up, he was discharged. He was hospitalized for 1½ days.

Case-work treatment in this case would of course be limited because of the short-term of hospitalization. However, in cases of this nature, when the pattern of alcoholism is beginning to be established, some brief but intensive service should be made available to the patient. This could best be accomplished by the social worker taking a social history for the psychiatrist or doctor. If this situation was utilized to the maximum, the history-taking could be therapeutic. Any personality problems brought up by the patient could be discussed and some understanding could be given to the patient about the need for further help. Referrals could be made to the Family Welfare Bureau for help with any personality problems, or to Alcoholics Anonymous. The group activity offered by A.A. and the satisfaction through helping other alcoholics

can be therapeutic for even those in the initial stages of the disease.

The most practical way of dealing with the total problem of alcoholism with the large group of potential alcoholics found in basic industries would be to institute a preventive programme so that patients like this youth could be helped to redirect their energies into healthful, constructive outlets rather than dissipating it in drunken behaviour. ¹⁰ Introduction of some organized group activities into industrial areas, especially logging and mining camps, would help reduce the incidence of alcoholism by giving the workers something concrete to do. Many of the patients in this study told their doctors that they drank "to pass away the time". These are the people who could use group activity if there was a strong leader who could help them to assume, gradually, more responsibility for group projects. In this way, the potential alcoholic could be helped to effect a more healthy type of adjustment. Those with problems requiring case-work help could be referred by the group leader to a local social agency.

Case-work in Conjunction with Other Treatment

The case of Emma J. points out the need for case-work services being given to all patients admitted to Ward "R", re-

10. One half of the male patients in this study was comprised of single men from basic seasonal industries who drifted to the city in winter.

gardless of diagnosis. This would ensure maximum treatment being given the patient and would improve his ability to utilize all treatment facilities. In the long run, this would mean that treatment standards in the Ward would be improved in all areas. A referral to the case-worker at admission would also be helpful in formulating the diagnosis and the patient's ability to utilize treatment.

Emma J. is a middle aged woman who was admitted for involuntional melancholia plus acute alcoholism. She was described on admission as "tense, anxious and down in the dumps". She had been a nurse but since her marriage ten years previous had not worked. She stated that her marriage was happy. Her relationship with her husband whenever he visited seemed to confirm this. Patient said that she could not help herself, she was "so blue".

Medical history showed that patient had her right breast removed 5 years ago; a vaginal fistula removed 3 years ago. She repeated her desire to have had children and wished that she had married before the date she did. Her depression seemed to stem from her frustration in this area. She drank "to forget".

She was hospitalized for 14 days and received 4 shock treatments to relieve pressure. When discharged, she said that she "can think straight now".

In this situation, case-work help should have been utilized to help patient work through her feelings about the menopause. This would have helped her, in conjunction with the

shock therapy, to get rid of pent-up anxiety, tension and fears about her health. It would have given reassurance and support and enabled her to work through her feelings about middle age. Shock treatment does relieve symptoms of depression, but it does not remove or help the patient with the problems basic to the depression.

Interpretation of shock treatment, what it would mean to her and how it would help her should have been given by the case-worker to prepare the patient for this treatment. In this respect, the worker is able to help the doctor ensure the success of the treatment. If a patient is not informed about what is entailed in this type of treatment, fear and anxiety and lack of cooperation prevent ultimate success of the treatment process. Follow-up interviews with the case-worker have been proven one of the most successful means of sustaining the gains accrued by shock treatment. During this follow-up period, the patient is helped to meet any crises which arise and is given considerable support by the worker until he is able to cope in a more realistic, adequate manner with problems which might arise.

Once this patient received help to resolve her problems about menopause it would be probable that her need to drink would disappear. There would be nothing from which to escape. Some discussion of this would seem necessary to help the patient talk about her problems in this area, to relieve any guilt and to receive help to function without the need for resorting to alcohol whenever frustrations were presented.

Some help should also be given the husband in this situation to understand the nature of his wife's health problems, so that there will be a minimum of environmental strain upon her. From the type of relationship apparent here, the husband would appear to be a strength which should be utilized in the total treatment of this patient.

Referral to Alcoholics Anonymous would seem invaluable here. Contact with this organization would give the patient a creative experience and might help her to redirect her unconscious mother instincts to helping other alcoholics, once she herself is able to abstain.

While case-work of this nature is not classified as intensive, it is important in helping the individual patient to realize maximum benefits from the total treatment process. In treating alcoholic patients, ^{the} ~~the~~ whole, rather than a part of the whole must be treated, otherwise, the cause remains intact and symptoms reappear.

Summary

For all patients to benefit from hospitalization on Ward "R", it appears necessary that a team approach be utilized from the time of admission. This would ensure all facets of the patient's problems, - social, medical and emotional being examined, with subsequent treatment focussed on areas which are judged treatable. Such an approach would prove most effective, as patients who have problems which can be helped would have access to the case-worker.

CHAPTER III

Case-work with Families when Patients Cannot be Treated

No experienced person would suggest that all alcoholics are treatable. But a careful screening system should be initiated so that time and services of the treatment team can be utilized to the maximum. With the alcoholic cases admitted to Ward "R", such a screening process would reveal that there are several reasons why not all alcoholic patients can profit from treatment facilities available at the present time. This includes the presence of psychopathology,¹¹ of progressive mental disorders such as senile dementia, or the nature of the treatment facilities available.

