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A study of the social adjustment of war veterans to current life situations: a study of ten Spanish-American war veterans referred to the social work service at the Veterans' Administration Out-Patient Clinic in Boston, Massachusetts.

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Boston University
A STUDY OF THE SOCIAL ADJUSTMENT OF WAR VETERANS TO CURRENT LIFE SITUATIONS

A STUDY OF TEN SPANISH AMERICAN WAR VETERANS REFERRED TO THE SOCIAL WORK SERVICE AT THE VETERANS' ADMINISTRATION OUT PATIENT CLINIC IN BOSTON, MASSACHUSETTS

A thesis

Submitted by
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(B.A., University of New Hampshire, 1939)
In Partial Fulfillment of Requirements for the Degree of Master of Science in Social Service 1958
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CHAPTER I
INTRODUCTION

Aged persons constitute an ever increasing percentage of the population of the United States.

In 1952 in the United States, thirteen million or 8.4% of our population was over sixty-five years of age. It has been estimated that in 1975 there will be 20.8 million or 10.1% of our population over sixty-five years of age.

This increase in longevity is due to several factors, some of which are better control of infectious diseases, a decrease in birth and, infant, mortality rates, advances in scientific and medical discoveries, and improved standards of living.

With the rise in life expectancy has arisen a growing interest in our Senior Citizens and more attention is being directed toward the study of their problems, their needs and available resources.

Purpose of the Study. This study will be concerned in a very general sense with the problems of the aging but more specifically with the adjustment of the aging veteran. The purpose of this study is to determine the social, economic, and emotional factors which appear to be significant in the adjustment of the Spanish American War Veteran to current life situations.

For some time the Veterans Administration has been concerned with the needs, both medical and social, of this group. In December 1956, a

social worker was assigned to work with the Spanish American War Veteran receiving medical care at the Veterans Administration Out Patient Clinic in Boston, Massachusetts. Since this date this veteran group has been routinely referred to Social Work Service for a social review designed to evaluate the veteran's current social adjustment and to reveal unmet needs. The purpose of this approach was "to deepen our own understanding of the problems and needs existing in this group and to determine how social workers can work more effectively with the older veteran".\(^2\) It is the tentative impression of the staff members who have participated in this program that, as a whole, this veteran group is getting along well.

This study will endeavor to correlate some of the factors in this adjustment process and to demonstrate the inner and outer resources used by these veterans in their current life situations.

The Writer feels that it is important to note, at this point, that in April 1957 (since this thesis study was begun), a more structured Geriatric program has been established in this setting. Under this program, each veteran will receive a total medical evaluation. Referrals to Social Work Service will be made by the Physician in charge of the Geriatric Clinic and will be on the basis of the patient's psychosocial needs. There will be a strong team relationship between the doctor and the social worker as they work and plan together for the veterans total care.

**Sources of Data.** This study is based on material collected from Social Service records, medical records, and interviews with Spanish

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2. Quotation is from Mr. Karam, Chief Social Worker, Veterans Administration Out Patient Clinic, 17 Court Street, Boston, Massachusetts.
Method. In selecting the cases for consideration in this study, the writer decided to use the first ten cases referred to Social Work Service after the beginning of the study. The sample, therefore, is small and is not intended to be representative of the total Spanish American War Veteran group.

Setting. The Veterans Administration was established by Laws of Congress to render Health and Welfare services to the Veterans of the United States. It is thus a public agency accountable to Congress and the people of the United States for the manner in which these public laws are translated into appropriate policies for the fulfillment of the objectives.

The Veterans Administration has a well-rounded nation-wide administrative program in which 542 Field Stations administer the handling of medical care for veterans, insurance for veterans and members of the Armed Forces, evaluation of veterans claims, and finance activities (including a Veterans Loan program).

The Veterans Administration operates 157 Hospitals with a medical program second to none. The employees of 300 different fields of work are integrated into well-organized and balanced teams of professional, administrative, and technical personnel, providing care, treatment, housing and subsistence to all types of patients. Seventy Regional Offices are operated throughout the United States, Puerto Rico, Alaska, The Phillipine Islands, and Hawaii. Each Office serves a geographical area and provides all veterans in those regions with a source of information and assistance on all phases of Veterans' Rights, Privileges, and Benefits.

The Social Work Service Division, which is administratively under the Department of Medicine and Surgery, was established because of the

concept that effective medical care and rehabilitation includes the treatment of the inter-related social and emotional factors. Social Work Service functions as an integral part of the medical program in such Veterans Administration installations as Tuberculosis, Neuropsychiatric, General Medical and Surgical Hospitals, in domiciliary centers and in Regional Offices.

