

THE UNIVERSITY OF MANITOBA

SCHOOL OF SOCIAL WORK

SOCIAL WELFARE SERVICES AND PROBLEM DRINKING

A comparative study of the use of Social Welfare services
by problem drinking families and non-problem drinking families
known to the main family agencies in the City of Winnipeg
in September, 1962.

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as partial fulfillment for the Degree of

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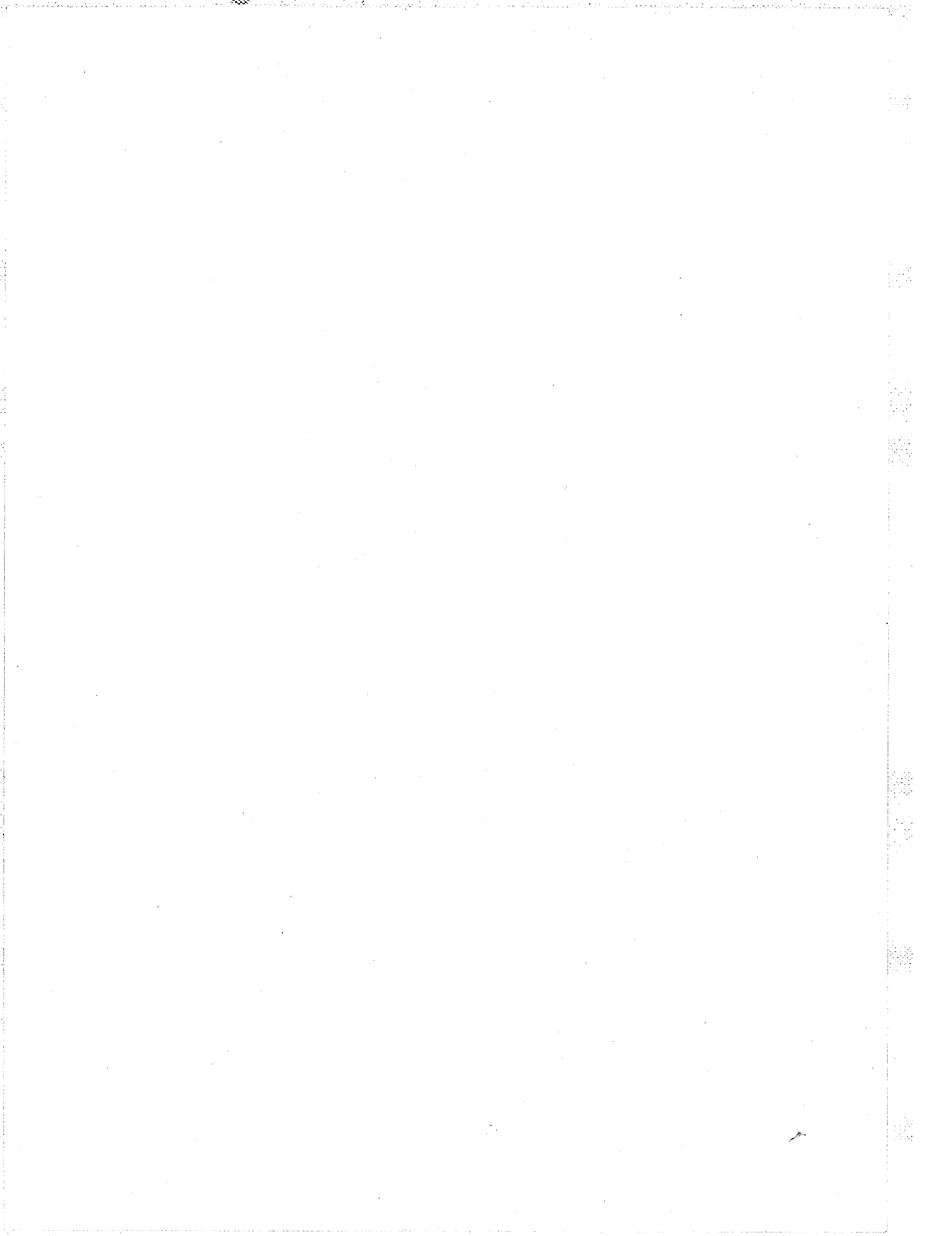
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ABSTRACT