In many instances where the patients are not able to respond to treatment, some case-work services can be directed to their families. This work usually takes the form of working with the family to reduce pressures on the patient thereby reducing his need to drink as an escape from an unfavourable environment. In time, when environmental pressures are reduced, a patient of this nature may become accessible to treatment, that is, be able to accept case-work services and profit from them. If the patient's disturbance is too deep-seated to be treated by means of psycho-therapy or shock-therapy, then the

11. Psychopathology will be discussed in Chapter IV.

case-worker directs work with families to an interpretation of other treatment centres, such as the Provincial Mental Hospital at Essondale and helps the family to work through their fears and guilt about committing the patient to such an institution.

To determine treatability of a patient, the members of the treatment team should make a thorough study of social, physical, psychiatric and psychological areas in order to assess the patient's ego strengths, his ability to accept, utilize and profit from case-work treatment, and in order to see in which area most remedial work is required. Obtaining a social history upon admission would appear to be one of the necessities in the treatment process. A social history serves several purposes. The information obtained from the patient helps determine his capacity for treatment; the information obtained from the family gives a complete picture of the total scene and reveals if the family has any strengths which can be worked with in treating the patient.

When a patient is found unable to profit from treatment, work is directed to his family if they have been found through the social history to have sufficient strengths for utilizing case-work treatment to help patient with his problems. Work with families consists of interpreting ^{the} patient's condition, his limitations because of this condition and is directed to helping them work through their feelings about ^{the} patient's condition and enlisting their cooperation in the treatment plan.

In this way, any pressures which the family were consciously or unconsciously placing on patient are lessened, and possibly eliminated. It has been found in other cases worked with in medical and psychiatric settings that when families are worked with in this manner that the patient often becomes able to accept and utilize case-work services if there is no psychopathology present. As in work with all patients who have emotional problems and possibly psychiatric difficulties, it is basic that the family's cooperation be obtained, otherwise the treatment plan will be liable to fail. With alcoholics this is particularly true, as help must be given to the family to understand that alcohol for the patient is strictly prohibited. The family must be helped to help the patient live within the limitations imposed by his condition.

In the case of alcoholics diagnosed as having a psychopathic personality, considerable supportive work must be done with the patient's family. As psychopathic personalities are at present considered incurable because of the deep-seated nature of the disorder, it is inexpedient to attempt treatment when the time and energy involved could be used to treat those who would be able to profit from treatment. Here again, a complete social history and thorough investigation of ^{the} patient by all members of the treatment team would serve as a means of determining who is able to use the treatment facilities of social worker and psychiatrist.

In some cases, case-work services have to be directed to helping the patient's family accept the need for placement in institutions other than Ward "R" or nursing homes. With the 46 patients who were admitted to this Ward in 1950, 6 were discharged to Provincial Mental Hospital at Essondale for further treatment or for incarceration for the remainder of their lives. In cases of this nature, a referral should be made by the doctor to the social worker to have interpretation of the patient's need for institutionalizing given to the family in order to work through any guilt or fear they may have. Often, families require considerable case-work to help them understand the need for further treatment. This work is usually intensive in nature as the family quite often feels guilty about their contribution to the patient's condition. They have to be helped in situations of this type to work through their feelings and to understand that placement is the best procedure for both patient and family. An interpretation about treatment facilities should also be given to allay any fears the family may have about treatment. In all these situations, services given the families of patients facilitate the giving of services by other members of the treatment team. The case-worker helps integrate these services and helps the patient accept the total treatment plan.

Helping the Family of a Psychopathic Alcoholic

Minnie E., a 42 year old woman was admitted to Ward "R" by her husband following an unsuccessful attempt at suicide.

The husband stated that his wife drinks to the point of unconsciousness. On this particular occasion she had been drinking prior to dinner and had passed out while lighting the gas stove. He appeared anxious to help her and was concerned about her condition.

The patient gave a long history to the doctor of marital conflict. She stated that she would leave her husband, but that she had nowhere to go. They fight constantly especially when she is drunk. Patient has been brooding for years about the violent death of her daughter and drinks to forget this. (Nothing further was stated in the record about this.) Patient spends most of her time "beering, clubbing and gambling." Her husband's occupation was listed as carpenter. They live in a common-law relationship.

Patient was hospitalized for one day and discharged when sober. Diagnosis on discharge showed that she had a psychopathic personality plus alcoholism.

From the information given to the doctor and recorded on the patient's medical record, it would seem that a referral to the social work department would be necessary to discuss the situation with the husband of this patient. His expression of concern indicates that he wished to obtain some help. At the time of admission, a discussion of the problem with the case-worker would have served to relieve his concern and the unconscious guilt which is expressed in this concern. A discussion with the worker would have helped him to express his feelings about his common-law relationship and also about his wife's attempted suicide. His ego-strength and ability to use case work help would also have been determined during this

initial interview. Brief follow-up visits to help with patient's re-adjustment and her husband's understanding of her condition, should have been instigated, in this (and all other cases) as it is usually following discharge from the dependency of the hospital that the need for alcohol both to escape the past and to give comfort is at a maximum.