The direction of the individual Social Work Service program is the responsibility of the Chief Social Worker of that Station. He in turn is responsible, administratively, to the Station Medical Director, and professionally, to the Director of Social Work Service in Washington, D. C. Further professional guidance is provided through the Veterans Administration Social Work Council. This Council is composed of some of the leaders in the profession of social work and acts in an advisory capacity to the Social Work Service Division.

The Boston Veterans Administration Out Patient Clinic at 17 Court Street, fulfills the function of a general Out Patient Department as it provides medical and psychiatric treatment for Disabled Veterans. The Clinical Social Worker operating within the framework of this setting uses his special skills to assist the veteran disabled in service by disease or injury to reach a satisfactory adjustment to his life situation. The Clinical Social Worker participates with other specialists in a medical program which is geared to help the veteran to achieve maximum medical benefit and rehabilitation.
CHAPTER II
OUR SENIOR CITIZEN - THE SPANISH AMERICAN WAR VETERAN

A. HISTORICAL BACKGROUND

Relations between Spain and America were strained in 1897, but the accidental blowing up of the U. S. Battleship Maine in Havana Harbor on February 15, 1898 led to the beginning of hostilities. War between the two countries was declared on April of that year. According to one writer,

This short and decisive war was undertaken solely in order to rescue Cuba from a condition of tyranny and revolution that had become intolerable. It was an intervention on the grounds of humanity, without thought of territorial or other gain.¹

When the United States declared war, volunteers were called for. At this time the standing Army numbered 26,000 men and our Military leaders felt that our fighting strength should be increased to 125,000 men. There had been many newspaper reports of the tyrannical oppression of Cuba by Spain and the Nation was aroused. Nearly a million men volunteered and of this number, 458,000 men actually were engaged in this conflict. It is interesting to note that about 7,500 - 8,500 of these volunteers were from Massachusetts. The Spanish American War Veteran points with pride to the fact that there was no necessity for drafting soldiers as in other wars - this was a 100% volunteer effort.

United States was victorious over Spain in about six months and the peace treaty between the two countries was ratified in Paris on December 10, 1898. However, hostilities continued in the Philippines as a native

¹ Our Wonder World, Volume VIII, Story and History, p. 379.
Insurrection continued to oppose the authority of the United States. The duration of the war with Spain and the Philippine Insurrection was four years and two months. The average length of service of the veteran was fourteen months.

The cost of the war with Spain and the Philippine Insurrection was one billion eight hundred million dollars. Today we are still continuing to pay for the cost of this war through our services to its veterans.

The pay of Private First Class in the Army at that time was $15.60 per month. The veteran received none of the services which we have incorporated in our veterans programs of today. Until 1922 he received no bonus, no war-risk insurance, no adjusted compensation, no vocational training and no hospitalization.

In a tribute to the Spanish War Veteran - Rice W. Means, Editor-in-Chief of the National Tribune, Washington, D. C. (the veterans newspaper) has stated:

The service man of that period came from all parts of our country, the North, South, the East and the West. He wiped out sectionalism, healed the wounds of civil strife, and in fact made our nation, one and inseparable. He called the long, hard marches under the tropical suns, "hikes"! He named himself "The Hiker."

What manner of man was he? Young hardy, sound, strong and proportioned of body, clear eyed, clean faced, adventurous, and brave. Honor was his guide, resourcefulness his strength, and a passion for duty his chief characteristic. His was no war of aggression nor of National defence. He heard the distressed cry of Cuba asking to be freed from a yoke of tyranny, placed thereon by the monarch of Spain; the pleas of the poor and starving in Porto Rico. For us he discovered all Spanish America and the Orient. He carried into the dark places of the
world the sunlight of American ideals.\textsuperscript{2}

With this background information, let us turn to the Spanish American War Veteran of today. Of the 458,000 who served in this War under Admiral Dewey, General Shafter, General Miles, et al., how many are living now?

According to statistics of the Veterans Administration as of 1957, 68,000 Spanish American War Veterans were living in the United States. Of this number, 1,600 veterans were living in Massachusetts. The United Spanish American War Veterans organization, as of 1953, had a membership of 1,673 in its 72 encampments in Massachusetts, and estimates that at present, there are about 1,000 members still living. Although most of the veterans belong to this organization, not all of them do, and this is probably the most significant factor in the statistical differences. Both organizations agree that this veteran group is rapidly decreasing in size. It is interesting to note that the average age of this group is eighty-two years. In terms of our total aging population, the Spanish American War Veteran, is a small segment.

