AN INVESTIGATION OF CRISIS INTERVENTION SERVICES

THESIS

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By

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The purpose of the study have been: (1) to provide an explanatory, descriptive, and analytic viewpoint of the functions and structure of crisis intervention centers (2) to provide an intensive investigation of counseling and treatment practices in crisis intervention centers and (3) to relate the experiences that the writer has encountered as a resident counselor at Help House Inc. (twenty-four hour drug and crisis intervention center in Denton, Texas) to sociological, psychological, social psychological and philosophical constructs that deal with or pertain to crisis intervention, particularly in the area of drug use.

The study indicates how participatory observation serves as an aid in acquiring insight into sociological areas such as crisis intervention centers. The role of the participatory observer is most important because concepts and theories arise out of actual situations.

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CHAPTER I

INTRODUCTION

In the late sixties and early seventies, innumerable articles were published in popular magazines, texts, religious pamphlets, and other publications dealing with the topic of drugs and drug abuse. From Berkeley to Boston, students and other members of an emerging subculture were and still are experimenting with various types of drugs. Drugs were glorified and mythologized by rock groups such as the Jimi Hendrix Experience, Iron Butterfly, The Moody Blues and a host of others. The Haight-Ashbury district in San Francisco quickly became the Mecca of the "drug culture." Young men dressed in denim Dylanesque jeans and young girls wearing "flowers in their hair" swarmed in droves to San Francisco in the West or to the Village in New York City.

During the "acid-rock" era (1969-71), publications dealing with drugs reached an all time high. During this same time period crash pads, crisis intervention centers, and other related drug abuse centers rapidly came into existence. The first drug abuse center catering to the drug culture allegedly arose on the West Coast in 1966. Related drug treatment programs were then instituted

shortly thereafter in the Village and other urban centers throughout the nation. By the late sixties and early seventies crisis intervention centers sprang up like wild-fire throughout the nation in towns such as Abilene, Texas; Lexington, Kentucky; and Wichita, Kansas. At this time virtually no urban area in the United States is free of the use of "psychedelic" drugs such as LSD (acid), psylocibin, and mescaline.

Many of the crisis intervention centers which were born out of the acid-rock era lived only a short time, succumbing to the same fate as the once-popular underground newspapers. Both the underground newspapers and those crisis intervention centers which are now defunct died somewhat similar deaths due to somewhat similar causes. This is not meant to imply that crisis centers have nearly vanished, although many of them have remained in operation for only a short time. On the other hand, crisis centers and related services are springing up throughout the nation and emerging centers should take heed of the problems which led to the decay of some centers and the problems that occur in those centers still in existence. A non-inclusive list of reasons contributing to the downfall of some crisis intervention centers include the following: (1) lack of funds

(2) lack of credibility or acceptance in the community (3) lack of able or skilled volunteers and (4) a feeling of resignation on the part of the staff volunteers.

Lack of sufficient funds is perhaps the most formidable obstacle that a crisis intervention center must hurdle if it is to remain in operation. Some centers have been fortunate enough to receive federal or state grants while others such as Help House (a 24 hour crisis intervention center in Denton, Texas) depend solely upon contributions from community organizations or other interested sources. Some centers, no doubt, could obtain some resources if grants were applied for; however, some centers prefer to remain independent from any governmental economic structure in which "strings" are definitely attached.

In order to guarantee even a temporary existence, a crisis intervention center must establish itself as a worthy and respectable institution in the eyes of the townspeople. Agreements and compromises must be negotiated with the police force, the churches, community hospitals, and other interest groups. A developing center must convince the community that a need for a crisis intervention center does exist, and a visible plan must be presented to meet those needs. A center in Arlington, Texas, folded quickly because the center developed into a "dealing" arena for area pushers and junkies. Although the center claimed

to have a "no holding" policy on their premises, dealing was often overlooked so that the "freak" community would not harbor ill feelings towards the center. It is essential that "no holding" policies be enforced to assure the "straight" community that the center is interested in preventing drug abuse and to indicate to the "freak" community that a serious stand is being taken towards drugs by members of the center's staff.

In Oklahoma City, a crash pad-drug abuse center was forced to discontinue its operations due to complaints from irate residents who lived in the vicinity of the center. The Oklahoma City center, located in a middle-class neighborhood, was often the scene of fights and clashes between motorcycle gangs. One motorcycle gang found that they could enjoy free meals and a comfortable night's lodging at the center and as a result the crash pad became their "home turf." Other vagrants contributed to the explosive situation until the neighbors could not tolerate the conditions any longer. The staff at the center chose to "close their doors" rather than be served with an injunction.

Obviously, a well developed center must be able to attract competent and skillful volunteers. Centers which are funded or have a large payroll usually experience few problems in this area. However, those centers which are

not funded must develop means to attract and retain competent counselors. Most centers develop an orientation program for new volunteers that deals with counseling techniques and an investigation of drugs and other crisis areas.

Once a center has been adequately staffed, efforts must be made to maintain interest and enthusiasm among the members. Some members may become disappointed when there is little counseling to be done while other counselors may become overworked during their hours of duty. Others may become disheartened with the center's program or adopt a "what's the use attitude."

Many crisis centers, including Denton's Help House, originally intended to focus their scope towards drug prevention, intervention and drug education. However, many centers soon realized that there was also a need in other crisis areas; thus the program was rearranged to meet needs in areas such as draft counseling, abortion, family counseling, and suicide prevention. However, most crisis centers still retain their "drug abuse intervention" label and deal primarily with drug abuse while offering aid and referral services in other areas.

Many crisis services are staffed on a twenty-four hour basis and provide a "dope scorecard" for "street people." The "dope scorecard" contains current information on the quality and effects of drugs currently being sold

in the immediate vicinity. Perhaps the most accurate generalization that could be constructed about crisis centers is that "their basic purpose is not to proselytize against drugs but to provide help when people need it most and to disseminate accurate analyses of the risks of drugs" (1, p. 147). Crisis centers are also usually equipped to provide medical help to those with drug problems and supply speakers and materials as well as information to community organizations, including schools.

Most crisis centers are operated by youths themselves with professional and medical guidance. Young people are often attracted to crisis centers due to their neutral attitude toward drug use (1, p. 148). Patricia M. Wald and Annette Abrams maintain that "what preventive effects, if any, the centers have on continued drug use is extremely speculative, but they fill acute needs for help in immediate health crises and for accurate information" (1, p. 148).

Statement of the Purpose of this Study

As mentioned previously, crisis intervention centers perform a variety of social services including the following: (1) counseling, treatment, education, and referral services to anyone seeking help in a drug crisis or with drug abuse problems (2) suicide prevention and intervention and (3) counseling with individuals who have

emotional or social adjustment problems. The primary purposes of this study are: (1) to provide an explanatory, descriptive, and analytical viewpoint of the functions and structure of crisis intervention centers (2) to provide an intensive examination of counseling practices and (3) to relate the experiences that the writer has encountered as a resident counselor and presently as a counselor at Help House Inc. to sociological, psychological, social psychological, and philosophical theories that deal with or pertain to crisis intervention, particularly in the area of drug abuse. The purposes of the study will be developed by the following measures:

(a) Numerous books, articles, and magazines contain information relating to drug abuse and other crisis areas. There are few publications dealing solely with crisis intervention centers, yet enough information is available to make a legitimate comparison between the ideas that developed in the role of a participant observer at Help House with the ideas of others in relation to viewpoints concerning function, structure, services, and counseling practices of crisis intervention centers.

(b) The study will rely heavily upon specific opinions, ideas, and philosophies that the writer has adopted while performing duties at Help House; however, prevailing ideas, philosophies and counseling practices at other crisis intervention centers will be compared.

(c) Various theoretical problems will be discussed, analyzed, and criticized by diverse perspectives such as symbolic interactionism, behaviorism, determinism, Christianity (free will), etc. Examples of problems that will be treated include the following: (1) Why does an individual use illegal and/or harmful drugs? (2) What counseling practices should be employed? (3) What alternative life styles should be offered to an individual who is involved in drug abuse, homosexuality, etc.? (4) Should a crisis intervention center be staffed only by professional people or are non-professional counselors qualified or equipped to handle problems in diverse crisis areas? (5) Does an individual have to be "hip", "cool", or "into the swing of things" to effectively counsel with the situationally distressed individual who is a participant in the "counter culture" or "drug culture?" In other words, are traditional lines of intervention and communication inoperative when dealing with "street people?" (6) Why does a disenfranchised group of young people avoid contact with a "straight" community and seek help through crisis intervention centers rather than traditional channels? Is it due to a prevailing distrust or outright paranoia of the "straight" community?

The rationale for a study of this type is to indicate how participatory observation can serve as an aid in

gaining insight into sociological areas such as crisis intervention centers. Interpersonal commitment in an area such as this allows the investigator to examine intensively the structure and function of an organization and its parts. In studying an organization through time, one participates in various situations and circumstances and allows his thoughts and theoretical understandings to develop gradually. The role of the participating observer is most important, then, because concepts and theories arise out of actual situations. Also, there is little information available concerning the functional aspects of crisis intervention centers and the theoretical perspectives of their staff members. This study, then, will contribute in closing that void.

Methods to be Used

(a) In order to provide a basic background of crisis intervention centers, relevant material has been consulted. Help House serves as a central base in the discussion of crisis centers; the functions, services, and structure of Help House for the most part, have been examined through the eyes of the participatory observer.

(b) For a description of other crisis intervention centers, correspondence has been had with other centers

throughout the nation. Counseling practices, philosophies, services, and functions of crisis intervention centers have been discussed.

(c) In the discussion of theoretical implications, an effort has been made to discuss, analyze, and compare how different theoretical perspectives deal with basic and important problems and questions which arise in relation to crises, crisis centers, and counseling practices.

CHAPTER BIBLIOGRAPHY

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CHAPTER II

REVIEW OF THE LITERATURE

The printed material available dealing with drugs and drug abuse consists of over a thousand works. It is within the area of drugs and drug abuse that the investigator must search, generally speaking, for information concerning crisis centers. However, any individual who has "put in time" at a crisis center should be readily aware of the articles and books dealing with drug abuse and the relationship between drug abuse and crisis counseling.

Within the numerous volumes focusing on drugs and drug abuse, information relating to or mention of crisis centers or halfway houses is usually found in the latter chapters of the books under Chapter titles such as "Treatment and Rehabilitation," "What Could Be Done," "Prevention," "Alternatives," etc. Obviously, then, after glancing at selected chapter headings, crisis centers are usually mentioned or discussed in relation to the possibility of prevention or intervention of drug abuse. Prior to devoting any time to crisis centers a number of authors advise the reader of the manifestations and consequences of drug use. For the most part, as will be indicated later, authors writing about drugs view crisis centers in

a favorable manner. The crisis center is looked upon as a concerned organization offering a possible alternative to drug use and for this reason is generally deemed worthy of respect but of only minute attention in the works of the authors.

The distinctions between crisis centers, hot lines, switchboards, rehabilitation centers and halfway houses are often blurred and usually there is an overlapping of functions in service areas. Services which a crisis center offers are often provided also by a rehabilitation center or a halfway house. By definition, crisis centers, hot lines and switchboards offer emergency assistance in crisis areas and generally are not adequately staffed to provide long term therapeutic care. Switchboards and hot lines in particular are usually run by young people and are staffed by volunteers. Hot lines generally claim to offer a "listening ear" to a variety of problems although their primary concern lies in the area of drug abuse. Hot lines usually provide referral services in problem areas in which they are inexperienced or in areas which demand professional attention. They are often open only in the evenings or on weekends. For instance, "Rap Line" in Naugatuck, Connecticut is open only from 2 p.m. to 11 p.m. seven days a week whereas "Dial-a-friend" in Milliburn, New Jersey, is in operation from noon to midnight only on weekends.

Switchboards primarily offer telephone and/or walk in services and also provide referral services in areas in which staff members are not proficient. Another feature of switchboards is that they provide community information regarding such affairs as concerts, religious meetings, opportunities for employment, etc. Switchboards may be staffed by trained volunteers or operated by a collective commune such as the "Genesee Co-op" in Rochester, N.Y. (6, p. 25). Many switchboards also offer limited housing arrangements for "crashers," hitchhikers, and others who desire temporary lodging.

Hot lines and switchboards, then, are basically telephone crisis centers although the hours in operation, the services offered and the operating philosophy usually vary from hot line to hot line and switchboard to switchboard. There are many other names used by telephone crisis centers such as "The Listening Post," "Dial Help" and "Connection." Some telephone programs are accredited by Contact Teleministry, Inc. Religiously sponsored, these centers meet basic standards, including 24 hour around the clock operation.

Services in related crisis areas include Free Clinics which are staffed by professional and paraprofessional volunteers. Free Clinics generally offer medical, legal,

counseling, and drug help. Some Free Clinics, especially those in California including "George Jackson People's Free Health Center" in Berkeley and the "Laguna Beach Free Clinic" also offer telephone help.

Halfway houses and other rehabilitation centers range from full time residency quarters to mere visits for counseling purposes. Such organizations may be operated by the state, by religious agencies or by private concerns. Halfway houses and rehabilitation centers generally cater towards heroin addicts and others who are addicted to dangerous drugs but other individuals under stress from serious drugs, emotional and/or psychological problems are often admitted to their programs. The programs are designed to enable an individual to re-enter society. "Daytop Village" in New York City claims to have a 50 per cent success rate in regard to treating and curing ex-addicts, a percentage which is "heartening when we see the extremely high rates of recidivism in some of the other treatment and rehabilitation programs in our country" (3, p. 165). Daytop Village, initiated by the New York courts and operated by ex-addicts will be discussed at a later time in the chapter.

Synanon, located in the Los Angeles area, claims to be the nation's most successful halfway house/rehabilitation center. Charles Dederich, the founder of Synanon,

initiated an alternative program to drug use, addiction, and other problems on two basic assumptions: "that unadulterated truth was the only thing that could set addicts free, and that anything that was good for those who run Synanon was good for all the individuals in Synanon" (3, p. 163). Certainly Synanon is a success in gargantuan proportions when compared to the Federal Hospital for Narcotic Addiction in Lexington, Ky., which has proved to be an expensive failure.

Robert de Ropp describes the self-supporting Synanon program in the following manner:

> The special virtue of Synanon is that it offers all who go there a way to self knowledge in the form of a game - the Synanon Game. It is not any easy game, or a particularly pleasant one. In fact it can be quite painful. But all who play it -- "dope fiends," doctors, professors, anybody - can rest assured that nothing matters except finding the truth. It provides an alternative society for those who cannot accept the megaculture...At Synanon, the anxieties involved in earning a living are eliminated. It takes over the life of the addict, feeds him, clothes him, gives him medical care, trains him to work - all of which could be done by the various impersonal state and government agencies. But Synanon is not impersonal; it cannot be. This actually is the secret to the organization. There is in Synanon no establishment to fight against (2, pp. 224-225).

It will suffice to mention at this junction that crisis intervention centers often dually serve also as a suicide prevention center. Under the guidance of professionals, crisis centers are usually staffed by young semi-professionals or by those who are experienced or acquainted

with a variety of crisis areas. As is the case in related crisis services, crisis intervention centers focus their attention primarily upon drug problems via short term help although direct help or referrals are offered for other types of problems. Most crisis centers specialize in drug help and intervention through the practices of crisis counseling or short term resident treatment and often offer alternative programs through the use of encounter sessions, yoga, or work programs.

The most up to date guide containing listings of international crisis services is the National Directory of Hotlines, Switchboards and Related Services. The National Directory lists crisis services under the following three headings: (1) hot lines, switchboards, and helplines, etc. (2) free clinics and related services and (3) information and referral agencies and runaway services. Using the National Directory for investigation purposes it is apparent that the West and East Coast urban centers are heavily saturated with crisis services while the areas within contain crisis services on only a scattered geographical basis. However, every state accounts for at least one crisis service. Los Angeles alone has ten hot lines and switchboards, seventeen free clinics and related services including crisis intervention and suicide prevention centers and one center operated by homosexuals,

the Gay Community Services Center, which offers crisis counseling exclusively to both male and female homosexuals. Chicago accounts for twenty-two crisis services while on a comparative basis New York City accounts for seventeen.

One of the few volumes dealing with crisis centers is entitled Programs on Drug Use and Abuse. Although the author, Nancy Sloan, presents an informative and descriptive analysis of selected crisis and drug abuse centers, the work itself is representative of the brevity of material in regard to the topic. Only four pages are devoted towards crisis centers while the book's remaining six pages contain a listing of books of general information on drugs and drug use.

Sloan's Programs on Drug Use and Abuse could best be described as a handbook rather than an actual book due to its short length. However, her handbook has provided a service in an area that is desperately lacking information of any kind. Sloan recognizes that "there are many possible (drug use and abuse) approaches to use," yet, "no data exist to indicate what is the most successful approach" (11, p. 1). To substantiate this claim she presents a brief description of seven drug abuse programs which are representative of the various but not inclusive approaches to the problems of drug use in existence. Those programs include the following: (1) Awareness House, Fort Bragg,

California, (2) University of Chicago Laboratory School, Chicago, Illinois, (3) Title III Project, Coronado, Calif. (4) The Narcotic Addiction Control Commission Rehabilitation Program, Albany, New York (5) Temple University Drug Education Activities Project, Philadelphia, Pa. (6) Westfield, New Jersey Drug Abuse Program, Westfield, New Jersey and (7) Do It Now Foundation, Hollywood, California.

Awareness House in Ft. Bragg, Calif. is most representative of crisis centers for it is concerned primarily with drug prevention and intervention. As is the case in many crisis centers, "ex-addicts (and drug users) were hired as counselor aids" (11, p. 1) and Awareness House originated when concerned individuals "recognized that there was a serious drug problem in the community" (11, p. 1).

The University of Chicago Laboratory School, the Title III Project in Coronado, California, the Temple University Drug Education Activities Project, and the Westfield, N.J. Drug Abuse Program are concerned primarily with compiling drug related information to aid crisis centers and other organizations which are interested "in developing drug education programs, for those seeking professional help for students with drug problems, and for ongoing research on prevention techniques" (11, p. 2). The previously mentioned programs, then, are resource centers which

provide information on such topics as the current drug situation, latest findings of the physiological and psychological effects of certain drugs, listings of the most recent books on the topic of drug abuse, etc. Such resource centers often serve as a "right arm" for crisis centers and drug education programs.

The New York State Narcotic Addiction Control Commission Rehabilitation Program established by the New York State Legislature supports local drug education programs as well as crisis centers, treatment and rehabilitation centers. The Commission funds various centers and also serves as a resource center. The Commission's Rehabilitation Program has been instituted on a widespread basis throughout New York State and although programs operating under the Commission's control must adhere to certain requirements, criteria, and guidelines, the Commission encourages "local sponsorship of (drug) education programs" while providing "supporting services" (11, p. 2).

Perhaps the most well known clearing house for drug abuse information is the Do It Now Foundation located in Hollywood, California. Do It Now Foundation, which will be discussed later, is a nonprofit organization which provides "resources and training programs for those who wish to establish drug education programs" (11, p. 3). The Foundation actively operates two crisis centers and hot

lines throughout Southern California. Do It Now Foundation has received nationwide recognition due to its bimonthly publication, Vibrations, and its anti-drug spots featuring the iconoclast Frank Zappa, the lead singer of the Mothers of Invention - a zany, unusual rock group which abhors AM radio and "middle of the road" rock music.

The remainder of Sloan's handbook concerns itself with approaches to take if an organization or group of people are interested in initiating a drug education or drug abuse program. Sloan presents a sketchy outline as to how the program should be designed, what goals need to be established, and how the program should be staffed and evaluated.

In view of Sloan's treatment of the programs which are fairly representative of the various approaches to drug abuse and drug education, we should realize, as indicated earlier, that there is not a substantial amount of data to assess the success of the programs mentioned and the approaches to drug abuse in general. Most drug abuse programs and crisis centers alike set strict and well defined guidelines but often the counselor must sometimes tentatively push the guidelines to the side when counseling with a drug abuse client on an interpersonal, one to one basis. Although most crisis centers compile somewhat makeshift and unsophisticated data on their

clients and their problems, computation of data for the most part is viewed as being secondary on a list of priorities and generally unimportant. The compiling of data and statistical techniques are usually taken into consideration only when a center is applying for federal or state funds or when a sociologist or psychologist is in need of exercising his statistical expertise for college credits, grants, or publications. Often, counselors believe that statistical evidence is not an adequate gauge of success or failure for the statistics fail to recognize the human elements and the traumas which occur in various crisis areas. It is somewhat easy and fairly simple to record the number of calls and counseling sessions that have occurred during a day's time at a crisis center, but when counseling in many short term situations in diverse crisis areas, it is sometimes difficult to judge correctly whether or not one's advice to a fourteen year old girl having family problems has been correct or successful in diminishing her problem. Measures of success in many situations are arbitrary at best and are often cognitively meaningless when placed under strict investigation and scrutiny. In reply to Sloan it appears that although our statistical techniques may have become more sophisticated and precise that it is nonetheless doubtful that any data will ever exist to indicate what is the most successful approach to

use in treating drug abuse, for individual differences and human feelings must always be taken into account. Comparisons of rigidly controlled experimental programs would be more meaningful than statistical compilations about the various extant programs.

Crisis centers are often referred to as crisis intervention centers which implies that such centers offer "emergency assistance to those who are suffering from adverse effects of drugs" (1, p. 241) or that assistance is offered to those who seek help in other problem areas. Few crisis centers offer long term programs to prevent future drug use and for this reason James V. Delong maintains that "while the crisis centers provide necessary emergency services, it is unlikely that they have much permanent impact on drug users" (1, p. 243). Most crisis centers claim to provide services only in the area of emergency drug intervention while also offering drug education programs as a preventive technique. Delong is partially correct in his view that crisis centers do not have a "permanent impact on drug users" although most centers are capable of citing exceptions which point to the contrary. Delong is undoubtedly correct in asserting that crisis centers perform services primarily in the area of the given immediate problem, but staff members of crisis centers hope that clients will participate in a follow up

program or adopt an alternative life style rather than continue using potentially harmful drugs. Another point that is often overlooked is that many crisis centers do not have adequate facilities or are not adequately funded or staffed to provide long term therapeutic help.

Delong also maintains that the crisis center is an alternative to the "hospital emergency room" and that "crisis staff members view drug problems as only one aspect- and not always the most serious - of human malfunctioning for which help should be provided" (1, p. 243). As an example Delong cites the Haight-Ashbury Clinic in San Francisco, the Langley Porter Youth Drug Unit at the University of California, and the Center for Special Social and Health Problems in San Francisco, all of which are concerned not only with drug abuse (although drug abuse is their primary concern), but also "sexual problems, violence and hatred, compulsive gambling, suicide, crime and delinquency and insomnia" (1, p. 243) to name a few problem areas. As an alternative to the "hospital emergency room" the drug user who seeks help at a crisis center usually avoids the threat of being "busted" or being compelled to take strong tranquilizers such as chlorpromazine, the usual drug given in hospital use when illegal drugs have been consumed (1, p. 242). Delong claims that the administering of the drug chlorpromazine

"is regarded by experienced drug users and drug treatment doctors as unnecessary and potentially damaging" (1, p. 242) plus the drug "has strong side effects and is unpleasant in its psychoactive characteristics" (1, p. 242).

Daniel and Dorothy Girdano, in Drug Education: Content and Methods, claim that crisis centers "will most likely enjoy limited success because of their inability to minister to all of the many factors that cause addiction" (3, p. 163). Unlike James Delong, then, who realizes that crisis center staff members view drug problems as only one ailment of the distressed individual's human condition, the Girdanos' fail to take into consideration that crisis centers do deal with other factors that are related to addiction and drug abuse. One should also take into consideration that it would be an impossible task for any organization to treat the many factors involved in drug abuse, although some fundamental religious centers claim to eradicate all of the factors of drug abuse in one swoop if one erases "sin" from one's life.

The Girdanos, like Nancy Sloan in Problems on Drug Use and Abuse also offer the reader a list of halfway houses, guidance clinics and crisis centers to illustrate the types of institutions in existence. The institutions which the Girdanos use for illustrative purposes include the following: (1) Daytop Village, Staten Island, New York

(2) East Harlem Protestant Parish Narcotics Center, New York City (3) Dempsey's House of Hope, New York City (4) Halfway House, San Antonio (5) Drug Addiction Treatment Rehabilitation Center, Washington, D.C. and (6) Mount Carmel, Paterson, New Jersey.

Daytop Village, like many crisis centers, is run by ex-addicts and ex-drug users. Supported by a government agency (the National Institute of Mental Health) it serves as a halfway house between the courts and the community, since its members are placed in Daytop by the New York courts (3, p. 164). In this respect Daytop differs from many crisis centers, for Daytop does offer long term therapeutic help plus serving as a rehabilitation center for those who are sent there by the New York courts.