It is difficult to know what criteria the doctor used for designating this patient as a psychopathic personality as reasons for the diagnosis were not on the chart and do not appear too evident from the medical history. Despite the present incurability of this condition, it is possible that a visit from the case-worker during her hospitalization would have helped her to express her feelings about the attempt at suicide and possibly relieve some fear and guilt about it. Her chronic alcoholism and the attempt at suicide show that there are some unconscious reasons for this need to escape from reality. However, from the psychopathology of this case, it would seem futile to embark on any intensive form of case-work or psychiatric treatment. Some supportive elements of a brief contact could prove more helpful than detrimental.

Because of the marital situation, a referral to the Family Welfare Bureau could be discussed with the patient and her husband. Here, they would receive help in working through their marital problems. A referral of the patient to a consulting psychiatrist to confirm the diagnosis of psychopathology would be in order to determine the depth of the condition or if

any treatment, medical or psychological, could be instituted. While the psychopathology of this patient would indicate a poor prognosis, referral to Alcoholics Anonymous could be made as it might be possible that the therapeutic effect of this group's activity might make some impression on the patient, and give a respite from the chronic condition her alcoholism.

Case-work in a Complex Family Situation

Tom J., 42 years old, and a doctor by profession, was admitted to Ward "R" with cerebral edema, paranoidal hallucinations and alcoholism. He was stated to have a considerable history of alcoholism and has been in and out of nursing homes in the district in the last few years, never staying long enough to complete the prescribed treatment. His hyper-activity caused him to be placed in restraint. He cooperated with nurses when sober and, according to the nurses' report, "acted like a little boy who knows he has been bad".

It was learned from the history obtained by the interne that patient started drinking heavily during the war while overseas as he learned that his wife was having an affair with another man. He subsequently divorced her and retained custody of their daughter, now ten years old. She is a "quiet mouse", the patient said. She lives with patient in her maternal grandmother's home.

This patient was admitted twice to Ward "R" during the course of 1950. The first time he was hospitalized for 9 days; the second time for 3 days. At the time of his first admission, he was engaged to a woman his own age. She however, did not wish to get married for "some time" as she did not desire the responsibility of the child.

At the time of his second admission, he was married to this woman and it was she who admitted him to the ward as he was delusional. She expressed concern and anxiety about his condition.

This patient was given several interviews by the psychiatrist during his first admission. The summary of this contact is as follows: "Patient is reticent and secretive about self, making rapport difficult. His attitude is superficial. He states that he won't drink again. He does not seem to want help and makes no effort to cooperate. He does not seem to be a patient to recommend for antabuse because of this. It would appear that he is using alcohol as a means of escaping from reality and his problems."

The psychiatrist's remarks indicate that this patient cannot be helped at present because he is not able to accept help. The intensity of the problems presented would almost suggest the presence of some elements of psychopathology. However as this diagnosis was not made by the psychiatrist, it must be assumed for purposes of this study that this patient had erected a mental block and was not ready for treatment at this point.

As in other cases of this nature, it would be necessary to obtain a social history to learn more facts about ^{the} patient's alcoholism and the specific causes to which his alcoholism could be attributed. His ability to function adequately in the

12. Antabuse is a drug given alcoholics to reduce and possibly eliminate their craving for alcohol. It's presence sets up a toxic reaction in the patient's body whenever alcohol is taken. It is essential that patients cooperate fully in this treatment as the toxic reaction can be dangerous. Antabuse is one of many conditioned reflex treatments.

professional field, his sense of responsibility; in toto, his ego-strength, would have to be determined before any treatment plan could be embarked upon. In this case, with the intensity of the problems, it would be best to have a psychiatric consultant called in for examination to determine any evidence of psychopathology.

While the husband is not able to profit from case-work services at this time, considerable work would appear to be necessary with his wife. From her anxiety it appears that she wishes help with her husband's problem and might be receptive to help given. As in other cases of this nature, help would consist of ^{an}interpretation of alcoholism, and of how she could best help her husband. It would also entail having her work through her feelings about her marriage and about her husband's condition. The fact that she married him when she was aware of his alcoholism is significant. It could mean that she is answering some deep-seated unconscious need to be a mother person, to protect him, and nurse him back to sobriety, which would tend to give her a dominant role in the family. Or it could mean that she married him for economic security, tenuous as it appears. Any case-work with her would have to take these possibilities into consideration. It would be essential to have her cooperation in the treatment plan as any attempt to change the situation might be threatening to her unconscious motives and result in failure because of that.

It would also be in the best interests of the treatment plan if the worker had the wife talk about her feelings toward

her ten year old step-daughter. If this woman was still rejecting her, it is possible that some other arrangement for the child should be made at least until her father's condition could be helped or alleviated. A referral of this situation to the Children's Aid Society should be made if any evidences of neglect - physical or emotional, was found. It might be necessary that some professional interpretation of her father's condition, preferably by media of play therapy, be given the child to help her understand the situation so she won't develop further anxiety or guilt about it. Children of alcoholic parent(s) need considerable help in achieving emotional maturity as their parents have usually been unable to give them adequate attention or affection during the early periods. The background history of this child almost indicates the presence of emotional problems. Her parent's divorce in her early childhood, the loss of her mother while still young, placement with her maternal grandmother, possible ambivalent feelings towards either or both parents, her father's remarriage and her step-mother's dislike of children, all add up to the fact that this child should have some help in understanding herself and her family before she develops further symptoms of the problems which she seems at the present time to be suppressing.