The Spanish American War Veteran, one of our Senior Citizen, is, in some respects a member of an advantaged group. By virtue of his special status as a Spanish American War Veteran, certain resources are made available to him. By public Law he receives a steady source of income – his pension (101.59 per month). In the same manner his widow receives a pension benefit. He is eligible for free medical care which includes

\begin{itemize}
\item [\textsuperscript{2}] Rice W. Means, Editor-in-Chief of the National Tribune, Washington, D.C., \textit{The Hiker.}
hospitalization, domiciliary care and out patient clinic treatment, as well as transportation to and from these institutions. It is well to note that the Spanish American War Veteran is the only veteran who is not required to have a service connected disability as a prerequisite for receiving total medical care or a pension.

As a veteran he is entitled to the use of the excellent medical services of the Veterans Administration although he may use the services of a fee basis physician if he so desires. Whichever plan he chooses to follow, Social Work Service stands ready to help him with any social or emotional problems which are interfering with his current life adjustment.

We see then that the Spanish American War Veteran has three important resources provided to lessen the stresses of his later years, namely; 1) a stable income, 2) free medical care, and 3) casework therapy.

As we consider the cultural heritage of these veterans recognizing that many of them are of hardy Anglo-Saxon stock steeped in the tradition of independent living, we can understand their conflict about accepting charity, and recognize that their right to have these benefits without loss of self-esteem and independence is very meaningful in terms of ego support. A pension provided by the people of the United States in recognition of military service is infinitely of more worth than an Old Age Assistance Allowance in the value system of this group.

The Spanish American War Veteran, as a member of our aging population, has many of the same stresses and strengths as our elderly non-veteran population and we are as concerned about his needs as we are of any member of this group.
B. PROBLEMS OF THE AGED

Let us turn to a consideration of what is involved in the process of the aging - a process in which we are all interested. Our present national concern with the problems of the aged is well demonstrated by the considerable research on aging being conducted by universities, foundations and by Federal, State and local government institutions. In addition to this, twenty or more of our States have established official commissions to study the process of aging from social economic, medical, and rehabilitative viewpoints.

Dr. Malamud has stated:

Aging is a normal development in the life of the individual and as such may be regarded in a manner similar to that of other life states; namely infancy, childhood, adolescence, early adulthood, and middle age. Each one of these has its own specific characteristics in regard to adjustment and when compared with other stages, presents both liabilities and assets which do not exist in the others. The dependency and need for protection in infancy and childhood, the emotional crisis of emancipation and consequent revolt in adolescence, the stress of accepting responsibilities, economic, social and family obligations in early maturity, present hurdles in adjustment which may be regarded as akin to those which are introduced by the deficits following the involutorial process and the onset of senescence. Running parallel to these are certain assets such as the flexibility and the high potentiality for learning in infancy and childhood, the vigor and richness of perspective of the young adult, which present assets that offset the obstacles inherent in the concomitant liabilities. The question comes up whether comparable assets may not be found also in the process of the aging.  

He goes on to state that,

The richness of experience, the tempering of the impetuosity and emotional impulsiveness of youth by a life-long process of reality testing, the wisdom that develops on the basis of greater self-knowledge and appreciation of reality demands have not been given enough consideration by society and those who are engaged in research.  

Closely allied to this concept of aging as a normal development in the life of the individual and having liabilities and assets as do the other life stages — i.e., infancy, childhood, etc. — is Dr. Lawrence Greenleigh's concept that

Aging begins with conception and ends with death. It can be defined as 'living in time' and hence cannot be separated from the total process of living. If this concept of aging is accepted, it is logical to regard aging as a life-long continuum of adaptation in which the individual is constantly called upon to mobilize his personality strengths to meet the demands made upon him by the stresses of everyday life. As we understand both the stresses and the strengths, which are different, of course, for each individual, we shall add to our knowledge of the problem and our ability to handle it.  

If we are to deal effectively with older people, we must adapt a realistic attitude. A consideration of some of the psychological problems should help us to reach a sound understanding.

An aged person has the same basic needs as any human being, 1) he has the need to feel wanted, and loved and secure, 2) he has the need for self-esteem and status, 3) he has the desire to belong and partake of a group, and 4) he has the need to have a feeling of creating and contributing.

4. Ibid., p. 70

It is possible to understand many of the emotional reactions of older people if we consider these needs in relationship to the stresses of the later years and their effect on the previously existing personality structure.

Aged people are not cut from the same pattern—they are individuals; and each brings to his old age the sum total of his life's experiences. The individual differences which we have noted in the aged, seem to represent differences in the handling of physical and emotional stresses which have happened during the life experience of the individual.