This study took place in Winnipeg, Manitoba between October, 1962 and May, 1963, and was focused on the use of services by families active with one or more of the five main family agencies in this city, for the purpose of determining the differences in the use of services by families where there was a problem drinker as compared with families where there was no problem drinker.

A sample of 408 families was chosen from the September, 1962 caseloads of the City of Winnipeg Public Welfare Department, the Province of Manitoba Department of Welfare, the Family Court of the Winnipeg Juvenile Court and Family Court, the Family Bureau of Greater Winnipeg, and the Children's Aid Society of Winnipeg. The data was obtained by the members of the Research Group who completed schedules in direct interviews with the social workers active with the families. Judgment of the presence of problem drinking and marital difficulty was based upon the opinion of the social workers.

An analysis of the findings revealed that there were fewer problem drinking families than non-problem drinking families in the sample taken as a whole, and in the sample of each agency taken separately, with the exception of the Children's Aid Society; that in comparison with non-problem drinking families, problem drinking families use less public assistance, have more marital difficulty, and use more children's services and a greater number of family

agencies. It may be concluded that there were significant differences in the use of social services by problem drinking families as compared with non-problem drinking families.

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CHAPTER I

INTRODUCTION

There has been increasing concern in the United States and Canada regarding the distribution of social welfare services and the social problems which occur in families receiving such services. The concern has been related primarily to whether or not existing social welfare services meet the needs of families with social problems to the greatest benefit of the families and the community. Ideally, changing social needs which arise from over-all social change should be seen in perspective and as a whole, and services should be planned and organized to meet those needs. On the contrary, existing social welfare services have developed at different times to meet different specific needs. There has been little over-all community planning and welfare services have increased without purposeful direction. In most communities the result has been uncoordinated efforts to help persons with social problems, often confusing to these persons and the community and frustrating for the individual social worker. One of the best known studies of community services was undertaken in St. Paul, Minnesota, commencing in 1948. Analysis of their findings revealed that treatment made available to families had been fragmentary, individually oriented, and on an agency by agency basis.¹

¹Beulah Compton, "The Family Centered Project", Address to the Children's Aid Society of Winnipeg Annual Meeting, April 25, 1962. (Mimeographed).

In our own community of Winnipeg there has been concern about the distribution of social welfare services and the social problems which occur in families receiving such services. As a result of this concern, the Community Welfare Planning Council set up a Needs and Resources Committee in June, 1962, "to elicit and assess the views of those most intimately concerned in the launching, carrying out, and use of a community-wide review of needs and resources in health, welfare and recreation." In addition, the Province of Manitoba Department of Welfare is inaugurating a Community Development project in the Jarvis Avenue area. The general problem area chosen by the School of Social Work, for research study, stated as follows, also reflects this concern: "What is the distribution of social welfare services among families known to the main family agencies in the City of Winnipeg and what are the social problems evident in those families with the greatest concentration of services?"

Current literature, recent local publicity, and our own experiences in different agencies led us to believe that drinking is a major social problem in families receiving social welfare services. Are there differences in the use of services by families where there is a problem drinker and families where there is no problem drinker? We believe that even our limited study of a sample group of families known to the main family agencies in the City of Winnipeg could provide some answers to this question which would be significant for the welfare community and for social workers in particular.