The halfway house-rehabilitation center concept has enjoyed a good deal of success in many areas. Located in the community, the patients have more freedom in an environment which is stripped of locks and bars. The members of Daytop must adhere and abide to a set of narrowly defined rules (no physical violence and no drugs), or else the patients are sent back to the courts. However, one vital element of normal life is lacking at Daytop; it is an institution for men only (3, p. 165).

Only a few sentences are devoted to the other drug related centers by the Girdanos. We learn that the Halfway

House in San Antonio is a research project testing individual and group therapy and offering vocational training while the Drug Addiction Treatment Rehabilitation Center in Washington, D.C. serves as a counseling center, has a few inpatient facilities and serves as a halfway house (3, p. 165).

The remaining three centers are church affiliated and offer services such as drug education, counseling, and vocational training. Mount Carmel in Paterson, New Jersey differs from the two other church related centers (East Harlem Protestant Parish Narcotics Center and Dempsey's House of Hope, both in New York City) in that it has a free hospital clinic equipped to handle a three month program of detoxification (3, p. 165). The writer sincerely shares the hope of the Girdanos "that more and more facilities will be opened to addicts, and also that an increasing percentage of the nation's addicts will be cured by these programs" (3, p. 165).

Peter Marin and Allan Cohen in Understanding Drug Use recognize the potentiality of crisis centers to combat drug use and to aid a drug user in re-directing his life. Marin and Cohen direct their attention to crisis centers which are not funded or supported by government agencies or organizations which might "pull strings." As examples of crisis centers the authors cite Dawn in Los Angeles, Sedu in Santa Barbara and Odyssey House in New York, all of

which stress "mutual support, intensive group encounters and a bedrock honesty - the granting of real responsibility to members and a chance to redefine themselves in a wide range of jobs and activities" (4, p. 80).

Marin and Cohen believe that crisis centers perform a valuable service to society because such centers "provide services for those who have neither the money nor private help nor a trust in public agencies" (4, p. 80). Furthermore, the authors advise schools on all educational levels to set aside space for the development of crisis centers and communities are urged to provide funds and housing for centers.

Marin and Cohen are concerned with the overwhelming widespread use of illegal drugs throughout society and believe that crisis centers could possibly serve as a temporary salvation and resting place for the nation's youth who are beset with an ever increasing number of worries and woes. Crisis centers could perform effectively, according to them, if the centers only had communal encouragement - "a willingness on the part of local authorities to bend and relax the rules a bit, to find them places to establish themselves and enough money to finance a raw beginning" (4, p. 81). Although Marin and Cohen are fully aware that most centers are staffed by amateurs, they hold steadfastly to the view that in spite of the

members' professional ineptitude the crisis centers "do more to make the young at home in a city than fancy clinics and worried professionals" (4, p. 81).

As mentioned earlier in the chapter, the Do It Now Foundation located in Hollywood is perhaps the most well known clearing house for drug abuse information in the United States. The Do It Now Foundation does not claim to be an anti-drug organization but rather Do It Now "is a national foundation which disseminates factual information about street drugs" (13, p. 2). Do It Now offers any individual or organization concerned about drugs "real-drug information" that will help one make up his own mind concerning drug use.

The Do It Now Foundation claims to be a national educational organization involved primarily with drug abuse and related areas. The Foundation was originally established in 1967 and is legally nonprofit and federally tax exempt (14, p. 2). Do It Now is independent of any governmental agency and relies economically upon sales of publications and records, as well as donations, for sources of income.

Not only does Do It Now act as a national media for distribution of printed and recorded materials but the Foundation also operates two crisis centers in the Southern California area. The Los Angeles branch of the

Foundation offers services in the following areas: (1) a twenty-four hour seven day hot line for all drug problems (2) crisis counseling, group counseling and crisis intervention counseling by trained staff members (3) printed materials (4) speakers and advisory help to other groups in Los Angeles County and surrounding areas (5) a drug analysis service for unknown street chemicals and (6) a weekly published "Dope Scoreboard" in the L.A. Free Press as well as a "Weekend Dope Report" on a number of major radio stations (13, p. 2).

The other Do It Now crisis center located in Santa Cruz offers the following services: (1) a twenty-four hour seven day hot line for all drug problems (2) crisis counseling, group counseling and crisis intervention counseling by trained staff members (3) a live-in drug rehabilitation center, Sunflower House (4) speakers and advisory help for the Santa Cruz County area (5) detoxification services via local medical facilities and (6) printed materials (13, p. 2).

Do It Now Foundation claims to be unique in that it is directed "entirely" by those who have had nearly every conceivable type of drug experience. Their employees' drug experiences range from ex-addicts to pill freaks to former psychedelic users - "no matter what kind of particular drug experience, all have been thoroughly saturated with the drug subculture for years and understand it inside and out" (13, p. 2).

The attitude of the Do It Now Foundation members concerning drug abuse is a neutral one; they neither condemn nor condone drug abuse. A statement of their policy in their bimonthly publication, Vibrations, holds that "the maintenancy of this (neutrality) factor throughout insures communication with all ages, whether they are using drugs or not" (13, p. 2). In the Southern California area the Foundation has found that they have achieved a great amount of effectiveness with the twelve to twenty-five age group - the largest group of prospective users.

The Foundation has achieved national recognition due to its anti-drug spots featuring Frank Zappa, the printed material on street drugs including Vibrations and the special advisory help which the Foundation offers to crisis centers and related services in the United States, Canada, and Europe. The Do It Now radio spots are given air play not only by underground rock stations but also AM "top forty" stations including KDNT in Denton, Texas. The earliest Zappa spot featured the lead singer of the Mothers of Invention speaking in a gruff, husky, sarcastic tone. The spot is as follows: "Hi, Wanna Die? Start today - use a little speed! Rot your heart, rot your liver, rot your kidneys, - Cucaracha!" (13, p. 7). There are no indications as to whether Zappa's satirical anti-speed spots curtailed the use of speed among speed freaks or

part time speed (amphetamine) users; however, even in light of the absence of empirical data the writer would argue that Zappa's spot was more effective than the endorsements of the drug free life by the Chicago Bears' Dick Butkus or the Cincinnati Reds' Johnny Bench. This argument is not intended to demean the contributions of such celebrated sports stars but is based on the belief that the casual or committed "speed freak" finds little identity with the show-case image of a menacing figure like Dick Butkus or an All American type like Johnny Bench. However, Zappa, who is noted for his nonconformity, could perhaps have a meaningful impact upon drug users and in all fairness a little league ballplayer might also find Johnny Bench's endorsements convincing. Yet the writer wagers that Zappa's chances of appealing to a "speed freak" would be much better than that of Butkus and Bench combined. Another Zappa Do It Now anti-speed spot also combines the ingredients of wit and sarcasm, and is even somewhat thought-provoking: "I would like to suggest that you don't use speed, and here's why: it will mess up your liver, your kidneys, rot out your mind, in general, this drug will make you just like your mother and father."

Do It Now offers two excellent publications dealing with drug abuse which every crisis center should not be without. The Conscientious Guide to Drug Abuse written by

Vic Pawlak and available in nearly any head shop including Birmingham Balloon in Denton is one of the most valuable guides to street dope in existence. Drug Abuse: A Realistic Primer for Parents or "things you should know about drugs after reading the scare pamphlets" (8, p. 1) is compiled by Vic Pawlak and the Do It Now Staff and is billed as a "basic informational, anti-paranoia booklet" (14, p. 12) for parents.

At this point only scant attention has been devoted to those crisis centers which are church-affiliated. Teen Challenge Centers are perhaps the most well known religious-directed crisis centers in the nation. Director and founder of Teen Challenge, David Wilkerson, approaches the use of drugs as a manifestation of sin. The fundamental premise of the Teen Challenge staff "is that a drug user should be given an opportunity to undergo a religious experience that can give him the strength to overcome his destructive desires and habits" (15, p. 146). Few of the Teen Challenge staff members, most of whom are ex-addicts or ex-drug users, would concede that there is any other alternative to drug use other than the salvation offered by Jesus. Remarkably, Teen Challenge Centers claim an impressive eighty percent cure rate for those who stay (5, p. 118).

Other church related crisis services include Teen Problems Anonymous in Lancaster, Pa., Hope for Youth in

Hayward, Calif., Guideline and Personal Crisis Service in Omaha and Youth Lifeline in Sacramento, California. Hell Gate Station, directed by ex-underworld figure Jim Vaus and his Youth Development, Inc. provides an effective religious-crisis center in one of the roughest areas of New York City (5, p. 118).

Many of the religious crisis centers including Teen Challenge are fundamentalist from a religious viewpoint. Religious centers have found that drug subculture districts in urban centers are a lucrative target area for recruiting converts. It is neither surprising nor coincidental that the "Jesus Movement" gained a considerable amount of momentum and appeal to young people during the acid rock era. As James Nolan indicates in an article entitled "Jesus Now: Hogwash and Holy Water": "The real issue at stake here is the drug blown, pop-freaked, ego-defenseless kids, who in their innocence, openness and idealism are truly beautiful, can easily become the victims of a desperate evangelism of any kind" (7, p. 26). The fundamentalist Jesus centers such as the Children of God Soul Clinic, the Koinonia Community and the House of the Risen Son (all located on the California Coast) work on an appeal to guilt and find converts in Nolan's terms among "runaways from some cowtown Paducah or plastic Executive Oaks, used to dropping acid by the six-pack,

alone and penniless in the ghetto-zoo,...testing around for some ultimate reality trip, with nothing to do and no place in particular to do it" (7, p. 21). The implications inherent in the methods of dealing with drug abuse as administered by staffers at Jesus centers and Jesus clinics will be discussed at a later time in Chapter Eight.

Regardless of the impact of Jesus centers and Jesus clinics, Teen Challenge stands alone and eclipses all other "Jesus" centers in terms of organization, advertising, and services offered. Their treatment program is based upon the application of distinctly Christian psychological premises. A wide variety of activities are provided for young drug addicts and abusers, juvenile delinquents and other troubled youth; the most notable activity involves a spiritual re-orientation which includes "Bible instruction, work programs, recreational opportunities, a visitation and community program, constructive use of leisure time and the regular Sunday day of rest" (12, p. 2). Services offered by Teen Challenge Centers include: (1) the publication of Teen Challenge Times (2) "helpline" telephone counseling (3) weekly "happenings" and "praise-ins" (4) drug education programs for public schools (5) evangelistic and music teams for services (6) counseling for youth and parents (7) jail-prison visitation and follow-up (8) speakers for service clubs-

civic groups and military branches (9) youth rallies and crusades (10) TV, radio, and newspaper outreach and (11) audio-visual presentations (10, p. 2).

It will suffice to say, then, after reviewing the literature concerning crisis centers and related services that there have been only a handful of volumes that treat and discuss the relatively new phenomenon of crisis centers. Despite an interest and concern about drug abuse, there have been only a few studies which have investigated the organizations which are attempting to intervene in drug areas and offer help through intervention and prevention techniques to drug users and other individuals experiencing problems in a wide array of crisis areas. The topic with which this investigation is concerned has been overlooked and neglected in sociological literature.

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CHAPTER III

METHODOLOGY

Participatory observation has been used as a social research technique since the time of Frederic Le Play (1806-62), a scholar who selected the family as a unit for investigation. Agreeing with Comte that the family is the basic social unit, Le Play, "with the help of local authorities" sought families whose conditions approached the norm for the geographical area under consideration; often he was not proficient in comprehending the language of families he was studying but yet he arrived at a basic understanding of their way of life (9, p. 47). Nicholas Timasheff claims that "Le Play was well aware of the fact that systematic observation is only the first step in scientific investigation" (9, p. 48). Another forerunner of the participatory observation technique was Georg Simmel (1858-1918) whom Timasheff describes as "a keen participant observer, a fact made apparent in his graphic and insightful essays on conflict, on superordination and subordination, on the role of the stranger, on the modern

city, and even on such a subject as the change in group membership from two to three members" (9, p. 104).

Paul Creasey, a contributor to the Chicago "School of Sociology," further pioneered participatory observation as the approach in his study of taxi-dance halls, establishments at which "girls could be hired as dancing partners for ten cents a dance" (9, p. 117). Creasey first sought to gain information by formal interviews. However, the standard and often used questionnaire technique was abandoned because the proprietors of the dance halls refused to cooperate with the interests of Creasey's interrogators. At this point Creasey opted for another approach, namely participatory observation in which observers were "instructed to mingle with the others and to become as much a part of this social world as ethically possible. The investigators functioned as anonymous strangers and casual acquaintances" (9, p. 217). By using the participatory observation technique Creasey acquired the requested information for which he was accountable.

Perhaps the most notable example of the use of participatory observation as a methodological approach is the study of the Streetcorner Society (a slum district in Boston) conducted by William Foot Whyte. In his investigation of Cornerville, Whyte succeeded in

developing an intimate familiarity with the people he was observing and the situations in which he participated; "he was aiming to study ordinary people as they came, focusing his attention not on communities but on people" (9, p. 216).

Some of the disadvantages which Whyte experienced as a participatory observer were that it was time-consuming and unsuited for collective data (2, p. 217). Rather than asking questions in a simple "yes" or "no" form or asking questions in which an interviewee responds according to degrees of agreement or disagreement the participatory observer usually does not pretend to be impartial or neutral. Whether the observer is investigating Cornerville, taxi-dance halls, or Help House, personal factors do come into play. When conversing with members of either social structure the participatory observer attempts to communicate in a casual manner. Because the information for which the participatory observer is seeking may not be found within a given period of meetings, encounters, or social situations he must be prepared to spend a considerable amount of time in the area of investigation. Like the field anthropologist, the participatory observer is concerned with describing situations as they actually occur in the context of the social situation in which tape

recorders, notes, and questionnaires are intentionally absent. Because the observer focuses on descriptions the very nature of his observations are not suited towards mathematical and statistical units of analysis.

John Madge in The Origins of Scientific Sociology offers the following comments about the role of the participatory observer:

> It has never been easy to induce people to become participant observers. They must be dedicated to research, free from domestic ties or other responsibilities...Students otherwise qualified are probably working for their doctor's degree and have a number of other scholarly duties to attend to. So for various reasons the number of studies done by genuine participant observers is lamentably small and may, unfortunately, remain so (3, p. 217).

In view of Madge's observations the investigator would agree that the role of the participatory observer does require that one must make some sacrifices and forfeit some activities in order to devote a sufficient amount of time to observation practices. Prior to accepting the position as resident counselor at Help House, the writer considered the possibilities of using Help House as an opportunity to acquire information for a thesis. After accepting the position an excellent vantage point was secured in regard to actively participating and observing the many interaction processes which occur on a daily basis within a crisis intervention center. Living at Help House itself and holding a position which included a number of responsibilities,

the investigator was in the middle of the continual and never ending flow of activity in both crisis and non-crisis situations. However, as Madge indicated, most students have "scholarly duties to attend to" - the position of resident counselor was relinquished due to a heavy load of graduate hours. Nonetheless, six months were spent living at Help House as a resident counselor and for the next four and a half months the writer was involved at Help House in the position of an emergency and crisis counselor and also served on the Executive Committee which makes policy in a number of functional and service areas. At the time of this writing the total amount of time spent in active participatory observation has been ten and a half months.

While living in Cornerville society, Whyte discovered that "acceptance by any social group in the (Cornerville) district depended far more on the personal relationships he was able to develop than on any rational or logical explanation of what he was doing" (3, p. 217). As mentioned earlier Frederic Le Play had lived with workers in the nineteenth century; also "Malinowski had moved in with the Trobriand Islanders," and "Anderson had experienced hobohemia from within" (3, p. 217). Le Play, Malinowski, Anderson, Creasey, and Whyte all "realized that (they) had to become part of the community to understand it fully" (3, p. 217). Likewise, at Help House, it was of utmost

importance that personal relationships were developed and maintained with fellow counselors and counselees in order to obtain the information desired for research purposes and also to be assured of retaining a position which offered a few but necessary financial benefits. During the tenure at Help House some fellow counselors and a few clients who were known on an intimate basis were aware of the research intentions, yet as in Whyte's study of The Streetcorner Society the participatory observer comes to realize that "if people accept you, you can just hand around and you'll learn the answers in the long run without even having to ask the questions" (3, p. 219).

Once again, it becomes insignificant and relatively unimportant to construct elaborate questionnaires in the arena of participatory observation for the observer's findings cannot be legitimately treated as units of mathematical analysis. As Edward C. Lindeman points out, "if you wish to know what a person is doing by all means refrain from asking him," rather "if you wish to know what a person is really doing, watch him" (3, p. 119). Another important point is that the participatory observer should also develop keen listening habits, but of course, the most important aspect of the participatory observation technique is acceptance on the part of the community or

group that one is investigating.

A contemporary use of the participatory observation approach is employed by Ned Polsky in his delightful and entertaining book entitled Hustlers, Beats, and Others. Polsky offers an in-depth account of the historical roots and changes of pool playing and pool rooms in America. The participatory observation method comes to the fore in his discussion of hustlers and the social world of the beats in New York City's Village in the summer of 1960. Conspicuously missing from Polsky's book are statistical charts, tables and other mathematical instruments which one expects to find in most areas of sociological literature and research.

Polsky's primary area of sociological concern lies in the field of the sociology of deviance. He urges criminologists to study "career criminals au naturel, in the field, the study of such criminals as they normally go about their work and play, the study of 'uncaught' criminals and the study of others who in the past have been caught but are not caught at the time you study them" (7, p. 115). The point to be made here is that investigators conducting surveys of caught criminals will no doubt obtain differing views in comparison with criminals in their natural situation. Caught criminals are apt to tell the

investigator what he wants to hear in order to obtain parole or in hope that offering information freely will please the judge. Thus, the "caught" criminal is likely to be highly cooperative with the social investigator but above all the data supplied by the caught criminal cannot be "supplemented with, or interpreted in the light of, one's own observation of the criminals' natural behavior in his natural environment" (7, p. 116). Surveys and questionnaires issued to caught criminals and individuals in other sociological areas are highly dubitable; the evidence from such studies is highly doubtful and open to question.

While at Help House the investigator dealt with individuals of various sorts, some of whom would be considered criminals under present Texas laws. For instance the most obvious violator of Texas laws that one encounters at Help House are drug offenders, including users and dealers. Although the members of Help House are not familiar with all the dealers in Denton, we are in contact with some dealers who are conscientious about the drugs which they are selling. The conscientious "pusher man" provides a service for Help House, the drug users within the community and Help House, in turn, provides a service for him. The conscientious or ethical pusher is one who brings in samples of the drug he is intending to sell for chemical analysis purposes. Should a "conscientious

pusher" bring in some acid (LSD) which is cut with an unusual amount of speed (amphetamines) or PCP (also known as "angel dust," but is used for medical purposes as a horse tranquilizer) we would inform him of the content of the drug; after being aware of the content of the drug, the "conscientious pusher" will dispose of the drug rather than distribute it to his clients.

More often than not, when one dealer has a supply of "garbage acid," so do other dealers within the community. As a result of one pusher's concern over his product, information can be provided through the posting of a "dope scoreboard" at Help House or information can be relayed over the phone to inform would-be users of the poor quality of the acid which has undergone analysis.

The point to be made here in regard to methodological consideration is that investigators conducting studies in uncaught criminal areas (whether it be with hustlers or drug offenders at Help House) must develop a credibility and a mutual trust with the uncaught criminals. The dealers who bring their goods into Help House for analysis must be assured that they are free from any threat of being busted. While at Help House the writer dealt with other uncaught violators of state and federal laws including not only dealers but also drug offenders, shoplifters, homosexuals, and juvenile runaways on probation. In dealing

with other offenders, for example shoplifters, the crisis counselor not only offers counseling aid but on occasion serves as a liaison between the manager of the store where goods were shoplifted and the offender. In such cases the counselor himself must decide whether to serve as a mediator, for Help House cannot assume any responsibility in non-drug areas which are criminal in nature.

The participatory observation approach is viewed as being necessary for sociological investigation but yet it is often regarded lightly by those sociologists who want to develop sociology as a discipline which is value free, and therefore in keeping with the tenets of scientific analysis which call for objectivity and neutrality. Participatory observation is sometimes criticized because the observer is not invisible, possibly inducing the active participant to color his outlook in subjectivity. In the quest to be more scientific, sociologists have refined and sophisticated their mathematical and statistical measures and surveys and questionnaires are constructed with precision so that the findings will either approach or obtain a sufficient "objectivity" level. Nonetheless, there are still many problem areas in the construction and administering of questionnaires and the selection of statistical measurements for analytical purposes are often suspect. Edward C. Lindemann indicates the difficulties inherent in survey

methods in his book, Social Discovery, published nearly fifty years ago:

> Investigators conducting social surveys must be naive indeed if they assume that their observations do not change situations. That they do possess a naivete of this sort is evident from the refinements of their technique which all tend to eliminate the personal factor, to make the observers increasingly impartial, neutral....This is particularly true of studies based upon schedules of questions for which the investigator finds answers by making inquiries of persons. Analysis of such schedules reveals that the questions all contain premises which imply simple conclusions (9, p. 118).

Although Lindeman harshly criticizes the application of surveys and is best known for his proposals for more participatory observation studies he holds that the "task of the objective observer, from the outside, is complementary to, and equally important as, the task of the observer from the inside, the participatory observer" (9, p. 119). An objective observer differs from a participatory observer in that the findings of the objective observer are subject to measurement whereas the findings of the participatory observer are not. Lindeman would argue that both the survey-questionnaire (objective) approach and the participatory observation (subjective) approach should both be utilized when investigating social phenomena so that both approaches could serve as a check on the other. However, using both approaches is not always feasible or functional, for information received from one technique cannot always be received from using another.

Let us assume that a truly objective questionnaire has been constructed and the findings, following computation, reflect objectively the topic under consideration after meeting the requirements of a strict significance level. What, then, can we legitimately claim about the findings? Are they social facts? Should one tamper with the findings? Are the findings valid only under given historical conditions, etc.? Countless other questions could be asked of the findings; but the point to be made here is that, regardless of whether the findings weathered the strictest investigations or met the requirements of all existing objectivity or truth tests, the findings would no doubt be placed under interpretations from various sources and different frames of reference.

Research by participatory observation generally lays no claim towards meeting objectivity standards for, as mentioned earlier, the very nature of the participatory observation technique is highly subjective although there are those who would argue to the contrary. Field studies or participatory observation studies are often labeled as belonging to the area of "soft" sociology primarily because it is believed that such studies cannot approximate objectivity levels. "Hard" sociology on the other hand, according to Ned Polsky, is that area of sociology which depends upon some "impersonal apparatus, such as a camera or

tape recorder or questionnaire, that is interposed between the investigator and the investigated" (7, p. 119).

Of the hard sociologist of today Polsky says that: "He (the sociologist) can't see people any more, except through punched cards and one-way mirrors. He can't talk with people any more, only 'survey' them. Often he can't even talk about people any more, only about 'data'" (7, p. 119).

Polsky's comments are not directed so much towards the quest of sociology to become scientific but rather towards the wrappings of scientism which have become an integral part in the effort of sociologists to develop a scientific discipline. Polsky says:

> Colleagues in older disciplines have begun to give up such scientism - for example, psychologists studying child development have lately come out of the laboratory in droves to look at the child in his natural habitat - and when sociology has finished anxiously proving it is scientific it too will abandon scientism (7, p. 20).

In order to prove that sociology is a scientific discipline George Lundberg claims that "we (sociologists) must adjust to a coherent and consistent system of symbols which correspond closely to the world" (2, p. 82). Lundberg argues that sociology should develop deliberate symbols and measures in order to construct a systematized body of knowledge which presupposes a correspondence and coherence theory of truth which can be extrapolated to the events in or objects of the social world.

For many years it has been noted by some philosophers that truth may be defined as a correspondence with reality. If this is the nature of truth, what is simpler and better justified than to employ this definition as our criterion? According to the correspondence theory of truth, X knows Y if what X says corresponds to Y. For example, a poem committed to memory is true of the original if it corresponds, word for word, to the poem printed in the book.

Even though the correspondence notion may appear to be true at first glance, it fails as an adequate criterion in most cases. How is it that any individual can compare an idea, sensation, or research findings with reality? In other words, the problem is: how does one know that one's perceptions or findings correspond to an actual state in the world? Such a comparison could occur only if an individual's perception and the reality were both immediately present and capable of being compared with each other. If the reality of objects were directly accessible to man in the same sense as are his perceptions, sensations and knowledge of reality were thus immediately certain in the same sense as are sensations, he should then already be in possession of a true knowledge of reality and could easily adjust his ideas to it. But if all that one directly has is his experience and sensations, it is impossible for a person to compare sensations with any

unexperienced reality. It would seem that one could compare sensations or perceptions with other ideas, perceptions or sensations, but even this is not a guarantee of validity or truth by any means.