As in all behavior at any age, levels of adjustment in old age are related to the variables of constitutional endowment, personality development, and the past and current situational factors operating upon the individual.

Those who have been involved in research have given us the concept that the individuals who adapted most successfully to their life situations during their early years adapt best to the stresses of the later years.

The most common stresses which the aged person is called upon to face are 1) physical and mental limitations or disabilities, 2) retirement and economic insecurity, 3) loss of relatives and friends, and 4) rejection by children. These stresses produce an effect in two very important emotional areas—self-esteem and dependency. The individual's reaction will depend on his own ego strength and weaknesses and the severity and kind of stress.

Health problems are always present for the aging person in some degree because of the normal aging of body tissue. Arteriosclerosis, arthritis, hypertension, etc., prevalent diseases of this age group may

cripple or limit normal functions of the aged persons and lead to feelings of isolation, dependency and loss of self-esteem.

In relation to retirement, it is a current concept that it is important for individuals not to wait until they are approaching retirement to develop outside interest. It has been stated that the best time to prepare for retirement is during the child's early years when his personality is being formed, when healthy attitudes toward aging can be incorporated and when interest can be developed which bring a gratification throughout life. From a realistic point of view, unfortunately, many of our aged persons have not thus prepared themselves for retirement.

A person's work has an emotional significance in relationship to his total personality. His work meets certain needs and provides him with certain satisfactions. When there are no other satisfactions to compensate for the loss of job activity and change in role, a large degree of emotional deprivation and maladjustment may occur.

With the increased longevity of our aging population, has come an increased economic problem for these persons. Brought up in the culture which ruled that an individual provided for the economic needs of his old age by a system of careful savings, many now find that they have "out-lived their savings". These individuals are forced to meet their needs through the Old Age Assistance program with resultant conflict in feelings of independence and self-esteem.

Loneliness in some degree is inevitable for even the best adjusted older person. But the feelings of isolation which comes from the loss of family and friends are most disturbing.
Frequent deaths of contemporaries bring the same inherent threat of rejection and loss to the older person as the death of a parent brings to a child.7

To be unwanted in the homes of children is a painful experience for the aged person who needs to feel wanted and loved. Trends in our present culture have led to a devaluation of the elderly. In today's urban society with smaller families and smaller homes, we have made no provision for the elderly members of the family. If they are "squeezed in" they are made to feel useless, of low status and often a burden.

Reaction to the stresses which the Writer has mentioned and which cause a loss of self-esteem occur because

The stresses disrupt old methods of keeping an unacceptable picture of one's self submerged. When external reassurances derived from productive work or from beauty, are no longer available to combat the unacceptable picture stemming from early childhood when the basic attitude about one's self was formed, the hidden feelings threaten to emerge. Those people who suffered the most intense early injury to their self-esteem and who were most dependent upon a single method of obtaining external supplies are the hardest hit when stress upset their pattern of life.8

Next in frequency to problems centering about the older persons' feelings of self-esteem are the conflicts mobilized in connection with dependency feelings. Just as there is often an actual narcissistic injury there is often a real increase in dependent needs. In both situations, the more severe responses occur when a latent conflict is mobilized.9


Various defense mechanisms which protect the individual from experiencing anxiety are called forth to cope with the effect of the stresses of the later years. Some of these defenses are so commonly seen in older people that unfortunately they tend to form a stereotype picture of the aged. Among these are, 1) a turning to the past, 2) a refusal to become involved in new experiences and the development of a pattern of rigidity, and 3) self-assertiveness carried to the point of being domineering.

In our consideration of old age we must observe both parts of this process. Not only must we be familiar with the problems of the aged but also we must be aware of the positive factors present. Dr. Marc Hollender has stated:

People are people regardless of their age. Older men and women are not cut to one pattern anymore than men and women in other age groups.

Second, they do not live in a second childhood. While the effects of senility take their toll, there are still a great many people in their 80's and 90's who have retained a large portion of their emotional maturity.

Third, older people can and do learn new things. While there may be some impairment, an appreciable part of the capacity to learn may be retained throughout life.

Fourth, the aged can lead active lives.

Fifth, they have much to live for if life remains meaningful to them. There is always something to live for if one's interest remains at a high level.

Finally, they can live in the present. The more fascinating everyday life is, the less inclination there will be to turn to the past. 10

It is only when we have achieved a realistic understanding of both the stresses and strengths of the aged that we can move ahead to serve this client group on a satisfactory level.

C. ROLE OF THE SOCIAL WORKER

1. With the Aged

When the needs of the aged person are not satisfied adequately, he finds himself in a stressful situation. He needs the help of other people and quite frequently needs and makes use of case work service.