Initially, we were concerned with the disruptive effects of excessive use of alcoholic beverages on the total family, and particularly upon the children. We soon recognized that to focus on this concern would involve a study of causal relationship which was beyond our ability and was not directly related to the general problem area. We chose, therefore, to study families residing in the City of Winnipeg and known to at least one of the main family agencies in Winnipeg to compare the use of services of selected social welfare agencies by families where one or both parents is a problem drinker with families where there is no problem drinker. For the purposes of this study, families where there is a problem drinker will be referred to as problem drinking families, and the problem drinker will be defined as follows: "The problem drinker indulges to such a degree as to cause concern to his family, friends, or employers, and/or the extent of his drinking makes serious inroads upon his budget."² The term, problem drinker, was selected because of its broader implications and to avoid possible diagnostic difficulties. Our definition of problem drinker includes the alcoholic.

From our experience we believe that social workers generally are aware of drinking as a social problem for the individual, his

²T. A. Pincock, "The Frequency of Alcoholism Among Self-Referred Persons and Those Referred by the Courts for Psychiatric Examination", Canadian Medical Association Journal, 87 (August, 1962), 282-286.

family, and the community. However, Margaret Cork, social worker with the Alcoholism Research Foundation of Ontario, has stated that social workers appear to have lagged behind the other service professions in making use of the available knowledge, skills, and treatment, and that they have not yet concerned themselves sufficiently with drinking as a major social problem.³ We suggest that our study, at least to some extent, does report both professional awareness and concern with this problem.

In 1954, the Family Bureau of Greater Winnipeg made a study of the extent to which excessive drinking entered into family problems in families receiving services from their agency, which they presented as a brief to the Manitoba Liquor Enquiry Commission. To our knowledge there have been no other studies of the use of Winnipeg welfare services by families where drinking is a problem. There have been, however, a number of studies both in Canada and in other countries of the use of alcoholic beverages and on drinking as a social problem. In Chapter II we shall elaborate upon studies and literature which we have read and believe to be pertinent to our study.

Relevant to the foregoing and subsequent to study and discussion, we developed the following hypothesis: A study of the services to families known to one or more of the main family agencies

³Margaret Cork, "Social Workers Can Help Alcoholics", Canadian Welfare, November, 1954.

in the City of Winnipeg will tend to reveal a significant difference between services to families where one or both parents is a problem drinker and services to those families where there is no problem drinker. It followed that our focus would be upon the use of the services by families where there is a problem drinker as compared to those families where there is no problem drinker.

This research project is a comparative study of the quantitative use of services of the five main family agencies by families living in the City of Winnipeg in September, 1962. The agencies referred to are the City of Winnipeg Public Welfare Department, the Province of Manitoba Department of Welfare, the Family Court of the Winnipeg Juvenile Court and Family Court, the Family Bureau of Greater Winnipeg, and the Children's Aid Society of Winnipeg. These five agencies were selected for us by the School of Social Work on the basis that they were "social agencies or public departments (or branches, departments or divisions of these) whose services could be considered as being directed to families rather than to single individuals and which could be considered to be offering a social work service and which were non-denominational in auspices". The Juvenile Court of the Winnipeg Juvenile Court and Family Court, and the Child Guidance Clinic of Greater Winnipeg, who serve children in families, were also used.

"Children are alcohol's chief victims!"⁴ It is not possible for us to prove this statement through our study, but as social workers we do know that the presence of a problem drinker in a family is likely to have disruptive effects upon the family as a whole and the children in particular. The disruptive effects upon children may be evidenced in different ways, but frequently the problems appear in the school setting and/or in problems of delinquency. Therefore, we decided to include in our study the Child Guidance Clinic of Greater Winnipeg and the Juvenile Court of Winnipeg, the agencies offering direct services to children with problems in these areas.

We recognize that we have limited our study through the selection of the specific agencies and of families living in the City of Winnipeg in September, 1962. Further, as we shall elaborate later, the criteria for determining the presence or absence of a problem drinker in a family is another limiting factor of this study, since it is based upon the judgment of one person on the basis of varying sources of information.