It appears or seems to be evident that the correspondence theory is futile as a criterion, for the primary reason that it is impossible to correctly compare sensations with reality. The apparent claim still remains that the world is something quite apart from the observer and that there will always be a gap between himself and the world which cannot be legitimately bridged.

Because the criteria for immediate experience gives us data without a sufficient guide to their interpretation and the correspondence theory of truth gives us a good definition but an inapplicable theory of truth it seems proper to ask if the coherence theory and its criterion can succeed where the correspondence theory failed. The coherence theory is part of the correspondence theory and necessarily so. The basic difference between the correspondence theory and coherence theory is that the latter claims that what coheres in a systematic whole is reality. In other words, the difference is that the coherence theory defines reality in terms of sensations which systematically come together.

According to Mel Thomas Rothwell, a professor at Bethany Nazarene College, coherence means inclusive systematic

consistency, thus going far beyond "mere" or "rigorous" consistency. It follows, then, that where there is inconsistency, there must be error. In this sense, genuine inconsistency - eliminates or annihilates all meaning.

According to Rothwell, consistency is essential, but consistency does not require attention to the facts of experience. Lundberg and other sociologists who claim to be "social" scientists would no doubt agree that if a discipline is to meet the needs of truth and/or objectivity suggested by science and by ordinary experience, then the test of truth, following this line of reasoning, must not only require consistency, but must also require (1) that all the facts of experience be considered and (2) that propositions about these facts be related in an orderly and significant way. The first of these two refers to the inclusiveness and the second to the systematic character of the kind of consistency that is called coherence.

Literally, coherence means "sticking together." Supposedly, the coherence criterion looks beyond the mere self consistency of propositions to a comprehensive, synoptic view of all experience. The coherence theory offers, then, the following criterion: Any proposition is true, if it is both self-consistent and coherently connected with a system

of propositions as a whole. The working test of truth, especially in a systematized body of knowledge, is the maximum coherent system of propositions.

Inherent in the criterion for a coherence theory of truth is a problem which must be dealt with. The working test could never be static (there could never be any permanent or everlasting social laws or social facts), for the system would need revision again and again in the interest of improved coherence and new experiences of fact, which constantly occur. A person is correct, says the coherence theorist, in accepting any proposition which gives the best account of reality he can get, if it is not contradicted by any propositions between it and the rest of the truth - the more connections, the better. However, it often happens that an entire system of old "truths" have to be revised in light of new facts. The idea of the world as flat is an elementary example of a notion that had to be given up; thought had to be adjusted to the idea of a spherical world as soon as people became convinced that one could sail around the world.

Another objection to the coherence theory is that at best it could lead only to relative truth. Any system that can be submitted admittedly needs revision, for contradictions emerge and new factors arise. The fact remains that with the

coherence theory there is inherent in it a need for revision, and often the claims which a coherence theorist holds to be true are at best only temporary truths.

It appears, then, that neither theory successfully bridges the gap between the knower and the known, the observer and the world. Sociologists must not be pretentious as to think that they have arrived at such a sophisticated level of science and that they can bridge the gap between the knower and the known, themselves and the world. In the midst of their supposedly scientific instruments including punch cards, surveys, questionnaires, computers and card sorters sociologists should not mistake science for the aura of the scientism that goes along with it under various guises. They should also not be so naive as to think that sociology will one day become an "objective," value-free science. If the arguments concerning the faults of the correspondence and coherence theory are accepted, one would have to maintain that genuine objectivity can never be achieved. The writer can foresee no way of escaping the epistemological or methodological entanglements contained within the coherence or correspondence theory of truths, the theories which are the very corner-stones or "foundations" (in Lundberg's terms) of any systematized body of knowledge or any discipline which claims or is aspiring to be scientific.

Of the two theories presented here the coherence theory

appears to be more desirable, merely because the correspondence theory suffers from the defects of incompleteness much more so than the coherence theory. However, it should be understood that it is no simple matter (as the coherence theory holds) to grasp a view of things as a whole and to test every part of the whole in terms of an adequate criterion. The fundamental point to be made here in regard to the methodological technique of participatory observation is that those who take a disdainful view towards participatory observation in favor of an attitude which is much more scientific are also on shaky epistemological and methodological ground.

Perhaps sociology will one day achieve a "scientific" status or perhaps, as some claim, it may already be or approximate the requirements of a scientific discipline. Regardless of whether sociology is scientific or non-scientific social scientists should be intellectually honest in admitting that the value - neutral or objectivity ideal is impossible of full attainment and that even the great Max Weber could not always keep his personal values completely out of his scientific work.

Regardless of what methodological technique is used, whether it be participatory observation, the case study, or some survey-questionnaire method, one should be aware that in any systematized body of knowledge there is always that

around which a systematized body is conceptualized. Stephen Pepper defines these fundamental assumptions or principles as root metaphors (6, p. 85). For example, in science the fundamental overriding principle is causation; within science it becomes necessary to predict and control.

Once one has fundamental assumptions which are good for organizing data, no one wants to relinquish them; hence, no experience could count against it exclusively. For example, in chemistry one is indoctrinated into another conceptual framework which is very different from sociology. Social scientists either have an intellectual commitment, a methodological faith, or else are indoctrinated into a system and learn how to speak correctly in the language of that system.

When one speaks or thinks conceptually, he is looking at the world in another way through categories. Categories and concepts sanction existence -- once you are in the system the system guarantees existence and what will be accepted as truth or facts; for example, when a Christian questions the concept of God, the entire system is threatened. To ask whether there is a God is not to speak of one entity, but to ask of the whole system.

The conceptual framework construes the evidence. It makes what is evidence, evidence. For our data to be

qualified as evidence, the data must be constructed in a particular manner.

Stephen Pepper holds that there are many hypotheses and many conceptual frameworks, each of which has fundamental assumptions; evidence is interpreted in terms of concepts. The mere employment of concepts obliges one to think that there is a referent and that concepts sanction existence, which allows one to construe evidence and dogmatically assert that it is a fact that, without realizing that these are concepts in a general conceptual framework.

Regardless of the problems inherent in the correspondence and coherent theories of truth and the realization that concepts in a conceptual framework construe evidence and sanction existence, the burden still remains for those sociologists who aspire to develop a scientific discipline to construct "scientific" methods and use "scientific" tools to arrive at verifiable generalizations as to the sequence of events. The methods of science attract sociologists because of the results that can be achieved with science and because of its academic and public prestige (2, p. 155). George Lundberg maintains that "social scientists are at present engaged in the old attempt to eat their cake and have it too - to be scientific but not to learn any mathematics, to generalize but not to acquire the only technic by which

masses of data can be legitimately generalized" (2, p. 155). Furthermore, Lundberg claims that:

> They (sociologists) have never explicitly stated the fundamental postulates upon which they proceed and have for the most part refused to face those which indubitably underlies the whole scientific approach. In short, they are engaged in trying to bootleg their nonscientific concepts and frameworks into the law - abiding domain of science (2, p. 155).

If the discipline of sociology is to become scientific, some conceptual frameworks will have to be eradicated. No longer can sociologists "postulate that some data are inherently and intrinsically objective or subjective, homogeneous or nonhomogeneous, measurable or nonmeasurable" (2, p. 155). If the scientific orientation and approach is adopted it would be argued that these previously mentioned categories represent not intrinsic characteristics of data, but different ways of "responding to data" (2, p. 156). "All known data," according to Lundberg's scientific orientation, "have this important characteristic in common: They become known through human reactions" (2, p. 156). By certain methods, through certain inventable operations, the subjective becomes objective, the nonhomogeneous becomes homogeneous, the "complex becomes simple, and the nonmeasurable becomes measurable" (2, p. 156).

For sociology to become scientific, a new paradigm must be established. The paradigm functions as a model or example

for the scientist; it contains a set of recurrent structures, and explains theories in their conceptual, observational and instrumental applications. Previous and old paradigms and ways of viewing the world would be replaced in whole or part by an incompatible new paradigm if a sociological scientific revolution is to occur. A new paradigm develops because the previously existing one ceased to function properly when exploring some aspect of nature to which the previously existing one has led the way (2, pp. 92-110).

A scientist must commit himself to a paradigm so that it can remain precise. The empirical data which constitutes the paradigm becomes synonymous with facts and these facts serve as a standard of verification until even more factual data is presented which is more precise and accurate. The introduction of a new paradigm, in turn, necessitates a redefinition of facts. As mentioned previously, the old paradigm becomes incompatible with the new one.

Paradigms function as theories and facts in that they inform the scientist as to how he should go about looking for phenomena in nature. The paradigm states the way that phenomena behave in nature and also tells the scientist which phenomena are not in nature (2, pp. 92-110). A grave problem arises when a paradigm changes because the criteria for theory, methods, and standards will also change. The scientist and/or the scientific community must now determine

the legitimacy of the paradigm, what accrues from it, and what theories and methods can be replaced to meet the needs of the new paradigm. Thomas Kuhn states the inevitable conclusion as follows: "Since no paradigm ever solves all the problems it defines and since no two paradigms leave all the same problems unsolved, paradigm debates always involve the question: Which problem is it more significant to have solved?" (1, p. 110)

Presently, the discipline of sociology is composed of diverse schools which explore diverse social areas. There is no uniform consensus among sociologists about their past and present accomplishments. George Lundberg claims that "sociology is perhaps the only science in which a leader of a century ago would not be greatly handicapped if he should suddenly come to life again" (2, p. 157). The technological developments during the same period for other sciences have completely transformed them (2, p. 157). Lundberg concludes in his book, Foundations of Sociology, with the following penetrating and unanswered question: "Can it be that sociology is one unique department of life and of thought where further technological development is not possible" (2, p. 157).

Technological developments may be possible within the discipline of sociology, however, there are presently a number of competing schools under the umbrella of sociology which constantly question the foundations, aspirations, develop-

ments, and accomplishments of the others. The possibilities of technological developments are likewise placed under scrutiny by members of competing schools. Technological development is usually a term that is synonymous to and identified with scientific progress. The term "science," on the other hand, is reserved for fields that do progress in obvious ways (1, p. 160). Thomas Kuhn analyzed the use of the term 'science' in its relation to progress among disciplines in the social sciences as follows:

> Nowhere does this (the term science being used for fields that progress in obvious ways) show more clearly than in the recurrent debates about whether one or another of the contemporary social sciences is really a science. These debates have parallels in the pre-paradigm periods of fields that are today unhesitatingly labeled science. Their ostensible issue throughout is a definition of that vexing term. Men argue that psychology (and also sociology - D.S), for example, is a science because it possesses such and such characteristics. Others counter that those characteristics are either unnecessary or not sufficient to make a field a science. Often great energy is invested, great passion aroused, and the outsider is at a loss to know why. Can very much depend upon a definition of science? Can a definition tell a man whether he is a scientist or not? If so, why do not natural scientists or artists worry about the definitions of the term? Inevitably one suspects that the issue is more fundamental. Probably questions like the following are really being asked: Why does my field fail to move ahead in the way that, say, physics does? What changes in technique or method or ideology would enable it to do so (1, p. 160)?

Sociologists can, of course, point to statistical charts, tables, mathematical instruments, punched cards, one-way

mirrors, etc. Instruments and measures such as these may appear to be scientific; but when placed under scrutiny, they are reduced to only the wrappings of scientism. This is not meant to imply that there has been an absence of progress (achievements, accomplishments, and technological developments) within the field of sociology, but rather that the field of sociology has not approached the state of becoming an "objective," value-free science.

Presently, the field of sociology is in the pre-paradigm period, a period in which a number of schools within the field of sociology are competing for domination. According to Kuhn's evolutionary analysis, "in the wake of some notable scientific achievement, the number of schools is greatly reduced, ordinarily to one, and a more efficient mode of scientific practice begins" (1, p. 179). The transition from the pre-paradigm to the post-paradigm period need not be associated with the first acquisition of a paradigm. Kuhn maintains that "what changes with the transition to maturity is not the presence of a paradigm but rather its nature. Only after the change is normal puzzle-solving research possible" (1, p. 179). With the advent of puzzle-solving research, the probabilities of a paradigm being established and accepted are enhanced.

Certainly at this time, sociologists do not subscribe to a paradigm, nor are they in consensus as to what should be

accomplished in the future. Some schools of sociology believe that they have already made notable scientific achievements while others are skeptical of their contributions and accomplishments.

Thomas Kuhn asks what causes a profession or a subgroup to abandon one tradition for another. By what process does a new candidate for a paradigm (an exemplar, or pattern) replace its predecessor? He suggests that actions are possible only so long as the paradigm is taken for granted, and that, "therefore, paradigm testing occurs only after persistent failure to solve a noteworthy puzzle has given rise to crisis. And even then it occurs only after the sense of crisis has evoked an alternative candidate for the paradigm" (1, p. 144). Perhaps Kuhn is tuned into the "noteworthy puzzle" that sociologists have been trying to solve since Auguste Comte stressed the need to base scientific theories on observation. The specializations of sociology have examined the puzzle but have not acquired a generic view of the puzzle, much less a coordinated plan for its solutions.

It would be naive to expect total and final solutions, but it must be faced that within the professional sociological family there is little agreement about the validity of our several approaches. This professional confusion will not be so easy to dissolve because sociologists are dealing with

different paradigms in different sociological areas. A unified practice in theory or in action cannot be assessed because one does not exist.

The fact that there is not a unitary practice, the modes of which all participants in sociology could agree upon, does not seem to be the most serious problem in the field. A profession can survive for centuries and yet contain a range of contradictory theories, propositions of uneven weight, conflicting ideologies, and methods and techniques that vary from the staid, tried-and-true-to the hit-and-miss. It is not the search for an all-encompassing paradigm that is in question but rather the search for a rationale, a context that would provide for different kinds and levels of practice interventions and yet would allow for differences in special interests, in the accumulation of specialized knowledge and the development of particular skills. The field of sociology might need a series of paradigms for the range of its work, but the present plight seems to be that in large measure there either are no paradigms functioning at all, or there are paradigms of such limited dimensions that they cannot apply to the breadth of the concerns of sociologists.

Participatory observation as a methodological approach is admittedly unscientific and its use adds to the confusion about the validity of our several approaches. When using the

participatory observation approach, "it is evident that it is not yet possible to obtain a record which is, on the one hand, insightful and complete and, on the other hand, rigorous and quantifiable" (3, p. 531). The pressures toward measurement must be respected, and the task is not complete until this degree of precision has been attained.

Regardless of these handicaps the exploratory value of participatory observation is so great that it seems likely to survive and even possibly to increase (3, p. 531). John Madge views the future use of participatory observation as a methodological approach as follows:

> There are always individuals who are not ambitious for a career, unwilling perhaps to commit themselves to their native culture, or impelled by an absorbing interest in other manifestations of social life. Several such individuals are operating today in various countries, and some of the results of their work will become known and will throw fresh light on the inner operation of such traditional institutions as the neighborhood, the penitentiary, and the hospital. There is also the likelihood that the growing dissemination of sociological concepts and techniques will encourage some of those whose primary participation in these institutions is action-oriented to give us the benefit of their unrivaled identification with their institution, which they could do by providing sociologically sophisticated participant records of their experiences and observations (3, pp. 531, 532).

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CHAPTER IV

DESCRIPTION OF PROBLEMS

Data on Incidence of Problems

Help House, located at 1302 West Oak Street in the community of Denton, Texas (population 40,000) offers services primarily to the residents of the city of Denton and inhabitants in surrounding areas. The city of Denton and Denton County itself falls into the category of a city and county with extensive illegal drug use. In February of 1973 the Denton County Grand Jury issued a report declaring that the narcotics and dangerous drug problem in Denton County "is of such magnitude that action needs to be taken to curtail the sale and distribution of such in Denton County" (4, p. 1). Illegal use and sale of drugs in Denton itself is presumably closely related to the presence of two state universities within the city limits: North Texas State University and Texas Woman's University. What one could loosely call a "drug culture" is existent in Denton and indications are that the use of drugs is not declining despite efforts by the police department and other agencies which attempt to curtail the use of drugs. (The previous observation is based on an increase in Help House drug

cases, information obtained from drug users themselves, from personal acquaintances, and by an increase in the number of arrests for the possession or sale of drugs).

One thesis which purports to explain the use of drugs in Denton is that a large number of students commute to Denton's two universities from the nearby Dallas-Ft. Worth area, thus bringing urban problems to a relatively small college town. Although this explanation may be somewhat true, it fails to account for the students who reside in Denton. Statistics bear out the fact that drug use, generally speaking, is more prevalent in urban areas than rural areas but one is caught in a logical quandary when one assumes that urban dwellers are responsible for the heavy use of drugs in Denton.

The population of the city of Denton at the time of this writing is 40,000 while the county wide population is approximately 75,000. The collegiate student population is not included in the census figures according to an article in the Denton Record Chronicle (3, p. 14). Young adults in Denton are broken down into the following categories:

TABLE I

YOUNG ADULTS IN DENTON, TEXAS

North Texas State University	16,000
Texas Women's University	6,000
High Schools and Junior Highs	4,000
Others not in school	1,000
	27,000

A moderate estimate of the young people involved with the use of illegal drugs in Denton could be approximately 12,000 young people at a minimum, and is probably higher. According to nationwide studies conducted by Richard H. Blum and associates for the National Institute of Mental Health, some colleges are assessed as having a drug use percentage of up to 80-90 per cent (2, p. 19).

Help House first opened its doors in July 1971 and since that time has documented over 700 cases (excluding phone calls for advice), on the incidence of drug treatment needs alone. Confidential records are filed for those who receive various kinds of special aid for drug related problems and emergencies.

The following statistics and information indicate the need for a crisis center such as Help House within the Denton area: (1) Denton Police Chief Wayne Autry has stated that arrests for the use of illegal drugs skyrocketed over 300 per cent in the year of 1972 in comparison to 1971. (2) A survey in the public schools indicates that the Denton

Independent School District has an admitted drug use of 12 per cent while some drug experts freely estimate that the present percentage no doubt doubles that amount. (3) There are presently 1200 individuals on probation in Denton County alone for either the sale or possession of illegal drugs according to Charlie Cole, Chief of the Denton County Probation Department. Mr. Cole has stated that "Denton is a leading drug center in the Southwest." (4) More than half the cases of the Denton County Grand Jury hearings deal with drug use and sale (4, p. 1). (5) Texas state narcotic officers claim that "Denton County ranks second in the state as a distribution center for illegal drugs (4, p. 1). (6) An FBI agent appearing on the Johnny Carson Show in 1971 was asked the following question: "What city, in your opinion, is the leading dope center in the nation?" The agent replied that in his opinion "Denton, Texas is the dope capitol of the Western hemisphere" (4, p. 1).

As mentioned previously, the drug problem in Denton is due partly to the fact that Denton is a university center. Also, "Dallas and Tarrant counties have large and efficient narcotics departments which force the sale and distribution (of drugs) into adjoining counties, and the fact that the State Narcotics Division has limited funds and manpower makes it impossible for them to devote more attention to Denton County" (1, p. 6).

Ethnic and Socio-Economic Information

Ethnic and socio-economic factors in Denton County are related and affected by the two universities. The universities constitute a highly concentrated population of young people in the total population, making the student population a prime target area for the drug seller.

While Denton is a fairly prosperous community overall, the southeastern section of Denton, the black ghetto area, is infinitely more miserable by contrast. The federal housing project complex is nearly 100 per cent black and the County Jail is segregated into black and white sections.

TABLE II

BREAKDOWN OF MINORITY POPULATION IN DENTON, TEXAS

North Texas State University	2,000
Texas Women's University	3,000
Black ghetto area	4,000
	9,000

The number of young people within the city of Denton are representative of a large segment of the city's population, with approximately 6,000 of these being from an ethnic minority group or groups. In addition to the fact that the entire group approximates 14,000 as a target group, some 5,000 more young people are vulnerable to drug problems found in Denton. Pushers in the black ghetto community sell dope to black university students and reliable sources

maintain that good commercial quality heroin is also sold by dealers in the southeast Denton area. Investigations were conducted by a black minister, a Methodist minister, a white addict, and a visitor from the CODAC program in Phoenix, Arizona (an ex-junkie).

Number of Clients

Since Help House first opened its doors in July, 1971, direct treatment has been provided for approximately 45 cases of potential and actual suicide attempts, over 700 drug emergencies (some of which resulted in hospital cases), and well over 500 other kinds of counseling services. The number of clients treated at Help House has risen sharply, as drug users in the community began to trust the organization and seek help without fear of recrimination. At this time, there does not appear to be any change in the trend of increased case load, although the types of drugs being abused are changing and the age of the individual with drug related problems seems to be dropping down to include ten- and twelve-year-olds in Denton County. From a starting point in 1971, of one to two calls at Help House a day, within a year's time the average accelerated to eight calls and drop-ins per day. Some of these seek help for friends, members of their family or for themselves. People who are seeking help are generally taken care of by Help

House staff members with the aid of the Help House psychiatric nurse or psychologists. There have been few occasions to contact the Mental Health Unit. In part, this is because the few attempts have not been met with success, owing to the caseload being full. Terrell State Hospital is only eighty miles away, but only a few cases have been appropriately referred there.

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CHAPTER V

DESCRIPTION OF HELP HOUSE SERVICE AREA

Geographic Description

Denton, Texas (population 40,000) is a medium-sized town located 37 miles from Dallas and 40 miles from Fort Worth. The countywide population of Denton County, of which Denton is the county seat, is 75,000. Denton is in one of the Southwest's fastest growing Standard Metropolitan Statistical Areas. For example, Denton's population increased 48.5 per cent between 1960 and 1970 and is expected to go into a "boom" phase due to the opening of the world's largest airport which will be located only twelve miles from the heart of the city. The Dallas-Ft. Worth International Airport is scheduled to be opened in the fall of 1973.

John Denver, a well known folk song artist, while appearing in concert at North Texas State University's Main Auditorium in the fall of 1971, sarcastically referred to Denton as a "shimmering pearl in the Great Southwest." On the other hand, the Denton Chamber of Commerce boasts of a "Dynamic Denton" at the "Top of the Golden Triangle." The Golden Triangle is geographically represented by the cities

of Dallas, Ft. Worth, and Denton, with Denton being situated at the apex of the triangle. The Denton Chamber of Commerce claims that Denton is indeed a dynamic town on the basis of the following facts:

> (1) "Denton is a major Texas educational center" as evidenced by "North Texas State University and Texas Woman's University which have a combined enrollment of well over 20,000 students."
> (2) "Denton is a fun place to visit...parks, lakes, country clubs and recreational areas abound near Denton with year 'round facilities for water sports, fishing, hunting, golfing, bowling and horseback riding."
> (3) "Denton is a great place to live! Denton offers all the conveniences of suburban living with added advantages of the metropolitan complex to which it is so conveniently located."
> (4) "Denton is half an hour from the "hub...half a world from the hubbub. Only minutes from the heart of downtown Dallas or Ft. Worth, Denton enjoys the advantages of two major metropolitan complexes" (1, p. 1).

For obvious publicity reasons, the Denton Chamber of Commerce fails to mention the sore spots of the town and overlooks the growing pains which the city is experiencing. The population increase of Denton and Denton County, its geographical location, the site of the two major state universities, as well as being on Interstate Highway 35W and 35E connecting Oklahoma City with Houston, Texas reflect both cause and consequence of social problems. The pattern has contributed to and accentuated the social problem of extensive illegal drug use.

Socio-Economic Information

The socio-economic level of the immediate service area is particularly affected by the two major universities within the city limits of Denton. The local industry includes several manufacturing plants and service industries, a Civil Defense Center, and a State Mental Health institution. As mentioned previously, the new international airport is expected to contribute to an era of booming population and economic progress.

Description of Available Rehabilitation Services

As of July 1973, rehabilitation services in the Denton area include Vocational Rehabilitation services, and Help House work projects for training in new skills. There is also a Mental Health Unit Outreach Program now in operation for Denton County but it has not yet extended its services to include referrals from Help House. On several occasions there have been attempts to refer parents in need of counseling to the Mental Health Unit. However, thus far the Mental Health Unit has claimed to be overloaded with out-patients from Terrell State Hospital.

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CHAPTER VI

DESCRIPTION OF SERVICES OF HELP HOUSE

Types of Services

Help House is open 24 hours a day for various types of emergency services. Drug-related crises assume many forms and Help House capabilities have a primary thrust in this direction. Poisoning and toxic overdoses are handled by a part-time psychiatric nurse, while three other R.N.'s remain on 24-hour call. Further medical intervention is provided by staff doctors who are also on call around the clock. If a drug problem does not warrant medical attention, qualified staff counselors deal with the clients through various forms of treatment. This is to say that psychological drug-precipitated cases, i.e. "bad trips," or depressions, are treated on the premises by a counselor or counselors, many of whom have experimented with drugs themselves. Suicide rescue is performed by staff members who have varying degrees of training and experience in the area of crisis intervention. The preceding services are offered to anyone desiring help but the services have been directed primarily towards the situationally distressed individual whose participation in the "counter-culture" or "drug culture" (or whatever one

chooses to label it) renders traditional lines of intervention and communication inoperative.