Case work service can help the older person not only to function more adequately but also to find greater satisfaction in everyday living. The objective of case work with the aged is the same as that for all age groups.

... preventing social breakdown, in conserving strengths, in restoring social functions, in creating opportunities for growth and development, and in increasing the capacity for self direction and social contribution.11

The workers therapeutic efforts, if they are to be effective for the older person, must be based on a thorough history and careful evaluation. When the individual suffers from a deprivation of realistic needs, it is the responsibility of the worker to do whatever is possible to see that these needs are met. In treating the aged, procedures aimed at affecting fundamental personality changes are not often used. For the most part, supportive therapy which would include understanding of the problem, environmental manipulation, and direction or counseling have been found to be helpful in re-establishing an emotional balance that has been shaken by the stresses of the latter years of life.

The social workers special competence lies in her knowledge of resources to meet the realistic needs of this client group; her understanding of the dynamics of human behavior which gives her the ability to recognize their needs, stresses and strengths; and her case work skills which enable her to treat them through the medium of acceptance and relationship.

2. With The Spanish American War Veteran

Mention has been made before that many of the realistic needs of this group are being met through a special Veterans program. The efforts of the social worker, therefore, can be focused more directly on case work therapy in working with these clients.
A. IDENTIFYING DATA

In order to study the social adjustment of veterans to current life situations, it is necessary first to know the veterans; their ages, marital status, sources of income, health, living arrangements, and related material such as nationality, education, military service, employment history and leisure time activities.

TABLE I.

DISTRIBUTION OF VETERANS BY AGE

<table>
<thead>
<tr>
<th>Age</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>70-74</td>
<td>1</td>
</tr>
<tr>
<td>75-79</td>
<td>6</td>
</tr>
<tr>
<td>80-84</td>
<td>2</td>
</tr>
<tr>
<td>85-89</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
</tr>
</tbody>
</table>

The age range of the ten veterans in this study was seventy-four to eighty-five years, thus making an eleven year age span. The largest number of referrals to Social Work Service occurred in the group seventy-eight years. The average age of the veteran group was 77.4 years.
TABLE II.
MARITAL STATUS OF VETERAN

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>1</td>
</tr>
<tr>
<td>Married</td>
<td>6</td>
</tr>
<tr>
<td>Separated or Divorced</td>
<td>2</td>
</tr>
<tr>
<td>Widowed</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
</tr>
</tbody>
</table>

Six of the veterans were married. Three had been married over fifty years. Of the remaining four in the group, one was single, two were separated from their wives, and one was a widower of three years duration.

Sex: All the veterans in the study were male.

Nationality: The majority of the veterans, seven, were born in the United States, two were born in Ireland and one in England.

TABLE III.
EDUCATION OF VETERAN

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary School (Grades 1-8)</td>
<td>4</td>
</tr>
<tr>
<td>High School</td>
<td>3</td>
</tr>
<tr>
<td>College</td>
<td>2</td>
</tr>
<tr>
<td>Graduate School</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
</tr>
</tbody>
</table>
The educational background of this veteran group showed a wide variance. One veteran had completed approximately the fifth grade. Three had finished grammar school. Two had completed the first year of high school. One was a high school graduate. One veteran left school at age fourteen and had later taken correspondence courses equivalent to a college education. Two veterans were college graduates and of these, one had gone on to further study in graduate school.

TABLE IV.

MILITARY SERVICE

<table>
<thead>
<tr>
<th>Duration of Service</th>
<th>Branch of Service</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Army</td>
</tr>
<tr>
<td>0 - 11 months</td>
<td>5</td>
</tr>
<tr>
<td>1 year - 1 year and 11 months</td>
<td>1</td>
</tr>
<tr>
<td>2 years - 2 years and 11 months</td>
<td>1</td>
</tr>
<tr>
<td>3 years - 3 years and 11 months</td>
<td>1</td>
</tr>
<tr>
<td>4 years - 4 years and 11 months</td>
<td>1</td>
</tr>
<tr>
<td>5 years and over</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>7</td>
</tr>
</tbody>
</table>

The writer found that seven of these veterans had served in the Army and three in the Navy. All were honorably discharged from Military Service.

Five of the veterans had served in the Army and only during the war with Spain and therefore, had a shorter length of Military Service. Of these five, two men had been in service for six months and three for nine months. The other five veterans had fought either in the Philippine
Insurrection or had been involved in both conflicts and therefore had a longer duration of Military Service. All of these men had served at least one and one-half years. The veteran who had the longest service record had been in the Navy; was involved in both Wars; and spent four years and four months in his first service period. In addition to this, he had two succeeding enlistments and had spent a total of twelve years in the Navy.