Families seek the services of social agencies for different reasons. We believe that where alcohol is used, and becomes a problem in the family, there are likely to be problems in the family's social functioning. The problems for which the selected social agencies

⁴C. Aubrey Hearn, Alcohol the Destroyer; Rev. ed. (Nashville, Tennessee: The Sunday School Board of the Southern Baptist Convention, 1944), p. 97.

offer services include difficulties in family relationships, difficulties in the care, behaviour, and/or school achievement of the children, and financial difficulties. Although we believe that problem drinking and problems in social functioning occur together, we do not propose to establish here that there is a cause and effect relationship between them. Nor do we intend to establish that there is a difference in the individual characteristics of families where there is a problem drinker as compared to families where there is no problem drinker. We do intend to study the use of services of the selected social agencies by families where there is a problem drinker(s) as compared to those families where there is no problem drinker(s), believing that there will tend to be a significant difference in their respective use of these services. Considering the above, and within the limitation of our available time, and our experience, the following sub-hypotheses were formulated:

(1) In the caseloads of the five main family agencies there are more families where one or both parents is a problem drinker than families where there is no problem drinker.

(2) In the caseloads of the two public assistance agencies, the Public Welfare Department of the City of Winnipeg, and the Mothers' Allowance Branch of the Manitoba Provincial Welfare Department, there are more families where one or both parents is a problem drinker than families where there is no problem drinker.

(3) In the caseloads of the five main family agencies there are more families with marital difficulties where there is a problem drinker than in families where there is no problem drinker.

(4) A study of the source of referral of families known to the five main family agencies will tend to reveal no significant difference between families where one or both parents is a problem drinker and families where there is no problem drinker.

(5) Direct services, that is, where a child of a family is registered in his (her) own name, are received from the Child Guidance Clinic of Greater Winnipeg and/or the Juvenile Court of Winnipeg by more families where there is a problem drinker than by families where there is no problem drinker.

(6) Families where there is a problem drinker use the services of a greater number of family agencies than do families where there is no problem drinker.

In order to test our hypothesis and sub-hypotheses we chose a systematic stratified random sample of families receiving services, that is, families registered at one or more of the five family agencies in the City of Winnipeg in September, 1962. We developed a schedule for verbal presentation by our research team to the social worker active with the particular family selected by the sampling procedure. The opinion of the social worker was accepted as the criteria for determining whether or not there was a problem drinker in the family and also whether or not there were marital difficulties

in the family. We realize that, in this particular study, acceptance of the social worker's opinion may be, in itself, a limitation of our study. The social worker's opinion may be affected by his or her level of training or experience, his and the agency's knowledge of the family and the reliability of other sources of information about the family. In order to answer sub-hypothesis number five we contacted the Child Guidance Clinic of Greater Winnipeg, and the Juvenile Court of Winnipeg to determine whether or not children of the families of our sample group were registered at these agencies. The details of our method will be discussed in Chapter III.

Following completion of the schedules, the families of our total sample were divided into two groups: families where one or both parents is or has been a problem drinker and families where there is or has been no problem drinker. Data relevant to our hypotheses was tabulated in such a way as to facilitate comparison of the use of services of the selected social agencies by the two groups of families. The analysis of the data will be elaborated upon in Chapter IV; evaluations and conclusions will be presented in Chapter V.

CHAPTER II

BACKGROUND LITERATURE AND PERTINENT STUDIES

Excessive drinking is a complex problem which cannot be dissociated from the problems of society. In the last century, North American society has developed into an increasingly industrialized and urbanized society in which living has become more and more complex. With these social changes there have been changes in the functions of the family and in the ways and means by which the individual meets his needs and reduces his tensions.

Increasingly alcohol has been used as a means of reducing the tensions and anxieties of modern life.¹ Where drinking is integral with the process of socialization and the central moral symbolism and rites of a group, the norms of sobriety can be sustained and pathology is rare. However, in North America there are conflicting cultural values and attitudes about the use of alcohol. This in itself adds to the problem for there is no universally accepted standard and therefore no effective means of control. In Manitoba it is estimated that one adult in forty-two is an excessive user of alcohol.² This fact suggests that the excessive use of alcohol is a social problem that merits the concern of our society, including the service pro-

¹Manitoba Liquor Enquiry Commission, Report of Manitoba Liquor Enquiry Commission, (Winnipeg: Queen's Printer, 1955), p. 40.