With engendering a sense of responsibility within the wife of patient, it is possible that indirect help could be

given him through her. In this way, environmental pressures would be reduced and the patient's ego-strength might be built to the point where he would be able to accept psychiatric and/or case-work help. This would be a slow process, but with skilful work it could be managed as it has been in cases dealing with various types of mental disturbance. While there might be need for marital counselling at a later date, a referral at that time could be made to the Family Welfare Bureau.

Interpretation to Family of Permanent Committal

Sarah G., a 65 year old woman, was admitted to Ward "R" by her son and police. She was actively hallucinating and drunk. Her son, an automobile salesman by occupation, gave the following history to the doctor with considerable show of emotion.

This patient is reported to have started drinking 20 years ago. After bouts, she would become demented, angry, resentful. The problem became so acute, that her husband divorced her 10 years ago. He later remarried. Until 1946 she stayed off-and-on with her son, who lives in a near-by city. Her drinking became so bad that she was admitted to Esson-dale for a 4 month period at this time. However, her son states that nothing was done about her alcoholism, that only her "temper was treated." She was discharged to her son. He furnished an apartment for her as he preferred that she did not live with him. She went on Social Assistance at this time, and lived in a different community than her son.

Sometime during the last year, she became acquainted with a man of her age. He apparently wanted to marry her but she could not make up her mind. He said he would give her a while to think it over but was not heard from since.

She became depressed over this and went on a long binge. She became violent and uncontrollable. The landlord contacted her son and he flew here.

During her 4 days' hospitalization she hallucinated actively and appeared to get worse rather than better. Her answers contradicted themselves. She showed a dull intellect.

Her son felt guilty about her condition and felt that she might not have become so bad if he had shown more interest in her. After considerable doubt and delay he signed her committal form for Essondale, where she was duly admitted. Her diagnosis was senile dementia.

Although this woman's condition was too far advanced for her to utilize any case-work help, her son should have been referred to the social worker for help in working out his feelings of guilt about placing his mother in the mental hospital. His guilt and ambivalence about the placement impeded her removal from Ward "R" for a few days. Use of the social worker in the initial stage of this case would have facilitated her discharge to the other institution and would have made her bed available to another patient. The worker would also have helped the son with his feelings so that he could have accepted the placement as necessary, and realized that his guilt was understandable but not realistic, that the problem was deep-seated and had started during ^{the} patient's early childhood, but was precipitated by matters over which he had no control.

Summary

It is important to give relatives an adequate inter-

pretation of the patient's condition, of the treatment facilities so that they will cooperate during the treatment process and rehabilitation period if there is one. However, it is highly unlikely that there would be a rehabilitation period in a case of senile dementia. For relative's peace of mind, it is essential that they be relieved of feelings of guilt so that they will not experience a mental disturbance in later years resulting from accumulation of guilt. Case-work help with relatives when placement in mental institutions is being considered, and especially when there are feelings of guilt, should be mandatory as a preventive aspect in the total mental hygiene programme.

From these examples cited, and a careful study of similar cases admitted to Ward "R", it appears that some case-work services to families of patients who cannot be treated is indicated. This service would usually be supportive in nature and consist of giving interpretation of the patient's condition, of the type of treatment the patient would require and of facilities in the community for such treatment. Work of this nature with families is important to reduce any guilt they might have about the patient's psychological and alcoholic conditions and to obtain their cooperation in helping the patient to accept further treatment, such as is given at the Provincial Mental Hospital at Essondale. It is necessary that families be helped to know community resources so that

the family problems being expressed in the patient by his alcoholism and maladjustment can be modified or removed before such problems emerge in similar or other forms in other members of the family. Considerable work, preventive and therapeutic, can be done with families in this respect even though the patient is considered not able to profit from case-work treatment per se.

CHAPTER IV

Patients who Cannot Utilize Case-work Treatment, Directly or Indirectly.

Case-work cannot help in the treatment of deeply-disturbed alcoholic patients when their families are also disturbed or when the patient has lost contact with them. The presence of psychopathology or of progressive mental disorder (such as senile dementia) rules a patient untreatable as far as use of case-work services is concerned. Nor is it possible to treat a patient with any degree of success when he does not desire treatment. In this connection, it is interesting to note that a basic step in the Alcoholics Anonymous programme is that the patient must earnestly wish help and seek it himself. However, there is a place for the social worker in helping the team to evaluate the condition and to arrive at the diagnosis. This consists of interviewing the patient, his family, and others who could give information about his behaviour, background and social adjustment.

Definition of Psychopathology

The question might be asked why those diagnosed as having psychopathic personalities cannot be treated. Were a simple, standard definition of what constitutes psychopathology agreed to among psychiatrists and doctors, the issues in

this problem would be less acute. However, there is no such agreement. Confusion surrounds this condition and its treatment. Psychopathology is considered a medical paradox. The patient is judged sane by standards of psychiatry, aware of all the facts which we ourselves recognize and free from delusions but conducts himself in a way quite as absurd as anything found among the psychotic.¹³ For general purposes, a psychopath can be described as a person who appears normal up to a point but whose social behaviour and character are deviant. This type of personality has been found to be irresponsible, unreliable, insincere; to have poor judgment, an inability to learn from experience, a pathologic egocentricity and inability to form mature relationships with people. He has no anxiety over his antisocial behaviour and is unable to carry out any effective life plan. There is, however, an absence of delusions and other signs of irrational thinking, an absence of "nervousness" or psychoneurotic manifestations. An early name for psychopath and now discarded, was "moral insanity."