Medical Information: As the writer has stated, previously, all of the veterans in this study were receiving medical care at the Boston Veterans Administration Out Patient Clinic. All of these men were ambulatory patients, whose medical needs were met primarily in the Geriatric Clinic.

The following diseases were noted: diverticulosis; glaucoma; arthritis; rheumatism; duodenal ulcer; chronic conjunctivitis; deafness; and cardiac conditions which included angina pectoris, chronic myocarditis, arteriosclerotic heart disease and old coronary occlusion.

In this veteran group there was a marked tendency to have these diseases in combination; i.e., one veteran had diverticulosis, glaucoma, and arthritis. The writer found that five veterans had a combination of three diseases, three veterans had two diseases, and only two veterans had a single medical condition.
Employment History:

TABLE V.

OCCUPATIONS OF VETERANS DURING PRODUCTIVE YEARS

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>2</td>
</tr>
<tr>
<td>Clerical and Sales</td>
<td>3</td>
</tr>
<tr>
<td>Craftsman</td>
<td>1</td>
</tr>
<tr>
<td>Skilled</td>
<td>1</td>
</tr>
<tr>
<td>Semi-skilled</td>
<td>2</td>
</tr>
<tr>
<td>Unskilled</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
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</tbody>
</table>

In this veteran group there is a wide variance in regard to the major occupations in which these men were engaged during their productive years. The professional group included a civil engineer and a criminal investigator. The clerical and sales group included three postal clerks. The craftsman group included a printer, a mechanic was classified as skilled. The same skilled group included an MTA operator and a machinist's helper. The unskilled group included a porter.

The writer found that the majority of these veterans were gainfully employed during their productive years, and were able to support themselves and their families without financial assistance from either public or private agencies. In this group of ten men, only one had received agency help because of financial stress.
TABLE VI.

RETIREMENT FROM WORK

<table>
<thead>
<tr>
<th>Years Retired</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 4</td>
<td>3</td>
</tr>
<tr>
<td>5 - 9</td>
<td>2</td>
</tr>
<tr>
<td>10 - 14</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
</tr>
</tbody>
</table>

It is well to note that none of the veterans in the study were employed currently.

Half of the group (five) had been retired ten years and over. Of the remaining five veterans, two had been retired over five years and three had been retired for over a year.

TABLE VII.

LIVING ARRANGEMENTS OF VETERANS

<table>
<thead>
<tr>
<th>Marital Status and Living Arrangements</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married and living with spouse</td>
<td>5</td>
</tr>
<tr>
<td>Married but alone due to illness of spouse</td>
<td>1</td>
</tr>
<tr>
<td>Widowed and living with relatives</td>
<td>1</td>
</tr>
<tr>
<td>Single and living in own house</td>
<td>1</td>
</tr>
<tr>
<td>Separated and living in boarding and rooming houses</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
</tr>
</tbody>
</table>
Of the six married veterans in this study, five were living with their spouses. Two of these couples had relatives living with them. One married veteran whose invalid wife was in a nursing home, preferred to remain alone in the home where he had lived for the past thirty years rather than to live with either of his married daughters.

The one veteran who had never married, had been living alone since the death of his widowed sister in 1946 and seemed to be content to do so.

Of the two veterans who were separated and living in rooming or boarding houses, one had been following this pattern for years. The other, more recently separated, had had this type of living arrangement for about a year.

The one veteran who was living with relatives had continued to stay on with his married daughter after his wife's death three years ago. The couple had lived with the same daughter for eight years previous to this.

All of the veterans in the study group received a pension of $101.59 per month as a result of their Military Service. All of them had, in addition, other sources of income. (Table VIII., page 24.)

It is well to note that no member of this group currently was receiving public assistance. In general, their incomes, although limited, apparently were meeting their needs. Since their incomes were stable, they were not faced with the problem of dwindling resources which is so common with our older generation.

The writer found that one veteran received a compensation for a service connected disability in addition to his Spanish American War Veterans Pension.
Two veterans had income which were derived from their Spanish American War Veterans Pension and Social Security. One veteran had several sources of income; Spanish American War Veterans Pension, Social Security, retirement benefits from work, and investments.

Half of this group (five veterans) received additional sums of money to supplement their Spanish American War Veterans Pensions in the form of retirement benefits from work. Four of these men had been either Federal or State employees. Only one received retirement benefits from a private business concern.