²Ibid., p. 272.

fessions. Since social workers are concerned with assisting individuals and families with problems in social functioning, we are focusing on the socio-cultural aspects of the problem. We recognize, however, that there are other factors related to the understanding of the problem, and its treatment.

In the social work profession there is considerable awareness of the need for a family-centered approach to social problems. As a member of a family the problem drinker interacts with, affects, and is affected by other members of his family. Although an individual's behaviour and its resulting effects upon the individual are of great concern, we believe that the bearing which the individual's behaviour has upon the efficient functioning of the family as a whole is of greater concern. Therefore, our discussion will focus on the family, rather than on the problem drinker himself.

Each individual in a family has role responsibilities, the performance of which makes for the effective functioning of the family. Every family has its minor conflicts and at times more serious ones. When stresses and strains are prolonged and/or severe, the result is frequently role impairment and disorganization of family life. Over a period of time, the excessive use of alcohol can contribute to the stresses of family life with the consequent role impairment and disorganization.

Since the relationship between husband and wife is the most personal and intimate of relationships, it is in this area that the

disruptive effects of alcohol may first be experienced. As the problem drinker becomes less able to carry out his role expectations as a marital partner, the spouse may be required to assume additional responsibilities in the home. As their roles become distorted, the relationship becomes less satisfying for both partners. Additional frustrations and conflicts are aroused which in themselves serve to perpetuate the need to use alcohol as a means of reducing tensions; and so, the vicious circle continues. Dr. Fox says that "probably no marriage with an alcoholic can be considered a happy one. It is extremely unlikely that an alcoholic once he is caught up in the egocentricity which is an inevitable by-product of his illness, can actually love another person in a mature sense. The alcoholic is an extremely difficult person to live with because of his desire to force someone to accede to his wishes and love him in spite of what he does. The unpredictability of an alcoholic makes him hard to live with--at times charming, at other times hostile, even cruel".³ Other literature supports the association of marital conflict and the excessive use of alcohol. Following a review of research and professional literature, Bailey concluded that alcoholics had a high rate of broken marriages but many are living with their spouses.⁴

³Ruth Fox, "The Alcoholic Spouse", Neurotic Interaction in Marriage, ed. by Eisenstein, (New York: Basic Books Inc., 1956), p. 154-155.

⁴M.B. Bailey, "Alcoholism and Marriage", Quarterly Journal of Studies on Alcohol, XXII (1961), p. 81-97.

A twelve month study of new admissions to the Alcoholism Clinic of the Massachusetts General Hospital revealed a marriage casualty rate of 47%. This is in marked contrast to groups of new admissions to the Medical and Psychiatric Clinics at this hospital where, with the patients matched for age and sex, the marriage casualty rate was found to be 16%.⁵ A report of the Family Centered Project in Greater St. Paul, Minnesota showed that "when problem drinking was present, both solidarity of the family and the marital relationship were problematic."⁶

Just as the excessive use of alcohol is associated with disruption of the marital relationship, so too it is associated with disruption of parental relationships. As the non-problem drinker attempts to compensate for the inability of the marital partner to carry out his (her) parental role, both roles become distorted and unpredictable and the child is left torn between his parents, and confused. Often the parents are too involved in the marital conflict and the drinking problem itself to be able to meet even the basic needs of the child for normal growth. The child

. . . obviously suffers in a relative degree from lack of strong parental figures on which to pattern himself, from conflict around these figures or from over-identification

⁵I. Wolf, "Alcoholism and Marriage", Treatment Journal of Studies of Alcoholism, XIX, (1958), p. 511-518.