Help House is billed as a "24-hour drug and crisis counseling service" and strives to provide able services in these critical areas. Initially, in its formative stages, Help House offered services only in the area of drug counseling; however, its services were eventually extended to include the entire gamut of crises, for there were no other agencies in town which offered services in certain crisis situations. From its birth as a drug counseling center, Help House has emerged and developed into a comprehensive crisis center. A complete listing of services offered by Help House is as follows:

(1) Drug counseling still remains as the first priority on the list of services offered by Help House. Drug Counseling covers the entire spectrum of drugs which are capable of being abused including, alcohol, paint sniffing, and glue sniffing.

(2) Suicide prevention is obviously a necessary service for centers dealing with crises. All calls concerning suicides, whether they be potential, actual, or feigned suicide attempts are treated as genuine suicide attempts. Over half of the suicide cases that have been treated at Help House have required that the suicide rescue team arrive immediately upon the scene where the suicide attempt is being

contemplated or conducted. Techniques for treating suicide attempts are covered in one of the three orientation sessions which all new staff counselors are required to complete.

(3) Help House itself does not serve as a "crash pad" but Help House does assist hitch-hikers and others who need to locate a place to spend the night. Members of the Help House Staff and other families and individuals in the community have been generous in allowing hikers to secure a night's lodging in their homes at no expense to their guests. A number of the individuals and families on the "crash pad referral list" also offer free meals to those who are hungry.

When a hiker initially makes contact with a Help House counselor on the premises, the counselor is instructed to screen the hitch-hiker before finding him or her a place to stay. Occasionally hikers are holding (in possession of) drugs and in such a case the hiker is told that he must destroy or hide his "stash" or else Help House can be of no help to him. (Help House is by no means obligated or committed to help everyone who phones or walks through the door.) A screening session is also imperative in order to safeguard the prospective host against any undesirable or potentially threatening individual.

In peak months 30 hitch-hikers have attempted to locate a place to crash via Help House. The lowest number of

hikers recorded in one month was seven (December, 1972). Unfortunately, statistics have been compiled on hitch-hikers only since August, 1972. Between August, 1972, and May, 1973, the average for hitch-hikers attempting to locate lodging through Help House was 15.5 per month. Most of the hikers who have stopped by Help House are travelling from East to West, usually en route to California. An unusually large number of hitch-hikers are from New Orleans, which indicates that perhaps Denton and Help House are well known in the New Orleans area.

An entire chapter or even a book could be devoted to the hitch-hikers that one encounters in a crisis center. Certainly a number of fascinating case studies could be revealed through an investigation into this social psychological area. Jack Kerouac's stature as the "King of the ramblin' highwaymen" might even be placed in jeopardy if one were to compare adventures and yarns of life "on the road" as told by hikers who have dropped by Help House on their way to only-who-knows-where.

(4) Another feature of Help House is its Work Project enterprise. This enterprise is provided by several types of opportunities. For the short-term patient, it is expected that self-responsibility be assumed for helping to clean up the immediate surroundings at Help House. There is also interaction with the Help House Vocational

Rehabilitation Staff, which arranges to train candidates in job skills, with a follow-up by the Texas Employment Commission for job placement. Through the cooperation of Down Development Corp., Crouch Realty, Denton Federal Savings and Loan Co., Jimmy Brown Realty, Estelle Brown Realty and others, Help House Inc. has been able to provide work and job training for clients and non-clients as well. A list of completed jobs, for example, includes V.A. repossessions to be decorated and cleaned, F.H.A. repossessions, renovations, painting, repairs, and rug shampooing. Moderate sums are paid to the unskilled, with the opportunity to learn and earn on the job. Some individuals are elevated to a foreman's position if qualified or properly experienced. Work requests have for sometime been coming in on a continual basis; this has served the dual purpose of maintaining the enterprise and developing a great source of community communication.

(5) Runaways are children or adolescents, not of legal adult age, who have left home for a reason or variety of reasons. Runaway delinquents are those minors who are currently on probation for some offense. Help House has encountered its share of both runaways and runaway delinquents. Runaways are attracted to Help House primarily because they are hungry, frightened, or have been told that "the people

at Help House will be kind to them." When a runaway enters the door he is assured that no one is going to harm him, and that staff members are there to help him. However, Help House does not have the legal rights under state law to handle such a case by itself. For this reason Help House Staff members must get in touch with the Denton County Probation Office. A member of the Probation Office, in turn, intervenes in the case, and serves as a mediator between the child and his family or the child and the court, depending upon the runaway's classification.

Prior to the existence of Help House, runaways in the Denton area had virtually no place to go where they could be reasonably assured that they would be safe and unharmed. Not only does Help House serve as a sanctuary for runaways but it also assists the Probation Office in locating temporary homes for runaways. Before Help House opened its doors, runaways that were apprehended by the police were destined to spend their time in the dismal quarters of the Denton County Adolescent Center, but now runaways are placed in the homes of Help House staff members, where they are assured of being given proper care. Depending upon the legal proceedings, a runaway may be placed in a "temporary home" for a day or sometimes a month.

Following the grisly accounts of the mass slaying of twenty-seven adolescent boys in the Houston, Texas, area by

an accused trio of sadistic homosexuals, Senator Mondale of Montana urged Congress to pass a bill which would enable every major urban center to have at least one "runaway center" so that homeless youths would not fall prey to potential harm on the streets. With the number of missing adolescents increasing steadily, such a measure is by all means imperative. In a town of 40,000 (Denton, Texas), Help House alone has come in contact with over forty runaways and runaway delinquents in a span of two years. The ages of runaways that have come to Help House ranges from eight to sixteen.

The following letter was written by an eighth-grade girl who found herself in Denton after experiencing problems with her parents. She, like so many other runaways, was alone, hungry, and penniless and by chance happened to hear of Help House upon her arrival in Denton.

Dear Jerry, Mike, Larry, and everyone at Help House:
Hi, how are things going? I can never thank everyone enough for the help and kindness given to me. My parents and I get along better now, but not as great as a lot of people do with their parents. Well, we both try and that helps a lot. I still can't go places when I stay home from church. School is a bummer too, Wow, you wouldn't believe how many people have been getting busted. They kicked a friend of mine out of school for internal possession, and he didn't have anything on him. When his parents found out they kicked him out of the house.

How is Help House coming along? That's a really great place. Please thank everybody (esp. Charlie Cole) again

for me. And please excuse my sloppy writing and bad spelling. Don't forget to write back and drop by or call me if ya'll are ever close by.

Peace and Love,

(6) Youth counseling entails counseling in a number of problem areas including the following: drugs, problem parents, boy-girl friend relationships, uncaught criminal offenses, such as shoplifting, petty theft, etc., peer group pressures, and a host of other problems which adolescents experience in a transitional stage of life. The Outreach program at Help House appears to be successful among the 13 --17-year-old age group, for an increasing number of junior high and high school students have turned to Help House in times of distress.

Counselors at Denton High School have occasionally turned to Help House in an effort to deal more effectively with students who are habitually truant or are known to be using drugs. The local citizenry is often shocked to discover that there is a high incidence of drug abuse among high school students in the city of Denton. On the basis of Help House contacts there is no indication that there is a decline in the prevalence of drug abuse among junior high and high school students in the Denton area. One of the peer counselors for coordinating activities in the high school, to promote Help House, has stated that "soft drugs can be bought in minutes at the high school, while harder

ones can be bought within a day."

Extensive illegal drug use among students in the 13 - 17-year-old age group is particularly distressing and disturbing. Help House files are stocked with a large number of cases encompassing problems in a variety of areas for this age group. At such a young and impressionable age, some youngsters are on the road to becoming "burned out" by the time they graduate from high school. Many youths have plunged head first into the drug and sex scene, exhausting every potential for a new experience. In an effort to deal with the factors which account for drug abuse and other problems, Help House has not only offered consultation to young people but has also implemented ongoing encounter groups led by capable staff counselors.

The encounter sessions began in February 1972 and are now being conducted weekly. The teenagers in the group are from 14 to 19 years of age, with the average age being 16 - 18. The groups are led by Jose Knorpel and Ernest Endryzi, graduate students in psychology, both of whom are in their twenties. The age differential between leaders and group members tends to establish a rapport and leads to effective and easy communication. The first implementation of encounter groups, conducted on a trial basis, proved to be successful and has been expanded to meet the needs of

more youngsters. No one dropped out of the group for the entire sixteen weeks of ongoing sessions during the trial implementation. All of the encounter sessions are held at Help House in a relaxed, non-threatening atmosphere. Therapists have reported some real changes in attitudes, measured by an increased breakdown of barriers and ability to accept critical comments from peers. One client reported that he felt less inhibited socially, while another reported that she could get along better with those in authority. Parents of the younger aged group were skeptical at first, but now are in support of the continuation of the encounter groups. While none of the participants have had deep-seated emotional problems, the teenage hang-ups were dealt with rather successfully. It might be noted that all of the group participants have had experiences with illegal drugs and most of them are from middle to upper income groups.

(7) Parents also are in need of counseling and often phone or drop by Help House to discuss the problems which are facing them. More often than not, their problems are family problems relative to a breakdown in communication with their children. Frequently, parents suspect that their children are using drugs or are aware that their children are actually using drugs. Some parents are frightened, baffled, and confused, while others are threatening, but

most are genuinely concerned as to what measures should be adopted in order to develop a medium of understanding to effectively approach the heart of the problem, i.e. communication failure. Some parents support the generational gap hypothesis because they are grossly misinformed about the nature of drugs and their effects and often resort to "scare tactics" when talking to their children about drugs. Because parents are often misinformed about drugs, the child often disregards what his parents have to say concerning the effect of drugs. A need exists, then, for drug education courses for both parents and children.

So that the communication gap between parents and children might be spanned, an encounter group was instituted for parents only by Forest Rollins of the North Texas State University Education Department. Rollins' training lies in the area of counseling and guidance. Working in conjunction with Help House, Rollins initiated an encounter group for parents who had experienced problems with their children, using Help House cases as a resource. His goal was simply to develop an aura of awareness among the parents so that they can develop abilities to honestly communicate with their children. The parent counseling concept met with success and more groups of this nature are in the planning stages for future consideration.

(8) In a day's time at Help House a counselor on duty can be assured of receiving calls which are peculiar or unrelated to the general services which Help House offers. For example, calls have come in for information concerning directions, how to be of service to a female German shepherd in labor, where an individual can buy a used heater, etc. When an organization is in the "helping business" such calls can be expected and sometimes taken in jest, and at times Help House can be of service even though some calls are not of a crisis nature. At times, however, such calls can be a nuisance, but yet the counselor must always be certain to refrain from speaking in a belligerent tone.

A crisis center also experiences its share of crank calls and must often cope with bored school children who take delight in asking ridiculous questions or inventing an imaginary problem just for the fun of it. Other callers like to test our expertise, to hear how we would cope with a situation, or to detect if "we are always at home" twenty-four hours a day. In most cases, help is offered if the situation warrants help to be justifiable. The individual counselor may eventually become aware of the prankster who occasionally calls and attempts to thwart his efforts. Nonetheless, the counselor is committed and obligated to provide aid in situations which require attention. Although an individual caller may be concocting an incredible hoax,

the counselor cannot always know if the person on the other end of the line is calling "wolf." Certainly, in some situations the counselor is an entertainment for abuse but yet the counselor must realize that there will always be pranksters and accept the time consuming calls as part of his job.

(9) Help House also offers the community an excellent drug education library which keeps in stock various books, articles, journals, and pamphlets related to the topic of drug abuse and crisis intervention. An effort is consistently made to secure contemporary publications so that counselors and interested individuals can stay on top of the latest developments on the drug scene.

(10) Community education on the topic of drug abuse is offered by Help House in various forms. Client relationship is in the form of audiences in classes, churches, civic clubs, public schools, universities, workshops, training sessions for campus police and counselors or nurses.

Over the past year, the demand from many areas of the Denton community for speakers from Help House has been overwhelming. Requests for public lectures, talks, discussion and information sessions have continued to increase, with the staff going out into the community to fulfill these requests. The Denton Independent School District has listed Help House as a major source for drug

information sessions. Seminars on the subjects of drug problems have been held, with the result that there are now requests for training programs and a need to expand these services.

The community education approach exists to provide factual information on the nature of drug problems, and to acquaint the community with the services offered by Help House. Over three hundred public sessions have been conducted in answer to ongoing requests (July 1971 - July 1973).

(11) The Help House alternatives program is designed to offer a variety of rehabilitative alternatives to drug use for young people who are seeking physical and/or mental growth as well as creative expression. The alternatives are those found to be popular among the youth and include instruction in the following areas: healthy diet practices, yoga, meditation, arts and crafts, and the work projects.

One of the most successful alternative programs develops when the client himself expresses a desire to volunteer for duty as a drug and/or crisis counselor. By communicating and associating with the staff at Help House, many of whom are ex-drug users themselves, the client is sometimes able to be rehabilitated with proper reinforcement. Help House itself is staffed by some counselors who are ex-clients. Needless to say, all clients are not capable of becoming

counselors and many do not express a desire to assume such a position. If a client does express a desire to become a counselor, he must undergo the orientation sessions and be subject to evaluation like anyone else.

(12) The Outreach part of the program includes several ministers in the community, including two black pastors. Two of the campus ministers interact with the Help House program to accept referrals or make referrals. Members of the Help House staff occasionally partake in "evangelistic" methods by going out to the places where drug users congregate, engaging them in conversation about the Help House program. There is a verbal, unwritten agreement between Help House and the Denton Police Department to give the staff members working in crisis situations, outside of Help House, an immunity status.

The Outreach part of the program is also served by two local radio stations, KDNT and KNTU-FM which provide public service announcements free of charge about Help House. The local newspaper, the Denton Record Chronicle, lists the following notice on a daily basis in the Personals column of the Classified Advertisements section of the newspaper: "HELP HOUSE: 24 Hour Drug and Crisis Counseling Service. Call 387-9732 or come by 1302 West Oak Street. We're always home."

Another effective part of the Outreach Program has been developed through the sponsoring of activities planned by Help House in which the community is invited. On several occasions Help House has presented movies and has organized dances, both of which required a minimal admission fee to cover production and equipment expenses. An annual festivity sponsored by Help House is the "Day in the Park," which features live bands and free food. In 1971 this festivity was held at "People's Park" adjacent to the old Art Building on the North Texas State University Campus, while in 1972, the event was held at McKenna Park in west Denton. At Thanksgiving, the folks of Help House have offered a free meal to any resident of the community. The "Thanksgiving Feast" has been held annually and has attracted a number of stranded college students (including foreign students) who were unable to return home during the holiday period.

(13) Recreation therapy has taken the form of a free family type dinner from time to time, along with picnics, frisbee throwing, ball games, and some handicraft activities. However, with many school programs available, this part of the program has usually been spontaneous, and is a minimal part of Help House, Inc.

(14) As mentioned in Chapter 1, Help House also provides information concerning the quality of street drugs. Any individual can bring a sample of any type of drug to

Help House and after laboratory analysis he can be informed of the nature of the drug. The dealer or individual who delivers the drug sample to Help House will not have the sample returned to him but he can be notified and aware of the risk he is taking if he has a quantity of the drug in his possession. In turn, Help House can publish information about the drug that has undergone analysis and can inform the would-be user of its chemical make-up. The individual who delivers the drug for analysis purposes is assured that he or she will not be busted, that his name or identity will not be turned in to the police or undercover agents.

Drugs which are manufactured legally by a pharmaceutical corporation can be easily identified in the Physicians' Desk Reference Manual, a gigantic book which contains pictures of manufactured drugs, along with an intensive description of each drug, and its effects, its medical use, its chemical composition, and its overdose potential. The PDR (Physicians' Desk Reference Manual) is a must for any drug or crisis center. Most counselors are aware of many of the drugs which are currently being abused, but even the most competent of counselors cannot possibly identify all the drugs which are manufactured by the drug industry. The PDR is a lifesaver in critical situations and is much more reliable than the memory of any individual counselor.

(15) Referral Service is a major contribution of Help House. Referrals are given, for the most part, for information concerning abortion and birth control. The Executive Committee of Help House has compiled a referral listing book which contains necessary and vital information for individuals with a vast array of problems.

Initial contact with staff begins the individual therapy process. After the consultation is completed, the counselor determines what procedure to follow. This may be determined upon the first visit, or extend to further meetings. Occasionally a client is referred to someone else for more professional care, if this is believed to be necessary. As mentioned previously there are ongoing encounter groups at regular intervals and it is possible to have a person placed in a group for further visits. Decisions on future interaction are determined by staff members in consultation with professional resource people.

Counseling at Help House has a variety of forms. Peer counseling has been developed, using ex-drug users to make initial contact with those coming in for help. All counselors undergo orientation sessions led by experienced or professional counselors. An ex-ambulance driver teaches an optional course in first-aid training.

Outpatient services are available on a regularly scheduled counseling or group therapy basis and on a walk-in casual

basis. The Help House facility closes at 11:00 p.m., but it is accessible for emergency calls by telephone, or by ringing the doorbell. There is a resident staff of two persons on night call at all times. The resident counselors are backed up by an emergency staff which assists resident counselors when they encounter an overload.

Patient Flow: The Rehabilitation Process

Patient flow can be viewed in Table III but can also be described. Call-ins now average eight per day and walk-ins likewise average about eight per day. Ongoing advertisements in newspapers and radio spots reach into the thousands. Local churches, schools, community clubs, and civic organizations account for well over 500 public information sessions with the Help House staff. Community clubs and other organizations have provided financial support for Help House and have also visited the facility and referred patients to Help House. The Denton County Probation Department has interacted with Help House by referring cases for counseling plus using adult officers and juvenile officers for this purpose. Law enforcement agents have called the Help House staff to provide aid to overdosed individuals at the jail.

Phase Two provides for a list of possible contacts at Help House, including the staff members and consultants, as

seen in Table III. Phase Three includes services provided after initial contacts as seen in Table III while Phase Four includes hospitals, outside consultants, work projects, outside agencies, and other drug programs.

TABLE III

FLOW CHART FOR HELP HOUSE PROGRAM

IN	RESOURCES	PROCESSING	OUT
	Phase 1: Help House Facilities	Phase 2: Help House Facilities	Phase 3: Referrals, outside
Call-ins Walk-ins Schools, public Publicity, papers radio Churches Community clubs Civic organiz. County Probation Law Enforcement Mental Health Unit	Staff Administration Physician Psychiatric Nurse Psychologist Resident Counselors Peer Counselors High School Coordinators Group Facilitators Legal Consultant Advisory Committee	24-hour Crisis Service suicides, overdoses Ambulatory Detoxification 1-3 days "soft drugs" Aftercare nonchemotherapy counseling, observation Outpatient care nonchemo- therapy; encounter groups, yoga, and alpha instruction Vocational Rehabilitation work projects, training Community Education informal, education	Hospitals: Flow Memorial, Parkland, NTSU Health Center St. Paul's, Hygieia-TWU Professional Consultants

The Physical Facility

The physical facility is an old two-story house, located only one block from the North Texas State University campus. The building has been painted and renovated in the inside, with the help of local teenagers and staff volunteers, using material donated by local merchants. The lower floor has an entry hall, with a public telephone and a bulletin board listing staff members, referral agencies, news and views. A multicolored sign on the bulletin board within eye distance of anyone entering Help House reads: "No holding, please." There are two large living rooms, one to the left and another to the right of the front door entrance. These are used for classes, consultation, counseling, and casual communications. A bulletin board in the living room to the right contains up-to-date listings of permanent and part-time jobs. There is also a kitchen, bathroom, and dinette on the lower floor. The upper floor consists of staff housing (three rooms), a crafts room for supplies and working surfaces, a bathroom, and a "crash" room which is in the process of being fixed with rubber padding and protection on the window glass. There have been many occasions when a disturbed person on a bad trip has become quite violent, needing a protective setting for a period of hours. Also on the upper floor is a small private office for staff members only. An old garage, adjoining Help

House, is now in a state of disrepair and is used only for storage. The facility has been donated for use, rent free, by the local United Ministry Board.

Located on the corner of W. Oak and Fry Streets, Help House is situated in the heart of the "freak" community. For four to five years Fry St. has housed a number of head shops and other establishments which cater to the counter-culture. Fry St. is generally acknowledged as the "hippie" or "freak" district and is well known throughout Denton. The proprietors of the establishments in this one-block area maintain good relationships with Help House and in many instances have referred runaways, hitchhikers, and people experiencing drug problems to Help House for immediate aid and attention.

CHAPTER VII

ADMINISTRATIVE STRUCTURE OF HELP HOUSE

Program Leadership Description

The program leadership is composed of an administrative staff, board of directors, youth leaders, board members, and an advisory board. The program leaders have representation in the professional, business and youth communities. Table IV illustrates the various components of program leadership.

TABLE IV

PROGRAM LEADERSHIP AND ORGANIZATION CHART

Advisory Board	Board of Directors	Director of HH
Staff Exec. Comm.	Resident Counselors Crisis Intervention Comm. Education	Asst. Director
Volunteers	Group Therapy Leaders Vocational Rehab. Aftercare nonchemo-therapy	Consultants

The Advisory Board is composed of business, professional, and religious leaders throughout the community. The Advisory Board is limited to ten members and is currently represented by the City Attorney, the Chief of the County Probation Office, the Assistant Superintendent of the Public

Schools, a bank representative, three ministers, one priest, an attorney, and a business and professional woman. The Advisory Board is influential in the community and serves to provide legal and financial aid for Help House. The members of the Advisory Board also are aware of the community's reaction to Help House and their presence serves to uphold the image of Help House. The Advisory Board meets at intervals of one to three months as needs arise. Their interaction within the Help House structure itself is primarily with the Board of Directors and the Staff Executive Committee.

The Staff Executive Committee is composed of youthful staff members. This committee meets once a week for special planning sessions related to Help House activities. The Staff Executive Committee serves as a liaison between the staff volunteers and the Advisory Board. Volunteers who have a suggestion or objection to Help House policy may present their viewpoint to the Executive Committee which patiently discusses the issue at hand. If the issue is deemed either pertinent or important, it is presented to the Advisory Board which in turn discusses the issue with the Board of Directors, the Director of Help House, and the Assistant Director of Help House.

The Board of Directors is composed of representatives from various sources, including volunteers, business,

professional, and religious representatives, and also the Director. The Board primarily serves as a medium between the Advisory Board, the Resident Counselors, and the various segments of the program. Resident Counselors and program leaders answer to the Board of Directors, which relays information to the Advisory Board.

The Director and Assistant Director interact with all components of Help House, including volunteers. Professional consultants are chosen by the Director but interact with the various appropriate segments of the program activities when needed. Volunteers interact primarily with the regular set of staff members leading the various program segments, i.e., resident counselors, etc. There is a continual information flow from all sections of the organization, to all segments of the organization.

Staff meetings, in which attendance is required for all staff volunteers, are held weekly on Tuesday evenings. At the staff meeting any decisions or changes in policy are presented to the entire organization by representatives of the tribunal hierarchy. The Director and Assistant Director attend every meeting, along with representatives from the Advisory Board and the Board of Directors. Face-to-face contact can be made with the leaders of the organization, enabling all members of the organization to converse openly. Staff meetings tend to develop rapport

throughout all segments of the organization, for anyone is free "to speak his mind" without fear of recrimination. Leaders of all the program activities issue a weekly progress report along with reports from the Boards and the Executive Committee; thus all members of the organization are informed of all activities and changes within the organization.

By its very nature and make-up, the bureaucratic structure of Help House is not a monolithic, unseen entity. Help House leaders encourage discussion, argumentation, and disagreement within the staff meetings by anyone desiring to make a point, raise an issue, or ask a question. Communication is not a mere promise made by the House leaders; communication is delivered.

Staffing Patterns

Help House relies heavily upon volunteers so that 24-hour service can be guaranteed. Due to a lack of funds, only a few staff members draw a salary; those members who receive an income are Help House leaders who assume a disproportionate amount of responsibility in the duties that they perform. Members who receive an income also log more time than those who are counselors in a volunteer role.

Volunteers are recruited by word of mouth or by advertisements appearing in The North Texas Daily (North Texas State University's student newspaper) and/or The Daily Lasso (Texas Woman's University's student newspaper).