**TABLE VIII.**

**SOURCE OF INCOME OF VETERANS**

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish American War Veterans Pension only</td>
<td>0</td>
</tr>
<tr>
<td>Spanish American War Veterans Pension and Disability Compensation</td>
<td>1</td>
</tr>
<tr>
<td>Spanish American War Veterans Pension and Social Security</td>
<td>2</td>
</tr>
<tr>
<td>Spanish American War Veterans Pension and retirement benefits from work</td>
<td>5</td>
</tr>
<tr>
<td>Spanish American War Veterans Pension, Social Security, and retirement benefits from work</td>
<td>1</td>
</tr>
<tr>
<td>Spanish American War Veterans Pension, Social Security, retirement benefits from work and other sources (investments)</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>10</td>
</tr>
</tbody>
</table>
Recreation: Of the ten veterans in the study group, only two had no group activity. The writer found that the other veterans belonged to such groups as the United Spanish American War Veterans, Independent Order of Odd Fellows, Veterans of Foreign Wars, Masonic Orders, Holy Name Society, Knights of Columbus, a national fraternity, and a college alumni group. Of these specific organizations, seven veterans were members of the United Spanish American War Veterans and two veterans were members of the Veterans of Foreign Wars.

Individual interests or hobbies were as varied as the veterans themselves and included such diversified activities as those of a veteran who served as a volunteer instructor in mathematics and mechanical drawing in a Veterans Administration Hospital and a veteran who spent much of his leisure time riding the M.T.A. All the veterans had three activities in common, 1) reading, 2) watching television, and 3) walking. A list of their pursuits in addition to those previously mentioned would include: card playing, photography, visiting sick veterans, playing the piano, listening to the radio or record player, lecturing, editing a neighborhood newspaper, attending a baseball game, listening to talking books, gardening and doing minor household repairs. The veterans activity during the day seemed to be dependent on three factors, 1) his individual interests, 2) the condition of his health, and 3) the weather.

Use of the Services of Social Agencies, Including Veterans' Administration: One veteran received financial assistance from Soldiers' Relief many years ago when he was unemployed and unable to provide for his family.
The Department of Old Age Assistance currently is meeting, either totally or partially, the cost of nursing home care for relatives (wife and sister respectively) of two of the veterans.

Nine of the veterans previously had been referred to Social Work Service at the Veterans Administration Out Patient Clinic from the Geriatric Clinic for the purpose of a psychosocial evaluation and one veteran was interviewed for the first time in connection with the thesis study. As these evaluations are routine, and also because of the changes in staff membership, many in this group of nine veterans had been interviewed by more than one worker prior to the Thesis Study. The writer found that two veterans had been seen by four workers; two had been seen by three workers; and four by two workers. One of the nine veterans had been seen by only one worker.

Of the ten veterans, four currently were followed in Social Work Service. As a result of the Thesis Study two more were referred for case work service. The nature of the veterans relationship with Social Work Service will be clarified in the second part of this Chapter.
CHAPTER IV

A STUDY OF THE VETERANS WHO WERE REFERRED (Continued

B. EVALUATION OF PRESENT ADJUSTMENT AND ESTIMATION OF THE
SOCIAL WORKERS CONTRIBUTION TO VETERANS TOTAL CARE.

Case #1 — Mr. R.

Social History

Mr. R. is a seventy-seven year old white, married veteran. He was
born in Boston, attended local public schools and completed the first year
of high school.

He enlisted in the United States Navy at the age of sixteen. This
was a difficult experience for him, as he expressed it, "I was innocent and
I was thrown in the company of men." He served in both the Spanish American
War and the Philippine Insurrection. He has two additional periods of ser­
ice and has spent a total of twelve years and eight months in the Navy. He
was honorably discharged in 1912, and receives a ten per cent compensation
for rheumatism.

This man has held many unskilled jobs in his life. He has been em­
ployed as a storekeeper, pipefitter's helper, etc. His longest period of
steady employment was the eleven years in which he worked as a porter for a
local social service agency. He retired from work (and this job) in 1956,
at the age of seventy-six.

Mr. R. has been married twice. His first marriage at age twenty-one,
ended in a divorce within a few years. He remarried soon after and seems
reasonably satisfied with his present wife who is fifteen years younger than
he is. The couple have three married children and twelve grandchildren.
In his past life this man has demonstrated emotional instability, not only in his irregular work pattern but mainly by his drinking habits. For years he drank excessively, finally stopping ten years ago for reasons unknown. There is evidence to indicate that he suffered emotional deprivation during his early, formative years which has resulted in this weak ego structure.

**Current Social Situation**

Mr. R. and his wife live in a sunny sixth floor apartment in a housing project. He prefers this location because of the isolation and sunlight afforded.