Lack of Treatment Facilities

Because of this lack of psychotic characteristics, a psychopath cannot be kept in a treatment centre, such as the Provincial Mental Hospital as he is not regarded as

13. Cleckley, Hervey, The Mask of Sanity, St. Louis, The C.V. Mosby Company, 1950, p. 395.

legally insane. He can admit himself for "treatment", but because of this and his non-psychotic condition, can leave at any time. Because he lacks anxiety about his condition, and does not feel guilty about his antisocial behaviour, he has no true desire to get better. This is the antithesis of the neurotic personality whose anxiety and conflict create a desire to get better. Not being able to form meaningful relationships, it is impossible to conduct case-work or psychiatric therapy with a psychopathic personality. Nor are there any treatment centres where this type of patient can be helped or kept under supervision to prevent continuation of irresponsible activities.

Relationship of Psychopathology and Alcoholism

The combination of alcoholism and psychopathology is common, in fact it is often thought to be inseparable. But this does not mean that alcoholism is a causative factor of psychopathology (or vice versa) as many seem to believe. Dr. Cleckley states in this respect that

Alcohol will not bring out any impulse that is not already in a personality, nor is it likely to cast behaviour into patterns for which there is not already significant

14. In 1947, a Canadian law was passed respecting "habitual criminals". This law provides for indeterminate prison sentence for those who have been convicted three times for the same indictment, the sentence of which must be five years or more.

sub-surface predilection. The alcohol merely facilitates expression by narcotizing inhibitory processes.¹⁵

The psychopath's emotional make-up being what it is, he requires little alcohol to make him act in his characteristic irresponsible way. It has been found that psychopaths attribute their problems to drinking, but that is usually another indication of their need to project blame on a source other than themselves.

Role of Case-worker in Work with Psychopathic Personalities

The case-worker's role in treating alcoholic patients who are also psychopathic, is therefore limited. However, before the diagnosis of psychopathology is made, the psychiatric case-worker should obtain background information from the patient's family, friends and physician in order to give a complete picture of the patient's social and psychological problems and his behaviour pattern to others on the treatment team. This process is not followed in Ward "R". This team approach seems necessary to ensure accurate diagnoses of the total problem and eliminate the possibility of psychopathology becoming a "catch-all" for alcoholic patients.

Clinical evidence does not point to any success in treatment of psychopathology by changing the environment or modifying the family's attitude towards the patient. These measures prove futile as the drives in the psychopath are

15. Cleckley, op. cit., p.382.

so strong that as soon as he leaves a protected environment he usually returns to his pattern of irregularity and inconsistency. However, as pointed out in the previous chapter, case-work with families of such patients is invaluable if they are able to utilize it. With patients whose families are also disturbed, such work is futile.

Case-Study

The case of Clara M. shows how alcoholism and psychopathology compliment each other and also why case-work and psychiatric treatment is not feasible with the present limited knowledge of this condition. This patient, a 36 year old graduate nurse shows a long series of irresponsible behaviour and an inability to profit from past experiences. She showed no anxiety at her unsuccessful attempt at suicide (by an overdose of sleeping pills) and shrugged it off by saying that she had often thought of doing it before. Her manner about her problems was casual and she showed no concern or remorse. Towards the end of hospitalization, she thought that she had made this attempt at suicide to attract some attention, which she thought true of all her deviant behaviour. She intellectualized freely about her abnormal reactions but this was found to be on a superficial level and she displayed no interest in changing her ideas or practices. During her ten days hospitalization, she showed no signs of wishing treatment and was stated to be "sarcastic, hyperactive and belligerent" whenever

the psychiatrist or interne spoke with her.

The history recorded by the interne shows patient's distorted sense of values and deviant behaviour dating back to pre-school days. She was described as "incorrigible" by her teachers and considered a "strenuous person to live with." (Patient volunteered this information and seemed proud of her record). Following graduation as a nurse, she married and put her husband through medical school. He obtained a divorce from her because of her "constant affairs and irresponsible behaviour". He received custody of their only child, now 7 years old. Her behaviour became worse after this, and she was more promiscuous and began drinking heavily. Her work pattern, never too stable, became steadily worse. She "never made a success of anything and never tried to." At this time she began taking barbituates and heavy doses of sleeping pills. She joined Alcoholics Anonymous for a few weeks but soon quit as she "could not live without liquor".

By the nature of the patient's behaviour and symptomatology, a diagnosis of psychopathology was made. Her attitude was described as being "far from pleasant". Her inability to form any relationship with the psychiatrist and interne and her lack of desire to get better made it impossible to embark on any treatment plan. Nor was it possible to work with her family thereby giving the patient an indirect form of treatment.

The patient's family background was rigid. Her parents, both over 70 now, have never permitted the word "alcohol" to be spoken in their presence, despite the fact patient, a maternal aunt and patient's brother are alcoholics of long standing. She has poor relationships with all members of the family and is jealous of them all.

The patient visits her home frequently although she has not lived there for some time now. These visits are characterized by constant fighting with her parents over her "immoral, irresolute ways". This, patient considers, is "great sport" and takes a vicious delight in "stirring up trouble" wherever she goes.

When the diagnosis of psychopathology was made and the patient had recovered from the effects of the excess dose of sleeping pills and alcoholism, she was discharged to her parents' home. She was hospitalized for a total of ten days.