Both universities provide Help House with a valuable resource in the vital area of recruiting. The majority of volunteers are students who are aware of the many problems that a college student encounters. Volunteers represent many academic disciplines; but the majority of counselors are either psychology, sociology, or social work students. Volunteers are attracted to Help House for a number of reasons. For psychology and social work students, Help House is a valuable training ground in which students can actually use and develop the techniques that have been learned in the classroom. Some volunteers simply express a desire to help, to be of service to those who need a listening ear. Others enjoy the camaraderie and the friendship with fellow staff members. Many volunteers themselves have experienced problems in a number of crisis areas and believe that they can be of service because they have overcome severe obstacles in their own lives. Some volunteers are quite frankly on an ego trip and might be described as "frustrated Jesus figures" who are waging a one-man crusade to save the world. Those who are interested in volunteering in a drug and crisis counseling role first undergo a screening session and then, if accepted, undergo a six-week trial period as a pre-volunteer. The requirements for all volunteers are as follows:

General Duties:

(1) Undergo six (6) week trial period as a pre-volunteer during which time you will be trained and evaluated for volunteer status.

(2) Mandatory attendance of all Orientation Classes during this trial period as a pre-volunteer. Classes will be offered frequently and regularly, at various times of day for your convenience.

(3) Be responsible for obtaining and scheduling, with the Staff Member in charge, a specific work time - and be here when you say you will, unless definite arrangements have been made.

(4) Answer phone and door, referring calls to members of crisis or counseling staff; being responsive to the needs of each individual who comes in, whatever their situation.

(5) Follow general directions and record messages appropriately (i.e., your name, date, name of the person that the call is for, phone number, other important information).

(6) Do not leave Help House unattended. If someone does not show up at their assigned time, call another person to cover or call a Staff Member to arrange coverage. (Report the incident.)

(7) Attend regularly scheduled staff meetings; if necessary to be absent, inform Staff Member and then be sure to read posted minutes of meeting you missed.

(8) Pick up after yourself; help keep Help House generally clean and neat.

(9) Statement of Limitations

(a) Do not enter counseling or crisis situations without help of a staff member in that area

(b) Do not represent Help House in personal dealings unless authorized

(c) Sex relations at Help House are not appropriate or acceptable

(d) Avoid personal contacts with cases

(e) Do not come to Help House holding any illegal (or illegally obtained) drugs. Do not come to Help House intoxicated by any chemical, including alcohol

(f) Do not discuss confidential Help House cases or business outside of Help House. This includes idle gossip with those who are not associated with Help House, and talking with other Help House associates in public places

If an individual successfully completes his six-week pre-volunteer period, he will then assume the status of a full-fledged volunteer and will be a recognized member of the Help House Staff. During the pre-volunteer period the pre-volunteer is always paired with a veteran staff member who is able to share his experience and knowledge of crisis intervention with the new initiate. The pre-volunteer operates from the position of an observer in crisis and drug situations, receiving valuable field experience under the guidance of a skilled staff member.

On the first Tuesday of every month, during the regularly scheduled staff meetings, volunteers and Help House leaders commit themselves to work at Help House for X number of hours per week during the ensuing month. There are no restrictions as to how many hours a volunteer can work per week. He or she may work as little as one hour per week or as many as ten to fifteen hours per week. The resident counselors spend more hours on duty than anyone

else. Their working week consists of the midnight shift, 11 p.m. to 9 a.m., Sunday through Thursday. On many occasions some counselors, especially the resident counselors, experience an overload. The phones are consistently ringing and individuals seeking aid come through the front door in droves. In such situations an emergency staff is on call to administer emergency counseling assistance. One segment of the emergency staff goes by the name of the "Freak-Out Staff." The Freak-Out Staff is composed of experienced drug experts who specialize in bad-trip cases or other drug related problems.

Staff Training

As mentioned previously, all volunteers must complete a six-week trial period and must also attend three orientation sessions. At the orientation sessions, volunteers are expected to take notes and are verbally quizzed to test their knowledge and ability to handle crisis situations. The orientations deal with the following essential aspects of drug and crisis counseling: (1) introduction to Help House, (2) intensive analysis of all drugs, their effects and overdose potential, and (3) counseling techniques. An optional orientation session deals with first aid techniques. All orientation sessions are conducted by professional counselors who are experienced and knowledgeable in the area of crisis and drug counseling.

Financial Support

When Help House first opened its doors in July, 1971 it opened its door to financial problems. With no funds to begin the project, the Help House committee turned to the community for aid, and the community responded. Up to this time, Help House has depended solely upon community contributions and has not been awarded any financial help from state or federal grants. Various churches, businesses, and community organizations are responsible for the maintenance and the survival of the Help House program. The largest single contribution to date, $5,000.00, was awarded to Help House by the Episcopal Church in the form of a "Thank Offering," an annual fundraising drive sponsored by the National Council of the Episcopal Church. The "Thank Offering" provides financial resources for those organizations which provide social services throughout the United States.

To assure the continuance of Help House, Inc., federal and state grants have been applied for on three occasions but Help House has not been able to meet the guidelines established by the state and federal agencies. In applying for state and federal grants "strings are definitely attached" and at this time Help House is unwilling to yield to federal and state qualifications in some areas. To some, it might appear that Help House is maintaining a dogmatic stance, but rather the point is that Help House is unwilling

to undergo a reorganization and has been operating successfully with the supply of community contributions. There is no guarantee, of course, that the community will continue to respond to the financial needs of Help House. For this reason, Help House members engage in countless public relations meetings and have become regulars on the "banquet circuit." Because Help House depends on the community for its support, Help House operates in something like a fishbowl, for contributors expect to see visible advantages which have accrued from their donations. The community aspect of Help House cannot be overstressed. Help House has been open for some time now and the community has been responsible for the program's development and success.

CHAPTER VIII

COUNSELING AND TREATMENT PRACTICES

Drug and Crisis Counseling: A Theoretical Approach

Drug and crisis counselors are often confronted with clients who seek help or emergency aid because of singular or multiple problems and who are suffering from the ill effects of stress. Clients come to the crisis center because they are generally in "need," have a "problem," are under "stress," or are in a "crisis." All these familiar terms are used interchangeably, or, at best, are used descriptively and not in a sufficiently precise conceptual manner.

The term "crisis," generally used in a rather loose manner, covers a variety of meaning. In lay language, a crisis is usually equated with disaster, an environmental event which poses an external threat (21, p. 22). Erick Erikson speaks of developmental crises which are induced by the special tasks required by each new developmental phase in the sequence of psychosocial maturation (9, p. 17). Moreover, the terms "crisis" and "stress" are often used interchangeably. The term "stress" itself is used to denote three different sets of phenomena: (1) stress is equated with the stressful event or situation; (2) it is used to refer to the

state of the individual who responds to the stressful event or to the client who responds with feelings or symptoms of stress; and (3) more often, "stress" refers to the relation of the stressful stimulus, the individual's reaction to it, and the events to which it leads (21, p. 23).

In addition, it has been noted that the concept of stress tends to carry with it a negative connotation: stress is a burden or load under which a person survives or cracks. In contrast, a state of crisis is conceived to have a growth-promoting potential. W. I. Thomas viewed crisis "as a catalyst that disturbs old habits, evokes new responses, and becomes a major factor in charting new developments" (29, p. 13). Thus conceived, a crisis is a call to new action: the challenge it provokes may bring forth new coping mechanisms which often serves to strengthen the individual's adaptive capacity, and to raise his level of mental health.

The concept of crisis as formulated by Gerald Caplan refers to the makeup of the individual who finds himself in a hazardous situation (7, p. 1027). Not all individuals who are confronted by the same hazardous event will be in a state of crisis. On the other hand, there are certain common hazardous events, such as loss by death and its sequel of grief and bereavement, which will induce a state of crisis of lesser or greater intensity, or of lesser or greater

duration, in nearly all individuals.

A state of crisis should not be confused with an illness. James Tyhurst claims that illness is also an opportunity for growth, however severe the impasse may appear. Tyhurst states that "Too often, with its emphasis upon symptomatic treatment, present-day psychiatry denies the patient this opportunity...to benefit from his troubles by dint of personal growth and development in relation to the problem" (28, p. 164). The individual, however, may be suffering from chronic or temporary symptomatology or pathological patterns of behavior when he is in a state of crisis.

"Crisis" in its simplest terms is defined as "an upset in a steady state" (7, p. 1029). This definition rests on the postulate that an individual strives to maintain for himself a state of equilibrium through a constant series of adaptive maneuvers and problem-solving activities through which basic need-fulfillment takes place. Throughout a life span many situations occur which lead to sudden discontinuities by which the homeostatic state is disturbed and which result in a state of disequilibrium. In response to many such situations, the individual may possess adequate adaptive mechanisms or coping skills. However, in a state of crisis, by definition, it is postulated that "the habitual problem-solving activities are not adequate and do not lead rapidly to the previously achieved balanced state" (21, p. 24).

The hazardous event itself requires a solution which is new in relation to the individual's life experience. Many individuals are able to develop new solutions by means of the normal range of problem-solving mechanisms stemming from their general life experience and maturation and are thereby able to adequately cope with the hazardous event. Others are unable to respond with appropriate solutions, and the hazardous event and its ramifications continue to be a source of stress.

The hazardous event creates what may be for the individual in his current life situation a problem conceived of as a threat, a loss, or a challenge. The threat may be to fundamental needs or to the person's sense of well-being or integrity. The loss may be actual or may be experienced as a state of acute deprivation. If the problem is viewed as a challenge, it is more likely to be met with purposive, problem-solving activities.

When a client is confronted with a crisis, the counselor should aid the client in developing adequately adaptive coping mechanisms. Certain patterns of coping while in crisis are essentially maladaptive. For example, an individual may deal with the hazardous event and his feelings about it with magical thinking or excessive fantasy; he may respond with regressive forms of behavior, or, in extreme situations with withdrawal from reality.

Other types of coping patterns are essentially adaptive in nature. For example, the activity of the individual may be task-oriented. The problem may be broken down into component parts and efforts made to solve each aspect of it. The "mental work" may be directed to correct the cognitive perception, which means predicting and anticipating outcomes through cognitive restructuring. The individual may actively seek out new models for identification and for the development of new interpersonal skills as part of problem-solving.

Implications for Drug and Crisis Counseling

Problem-solving during a period of crisis is facilitated by various conditions. The previously mentioned patterns of response necessary for healthy crisis resolution also contain guides for intervention. For example, if need for cognitive grasp and restructuring is crucial as a first step in problem-solving, then the immediate and foremost task of the drug and/or crisis counselor is to clarify the problem that leads to the call for help. Identifying and isolating these factors to arrive at a formulation of the problem and hence to facilitate cognitive restructuring and integration, in and of itself, may be enough, in many instances, to promote a return to the previously achieved balanced state. In the precipitating stress studies of B. L. Kalis, the conclusion

has emerged that "the individual is not fully aware of the precipitating stress and its consequences and that prompt therapeutic focusing on the precipitating stress, with clarification of relevant circumstances and conflicts, facilitates restoration of emotional equilibrium" (11, p. 221).

So that individuals may cope with crises adequately, it is important that interpersonal and institutional resources be available to the individual who is confronted with a crisis, i.e., a hazardous event. It has been dramatically demonstrated that in times of actual disaster that individuals, families, or community groups often tend to arouse supporting features and mobilize efforts for reaching out by others in the social network (11, p. 223). Thus, the individual or group can obtain comfort, support, and need satisfaction from the network of human relationships. Formal institutions and agencies such as crisis and drug counseling centers can serve to offer support, to restore equilibrium, and to ease role transition. In this connection, James Tyhurst offers the following provocative opinion. He states "that some people in turmoil come to the attention of the social institution called 'psychiatry' where they are usually defined as 'ill,' largely as a matter of social convention" (28, p. 150). He states further that "turning to the psychiatrist may represent an impoverishment of resources in the relevant social environment as much as an indication of the type of

severity of disorder" (28, p. 164).

A major observation, worthy of attention because of its implications for crisis counseling practice, is that an individual in crisis becomes more susceptible to the influence of "significant others" in his environment. Moreover, "the degree of the activity of the helping person does not have to be high" (28, p. 164). A little help, rationally directed and purposefully focused at a strategic time, appears to be more effective than more extensive help given at a period of less emotional accessibility (28, p. 165). Presently, there is a need to develop programs and skills that are geared to making help rapidly available at times and places where a state of crisis may develop. Only then can preventive or corrective intervention be maximally effective.

Crisis Intervention: Historical and Philosophical Developments and a Critical Analysis of Counseling Practices

The social unease which is prevalent in the United States has many symptoms: violence and living in fear of violence, disappearance of craftsmanship, and casual dishonesty, among others (22, p. 7). But the major and largest complaint, from an existentialist perspective, has to do with feelings (20, p. 57). Today's average man is apt to find himself cowering alone in a malevolent universe that does not offer even the comfort of

giving meaning to his suffering. It is customary to say of such a man that he is "alienated."

The conception of alienation has moved from the vocabulary of the professional sociologist into popular usage. It is one way to describe our social-psychological state (20, p. 57). However vaguely the term is used, many professional therapists believe that the concept of alienation encompasses a major insight into what is wrong with us (20, p. 57). At this point alienation needs to be described more precisely.

Melvin Seeman (23, p. 785) has identified five major meanings of the concept: powerlessness, meaninglessness, normlessness, isolation, and self-estrangement. "Powerlessness," he says, refers to the person's feeling that he cannot determine the outcomes or satisfactions he seeks by his own efforts. "Meaninglessness" implies doubt about whether one can predict the results of what he attempts, the sense that one does not really "know the score." "Normlessness" derives ultimately from Durkheim's notion of anomie; following Merton (15, p. 127), it involves the feeling that goals are to be achieved by actions that are disapproved by society. "Isolation" has to do with a refusal to commit oneself to goals and rules of conduct highly valued by one's culture. Finally, there is "self-estrangement," a notion which Seeman recognizes as a key element in alienation.

On the basis of Seeman's analysis it might be concluded that alienation subsumes five quite disparate and conceptually distinct phenomena; however, these attributes are intercorrelated. That is, the processes in the individual underlying "alienation" may express themselves in some or all, of these varied ways.

The existentialist often describes alienation as "experiencing futility" and does so in impersonal and universal terms: "Man suffers alone and hopeless in a universe that has no meaning" (20, p. 59). To the existential philosopher, such a conclusion will not dull his gusto for further reflection. Sentiments like these, however, have been known to lead to suicide or to accompany it. When that happens, it must be concluded that there were some charged feelings behind the grandiloquent words.

From a Sartrean viewpoint, a crisis can promote positive aspects into discovering what it means "to be." For example, one existentialist claim is that man is confronted with a crisis and opens his eyes to the realization that man is not important, that life is absurd, and that nature is oblivious to one's happiness. An experience such as this is a "rude awakening"; the "rude awakening" is positive in that it (1) makes man aware of his selfishness and (2) man becomes aware that he should not be controlled by the crowd.

From an existentialist perspective, man is born alone and dies alone. Man fears to stand alone because he is overwhelmed by the possibilities that lie before him, and he realizes that he is what he is now because of his "self." The existentialist refuses to be an object to be forced into the "role demanded by modern society -- to be only a waiter or a conductor or a mother, only an employer or a worker" (2, p. 59). Hazel Barnes writes in her introduction to her translation of Sartre that the most positive and most important contribution of Sartre is his "attempt to make contemporary man look for himself again and refuse to be absorbed in a role on the stage of a puppet theater" (2, p. 3).

The existentialist philosopher is essentially concerned with "what it means to be." Existential philosophy "attempts to grasp the image of the whole man, even where this involves bringing into (question) all that is dark and questionable in his existence" (4, p. 22). According to William Barrett, "in this respect it (existential philosophy) is a much more authentic expression of our own contemporary experience" (4, p. 22).

The average contemporary man, when confronted with feelings of futility is not likely to view his feelings in relation to existential philosophy. Existential philosophy may be as Barrett claims "a much more authentic expression of our contemporary experience" (14, p. 62); however, the layman

or the average contemporary man does not possess the philosophical skills or the necessary existential expertise to adequately cope with his feelings of futility. Belonging to a group may help an individual to encounter his feelings of futility and to comfort himself through the closeness which he attains with others in a like situation. On the other hand, if one were living in an impersonal urban environment where no one knows his name and few would even notice if he were to disappear, one would not be getting this sort of comforting. Nor does it help to work in a large plant where replaceability is thrown in your face day after day.

At this point, the following questions should be taken into consideration: What meaning does the preceding discussing of alienation and existentialism have in relation to crisis intervention? What are its implications for the future in regard to crisis intervention centers?

Perry London has noted in Psychology Today that "therapists serve the neuroses of their time. The Freudians dueled with repression...Now we live in the Age of Ennui, and the cry is for self-fulfillment. The new therapies, from encounter groups to Rolfing, market their wares for the rising new demand" (14, p. 62). The wares of contemporary psychotherapy include the following therapies: "re-evaluation therapy, journey into consciousness, sexual awakening exercise,

hypnosis, Reichian sensitivity, actualization, psychocybernetics, job therapy, music therapy, Esalen love massage, bioenergetics, Transactional Analysis, existential analysis, Rolfing, Primal therapy, and psychodrama" (14, p. 62).

Some of the therapies on this extensive list could be dismissed as being frivolous, but some of them are not. Psychodrama, hypnosis, existential analysis, and Transactional Analysis are therapeutic treatments that are generally accepted by many mental health professionals.

According to London, the influx of new psychotherapies emerged shortly after the birth of crisis and drug counseling centers. Crisis intervention centers enabled people "to walk in without an appointment, call up while debating suicide, or move in to keep away from drugs or alcohol while re-evaluating and learning how to change their lifestyle" (14, p. 67). Since then, the pace of quick intervention, quick manipulation, and straight-to-the-point therapy has reached tremendous proportions in the opening of 24-hour dial-a-help clinics all over the country offering everything from sexual counsel to religious advice.

Many of the crisis centers catering to the drug-using subculture directed their programs so that the drug user could approach or find meaning within the immediate context of his own present experience. Encounter groups, creative expression groups, alpha brain wave encounters,

transcendental meditation, yoga, and sensitivity training were offered and still are offered as replacements or alternatives for drug-induced head trips. The smorgasboard of new therapies was sprinkled with a touch of Eastern philosophy, psycho-cosmic therapy, and flavored with existential purpose and self-fulfillment. The new breed of therapies was encouraged for a sense of philosophical "balance," and tolerated as "experiments" in self-understanding.

During the same period of time (1968-71), that the drug and crisis counseling centers introduced the hodgepodge of new therapies, political activism was at its peak on the college campuses. The political situation in that era had become alienating and unsettling to a number of youthful political activists whose dreams of a "New Jerusalem" had become shattered. When political activism on the campus came to a halt in the fall of 1971 mysticism, spiritualism, and therapeutics were at hand to provide ready-made shelters for the politically lost or strayed. New recruits were found among those who had no other "ideological" home.

In retrospective existential terms, it is particularly difficult nowadays for young people to live an integrated, authentic, sense-making life in a political manner; that is, to live out in everyday terms the social values which are inherent in a leftist, critical-analytical, political

perspective (12, p. 28). Thus, Marxism, Mao, and Marcuse have been exchanged for the development of a passionate, non-rational, transcendental sensibility.

At this point it is necessary to clarify the loose use of the term "existentialism." As mentioned earlier, "existential philosophy may be a much more authentic expression of our contemporary experience" (4, p. 22) yet many of the new therapies which are designed to promote self-fulfillment and create existential purpose are not in keeping with the tenets of existentialism. For example, the new therapies have "shifted the meaning of personal fulfillment, to become self-fulfillment in very 'self'-ish ways, that is, with primary reference to one's own needs and pleasures and with less concern for other people or society" (14, p. 68). Many of the new therapies which claim to provide existential purpose smack of being pseudo-existential; they are a parody. Richard Owsley has identified five characteristics of a pseudo-existential philosophy; (1) a selfish attitude persists, as exemplied in the individual who decides solely by himself without regard for anyone, or as illustrated by the individual who believes that he is absolutely free to think and decide what he wants, (2) a pseudo-existential philosophy is one in which sheer introspection is used as a method - the dialectic is conspicuously absent,

(3) a philosophy founded on the dualism of me and everything else; me is all important; the rest of the equation is insignificant, (4) a pseudo-existential philosophy is usually antiscientific, antimetaphysical, atheistic, and relativistic, and finally, (5) the beginning and end of all meaning rests with me. Owsley hastens to mention that if you add a few ingredients one does not have the pseudo-existential parody.

Owsley offers the following definition of existentialism: Existentialism is a philosophy which is an active, descriptive, reflective interpretation of what it means to be. Existentialism is "active, not detached." It is "descriptive" rather than being "speculative or apriori." It is a reflective philosophy and is not direct in experiencing and viewing the world as in the sense of the pseudo-existential parody and lastly it is "an interpretation of what it means to be."

The spectrum of pseudo-existential therapies and philosophies and other therapeutic and philosophical "trips" are so broad that it is not feasible to include the entire band in one single analysis or even in one coherent description of the phenomenon. Likewise, it is difficult to draw conclusions about the movements of students and other young people from politics to mysticism and therapeutics. Some members of the present-day New Left

charge that the "new mysticism" and therapies are nothing more than "bourgeois escapism, mass psychological deviation, or an inevitable and insignificant historical retreat before the next revolutionary offensive" (12, p. 26).

One explanation for the influx of former political activists into the arena of mysticism and therapy is that the failure of "revolution" crushed the people who had set their life-clocks according to the "revolutionary victory" timetable. The failure of rapid political change in America; the re-election of Nixon; the winding down of the war in Indochina -- all of these events created an amount of despair among those who had invested the most in the expectation of a romantic, idealistic victory. To blunt this significant dissonance it was necessary for many former radicals and those who were politically active but not so radical to invent drastically new terms and accept apolitical philosophies that replaced the void and despair that was created by the shattering of revolutionary aspirations.

As Leon Festinger has noted, "the moment of disconfirmation creates extreme dissonance in the minds of those whose belief systems are based on the fulfillment of prophecy" (10, pp. 1-2). In other words, it becomes painful to experience reality rubbing against belief. To decrease the aching dissonance between reality and the understanding

of it, people may change their way of viewing the world, rationalize reality by twists in logic or facts, or organize more support for the erring belief system.

The theory of cognitive dissonance as postulated by Festinger assumes that dissonance creates tension in the individual, and thus he is motivated to do something to eliminate or reduce the dissonance, such as changing his behavior or beliefs. According to Festinger: "Cognitive dissonance is a motivating state of affairs. Just as hunger impels a person to eat, so does dissonance impel a person to change his opinions or behavior" (10, p. 3). Alfred Lindesmith and Anselm Strauss claim that "Sociologists, and especially those of the Meadian tradition, have long insisted that the investigation of most sociological problems requires the investigator to grasp and describe the viewpoints of his subjects. In this process, sociologists have routinely commented on a variety of types of cognitive dissonance" (13, p. 55).

Concerning the future, it appears that "encounter groups, crisis intervention centers, and therapeutic communities and growth centers will continue to serve people's social needs by offering instant intimacy in a culture in which mobility has become so great and the nuclear family so unstable that neighbors and even relatives cannot provide durable friendships" (14, p. 68). In an

analogous way, the retreat to mysticism and therapeutics is basically a white and middle-class "trip." For middle-class, white Americans the world supposedly offers the promise and the expectation of joy as it does the abundance of material goods, a job when needed, and interesting ways to fill up a day. The fact that most people do not receive the joy that is supposedly coming to them is a source of unending perplexity. Thus we have an impetus for the development of new psychotherapies, the introduction of mysticism, and neighborhood crisis intervention centers which attempt to make good on the promises.

The Jesus-Freak Centers: A Critical Analysis

In the preceding section, therapies, pseudo-existential philosophies, and mysticism were cited as being used in the counseling format of many crisis and drug counseling centers. It was also mentioned that mysticism, spiritualism, and therapeutics were offered by many centers for those individuals who were lost and looking for need-satisfaction and self-fulfillment. Conspicuously missing from this discussion was the phenomenon and the emergence of fundamentalist, Jesus-freak crisis centers. The message of the Jesus-freak crisis clinics is simply a down-home, Jesus-is-the way, evangelical fundamentalism delivered with flower-child innocence and missionary fervor. The Jesus-freak movement

is incredibly broad-based. In California alone, there are approximately 200 Jesus clinics (18, p. 20).

Teen Challenge Centers are perhaps the best known religious-directed centers in the nation. The director and founder of Teen Challenge, David Wilkerson (a Church of God evangelist), approaches the use of drugs as a manifestation of sin. The fundamental premise of the Teen Challenge staff "is that a drug user should be given an opportunity to undergo a religious experience that can give him the strength to overcome his destructive desires and habits" (30, p. 146). Few of the Teen Challenge staff members would concede that there is any alternative to drug use other than the salvation offered by Jesus.