⁶L.L. Geismar and B. Ayres, "Families in Trouble", (St. Paul: Family Centered Project, Greater St. Paul Community Chest and Councils Inc., 1958), p. 68 (Mimeographed).

with one or the other parent . . . He may have difficulty in finding his own identity, depending on what age he is when the alcoholism occurs, and certainly he may have a more than usual problem in attaining and/or sustaining his own appropriate role in the family. More specifically, he may be unsure of what is expected of him and what he can expect of others. We find that his needs are often met on the basis of what is happening at the moment, rather than on the basis of his own personality make-up. Many such children have difficulty accepting appropriate responsibilities or in disciplining themselves. Some become fearful of expressing themselves or their feelings, or in their anxiety act these out with considerable aggressiveness.⁷

The problems of these children very often are expressed in poor school achievement or problem behaviour, and/or in the community in anti-social behaviour.

Fox believes that children are apt to suffer irreparable damage if the mother is alcoholic. Factors which enter into this are that children are emotionally dependent upon their mothers; and that husbands of alcoholics tend to be less tolerant and accepting than wives of alcoholics, and are inclined to abandon the home. If both parents are alcoholic all is chaotic and unpredictable, and the situation even more damaging for the children.⁸

Where there is excessive use of alcohol by one or both parents over a period of time there is likely to be a reduction in the family's standard of living. In some cases the family may be deprived

⁷R. Margaret Cork, "Alcoholism and the Family", Addictions, Vol. IX (1962), p. 33.

⁸Ruth Fox, op. cit., p. 158-161.

of certain basic necessities of life. A study of families receiving services from social agencies in St. Paul, Minnesota, revealed that problem drinking was significantly and positively related to problems in economic functioning.⁹ The literature consistently points out that problem drinking results in frequent absenteeism, lateness, accident-proneness, irresponsibility, irritability, and general inefficiency on the job. The problem drinker thus risks losing his job, which in turn adds to the stresses upon the family.

We have noted that the excessive use of alcohol interferes with the individual's ability to carry out his (her) roles as marital partner, parent, provider, and employee. Since roles are inter-related, the impairment of one social role is likely to affect the successful fulfillment of other roles. This has consequences not only for the individual, but for the family and the community, since individuals are interdependent.

The philosophy of communities in democratic society includes responsibility for the well-being of its members. One of the ways in which the community meets its responsibility is through the provision of social welfare services to assist persons and families with problems in social functioning. Since excessive drinking is associated with problems in social functioning, families where there is a drinking

⁹Geismar and Ayres, op. cit., p. 68.

problem may seek services of social agencies. The literature suggests that families often attempt to deny the drinking problem until the situation reaches a crisis point. Thus, it is likely that when families do seek help they may require the services of more than one social service agency because of the impairment in more than one area of life. A report on the clientele of the Alcoholic Information Center in Pittsburgh shows that: "Of 205 cases who lived in the geographical area covered by the Social Service Exchange, 103 were known to other agencies prior to coming to the center; some of the clients used as many as 8 different social agencies: 3 agencies used per individual case."¹⁰ Consistent with this study is the statement of Reverend Murphy at the Yale School of Alcohol Studies, that the familiar picture reveals contact with from three to twelve different social agencies. He concludes that the family "runs the gamut of services provided at either public or private expense".¹¹ Margaret L. Lewis of the Family Service of Cleveland, writes that these services are most likely to be requested by the wife, but rarely by the alcoholic man himself.¹²

¹⁰F. Izikson, "A Report on the Clientele of the Alcoholic Information Center", (University of Pittsburgh). (Mimeographed).

¹¹A. J. Murphy, "Alcohol and Pauperism", Alcohol, Science, and Society; 7th ed. (New Haven: Quarterly Journal of Studies on Alcohol Inc., 1957), p. 244.

¹²Margaret L. Lewis, "The Initial Contact With Wives of Alcoholics", Social Casework, XXXV (January, 1954), p. 8.