Although this patient is regarded as being not able to profit from treatment, it does not mean that there is no place for the case-worker in the total situation. Case-work help in determining the social and psychological problems in cooperation with other members of the treatment team would appear necessary to arrive at a complete diagnosis in each area. Such work is not technically regarded as treatment as treatment is aimed at relieving the psychological problems and helping the patient to effect a more adequate form of living.

It might have been possible for the worker to discuss the patient's discharge with her family, although in view of their rigidity and patient's condition, it is highly possible that she will not stay home long but will likely return to her old ways.

Chronic Addict

Another type of alcoholic patient who could not prof-

it from treatment is the chronic addict who has no family ties. This patient is usually regarded as the "drunken bum" found on the "skid-row", although he can be found in any strata of society. While there may be elements of psychopathology in their emotional structure, such patients are not technically regarded as psychopathic personalities because they present delusional behaviour and temporary psychotic features, resulting from a toxic reaction to alcohol. Such delusions are not thought to occur in the true psychopath. These patients' addiction to alcohol over a period of years has dulled their senses. They do not express any desire to get better, may have limited intelligence and little if any ego-strength with which the worker or psychiatrist may work to effect rehabilitation.

Case-work with Chronic Addicts

Case-work on a treatment level with these patients in this category appears impossible. As the patient's type of personality is not usually known upon admission (unless he is a recidivist) there is a need for assessment of social and psychological factors to determine his treatability. However, the patients admitted to Ward "R" are not automatically referred to the case-worker by the doctor for a social history. As a result, several days often elapse before the doctor, psychiatrist or interne are able to obtain diagnostic information from the patient. If such a procedure of referral were

the rule rather than the exception, the social worker could determine the depth of the patient's problems and act on a diagnostic level. She could point out urgent situations to the doctors and help them in working with the more agitated patients. In conjunction with the psychiatrist, the worker could discuss the patient's problems in social, environmental, emotional and physical areas and decide upon the focus (or foci) of treatment which the diagnostic facts indicate. In cases showing a chronic addiction pattern, the presence of temporary psychotic features and the patient's lack of interest in treatment, case-work would be on a routine fact-finding level, but would nevertheless be important in formulating the diagnosis. The case-worker could discuss the patient's problems and his pending discharge with any agency with which the patient was in contact, making joint plans, with the help of the patient, once he became rational.

Case-Study

Annie W., a 57 year old Indian woman, was brought in by the police after being picked up on the "skid-row" where she had been drinking "canned heat" with a group of Indians and whites. She was vomiting considerably upon admission and was hallucinating actively, - speaking to some friends who were supposedly on the ceiling. She was found to have a 17 year history of alcoholism, little if any understanding of her condition and no desire to effect a change. Her life centred in the "skid-row" area. Her condition was too far gone for any treatment to effect a change.

On admission she was placed in restraint as she was paranoid and violent. Further examination when sober revealed that she was quiet, withdrawn and dull in intelligence. She gave a long history of instability and promiscuous behaviour. She has been married but her husband deserted after the birth of a second illegitimate child 12 years ago. She had 3 other children by her husband. She is unable to work because of poor health and has been in receipt of Social Assistance in the amount of \$35.00 per month for several years. Her poor health is attributed to venereal infection she contracted during her youth. The attending psychiatrist stated that her "chronic state of alcoholism is unlikely to be modified by treatment".

In this case a referral was made to the social worker on Ward "R" to arrange for placement on discharge. Contact was made with the City Social Service office which was administering the Social Assistance but there was no information about family or resources which could be utilized in arranging placement for this patient. The patient decided to visit a friend in Steveston, a neighboring town, to recuperate after hospitalization. Arrangements were made by the social worker on the Ward to facilitate patient receiving her Assistance cheque upon discharge as she would be moving outside the jurisdiction of the Municipal Welfare office.

This case should have been referred to the case-worker upon admission for a diagnostic history in social and psychological areas. If this had been done, the worker would have been aware of this patient's need for placement on dis-

charge and could have helped her make the necessary arrangements. This would not have prolonged her stay in hospital which was what happened when she announced that she had no place to go when the doctor told her that she could be discharged. It was at this point that the case was referred to the social worker.

While it is recognized that case-work treatment is not practical for psychopathic personalities or chronic addicts, the need for the social worker in diagnostic areas and arranging placement is essential.

CHAPTER V

Summary of Cases

The alcoholic patients admitted to the Psychiatric Ward represent only a small portion of the total number of alcoholics in Vancouver. However, the patients in this study appear to present problems regarded as common to alcoholics, with many stating problems in marital, emotional, family and financial areas. These patients were drawn from all strata of society. All were admitted to this Ward for observation and possibly treatment of some suspected or real mental disorder. Alcoholism was listed as secondary to their mental aberrations.

The cases presented in this study indicate that there are three categories of alcoholic patients; namely, (a) those who can be helped by case-work treatment, (b) those who cannot be helped directly because of deep-seated problems but whose families can be helped, and (c) those who cannot be helped by either direct or indirect means because of the present lack of resources. These cases point out the need for case-work services in screening out alcoholic patients who probably cannot benefit from treatment, in determining the best treatment procedure for those who can be

16. Alcoholism only is not sufficient reason for admission to either a General Hospital or to a Psychiatric Ward; it is usually treated in private nursing homes.

treated, in working with other professions in an integrated team approach to treatment, in helping the patient with rehabilitation from the hospital and in preventive work in the community. For this procedure to be adopted there would have to be a re-evaluation of the role of the case-worker on the Ward.