Fundamentalist Jesus-freak clinics have found that the drug subculture districts in urban centers are a prime target area for recruiting new converts. The Jesus trip appears to be particularly attractive to adolescents "who were brought up in staunchly religious homes or to kids reared on suburban textbook agnosticism, the ones who are lost even before they've found anything to be lost from" (18, p. 21). According to James Nolan: "Most of the converted are between 14 and 20 and they possess an amazingly glowing energy and commitment, all shinging as though they've just washed their hair" (18, p. 21).

Joe E. Barnhart, author of The Billy Graham Religion, maintains that it is neither surprising nor coincidental that fundamentalist religion has gained such a considerable amount of momentum and appealed to a large number of young people. Barnhart views drugs as being an "excessive form of escapism" and remarks that Billy Graham's religion (an exemplar of evangelical, fundamentalist Christianity) "is one among many manifestations of the contemporary cult of escapism" (3, p. 82). Barnhart discusses the attraction of young people to Fundamentalist Christianity and the Billy Graham religion in particular, in the following manner:

> Graham seems at times to be surprised that young people attend his meetings and even surrender to his message. But this should not be a great surprise at all, for in desperation some of the young are turning to all sorts of things to find some way of escaping from the hard realities of their lives. They become converted to drugs, astrology, scientology, witchcraft, and a number of other magic-oriented sects and cults. It is a tough, complex, and confusing world that the young are growing up in, and Billy Graham is only one among many with a bagful of stupendous promises of escape. In this way he contributes to the perpetuation of childishness among a number of young men and women. He likes to see himself, however, as one who contributes to their maturation. While there is doubtless some truth in this image, he seems more to be recruiting them for a sub-culture of children who do not know how to wrestle patiently and intelligently with some of our more pressing social ills of the empirical world that finite mortals have to live in (3, p. 83).

The fundamentalist crisis centers, clinics, and communes work on an appeal to guilt, a thundering fear of an eternal burning pit of flames, a promise of heaven, and a negation

of any other possible means to happiness. The innocent, beleagured young person either walks in or walks out. Like Billy Graham, the members of Jesus-freak centers come on with a pitch that has only one stopping point: your salvation. All questions are answered by vague Biblical questions followed by a chapter and verse number so that one cannot possibly doubt their truth. If a prospective convert offers any protest, he is told that Satan has planted a seed in his brain, a notion with disturbing implications, and if he protests too much, it is likely that he will be told that he is possessed of a demon from which only the blood of Jesus Christ can deliver him.

James Nolan believes that "it is perhaps absolutism which attracts the blown-out 17 year old kid" to fundamentalist religious circles (18, p. 26). Nolan offers the following analysis of how a young person is susceptible to fundamentalist Christianity:

> High school has not prepared him for anything creative or constructive; it has only driven him to drop acid three times a week. Once that's done, it is impossible to be processed through the mind-cannery of a large university for very long. Nor can he go back home to the carport and a bag-boy job in the supermarket. With neither answers nor alternatives, with the visionary world of angels and demons his only certainty, the fast-talking, self-confident preacher steps in and puts his big Biblical Foot down, taps it in a few familiar rhythms, stamps it in the fervor of his belief and everything falls into place (18, p. 26).

The fundamentalist crisis staffers do not offer a choice between a confusing array of life styles, but rather a choice between eternal salvation and eternal damnation. Whether these evangelistic Christians are, as Nietzsche (17, p. 110) accused, predatory birds who swoop down on weak lives in distress or, in a more charitable view, fanatical do-gooders with an overly developed paternal sense, makes little difference. The fact is that these people and the leaders of other movements like them, are bringing freaked-out, drug-blown kids down and placing them in a community situation where roles are assigned and talents encouraged.

The Problem of Free Will

Fundamentalist theologians and likewise the staff members of fundamentalist Jesus-freak clinics "give God credit for the good only and not the evil" (3, p. 132). Joe Barnhart, in his discussion of fundamentalist, evangelical Christianity and Billy Graham, in particular, maintains that

> The only way he (Billy Graham) can do this (give God credit for the good only and not the evil), is to bring in the mysterious notion of free will. So much hinges on this one elusive notion, and Graham uses it for all it is worth. As noted earlier, he cannot admit that God could have made an absolutely perfect world in which hell would not even be a possibility.....It pleases Graham to think that in heaven men will not be able to choose to go to hell. But it also pleases him to think that on earth men are able to choose to go to hell if they want to.

> Of course, the evangelical view is that in heaven God sees to it that his human creatures do not want to go to hell. And on earth he sees to it that they do want to go to hell, for that is their "natural" condition. Evangelicalism entails that God either could not or would not create earthly men with the desire to go to heaven only, with no desire to go to hell. But Billy Graham thinks that a world without hell would lack free will and therefore would be imperfect (3, p. 132).

The traditional conception of free will is that it involves control of behavior by an internal force called "will" or "will power." This psychological force is not thought of as being dependent upon any specific biological or neurological structure and is believed to be "free." The working test of free will lies in the ability of an individual to choose among alternatives. Free will is also equated as being voluntary behavior, the voluntary behavior being an expression of the individual's will.

The orthodox view of "free will," that the will is not dependent upon any specific biological or neurological structure, gradually begins to crumble when placed under the scrutiny of contemporary physiological findings. The sounder and more scientific view asserts that as one ascends the evolutionary scale from the simplest forms of life to man, the central nervous system assumes greater and greater dominance. Internal cortical processes are not solely responsive to or determined from stimuli outside the nervous system, but depend also upon stimuli that originate within

the system. The commonsense view of free will is reduced to biochemical processes, and what we call "free will" is not free will any longer because our behavior depends upon numerous neural-physical processes which in turn inhibit or facilitate other responses. This statement is by no means intended to discount other determinants such as culture, language, or the many other factors in our environment which shape, determine, and influence our behavior and our decisions.

A striking example of the many physical processes which occur in the process of emotional perspiration is offered by Richard Taylor in his book, Metaphysics. After submitting a detailed description of the complex causal chain involved in the process of perspiration Taylor asserts: "The important point, however, is that in describing it (the physical process of perspiration) as best we can, there is no need, at any stage to introduce mental or nonphysical states or reactions" (27, p. 18). Taylor's physiological description serves as evidence in postulating that there are a number of intermediate processes which are involved in the simplest of physiological responses, and thus the burden of proof lies with the free will advocate in maintaining that he can freely will all of the complex processes which do indeed occur.

When examining free will, it appears that as scientific knowledge increases, the arguments for free will become weaker

and weaker. In light of the mechanistic principles by which science operates, the role of language, which determines to a significant degree the kind of objects that one finds in experience, and cultural relativism, which maintains that "culturally determined responses are built into the physiology of the individual, for example, conditioning the organism to feel nauseated by certain sights or smells or to be sexually aroused by certain objects" (6, p. 71) -- All of these disciplines add support to the deterministic side of the issue, while, on the other hand, the free will position is slowly being eradicated. The grounds on which free will once stood are becoming less and less reliable and even untenable in the light of scientific knowledge, which has delivered more than one knockout blow to the concept of free will.

From a distinctly philosophical analysis, there appear to be connections between free will and interactionism. The theory of interactionism holds that minds and bodies exist, and "that the connection between them is that of cause and effect, that my body acts upon my mind and my mind upon my body, and that this causality is what connects and unites the two into one person" (27, p. 12). Findings in cultural relativism and behaviorism will perhaps add some insight as to why free will advocates believe as they do believe.

It is not accurate to maintain that those who believe in free will also believe in body and mind as substances in the previously mentioned interactionist sense. To suggest that those who believe in free will conceive of mind as substance is to assume that free will is a product of holding a belief in mind as substance. On the contrary, most people today, in our Western culture, believe in the notion of free will; the belief in free will has been adapted to as a result of our culture, the language that we speak, and as a result of being conditioned to believe in free will. For many years Western man has believed in free will, and only until confronted by science and other findings in such schools as cultural relativism and behaviorism has this pre-scientific way of thinking begun to crumble. But yet even in view of these findings the majority of the populace in the West and presumably people in the other areas of the world still cling to the notion of free will.

It seems that, if man is to be accountable in front of an almighty God and that if man is to be responsible for his choices and his sins, then it follows that the concept of free will is a necessity. What kind of God would a God be to hold man responsible in a deterministic world? Certainly not a God worthy of respect. Even though a God such as this would have to be a perverted universal sadist,

it is nonsensical to speak of responsibility in a deterministic world. And so it is that a free will advocate must hold to the concept of "responsibility" due to his conceptual framework -- his way of viewing the world. It seems that once an individual accepts the idea of a deity, then one must assume free will so that one can be accountable to him. What the free will advocate has done is to imply the mind as substance so that we as human beings differ from the lower animals in that they do not have a soul nor do they have a mind which can comprehend God; thus, free will advocates might be described as being "human being chauvinists."

Determinists, on the other hand, see no reason to believe in mind as substance and find it a contradiction to do so. The concept of mind appears to be a linguistic concept fabricated to account for free will or free choice. Yet the mind as such has never been demonstrated successfully. For the determinist there is no need for a mind other than the material self; hence materialism. There is no room for an interactionism or an epiphenomenalism in an account of the world in which everything is explained in terms of stimuli response to the environment, matter, cause and effect, or genetics in terms of human response.

Behaviorism: Theoretical Implications

The psychological counterpart of what might be called philosophical determinism is the school of behaviorism and the applied practice of behavior therapy or behavior modification. Behaviorism entails a study of behavior through the gathering of data about all modes of an individual's behavior -- words, habits, reaction to stimuli, etc. (5, p. 121). Behaviorism as a method has led to concrete results and its advantage lies in its preciseness and objectivity. Strict behaviorists reduce consciousness to behavior; consciousness is behavior; and man's sensations, thoughts, feelings, and all that has been called consciousness becomes physiological reactions of our organism, adjustments to the environment; and consequently consciousness is viewed as no more than the motion of atoms in space (5, p. 122).

The growth of behaviorism is due in part to the development of biological science. The more man knows about the facts of life and its evolution, the simpler and more intelligible it becomes to explain the facts of experience in exclusively biological terms. The biological interpretation has been given an added thrust by the usefulness of methodological-behavioral measurements. Behaviorism aligns with determinism in asserting that if A and B are present, C will likely occur. If it so happens that C does not

occur, then there must be another variable or other variables present, and often these missing variables can be identified.

B. F. Skinner speaks of the relationship of science as exemplified by behavioral measurements and human behavior as follows: "The Methods of science have been enormously successful wherever they have been tried. Let us then apply them to human affairs" (26, p. 2). The conception of the individual which emerges from Skinner's behavioristic analysis is often distasteful to those who have been strongly affected by democratic philosophies. When one turns to what behaviorism has to offer, one does not find very comforting support for the traditional western point of view. Skinner maintains that "The hypothesis that man is not free is essential to the application of scientific method to the study of human behavior" (26, p. 447).

On the basis of these assertions by B. F. Skinner it appears that the philosophical starting point of behaviorism is grounded in and consistent with the deterministic viewpoint. Skinner clarifies his deterministic stand in the following manner:

> The distinction between involuntary behavior bears upon our changing concept of personal responsibility. We do not hold people responsible for their reflexes - for example, coughing in church. We hold them responsible for their operant behavior - for example, for whispering in church or remaining in church while coughing. But there are variables which are respon-

> sible for whispering as well as for coughing, and these may be just as inexorable. When we recognize this, we are likely to drop the notion of responsibility altogether and with it the doctrine of free will as an inner causal agent (26, p. 111).

In the preceding discussion, Skinner voices fundamental viewpoints of determinism. Like the determinist, Skinner argues that what will occur will occur, and although one may think that one made it occur, how it did occur is determined by the presence or absence of a particular variable or variables. Skinner agrees with the determinist on the consideration that there is no longer any reason to hold a person responsible for his actions, because the individual could not have acted otherwise. Behaviorists do to a large extent believe that not only does behavioral conditioning elicit responses from those subjects with whom they are working, but many behaviorists and any behaviorist who is worth his salt also realizes that their behavior and the behavior of every organism in the known world is also determined.

Skinner sees the environment as being the foremost determining factor in relation to human behavior. The causes, for the most part, that shape human behavior are viewed as being external, outside the individual, rather than being internal, inside the individual. Skinner summarizes the argument as follows:

> The free inner man who is held responsible for the behavior of the external biological organism is only a prescientific substitute for the kinds of causes which are discovered in the course of a scientific analysis. All these alternative causes lie outside the individual. The biological substratum itself is determined by prior events in a genetic process. Other important events are found in the nonsocial environment and in the culture of the individual in the broadest possible sense. These are the things which make the individual behave as he does. For them he is not responsible, and for them it is useless to praise or blame him. It does not matter that the individual may take it upon himself to control the variables of which his own behavior is a function or, in a broader sense, to engage in the design of his own culture. He does this only because he is the product of a culture which generates self-control or cultural design as a mode of behavior. The environment determines the individual even when he alters the environment (26, pp. 447-448).

Behavior Modification: Theoretical Implications and Treatment Procedures

The psychological model of behavior maintains that virtually all behavior is learned in accordance with the same basic principles (24, p. 16). It is from this behavioristic perspective that behavior modification has emerged as an applied method for changing behavior. Behavior modification derives its approach to treating maladaptive or inappropriate behavior from its foundations in learning theory; it assumes that maladaptive behavior is learned via the same principles as adaptive behavior, since both result from an interplay of genetic endowment and environmental circumstances (24, p. 16). This implies that any qualitative distinction

between "normal" and "abnormal" behavior is inappropriate. In other words, the psychological model does not view behavioral problems as representing mental illness or pathology, as the medical model does. Instead, the psychological model of behavior modification maintains that the desirability or undesirability of particular behavior is more an attribute of the environment and the consequences of the behavior than an attribute of the behaviors themselves. The appropriateness of behavior is viewed as a function of its adaptiveness or maladaptiveness in a particular environment rather than a normality or abnormality inherent in the behavior itself.

For example, we behave differently to our parents than to our siblings or teachers. We behave differently at home than in the classroom, church, restaurant, or dentist's office. Certainly, some styles and characteristics of our behavior are common to our relationships with most people and most situations, but certain behaviors are appropriate in one context and inappropriate in another. Thus, in a moment of anger, one might tell his best friend to "get lost," but it is unlikely (or at least it used to be unlikely) that he would say the same thing to his professor when upset by a poor grade on an exam. The latter behavior would be regarded as "maladaptive" to circumstances in the

psychological model, in contrast to the "abnormal" label of the traditional medical model, which presumes that there is some underlying mental disturbance causing the behavior.

Consistent with this distinction, whereas the traditional psychotherapist would attempt to identify underlying causes, the behavior therapist would attempt to identify the factors that are responsible for maintaining the maladaptive behavior. The behavior therapist would be interested in but not overly concerned with the initial manifestation of the maladaptive behavior; he would instead be interested in its appropriateness to present circumstances. In his view, the problem is in the present, and the focus of treatment is directed toward the client's present behavior.

The therapeutic task in behavior modification is to bring about a permanent dissociation (or association) between the behavior and the environment in which its presence (or absence) is maladaptive, in a manner which maximizes the efficiency of the therapy and minimizes the discomfort to the individual (24, p. 20). These objectives are achieved through the application of carefully selected therapeutic procedures based on psychological principles derived from experimental studies.

When initiating a behavioral treatment, the therapist selects appropriate procedures which are contingent upon

a thorough analysis of the behavior. As part of the search for clues to help identify factors responsible for maintaining the behavior, the therapist will generally seek a comprehensive picture of the client and his life history. This may include his age, family background, marital status, personal characteristics, physical health, education, occupation, interpersonal relationships, and the nature of his psychological complaints (24, p. 20). In addition to such background information, which may be acquired directly in interviews and questionnaires, the treatment of surplus problems involving unpleasant emotions or specific maladaptive responses requires accurate identification of the situations which precipitate these reactions (24, p. 20). Where there appear to be behavioral deficits, it must be determined whether the requisite skills are lacking in the person's repertoire or whether their performance is being inhibited by other factors. The behavior therapist thus attempts to learn as much as possible about the client and his behavioral difficulties, so that he can formulate an effective therapeutic program. He is particularly interested in identifying the specific nature of the problem behavior and the characteristics of the environment in which it is maladaptive.

As in most systems of psychotherapy, the display of sincere empathy and the establishment of a trustful relationship are generally considered important. This is because

the specific behavior therapy procedures are intended to add to the general benefits which often result from a close relationship in which one person cares about and attempts to help another person with his problems. As a preliminary orientation to treatment, "the client is generally presented with the therapist's behavioral view of psychological problems: the client's maladaptive responses are presumed to result from faulty learning experience in the past for which he was not responsible, and any notions about an underlying mental illness or insanity are dispelled" (24, p. 20). The therapist makes it clear that she or he will try to help the client overcome his difficulties by applying certain methods based upon psychological principles of learning theory.

After the therapist and the client have agreed on the goals of treatment, the client is introduced to the relevant behavioral therapy procedures. In behavior modification, the attempt is made to clearly specify the behavioral problems, the therapeutic objectives, and the treatment strategy, and then to conduct the treatment while continually evaluating and adapting the procedures to the requirements of the individual case.

Behavior Modification as a Modality in Providing Treatment for Drug Abusers

In a time of stress, one individual may take a tranquilizer prescribed by a physician whereas another indivi-

dual may drink alcoholic beverages or smoke marijuana at social gatherings. Having discovered that these drugs relax him and make him feel good, he may begin taking them in other situations when he is under stress. Because they succeed in reducing his experience of anxiety, he will be reinforced and may further increase the frequency of their use. Thus, although initially used only on specific stressful or social occasions, tranquilizers, alcohol, or marijuana eventually may be taken regularly to keep users feeling comfortable or good all the time. Furthermore, because some tolerance for the drugs develops, the dosages may be progressively increased or the individual may begin taking other drugs which are more potent. The reinforcement contingencies seem to be such as to lead many people into a vicious cycle of dependence on drugs which may bring about serious impairment to their psychological and physical health. One systematic behavior modification method which might alter the contingencies in order to help a person out of this cycle at an early stage is the method of real-life desensitization.

The method of real-life desensitization when applied to drug users consists of gradual drug withdrawal designed to reduce the adverse physical effects of withdrawing a person from a drug on which he has become physiologically

and/or psychologically dependent. An alternative method is to administer the drug that is being abused or a substitute drug with similar effects before exposing the client to the situations in which he uses the drug. The client is given a sufficiently strong dosage to assure that a fear reaction and consequent avoidance behavior will not occur. This method is not guaranteed to resolve an individual's maladaptive drug-taking behavior, and some evidence suggests that learning which occurs while the subject is under the influence of a drug may not readily transfer to the non-drug state (24, p. 81).

Robert Sherman maintains that "one possible way around the problem" of transferring learning from a drug state to a nondrug state "is to withdraw the drug gradually" (25, p. 121) in accordance with the method of real-life desensitization. Gradual drug withdrawal was investigated experimentally by using laboratory rats with conditioned fear reactions (25, p. 121). The animals had learned to press a lever for food pellets; they were then punished by shock for pressing the lever. According to Sherman, "this induced an approach-avoidance conflict in which there was very little lever pressing even after the shock contingency had been removed" (25, p. 122). The therapeutic question, then was how to recondition the fearful hungry animals to press the lever.

The question was resolved as follows:

> During the first session of the reconditioning phase, sodium amytal, a fear-reducing sedative, was administered at a high dosage to two-thirds of the animals, who then exhibited a significantly greater number of lever presses than did the remaining saline control group which had not received the drug. In the second reconditioning session, the drug was no longer administered to half of the animals who had received it during the first session, and the performance of this sudden-withdrawal group declined to the level of the saline control group. In contrast, the remaining gradual-withdrawal group received the drug at progressively reduced dosages during the second and succeeding reconditioning sessions, and they continued to exhibit further improvement in lever-pressing with no evidence of any performance decrement when the dosage finally reached zero during the fifth reconditioning session. Gradual drug withdrawal thus appeared to promote the extinction of fear and the recovery of adaptive behavior with full transfer to the nondrug state (25, pp. 128-129).

The following case of Rachman's reported by Wolpe illustrates the therapeutic use of gradual drug withdrawal in a real-life desensitization framework:

> The patient, a severe and intricate case of agoraphobia of five years' standing, had become worse during two years of psychoanalysis and then made considerable progress after about 18 months of hypnotic desensitization combined with graduated tasks, so that whereas at first he could not venture in space beyond the bounds of his house and his shop next door, he was now able to travel without disturbance about 2 miles from home by car. But progress was slow, and he was eager to return to Australia, the land of his birth. Thereupon, Rachman, in collaboration with the patient's general practitioner, embarked upon a course of treatment which was described as follows:
>
> On January 18, half an hour after a subcutaneous injection of Pethidine (Demerol) 100 mg. (the relaxant, which was to be gradually withdrawn) and Scopolamine gr. 1/200, he went on a drive in his car in the company

> of his family physician. They travelled about six miles from home and remained away one and one-half hours. In the course of this time, he felt marked relaxation, dryness of the mouth, and sleepiness, but not the slightest fear despite the presence of apprehensive thoughts. The experiment was repeated on January 24, with the use this time of only 75 mg. of Pethidine, and was again completely successful. On January 27, having been given 50 mg. of Pethidine and Scopolamine gr. 1/200 (a dose which was constant for all injections), the patient took the wheel and went on a long drive with his wife and me, again feeling completely relaxed throughout. He was given several more treatments of this kind, during which the dose of Pethidine was brought down first to 50 mg. and then to 25 mg. Altogether he had nine treatments in the course of two and one-half months, and the range of his excursions progressively increased. Finally, on March 18, he left Johannesburg with his family for Durban en route to Australia. They travelled by car, and before they set out he was given a last injection containing 25 mg. of Pethidine. He arrived in Durban without mishap and without anxiety. I received a letter from him written from the ship on arrival at Australia, saying that he was feeling fine and eating enormously (31, p. 78).

The preceding method of real-life desensitization included the evocation of specific responses intended to counteract the anxiety associated with feared situations. By withdrawing the dosage gradually, the client was able to adapt with full transfer to the nondrug state; however, the physician controlled the dosage that the client received. In methadone clinics throughout the nation heroin addicts usually are not allowed to administer their own methadone dosage; methadone clients generally exercise little or no responsibility in administering their own dosage (16, p. 57). Psychiatrists Hugh V. Angle and Sadashiv Parwatihar believe

that any changes in the human heroin addiction and gradual withdrawal process could not be judged as long as a doctor or nurse controlled the amount of drug or drug-substitute (methadone) a subject reveived (16, p. 57).

Hypothesizing that if an addict could set his own methadone dosages, it would help predict his subsequent drug-taking behavior, Angle and Parwatihar selected nine heroin addicts (eight men and one woman, average age 29, all had been addicts for more than 5 years) to participate in a six-week detoxification study at St. Louis State Hospital (16, p. 57). After a three-day period of methadone stabilization to prevent withdrawal symptoms, subjects were informed of their present drug levels and asked to plan their own day-to-day drug schedule for the following 28 days. Subjects were not allowed to receive more methadone on any day than they had on the last day of methadone stabilization, though, if they desired, they did not have to reduce the amount. If they were taking less than the stabilization dosage, they could boost it back up to that level. Only one man asked to have the staff control his dosage for him; he was not told whether his daily allowance was being increased or decreased (16, p. 57).

The findings and results of the study are as follows:

> All eight subjects who were determining their own "fix" were completely off the drug surrogate by the eighth day. During those first days, none of them opted

> for a drug increase; instead competition was strong to see who could reduce his dosages the fastest. On the ninth day, when group members were told they would be allowed a 24-hour leave the next day, all but one of them requested their maximum dosage for that period. Apparently they were wise to their own needs, because the lone addict who opted for just half the top dosage was the only one whose urine test showed positive heroin results the morning after the leave. With methadone increases so marked at the time of the first leave, the investigators concluded that subjects were a long way from being "cured."
>
> However, when another 24-hour leave was announced near the end of the treatment program, no one asked for an increased dosage. Perhaps, researchers surmise, subjects did not want to be dependent on high methadone levels near the end of the self-determination period (16, p. 57).

Results indicate, Angle an Parwatihar assert, that drug addiction is not an "uncontrollable process" (16, p. 57). The only subject with any withdrawal symptoms was the man who requested that the staff control his detoxification schedule, and he complained of symptoms before his dose was released. The anxiety of not knowing his drug level led him to be more aware of his physical symptoms, they claim (16, p. 57).

The investigators did admit that group influence might have caused the rapid drug reductions; they also wondered if the experiment's success would last when the group disbands and subjects return to their own communities. A major problem in treating an addiction, such as heroin, or in treating long term or even short term use of other drugs is

that treating physical or psychological addiction is only part of the job. For example, a psychological hunger may persist when the client returns to the old neighborhood and friends. He or she gets a psychological high from the drug ritual; the hustle to get the necessary money; looking for a dealer; shooting up or ingesting the drug. Harbans and Lal at the University of Rhode Island suggest a behavioral approach that eliminates both the physical and psychological highs produced by drugs and thereby might help extinguish this psychological hunger (1, p. 20).

Lal and his co-workers showed that morphine-addicted rats can be conditioned to a neutral stimulus - a bell, for example, to the point where ringing the bell would block withdrawal symptoms as effectively as a shot of morphine (1, p. 20). The brain mechanisms sensitive to morphine action, then, may overlap with those affected by the bell or other stimuli the rats associates with the injection (1, p. 20).

Lal and Richard Drawbaugh carried this research one step further, reasoning that "if the brain activity due to a conditional stimulus evokes activity of the morphine receptors in the brain, a morphine antagonist should reverse the effectiveness of that stimulus in mimicking the morphine action" (1, p. 20). A narcotics antagonist is a chemical that prevents the high normally produced by the narcotic. The

morphine antagonist that Lal and Drawbaugh used was naloxone.

Lal and Drawbaugh found that naloxone blocks the effect of conditioned stimuli and that this finding has practical applications in treating human narcotic addicts. The addict's psychological hunger is a result of conditioned stimuli. Just as rats get satisfaction from the bell as well as from morphine itself, so human addicts and other drug users get a psychological high from the drug ritual as well as a physical high.

Lal therefore suggests that "a good way to cure psychological addiction might be to give these addicts heroin, or even injections of salt solution, while they are on the antagonist. With the antagonist in his system, the addict would get no high from the injections, either physically or psychologically, and both types of drug hunger would extinguish" (1, p. 21).

Lal and his associates are continuing their drug studies, seeking, for example, a conditioning agent that will last longer than a bell. Other researchers are looking for antagonists that will be effective for weeks and months, so that users will not require daily doses. More research will no doubt help, but Lal feels strongly "that the sole use of antagonists is a losing proposition unless the addict is also deconditioned to the stimuli of the drug ritual. Without this, even the most effective antagonist will fail

because the psychological dependence still exists" (1, p. 21).

Behavior Modification and Crisis Intervention

Behavior modification and crisis intervention share similar characteristics although they are far apart in their theoretical elegance and practical sophistication. Both methods share the common characteristics of speed, direct attack on symptoms, and a more technological base for treatment than psychoanalysis or client-centered therapy (14, p. 67). One of the main complaints against the behavior modifiers is that they are mechanistic, dehumanizing, impersonal, and that findings in the laboratory could not be extrapolated to realistic human situations. In the preceding section, in the discussion of behavior modification as a modality for providing treatment for drug users, it was somewhat apparent that behavior could be modified or controlled in the laboratory or in a highly structured environment such as a mental institution; however, it is often difficult to modify or shape behavior when the human organism is interacting in his real-life social environment or on his "home grounds." Nonetheless, Perry London maintains that "Objectively, what could be more suited to an electronic age, to transistors, and space travel, than pushbutton (behavior) therapy? Like a Los Angeles supermarket, always open, with quick service, and a disposable,

no-deposit, no-return therapist. Use only once. Neither vendor nor customer has to make an investment, no need to meet, no need to know each other's name" (14, p. 67).

The Controversy

Although behavior modification and crisis intervention methods do possess similar characteristics, professional tensions remain throughout crisis centers between the so-called "behavior modifiers" and so-called "dynamic psychotherapists" over treating symptoms versus causes. This point of controversy is not only being waged in crisis centers but also in mental hospitals, community mental health centers, and other treatment facilities throughout the nation. Perry London offers the following consideration: "Dynamic therapists argue that neurotic complaints are symptoms of more pervasive, and hidden difficulties; if psychotherapy did not expose and treat those underlying problems, the existing symptoms could recur or new ones take their place" (14, p. 67). Behavior modifiers, on the other hand, claim that the symptom is the heart of the disorder; the symptom is the disease, so treating it directly would not create a special risk of new or substitute symptoms.

The debate, according to London, is really about how to treat anxiety. London offers the following summary of the

controversy:

> In the formulation of dynamic psychotherapy, anxiety underlies the visible neurotic symptoms. The symptoms themselves are abortive efforts to defend the person against anxiety by burying the knowledge of conflicting impulses and inhibitions which evokes it. But the cases in point from which behavior modifiers attack this formula are "phobias" in which the neurotic symptom is anxiety. For instance, in his discussion of the case of Little Hans, a child who became terrified of horses, Freud said the problem was Hans' "displaced anxiety" over his repressed Oedipal conflict. Fifty years later behaviorists Joseph Wolpe and Stanley-Rachman reinterpreted it as a case of "directly conditional anxiety." The pertinent issue for treatment is whether it is more efficient to attack the anxiety which is "up front" or whether you must dig for a more complex construction underneath. But the issue, in historical perspective, is whether to expect people to experience anxiety "up front" when they come for psychotherapy or to expect it hidden by some defensive complex (14, p. 67).

As mentioned earlier in the chapter it appears that crisis and drug counseling centers will continue to offer their clients a mixed bag of psychotherapies. This is not meant to say that symptoms are not met directly; symptoms are met directly during the initial interaction whether it be over the phone or by dropping in from the street. But following the initial interaction, the client will most likely be encouraged to become a participant in a "growth-promoting" experience either on a one-to-one basis or in a group. The tendency to experiment will no doubt increase as well. London maintains that "nude therapies, fantasy therapies, acting out, living with patients, sex, feelies,

drugs, and God knows what else, will all become more popular, especially therapies that are tied directly to life experience rather than to the consulting room" (14, p. 68). The nonestablishment therapists (including crisis and drug counseling staff members) have the least to lose and the most to gain by pushing these techniques and, as London asserts, "if their innovations catch on, they get customers and respectability. If they fail, they are condemned no worse than now" (14, p. 68).

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CHAPTER IX

COUNSELING PRACTICES IN DRUG AND CRISIS COUNSELING CENTERS: AN OVERVIEW

Drug Overdoses and Freakouts

Counseling practices usually vary from center to center or from individual to individual. However, there are some basic practices, based upon knowledge of drugs and drug users, that should be utilized by every member of a crisis treatment team. Drug emergencies that nearly every crisis center has to contend with at one time or another include freakouts, overdoses, and chronic drug emergencies. Methods for dealing with these drug emergencies are discussed aptly by Chuck Robinson in an article entitled, "Handling Drug Overdoses and Psychiatric Emergencies" (6, p. 3).

Some psychedelic experiences are neither pleasurable nor positive. No one can accurately predict with any assurable degree of certainty that any one individual will experience a partially bad trip (a bummer) or an extremely negative trip (a freakout). When an individual who is tripping is in a frightening place or in a situation which might be threatening, the possibilities of experiencing a bummer or a freakout are increased. Visible indications

that an individual is going to freakout or have a bummer are sometimes marked by such outward signs as a frown, tenseness, a shaky, faltering voice, or mention of the fact that he or she is getting scared. A brief "It'll pass soon, just ride with it. If it gets bad, let me know," said with relaxed and genuine concern will usually aid the tripper in his search for a more positive, relaxed space and experience (6, p. 3). Extensive and intensive questioning or unreasonable anxiety on the part of the counselor can only contribute to making the experience and situation worse. The counselor should make all necessary efforts to remain calm and unexcited and should reassure the tripper that he will be there, by his side, if needed (6, p. 3).

An individual who has ingested a drug with hallucenogenic properties may find himself in a threatening or frightening situation without any prior warning. Carlos Castaneda describes his initial experiences after ingesting peyote as follows:

> I took it (peyote) automatically, and without deliberation drank all the water. It tasted somewhat bitter, although the bitterness was hardly recognizable. What was very outstanding was the pungent odor of the water. It smelled like cockroaches.
>
> Almost immediately I began to sweat. I got very warm, and blood rushed to my ears. I saw a red spot in front of my eyes, and the muscles of my stomach began to contract in painful cramps. After a while, even though I felt no more pain, I began to get cold and perspiration literally soaked me.

> Don Juan asked me if I saw blackness or black spots in front of my eyes. I told him I was seeing everything in red.
>
> My teeth were chattering because of an uncontrollable nervousness that came to me in waves, as if radiating out from the middle of my chest.
>
> Then he asked me if I was afraid. His questions seemed meaningless to me. I told him that I was obviously afraid...(2, p. 55).

The individual who is tripping is sometimes confronted with a multitude of stimuli, some of which may be threatening or capable of breeding paranoia. Intense concentration or even casual concentration on an unpleasant thought, experience, or visual hallucination may create a situation in which the individual is experiencing the emotions of fear and helplessness. The intense fear or disorientation that is physically visible or verbalized sometimes allows the counselor to differentiate between the tripper who needs immediate medical or psychiatric help and the one who needs only verbal or physical reassurance.

When freaking out, an individual may become agitated, perplexed, unable to establish contact with another person, sob uncontrollably, or retreat to a corner and tremble. At this point an effort should be made to construct a pleasurable environment in which the freaked-out individual might feel more comfortable and relaxed. Harsh, bright lights should be dimmed, and gentle, relaxing music may also be helpful in reducing the freaked-out individual's

unpleasant experiences. All necessary efforts should be made to relieve the tripper's anxiety and aid him in relocating himself within a less threatening or more pleasurable environment.

The counselor should attempt to make verbal contact in a nonthreatening, caring manner with a calm question such as "Are you in a place you don't want to be?" (6, p. 3) The person may respond appropriately, construct what seems to be delusional verbalizations, keep his eyes closed in a dream-like state, etc.; there are a variety of possible responses. If the tripper does not respond immediately, the counselor should not get hurt, upset, or frightened.

The counselor should continue with surface questions or statements such as, "When did you drop (ingest the acid)? Where are you now (what are your thoughts and feelings or what are you experiencing)? I'm here to help you. You are with friends" (6, p. 3). It is hoped that the individual will respond so that further contact can be made with the counselor. Once the initial contact has been made, the counselor should unaggressively inform the tripper that he has ingested a drug, that the drug is producing the unpleasant experiences, and that his perceptions are being changed due to the chemical properties of the drug. The individual who has ingested a drug which possesses psychedelic or hallucenogenic properties sometimes experiences what

Castaneda referred to as "nonordinary reality" (2, p. 242). Nonordinary reality is used by Castaneda "in the sense of being extraordinary, uncommon reality" (2, p. 250). Castaneda maintains that different hallucenogenic substances induce different states of nonordinary reality. Regardless of whether or not different hallucenogenic drugs induce different states of nonordinary reality, it is apparent that the individual who has ingested a hallucenogenic drug does view the world differently from the way in which the average man views the world. The average man, however, and the intellectual select the evidence by which they construct their models of reality. Many systems of thought distinguish between reality and our models of it. One of the important themes in Don Juan's philosophy, as transmitted by Carlos Castaneda, is that what we call "objective reality" is nothing more than a consistent model, one of many possible models, constructed out of learned and habitual ways of selecting evidence and interpreting perceptions.

When a tripper is freaking out, then, he may mistake the nonordinary reality which he is perceiving for ordinary reality. For example, he may thing that his arm is detached from his body, that his nonordinary perceptions are true perceptions. An individual who is viewing the world while stoned on acid (LSD) or other psychedelic drugs may become

confused and disoriented to the point that he is not aware or fails to realize that he has ingested a drug and that there is a relation between the drug and his nonordinary experiences. Castaneda describes his state of confusion and disorientation while under the influence of peyote in his book, A Separate Reality:

> I then noticed for the first time that it was pitch black in the room. For a moment I was not sure whether I had my eyes open. I touched them with my hands to make sure. I could not see at all, while a moment before I had seen him (Don Juan) ready to hit me. My eyes adapted to the light in a matter of seconds. Everything was as it always had been: the bundles of herbs, the thatched roof....I had seen the room hundreds of times, yet this time there was something unique about it and about myself. This was the first time I did not believe in the final "reality" of my perception. I had been edging toward that feeling and I had perhaps intellectualized it at various times, but never had I been at the brink of a serious doubt. This time, however, I did not believe the room was "real," and for a moment I had the strange sensation that it was a scene which would vanish if Don Juan rapped me on top of my head with his knuckles.
>
> I began to shiver without being cold. Nervous spasms ran down my spine. My head felt heavy, especially in the area right above my neck.
>
> I complained that I did not feel well and told Don Juan what I had seen. He laughed at me, saying that to succumb to fright was a miserable indulgence (1, pp. 189-190).

In the preceding account Castaneda was able to establish contact with Don Juan; he was able to tell Don Juan what he had seen briefly following the moment in which he "did not believe that the room was real." For counseling purposes it is important that once contact has been

established that the tripper be told or that it be made known to him that it is the drug which is producing the nonordinary perceptions and that the frightful or negative experience will pass. Don Juan instructed Carlos not to "succumb to fright," for such an act would be a "miserable indulgence." When intervening in a bad trip case such an instruction might possibly be harmful to the individual and is not recommended for counseling purposes. Don Juan, of course, knew Castaneda very intimately and his instruction to Castaneda should be viewed in the long term master-apprentice relationship which had been established for many years. Castaneda describes and explains his experiences while under Don Juan's tutelage in the context of another cultural construct that is quite different from ours.

The crisis counselor should be aware of everything that the tripper is saying and should also take notice of the individual's body movements and facial expressions. In some cases it may be helpful to be physically close to the individual. A tripper who is sobbing uncontrollably may become more relaxed if the counselor gently holds his hand and reassures him that the unpleasant experiences will pass. Once the individual becomes comfortable, it is often helpful to tell him to "flow with it. It will all be clear later. Relax, let go" (6, p. 3).

After the individual has become comfortable, the counselor should also avoid discussing the individual's previous unpleasant experiences; reminding the individual of the previous unpleasant experiences might possibly initiate more unpleasant experiences. It is important that the counselor does not attempt to emulate Don Juan or play the role of an insightful guru; the counselor should not attempt to make sense out of the tripper's verbal content. The individual should be encouraged to talk and the counselor should respond to him simply and honestly.

As a rule, it is recommended that a second counselor be close at hand in the event that the first counselor becomes exhausted or is unable to establish contact with the tripper. Before the first counselor leaves, it is suggested that the three people spend some time together so that the tripper has time to adjust to the new counselor and so that the counselors can ascertain whether another counselor could possibly be more effective.

If the individual becomes violent during the course of his trip, the counselor should be extremely cautious and should restrain the individual only when he is actively striking out at someone or something that could endanger himself or another person. When the counselor or counselors cannot control or extinguish an individual's harmful or violent behavior, an ambulance may have to be called if

professional medical help is not available at the crisis center. In the event that an ambulance is called, the counselor should accompany the individual to the hospital so that his unpleasant experiences will not become aggravated by hospital personnel or the situation in general.

It is usually not best to administer tranquilizers to a freaked-out individual because the tranquilizer or "downer" may initiate a potentially dangerous situation in the individual's body. Aborting a trip with the aid of other drugs, such as tranquilizers or thorazine, "may prevent a person from working through the difficulty which brought on a bad trip" (6, p. 3). Some drug experts claim that if the difficulty is not worked out, flashbacks may occur (6, p. 3).

The most serious drug emergency occurs in the form of overdoses. Most fatal overdoses result from the intake of opiates, barbituates, and alcohol. Individuals who "shoot up" drugs sometimes "go under" after the injection. An individual who has injected or taken an excessive amount of a drug with overdose potential may stay awake for only a brief period of time before he nods out again. Drugs with overdose capacity sometimes depress the breathing mechanisms so that life can no longer be sustained (6, p. 3). Overdose fatalities usually occur hours after the drug injection.

An overdose situation is frightening because an individual might possibly die. The tools and skills to save an overdose victim are to be found only within the hospital. When a counselor establishes contact with such an individual an ambulance should be called immediately without any hesitation. While the ambulance is on its way the counselor should attempt to keep the overdosed person awake by slapping him, and if possible, he should be made to stay on his feet. If the overdosed individual stops breathing, mouth-to-mouth resuscitation should be administered.

Vomiting should not be induced unless the person is alert. Usually, vomiting is effective only in the first fifteen minutes after a person has taken some pills. Once again, it is important that an overdosed person be sent to an emergency ward in the hospital where the stomach can be pumped.

Telephone Counseling

Telephone services are an important and integral element in most crisis centers. Hotlines, switchboards, and rap lines usually offer only telephone services, whereas telephone services are just one of the services provided by a crisis center. The popularity of the "hotline" has grown tremendously in the past few years, and by now there are hundreds of them in large and small communities across the

nation, supported by school systems, religious groups, city youth bureaus, or groups of concerned people acting on their own. The objective of most telephone operations is to offer a listening ear to a variety of problems, to provide referral services, and to relate information concerning developments in problem areas.

The concept of the hotline approach has appealed to a number of communities. Many communities feel an urgent need to take action to stem the rising rate of drug abuse. Telephone lines are generally inexpensive and recruits are found among eager and interested young people.

As at Help House and most other agencies or organizations which offer telephone services, volunteers undergo an orientation program and attend periodic brush-up sessions in which recent telephone calls are discussed. The orientation sessions consists of information about drugs and their effects, procedures to be used in different kinds of situations, and instruction in basic telephone techniques. A volunteer learns, for example, that a question keeps a conversation going and that a statement closes it. If a caller is mumbling and can't be understood, questions should be asked that can be answered by "yes" or "no." For example, a volunteer should not ask, "What's wrong with you?" but "Have you taken a pill? Did you take more than

one?" Don't ask, "Where are you?" but "Are you at home? Are you alone? Can you walk? Do you have transportation to the hospital?" (3, p. 640)

The heading of this section, telephone counseling, is misleading because the hotline worker is primarily a listener, not a professional counselor. The hotline or switchboard volunteer's role lies in opening the first door of help to people. The volunteer attempts to establish rapport with a caller so that the caller will seek professional help if needed.

Most drug problems are not likely to be solved over a telephone. Many callers are no doubt relieved by just talking about their problems to a concerned volunteer. In a sense, the hotline worker often becomes a substitute friend and in some instances the only friend to which the caller can turn to when in need of discussing a problem. When no one else is present the hotline volunteer is there, just a dial away.

The effectiveness of such telephone services is difficult to gauge in terms of success. Telephone staffers should be realistic about the limitations of a hotline. For example, it is sometimes difficult to improve follow-up procedures to ascertain whether the callers actually receive the recommended services. A caller may ask for drug information, and once it is given there is no guarantee

that the information will deter an individual from taking abusive or potentially harmful drugs.

Long-Term Counseling Services

Long-term counseling services are usually offered by comprehensive crisis centers which have an adequate number of professional counselors on hand. A non-professional volunteer can be trained or may possess the ability to effectively provide services as a hot line worker or help a tripper while on a freak-out, but very few have the professional expertise that is required to provide counseling services for an individual who is in need of not just one counseling session, but extensive counseling sessions. In urban centers a psychologically distressed individual can often be referred to a comprehensive community mental health center where outpatients may receive professional counseling attention on a long term basis at a sliding fee scale. Some crisis centers, however, attempt to provide long-term counseling services even though no professional counselors are present.

Long-term counseling sessions include encounter groups, individual sessions, resocialization groups (resocialization to a nondrug using life), creative expression groups, alpha brain wave encounters, transcendental meditation, yoga, and sensitivity training. Most of the techniques previously mentioned are designed so that an individual can approach

or find meaning within the immediate context of his own present experience. These counseling techniques generally aspire to create a situation in which an individual no longer has the need, or desire to use harmful or potentially harmful drugs. Such counseling techniques also serve as a substitute experience for drugs and attempt to change an individual's frame of reference so that it no longer becomes necessary to view the world or one's self while "stoned" or "high." Creative expression groups, alpha brain wave sessions, transcendental meditation, and yoga serve as "contact" or "substitute highs." The drug experience, then, is replaced by another experience which emphasizes the need for self-fulfillment, need-fulfillment, and positive life goals.

The encounter group is designed to enable group participants to explore and discover new and more adequate understandings of themselves and their relationships to the world. Leaders of such groups generally concentrate much more upon the group process than upon specific outcomes to be obtained from the process. Under the encounter group umbrella are a gamut of psychotherapies including the T-group, Transactional Analysis, Gestalt, Sensory Awareness, and other groups previously mentioned in Chapter Eight. Encounter groups are described as being "high-risk, high-adrenalin endeavors, partially controlled, semiregulated

surprises. All participants share some idea of what will unfold, but there is sufficient ignorance of the details to lend qualities of mystery and uneasy adventure into the unknown of self and others" (4, pp. 3-4).

Despite their varied form and function, encounter groups do share common features; these features are cited by Lieberman, Yalom, and Miles in Encounter Groups: First Facts:

> They (encounter groups) attempt to provide an intensive, high contact, group experience; they are generally small enough (six to twenty members) to permit considerable face-to-face interaction; they focus on the here-and-now (the behavior of the members as it unfolds in the group); they encourage openness, honesty, interpersonal confrontation, self-disclosure, and strong emotional expression. The participant is usually not labeled a "patient" and the experience is not ordinarily labeled "therapy" though the groups strive to increase self and social awareness and to change behavior. The specific goals of the groups may vary from reducing juvenile delinquency to reducing weight. Occasionally, they seek only to entertain, to "turn-on," to give experience in joy, but generally the overall goals involve some type of personal change -- change of behavior, of attitudes, of values, of life style (4, p. 4).

Participation in an encounter group under the auspices of a drug and crisis counseling center does not necessarily inhibit the use of drugs among drug using participants. As mentioned previously, encounter groups conducted at a crisis and drug counseling center generally aspire to create a situation in which the individual no longer has the need, or desire to continue using harmful or potentially

harmful drugs. The encounter group should rather be viewed as a discovery, as the participant explores and discovers more adequate means of relating to other people and learns more about himself.

Reference Group Replacement

If an individual is concerned about discontinuing the use of drugs, his chances for remaining abstinent are increased if the group to which he belongs or is a part of sanctions and encourages the non-use of drugs. It is difficult for many users to sever the bond that attaches them to their drug-using peers. The long-term user, generally speaking, usually develops friendship relationships among drug users and steers away from those who are "straight." Reference group replacement, then, is one of the factors which tends to prohibit the use of drugs among individuals who are making an effort to "put drugs down." Many crisis centers, as mentioned previously, are staffed by ex-users who are aware of the social factors that contribute to the use of drugs. It is no coincidence that many ex-users volunteer in a drug or crisis counseling role.

The crisis center can also be viewed, then, as a source of persuasive pressure. The individual who is debating whether to continue using drugs or whether "to put them down" may find himself involved in a tug of war between

the ex-users at the local crisis center or the users with whom he has been in close contact for a significant period of time. While at Help House, individuals would often drop in on weekend nights so that they could be apart from their drug-using friends and thus resist the temptation and the situation in which they had access to drugs. The individual who is caught in such a dilemma will sometimes either return to the group that is using drugs or else make an effort to stay away from drugs through the supportive environment of the crisis center.

The members of the crisis center reinforce and encourage an individual to "put drugs down" and thus offer support to him; his drug-using friends on the other hand, sanction and support his drug-using behavior. Some individuals who are caught in such a dilemma adapt to the nondrug-using group at the local crisis and drug counseling center, while others remain a part of the drug-using group. Norman Polansky maintains that the individual who seeks to join a group "will join the group which he believes will offer him the best adaptation that he can afford" (5, p. 72). Some individuals, of course, behave differently and would perhaps drop out of both groups and find their way elsewhere; the behavioral possibilities are numerous.

The point to be made is that some individuals do acquire or possess the adaptive skills that are needed to become

members of the nondrug-using group at the crisis center; others do not. Some individuals who are debating whether to "put drugs down" may find the nondrug-using environment to be reinforcing; others would not. If the necessary social controls are present and if the contingencies of a nondrug-using life are reinforcing, the perplexed individual may opt for the attachment to the group at the crisis center and may even become a part of the crisis team. An environment in which the wrappings of the drug culture are still present may be reinforcing to him. In such an environment the people (staff members) generally speak the same language as the members of the drug culture, dress in the clothes of the drug culture, and act, in some ways, like the people of the drug culture. The only things absent are drugs themselves.

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CHAPTER X

PROBLEMATIC ISSUES

Rationales for Using Illegal Drugs

Many reasons have been offered for the use of illegal drugs, including the following: alienation, rebellion, adventure, peer group pressure, boredom, and experimentation for reasons of curiosity. The preceding reasons or probable causes are mentioned most frequently in journals or publications which attempt to provide answers to questions related to illegal drug use.