Diagnostic Role of the Social Worker

For services of this Ward to be utilized to the maximum, there is a need for alcoholic patients being admitted to¹⁷ be carefully screened. Such a screening process would ensure that treatment facilities were being used profitably and by those who could profit from them. Patients diagnosed as psychopathic or as having a severe mental disorder could be discharged or referred to other institutions. To be effective, this screening process would have to take place before patients were admitted to the Ward, or at least during the first few days of hospitalization. In this way, some of the overcrowding and waiting lists would be eliminated, as would the tendency for patients to remain in the Ward when they are no longer in need of observation or treatment for a mental condition.

Given the opportunity, the social worker could play an important role in the screening process. In conjunction with the psychiatrist and doctor, she would assess the patient's condition and his ability to profit from treatment.

17. These suggestions could apply to all patients being admitted to this Ward, not only to the alcoholic patients.

The screening process would depend on obtaining a social history, that is, information from the patients' doctor, family and possibly from the patient himself, concerning his condition and any related problems. In this discussion, the social worker would be in a good position to make referrals elsewhere if the nature of these problems did not merit admission or treatment in the psychiatric ward. During the process of taking the social history the worker could gain knowledge about the patient's behaviour pattern, his past adjustment, and whether or not help could be given to his family to help them understand his condition and possibly to reduce environmental pressures on the patient. When the interviewing is done by a skilled person, obtaining the social history can be a therapeutic process for both the patient and his family. Problems could be dealt with as they arise in the interview. Such information would be invaluable in determining diagnosis, the type of treatment which would best meet the patient's needs, and in assessing his ability to profit from his current experience, from medical treatment and from help directed at his family.

The Social Worker's Position on the Treatment Team

Because she possesses the professional techniques for treating social and psychological problems which are creating or aggravating maladjustment in the patient, the psychiatric case-worker should have an important position on the treatment team. Case-work treatment should be available to all patients admitted to this Ward. The best way for patients

to learn of this treatment would be from individual interpretation by the case-worker. Such interpretation would help the patient to understand what is involved in treatment of his condition, and how the worker can help him with problems he may be experiencing in any social or psychological areas. In these ways, the social worker can help integrate the work of all members of the treatment team, and help the patient to make the maximum use of all treatment facilities.

Rehabilitation from the Ward.

Helping the hospitalized patient to make an adequate plan for rehabilitation upon discharge is essential in preventing further breakdown. For the alcoholic or in fact, any disturbed patient, the patient's change from the dependency of the hospital to the pressures and tensions of the outside world, is often sufficient to create a need to escape from unpleasant reality. As a result, many alcoholic patients discharged from the psychiatric ward are returned to hospital, (not necessarily to this Ward), with functional disorders or for injuries received during an alcoholic bout. Some are placed in jail on drunken or vagrancy charges. Helping the patient to make his own plans for rehabilitation is one way of helping him to work through any problems he may have about his discharge. In this way, case-work can be therapeutic. In many situations, the patient has further need for help with problems which do not necessitate a follow-up from the Ward. As the social worker is aware of the patient's problems

and also aware of community resources, she is in a position to put the patient in touch with the agency most suited to helping him. The case-worker, with the patient's permission, then contacts the agency or organization most suited to helping him, explains the nature of the patient's condition, and discusses her contact with the patient and asks that this agency ~~to~~ help the patient further. The agencies to whom alcoholic patients can be referred are varied. In this study, referrals to the following professionally-staffed agencies were discussed: The Family Welfare Bureau for marital and family counselling; the Childrens Aid Society for temporary placement of children and for help with disturbed children; the Rotary Vocational Counselling Service for intelligence testing and vocational guidance; City Social Service Department for financial assistance. Referrals to Alcoholics Anonymous, ^A Society of ex-alcoholics who help alcoholics to abstain, are made in the same way as referrals to agencies for professional help.

In some cases, an intensive follow-up service from the Ward is necessary to prevent further breakdown. In these ways, the case-worker is able to work on both treatment and preventive levels. However, follow-up can be done most effectively if the worker has had contact with the patient from the time of his admission to the ward.

The use of more intensive case-work services to all patients on this Ward indicates the need for additional

professional social work staff or for a reduction of the routine work and removal of the Neurology Wards and Clinic from the work of the present psychiatric case-worker. By working only in the Psychiatric Ward the worker would have more time to devote to the necessary interpretation of her job to other professional groups in the hospital. This would improve their understanding of what is entailed in social work in a medical setting and would be a basic step towards the goal of having all patients with psychiatric problems referred to the social worker upon admission. Also, with more time at her disposal, the worker could conduct some research projects concerning case-work services on the Ward, which is another way of improving the standards of services given to the patient.

Comparative Use of the Case-Worker in Other Institutions

At this point the question could be very well asked if the social worker's services are being used in a similar manner in other psychiatric settings. At the Montreal Neurological Hospital, a social worker is in charge of screening patients for admission. Psychiatric consultation services are available to her if there is any question concerning a patient. Only those who appear able to profit from hospitalization in this institution are admitted. This plan is meeting with success and is proving that all services can be utilized in a more practical, efficient way, and that treatment standards can be improved if such a screening process is instituted in

psychiatric settings.