Regardless of the reasons for drug abuse, it is apparent that most members of our Western culture have been or will be exposed to drugs at some point or another. From the earliest ages drug exposure is inevitable "from the television set to the medicine cabinet to the school parking lot" (11, p. 2). A Do It Now Foundation publication claims that "curiosity will eventually get to over 70 per cent of them (ages 12-20) nationally, up to 90 per cent in some areas. Obviously scare tactics do not work any more. We have raised the healthiest, smartest, best informed generation in history, and among the hallmarks of intelligence is an insatiable curiosity for the unknown (11, p. 2). Curiosity or

inquisitiveness is one of the most often heard answers that is given as a rationale for illegal drug use; but the answer of curiosity alone will not suffice, for such a general answer overlooks and ignores a host of psychological and social factors.

Another factor for illegal drug use is the attraction of the counter culture. The psychedelic subculture or counter culture as it has often been called has as much effect on many young people as the drug itself. One of the primary reasons for illegal drug use, as indicated from interviews, is to become a part of the culture (12, p. 260). "The beauty of the underground world," claims Paul Rosenberg, a psychologist in Los Angeles, "is that for many people, this is the first time they have ever really been part of anything" (12, p. 261).

Another factor that is often cited as a reason for illegal drug use is alienation. The range of people that are or may become alienated and thus participate in illegal drug use is wide. The alienated drug user may range from the confused teeny bopper to the detached mystic, from the rural communard to the radical activist. Joel Fort, a drug expert and author of The Pleasure Seekers, describes alienation and its relationship to drug use as follows: "The real cause (of illegal drug use) is the alienating character of our society itself. Repressive family life,

meaningless schools, pointless jobs, bigotry, wars and intolerance: that's what people are reacting against when they drop out" (12, p. 261).

Stanley Yolles, the director of the National Institute of Mental Health, claims that "alienation," which he called a major underlying cause of drug abuse, is wider, deeper, and more diffuse now than it has been in any other period in American history. Yolles defines the problem of illegal drug use in the following manner: "as a rebellion without a cause, rejection with a program and a refusal of what is without a vision of what should be" (6, p. 315). Yolles further maintains that widespread alienation has developed due to an inability of people to cope with major values and institutions in society, especially on the part of young people (6, p. 315). In order to combat the increasing problem of illegal drug use Yolles stresses the urgency of dealing with the roots of drug abuse in society, and for sound, factual information on the hazards of abusing drugs, but most important, "it is critical for use to focus on and try to solve the root causes of alienation" (6, p. 315).

Another factor contributing to illegal drug use is the drug-oriented culture in which we live. From aspirins to sleeping pills, from tranquilizers to "the pill," people, of all ages, are taking drugs in greater variety and numbers than ever before. The pharmaceutical industries are in

part responsible for the pill popping that occurs daily in an increasing number of households throughout the United States. The exact number of Americans who are ingesting mood or mind-affecting drugs is not known, but some psychiatrists have estimated that one-third of the adult American population has prescriptions for such drugs (1, p. 276).

Drug industries often encourage drug use whenever any problem arises. For example, Sandoz Pharmaceuticals promotes the drug Serentil "for the anxiety that comes from not fitting in" and "for the common adjustment problems of our society" (9, p. 19). Serentil belongs to a class of drugs called phenotazines and is often used in mental hospitals to treat schizophrenia. The promotion of Serentil is just one example of the use of drugs as a solution to common problems of everyday living that have plagued people since they first merged together in societies.

In the book, Mystification and Drug Use, the authors claim that "the pharmaceutical industry is redefining and relabelling as medical problems calling for drug intervention a wide range of human behaviors which, in the past, have been viewed as falling within the bounds of the normal trials and tribulations of human existence" (9, p. 24). As an example, the authors cited an advertisement in a medical journal in which a drug company recommended that

doctors prescribe a psychoactive drug for the anxieties that confront coeds when they face their new world of college life.

Such advertisements oversimplify the problems of stressful situations in college and elsewhere and often lead to the use of unnecessary drugs. It appears then that the problem of drug use is not only a medical problem or a social problem but also an economic problem.

Alcohol, of course, is abused more frequently than any other drug. Aside from the social disaster associated with it, alcohol has a serious adverse effect on the liver and bodily functions, and accounts for almost as many deaths annually as have been registered in the entire history of the United States' involvement in the Vietnam war. Alcohol, of course, at one time was illegal; however, Prohibition failed to solve the problem of alcohol use. Like alcohol during Prohibition Days, marijuana and the use of other illegal drugs has now developed into a political fiasco as broadcasters lend a helping hand to the President in airing public service antidrug announcements -- while fighting tooth and nail to keep off the air messages of public interest groups about the implications of legal drugs, and the lifestyle pushed by radio and TV, for a drugged society (8, p. 2).

It may very well be that current anti-drug announcements are in fact encouraging drug use--by calling the attention of

young people to a glamorized, illegal alternative to the alcohol ingested by the adult world. At best, all one can say is that we simply do not know the effect of these announcements.

Nicholas Johnson views our nation's approach to drugs in the following manner:

> We criminalize the use of marijuana but not alcohol--a drug with high social costs. And then, in a fit of moral superiority, we prohibit television ads for cigarettes -- but permit ads for sleeping pills. We limit sales of amphetamines, but we push vitamins to children under five years of age--in the face of evidence that vitamin overdoses may be deadly. We chill artistic expression by "banning" songs with lyrics making casual, poetic reference to drugs, but encourage the blatant "pushing of advertising for all kinds of drugs" (8, p. 6).

The drug problem must be looked at in the ironic perspective described by Nicholas Johnson. Cigarettes, alcohol, sleeping pills, tranquilizers, and LSD are all different forms of chemicals that are used in different circumstances. If concerned members of society want to prevent illegal drug use among the young, they must be prepared to re-evaluate their own legal drug use patterns and the commercial system which encourages not only their use but their abuse.

Arlo Guthrie, a well known fold-rock singer, sings a song about the inability of parents and children to share common experiences and values. Quite humorously and effectively he says that parents and children do have

common experiences. Father has his drink, mother her tranquilizers, son his marijuana and daughter her LSD. All they have to do is bring their drug into the living room and try each other's and the generation gap is instantly bridged.

Our society, then, is obviously a drug-oriented one. The drug problem is a social, economic, and political problem. Granted, every drug user may suffer from unique psychological problems, but these problems alone do not explain drug use.

There are no simple answers as to why individuals use illegal drugs. Fifteen years ago when drug use was confined to members of a generally lower economic stratum, the general belief was that the drug user was an emotionally sick person grabbing at some chemical to solve or ease his problems. Now that drug use is pervasive throughout society, it is apparent that many drug users, especially marijuana smokers, are ordinary people. Some are intelligent, some are not; some have hang-ups, some do not. Today's drug user is not just the student, dropout, or teenager, but also the cowboy on the rodeo circuit, the soldier, businessman, teacher, doctor, lawyer, and journalist, among others.

The drug subculture appears to be attracting more and more members among junior-high and high-school-age young people. As mentioned previously, the incidence of drug use is at an all-

time high, up to 90 per cent in some areas among the 12-20 age bracket; it is somewhat apparent that a drug subculture does indeed exist. However, it is sometimes difficult to detect the drug user by his age, social position, or profession. Nonetheless, there is reason and evidence to believe that a drug subculture exists in which a number of similarities are present, other than the common characteristic of illegal drug use.

Usually, within any subculture, the similarities tend to predominate. Within a subculture we would generally expect the members to have common values, speak the same language, exhibit similarities in behavior, and have mutual interests. Any outsider entering a different subculture would, of course, be immediately impressed by the fact that everyone seems to be behaving differently. From the outsider's frame of reference, it would appear as though the people within the subculture are all very conformist.

If one would agree that there is a hippie or drug subculture that is composed of an ever growing number of young people, it could be argued that many young people use drugs because of the attraction of the subculture, as mentioned earlier, or because of peer group pressure or the reluctance to become deviant from a group that disagrees with an individual. At this point, it is important to examine the manifestations and implications of the drug subculture.

Among drug users, the drug-using world is often characterized by contrast with what it is not, by how it differs from the "straight" world of American society. Generally speaking the straight and hippie worlds share a common belief that they are mutually opposed to each other (2, p. 351). In the eyes of the straight world, the hippie subculture or counterculture is often viewed as an aberration. The conception of the drug-using world held by the straight world is clearly implicit in statements "which not only characterize the behavior of this culture's members as wrong, dangerous, and anxiety-provoking, but also label it as foolish and occurring without any good or understandable reasons, as in the common parental cry, 'Why is my child doing all this when we've given him everything at home..?'" (2, p. 351) This conception by the straight world is marked by negative attitudes in the manner in which the drug using world is characterized.

Among drug users, drug use is sometimes promoted as a means of breaking out of the ideational mold of straight society. The life style of the drug subculture, upon examination, is observably different from that of normal American society. There have always been members of society who did not accept all the conventional middle class American values, but never have so many people in mass departed from the beliefs and practices of usual middle

class behavior. At this point, efforts have been made to indicate that there is a difference and a separateness between the nondrug-using straight world and the members of the drug-using subculture. However, there are other manifestations of the hippie subculture which further point out that there are even more differences. The practice of unashamed begging by middle class young people is somewhat parallel to the unashamed use of drugs (2, p. 352). The dress of the members of the drug subculture also makes the point about difference, although unusual dress is becoming more acceptable in our society. Other manifestations of the drug culture include psychedelic music, new forms of art, the usage of symbolic phrases to describe attitudes or experiences, etc. Such a list of differences could be extended but the pervasive emphasis on difference, opposition, and separation is amply evident.

Despite all of the emphasis on freedom and "doing one's thing," the drug-using hippie world and the peer group of student drug users is marked by its own brand of conformity. Long hair, unusual costumes, and the drug movement's open life style are but a few of the similarities which observably are different from the straight counterparts of American society. However, the characteristic features of the drug subculture's life style is not only different but blatantly so. High visibility of the withdrawal from straight society is essential for the movement's existence (2, p. 365).

At this time there can be no doubt that the drug movement, with its hippies, parahippies, and interested followers is having and will continue to have an appreciable effect on the participants, their families, and the community (2, p. 365). Within a decade we have already seen how the larger society and mass culture has partially integrated, adopted, and commercialized the popularization of psychedelic music and art, the drug subculture's language, and hippie dress. Perhaps this is an indication that the separatist subculture is fading, that through absorption and superficial emulation the drug subculture is being weakened and destroyed. However, on the other hand, there still remain large numbers of people who are opposed to the drug subculture and its manifestations throughout society. Also, it should be pointed out that the drug subculture has somewhat been accommodated into our society to the point that actor David Carradine openly admits in an issue of "TV Guide" that he grows marijuana in his own backyard, and that actor Elliot Gould offers the opinion on a TV talk show that his driving skills are improved while he is under the influence of mescaline.

Drug use has evolved in our society so that it can be used as a rationale for being different from straight middle class society; drug use is also somewhat more acceptable due to the diffusion of the manifestations of

the drug movement throughout society. The attraction of the counterculture still lingers; it remains a mark of opposition although it has been absorbed into contemporary modes of dress, music, art, etc. The drug situation has evolved so that young people are even more susceptible to the use of drugs. Granted, the use of some drugs, such as LSD, is decreasing, but the use of other drugs, such as amphetamines, barbiturates, and cocaine, is on the rise.

The Television Generation

At the present time, the United States has a larger illicit drug problem than we had when the Federal Bureau of Narcotics was founded in 1930; nearly everyone from Timothy Leary to Richard Nixon would no doubt grant that we are doing something wrong. Another sociological approach to the problem of illegal drug use is one that views the drug revolution as part of a larger social process. Specifically, it appears that the increasing switch from alcohol-based drugs, used by the older generation, to marijuana and psychedelic drugs, used primarily by young people, could in part be the result of our recent and still continuing advances in electronic technology.

Our nation is experiencing social changes of which the drug problem is merely the part on which many older people choose to center their fears. We may even be facing a

change in the way that we view the world, induced by our technology and brought into nearly every home by television.

Of course, there are many factors other than technology at work in the emergence of the drug culture. But perhaps none of these other influences could have created the dramatic cultural revolution of the 1960's in which marijuana use skyrocketed and psychedelic fallout, in the form of music, light shows, new cinematic techniques, and other by-products, inundated our country with the mystique of the electrochemical turn-on. The very phrase "turn on" itself indicates the primarily electronic origins of the transformation that is occurring. So does the fact that most users are under the age of 25.

This group has been called the television generation, and not only in the United States. Marshall McLuhan (10, p. 24) suggests that electronics creates a "global village," and it is indeed conceivable that a French teenager who watches television has more in common with his contemporaries in the United States than with the older generation of his own country.

Few Americans would deny the all-encompassing nature of the television medium, and most children discover the TV screen early in life; mothers quickly discovered television's pacifying effect on young children. Many

children, sociologists tell us, have spent more hours in front of the set by the age of 12 than they have spent in school.

Radio has also encouraged a degree of psychic development because the child heard people speaking on the set and this encouraged verbalization. Probably a child learned to respond to certain words quite early in life -- one can sometimes see a small child's head jerk when "stop" comes from the set. To take the next step, and to learn to understand the meaning of specific words, requires another, higher level of intellectual development, and radio made demands on the child to attain this next level. Learning to read is also a process in which the child is rewarded for attaining higher levels of abstraction and minimizing or inhibiting feelings and sensory impressions to concentrate on a message.

But in the homes of the generation now reaching the ages of 25 and under, television was far more widespread than radio, and the child could participate in the experience it offered without the intellectual structure that radio demanded. One of the developing child's first tasks is to differentiate between himself and the outside world. It seems possible that television permits and encourages a oneness with the screen, a sense of participation that does not emphasize that difference. Press the button

and everything is there: turn on, tune in, and even relax and drop out for a while. The boundaries between inside and outside imperceptibly become diffuse. When a field or some other outside scene is shown on the small screen a two-year-old might try to walk into it.

McLuhan's (10, p. 25) concept of television as a low-definition medium means that the images, particularly in contrast to print, are sufficiently indistinct to encourage "creative" participation on the part of the watcher. The encouragement to participate, combined with the screen's insistence that the viewer watch it (try ignoring a turned-on screen as you might a stereo or a radio) gives rise to a situation where the viewer must use his own inner process to complete an external situation. Rather than setting the task of separating ourselves from the external world, television insists on diminishing such boundaries.

Many of the current crop of drug users described this melting away of boundaries between their internal and external worlds as the most important reaction to marijuana use. They insist that organizing sensory impressions is less important than being "in" them.

For example, those describing the effect of marijuana tend to stress the lack, or rather the irrelevance, of the analytic, penetrating, active approach with its inhibition of direct sensory experience. One is with the music, rather

than bringing one's intellectual and emotional powers to bear on the music. When one is experiencing a high on marijuana, one is expected to be able to reach a state of communion with one's companions that involves understanding without the medium of discrete (verbal) ideas. The wholeness of the experience, the sensation, and the understanding occur diffusely rather than in a more logical, circumscribed, step-by-step fashion.

In conclusion, it appears that television has taught the young, contemporary drug user a way of looking at the world, first as a single, global entity, then as an environment that demands a sharpened, sensory involvement. He constantly tests the extent of his capacity to absorb new perceptions and control them harmoniously. It is not accidental that adverse reactions to marijuana sharply diminish when the effects of the drug are thoroughly familiar to potential users.

Of course, one must be careful to differentiate actual changes in perception or psychological response from the ideology of a movement. Changes in reading habits or shifts in the capacity to tolerate sensory impressions reflect changes in the way people grow up. As a result of being raised on television, contemporary young people may have subtly changed in their responses to the world. However, this does not mean that the particular slogans, movements,

and group activities that are now popular are directly related to early experience with television. There are fads and cults today, as there always have been, and the current drug craze may just be one of them. One must look deeply to find which changes are permanent and which are mere temporary adjustments.

An entire book could be devoted to the preceding section concerned with rationales for illegal drug use and the present section dealing with "the television generation." Efforts have been made to present rationales for drug use in relation to social factors in both sections. The development of drug use patterns could perhaps best be examined by the situational approach. By using the situational approach, the investigator can determine which particular situational conditions will lead to drug use (3, p. 5). This approach assumes that drug use cannot be explained by reductionist-psychoanalytic principles. When using this approach, it becomes possible to construct statements about the situational contingencies of drug use and the relationship between those contingencies and drug use (3, p. 6). In short, by focusing on the situational demands, it (the situational approach) can relate the social structure to the individual (3, p. 6).

Alternative Life Styles

The creation of "positive alternatives" to drug abuse or other problems is a modification that has theoretical and practical appeal. Part of the theory behind alternative programs is that for many drug users boredom is a basic problem and saying no is not enough. A rehabilitation center in New York City has had substantial success in weaning drug users from their drug-taking patterns through Yoga (4, p. 31). Crisis and drug counseling centers throughout the United States offer alternative programs ranging from Yoga and other ways of achieving non-chemical "highs" to programs that, taking a clue from the Black Panthers, emphasize political and economic action as an alternative to drug abuse.

Some efforts to implement alternative programs result in little more than a general recreation program including arts, crafts, basketball, and other activities. Such ventures may be fine for some but can also turn out to be a means for simply occupying time for others. The critical question is whether a "positive alternatives" program contributes to the development of a life style or simply fills up a few loose hours. Such programs are more likely to be truly effective when they are generated, at least in part, by the clients themselves and when they include some counseling or talking about drugs and other problems.

The types of programs and counseling practices that have been described here do not constitute actual prevention. "Intervention" is a better term. There are some people who believe that there are no drug programs or any treatment centers that have a sufficient pay-off in terms of drug prevention; however, there is evidence which indicates that programs can be developed to prevent some individuals from getting thoroughly "strung out" on drugs.

Professionals Versus Non-Professionals

As mentioned previously in Chapter Eight, a non-professional counselor can be trained to provide some helping services as a hot line worker or learn to aid a tripper while on a freakout, but very few have the professional expertise and knowledge that are needed to provide counseling services for an individual who is in need of extensive counseling sessions. It is somewhat easy to understand the skepticism of many professionals in the mental health field about the value of crisis and/or drug counseling centers that are strictly volunteer operations. Elaine Felden, a psychiatric social worker who operates a suicide prevention line at the Mental Health Association of Westfield, N.Y., staffed entirely by professionals, maintains that, "well trained volunteers can do a good job, but they aren't always able to recognize the nature of the material they are

dealing with" (7, p. 639).

As an example, Mrs. Felden cites the instance of how a young girl called to talk about her extreme loneliness and inability to get along with people. The teenage volunteer at the other end of the hot line suggested that she have a party, and thus make new acquaintances. Mrs. Felden said that, "This has always stuck in my mind as an example of the kind of garbage you can end up with" (7, p. 639). "Hot lines seem to be the new in-thing. On the other hand, it is obvious that psychiatry doesn't have the answer to drugs. And nobody knows drugs the way the kids do. You just have to be careful" (7, p. 641).

The non-professional volunteers do play an important role in many crisis centers, however; it is most important that they receive and undergo orientation, brush-up, and follow-up sessions to maintain and improve their skills. The primary duty of the non-professional or paraprofessional volunteer or counselor is to provide emergency services for distressed individuals. The non-professional counselor should seek to establish a rapport with the caller or the individual who walks through the door. If rapport can be established the client is more likely to be agreeable to participating in counseling sessions with a professional counselor if needed.

Before the development of crisis centers drug users suffering from adverse effects of drug taking had nowhere to go except to the hospital emergency room. Most users were reluctant to do this, both because hospitals often felt compelled to report the illegal drug user to the authorities, and because emergency-room personnel treated them demeaningly (5, p. 241). It seems to be evident then, that traditional lines of intervention, treatment, and oftentimes communication, are inoperative with a drug user or a "street person" who attempts to seek help through traditional channels. James De Long indicates that "drug users came to believe that the treatment received in hospitals was not very helpful" (5, p. 241). In fact, the reaction of the medical personnel tended to intensify and prolong the user's own panic (5, p. 241). In the words of one observer, "Modern medical science can keep a panic reaction going for about five days" (5, p. 241).

Making contact with the straight community while on drugs or when seeking help with drug problems does seem to breed paranoia in many instances. An element of distrust is often evident, in that there is a fear of being reported or turned over to police authorities. While at Help House, many individuals reported that they felt comfortable in seeking our help but would not seek help from traditional

sources because of distrust, and outright paranoia of the straight community.

At a crisis center a user who is experiencing adverse effects from drugs can usually be "talked down" by peers who have had similar experiences. "Talk downs," then, are an alternative to the emergency room where an individual may be given tranquilizers and treated without any display of concern and understanding. At a crisis center an individual is not left alone and is constantly reassured about who he is and where he is. Tranquilizers or sedatives are rarely used or prescribed. As of 1970, the Berkeley Free Clinic claimed to have given only three tranquilizer injections to "freakouts" since the clinic began in 1967; the rest were talked down (5, p. 242).

Prior to the drug legislation of 1970, there was no basis for federal funding of crisis centers. The law now provides that HEW can make grants for such partial services to drug users. Some of the crisis centers, however, are not enthusiastic about federal backing and federal financial support, fearing that it will lead to greater conformity in approach and a decreased ability to utilize ex-drug users in new roles. There is also a fear that government backing will turn away some clients (5, p. 243).

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CHAPTER XI

CONCLUSION

The greatest portion of this study has been devoted to the investigation of drug and crisis counseling centers as they exist in various communities throughout the United States. The need for such facilities, the population which they serve, and the approaches and structure of the centers have been discussed and analyzed. The need for such centers appears to be apparent; there will always be crises; there will always be troubled people who are in need of immediate help. Perhaps the most significant justification for crisis and drug counseling centers is that they act as a temporary sanctuary, a place to go when confronted with a crisis, offering aid to those who cannot afford or are threatened by the traditional "helping" agencies; such centers also provide help for those who are in need of medical or legal aid and for those outside the law. Crisis and drug intervention is characterized by quick intervention, quick manipulation, and straight-to-the-point therapy; the emergence of crisis and drug centers has reached a near apotheosis in the opening of 24-hour dial-a-help clinics all over the country offering everything from sexual and drug counsel to religious advice.

As mentioned previously in Chapter Eight, crisis and drug centers did not come onto the scene until drug use became widespread among the middle-class. At the present time, the vast majority of crisis and drug centers and hot-lines have directed their services towards young, white, middle-class clients, many of whom are drug users, students, or drop-outs. Perhaps the situation is such that crisis and drug centers solicit their services to those with whom they can identify and feel comfortable with; nonetheless, a need has existed for many, many years to provide effective "helping" services to the poor and the working class; in general, effective services need to be provided for the non-middle-class, nonwhite population.

The problem of providing effective services to the nonwhite population is primarily a political and social problem. Too often, services provided to those who are poor or nonwhite, serve only as an agent of social control, rather than a way of helping people live happier lives. The root cause of the mental suffering, that lower-class, nonwhite people experience lies within the society in which we are living, and perhaps a radical transformation of it will be the only real and lasting form of therapy that would be beneficial to them.

Traditional psychotherapy and psychiatry have for many years held to the notion that people's difficulties

have their sources within them, while implying that everything is well with the world. The traditional psychiatric establishment has failed to consider that people's troubles may have their source not within them but in their alienated relationships, in their exploitation, in polluted environments, in war, and in the profit motive.

In an analogous manner, the problems surrounding drug use also have social and political manifestations. In the present social setting, where drug use is labeled criminal and drug users deviants, subcultural responses (such has anger, exhibitionism, alienation, anxiety, the desire to be different) are stimulated. Often it is difficult to ascertain which is part of the new way of viewing the world, and which is in response to social persecution. All we can do is to remember that such a difference exists. Then we will not uncritically accept loose allegations and utopian visions merely because they come from alleged spokesmen for the wave of the future. We must not, above all, fall back on cheap moralizing or simplistic arguments based on "horrible examples." If positive efforts are not made, it is possible that we may have a vast, self-fulfilling prophecy: by defining a huge number of people as antisocial (criminal), we change their motives and create hatred, disruption, and grounds for true rebellion.

The answer to such problems is primarily political, but not political in the traditional sense. Politics is no longer simply elections and laws, but anything that influences the shape of human life. Thus, the family is political, the interactions between women and men are political, the question of whether homosexuality is a form of sickness is a political issue.

And the wider vision of politics takes in matters that we once thought of as mystical or spiritual. Carlos Castaneda (2, pp. 1-276) is only one of many people who are attempting to convince us that there are an infinite number of ways of perceiving and experiencing the world, one not necessarily better than the other. If these people are correct, then the challenge to society is greater than we had ever suspected. Walt Anderson maintains, on a concluding note, that

> We have to make room for, and recognize the rights of, not only different races and creeds and colors but totally different ideas of reality. We have to consider the possibility that people who cannot get into the state of consciousness we call sanity (the one that makes us all get up in the morning and go to work, the mind-set that Andrew Weil in The Natural Mind calls "straight thinking") are not necessarily crazy (1, p. 16).

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