Use of the social worker in screening alcoholic patients and in determining diagnosis and treatment is becoming an integral part of procedure in clinics dealing only with the problems of alcoholism. The Yale Clinic, which started in 1944, has served as a model for similar clinics in the United States. This Clinic utilizes the social worker in treatment which consists of work with patients, families and interested friends. The basis of this Clinic's approach is a detailed study of the individual. Emphasis is placed on helping the patient with those emotional problems which are directly or indirectly conducive to drinking, and on removing any of the various pressures which create the need within the patient to drink to excess.

Another service this clinic is giving to the fight against alcoholism is in arousing public interest in the preventive aspects of alcoholism. Its emphasis on this level is that treatment of the total personality is the most practical, economical approach to the problem. This interpretation is increasingly serving as an incentive to other communities to establish treatment centres, and to cope more adequately with the fight against alcoholism.

As a result of this public relations programme, treatment centres are developing in all parts of the United States. Typical of such centres is the Information and Rehabilitation Centre for Alcoholism at the University of Buff-

also Chronic Disease Research Institute. The purpose of this Centre is to help and treat people whose excess use of alcohol interferes adversely with their daily lives; to demonstrate the public health services which are essential for case-finding, treatment, and control of alcoholism in the patient and in the community; and to cooperate with the public and voluntary rehabilitation services in the care and treatment of alcoholics. The Centre's objective is reached through the application of knowledge and skill of internal medicine, psychology, social work and psychiatry working together as a team unit.¹⁸

This Centre has instituted a screening process for patients so that the clinic staff can be utilized to the maximum. The screening process consists of a study of social and environmental factors influencing the patient's condition, a physical examination, and a psychological test as to mental status. When this is completed, there is a staff conference on the findings of the total examination to determine whether or not the patient's background and condition is such that he will be able to benefit from treatment. Each case is treated individually so that all needs can be met wherever possible. The purpose is not only to screen out those who probably cannot benefit, but to decide on the best possible treatment for those who can benefit from treatment. The latter also is only possible if the case is conferred on.

18. Falkey, Bruce, Chief Information Centre at University of Buffalo, letter to writer, May 5, 1951.

Plans for a Treatment Centre in Vancouver

To date, there has been no clinic established in Canada for the exclusive purpose of treating alcoholic patients. However, plans have been under way for some time in Vancouver for formation of an Alcoholic Foundation for the treatment of alcoholics who could profit from treatment. Establishing such a clinic entails many problems, such as obtaining adequate space, experienced staff, and adequate financial support. This Foundation is intended to be a non-profit organization of private citizens who are interested in the treatment of alcoholics. Financial support at first will be drawn from the members of the Foundation, but it is thought that government funds might be obtained once the Clinic begins operating. In addition, it is intended that fees will be collected from those patients who are able to pay.

Procedure on the lines of the Yale Plan will be used for diagnosis and treatment. It is also intended that there should be utilization of social workers in screening, diagnosis, treatment, and rehabilitation. This proposed Foundation is being endorsed by the Community Chest and Council of Greater Vancouver in accordance with recommendations made by this group following a study during this last winter of the problem of alcoholism in this community.

Suggestions for Treatment on Ward "R"

The service offered all patients in the Psychiatric

Ward at the Vancouver General Hospital could be improved if there was a re-evaluation of the treatment approach and an introduction of the team method as outlined in the cases presented in this study and as utilized at the Montreal Neurological Hospital and the Yale and Buffalo Clinics.

Preventive Role of the Social Worker

As well as recognizing the need for improved treatment facilities to cope with the problem of alcoholism, there must be a preventive programme adopted in the community. Such a programme, to be successful, must deal with cause rather than with symptoms alone. Mental hygiene, counselling and treatment facilities should be improved in all areas and for all age groups; but the main improvements in these areas should be directed at helping children so that emotional problems, which later contribute to the formation of alcoholism, can be dealt with in their early, formative stages. Parents should be helped to understand the process of emotional growth in their children, and access to professional help with family problems should be facilitated. Existing treatment facilities such as Child Guidance Clinics and Family and Childrens Agencies should be enlarged and improved in both personnel and professional standards so that adequate help will be available for those who require it. Treatment for behaviour problems, which are usually symptomatic of difficulties in adjustment, should be introduced in the schools so that such problems can be worked through before they become deep-seated.

The introduction of a course called "Effective Living" into high schools in B.C. is a step in the right direction. This course is designed to prepare students to cope with the problems which they will encounter in life. It also embraces a course on education about the excessive use of alcohol. The education authorities in the province recognize that such a course will not prevent problems from occurring but feel that it will help students to understand the nature of the social responsibilities which will confront them as they mature. In connection with this course, some treatment personnel, preferably a psychiatric social worker, should be introduced into all schools so that any emotional maladjustment can be coped with before developing into a serious social problem. While introduction of these additional services might be considered as expensive, it appears necessary that some preventive measures be introduced so that the total losses suffered by society because of alcoholism can be reduced. 19

The goal towards the prevention of alcoholism would appear to be best effected by utilization of an integrated professional team approach in attacking the underlying personality factors and their relation to cause and cure.

19. John Beaufort in "Alcoholism - Do You Know the Answer?" states that, the economic loss chargeable to alcoholism runs close to a billion dollars per year in the United States. The expenses estimated for 1950 include:

\$432,000,000	- potential wage loss
188,000,000	- crime
31,000,000	- hospital and medical care
89,000,000	- accidents
25,000,000	- maintenance of drunken persons in local jails.

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