The veteran's financial situation is stable but limited. The total family income comes from three sources, 1) his disability compensation, 2) Spanish American War Veterans Pension, and 3) his wife's Social Security benefits. By careful budgeting they are able to meet their needs. The veteran blames their reduced circumstances on himself and regrets that he spent so much money on liquor. He hates to accept help and has, in the past, refused to apply for Veterans Services.

Closely allied to his guilt feelings related to his drinking are his feelings that he has "wasted his life."

Mr. R's. medical diagnosis is Rheumatism and old Duodenal Ulcer. Neither seem to limit his activity. A recent benign lesion on his right cheek caused him much anxiety as he feared malignancy. He also has anxieties about a recurrence of his ulcer condition.

This veteran has little recreation. He has no group activity now. In the past he was a member of the Veterans of Foreign Wars but says he
had to give this up as he couldn't afford the dues. Actually, this doesn't seem to have been much of a loss to him as he "didn't like to sit around and gossip," anyway. His main activity seems to be reading and he enjoys French novels by such authors as Alexander Dumas and Victor Hugo.

In the veteran's marital situation, his wife appears to play the dominant role. She manages the household affairs and is a good budgeter. She has a calm and easy manner which is in contrast to Mr. R. He feels that he always has been nervous and "quick to fly off the handle." He hopes that he is learning how to better control his emotions and to be more accepting.

This passive, dependent individual related well during the interviewing situation but showed a tendency to lower his defenses which made it necessary for the writer to help him regain control.

**Evaluation of Adjustment to Old Age**

This veteran is making a marginal adjustment to old age because of his basic personality structure and deep-rooted problems. It would appear that he always had had low self-esteem and sense of worth and feelings of inadequacy and dependency. The period of his later years, affecting these feeling areas, as it does, is stressful to him.

**Contribution of the Social Worker**

Mr. R. originally was referred on February, 1957, to Social Work Service from the Geriatric Clinic for the purpose of a routine psychosocial evaluation. The referring physician also felt that the patient was worried about his skin lesion.

Since this time, Mr. R. has been seen on a regular bi-monthly basis
for supportive case work therapy which has been planned to help this man
with his anxieties about his skin and ulcer conditions and to help re-
force his ego strength.

Case #2 — Mr. W.

Social History

Mr. W. is a seventy-six-year-old white, veteran who is separated from
his wife.

He was born in Roxbury, attended local public schools and completed
the eighth grade.

Mr. W. served in the United States Navy for one and one-half years
during the Philippine Insurrection. He received an honorable discharge
and has no service connected disability.

This veteran has an irregular work history but always has managed to
meet his financial needs without assistance from any public agency. He has
been variously employed as a railroad brakeman, streetcar conductor, and
automobile mechanic, in addition to several positions which he cannot recall.
Interspersed between these jobs, has been several periods of employment in
a local Navy Yard as a machinist helper. In all, he has had twenty years
of work experience at the Navy Yard. Five years ago he retired from work.

He has been separated from his wife for many years. The couple had
no children.

Current Social Situation

Mr. W. lives in a rooming house and boards with friends whom he has
known for many years. This family apparently is interested in him,
include him in their family circle and also help him with such realistic
needs as laundry, mending, etc.

His income is stable and adequate for his needs. He receives a Spanish American War Veterans Pension and a Federal Pension in connection with his former employment at the Navy Yard. He does not contribute towards his wife's support.

This veteran has a cardiac condition but it does not limit his activities extensively. He seems to understand his condition.

Mr. W. has been a member of the United Spanish American War Veterans organization for many years and for the past ten years has been the commander of his camp. This is his only group activity and seems to absorb most of his time. He receives many satisfactions from this work.

Mr. W. is a pleasant and friendly individual who related in a positive and oral manner in the interviewing situation. The writer was interested in noting that he showered her with information about the Spanish American War Veteran and said very little about himself.

**Evaluation of Adjustment to Old Age**

This veteran is adjusting to old age with a minimum of stress.

His basic needs to be loved, secure, useful and part of a group are being met through his interpersonal relationship and his activity in the Veterans group.

**Contribution of the Social Worker**

This veteran had not had any contact with a social worker until the writer interviewed him in connection with this thesis study. This interview, therefore, not only was research focussed, it was used as a means of interpreting Social Work Service to the veteran as a part of his total care
and which he could use in the future if indicated.

Case #3 — Mr. S.

Social History

Mr. S. is a seventy-eight year old, white, married veteran who was born in County Cork, Ireland, and came to the United States with his parents when he was a year old.

He attended local public schools and completed the eighth grade. Later in life he took correspondence courses to complete his education.

Mr. S. spent six months in the United States Army during the Spanish American conflict. He received an honorable discharge and has no service connected disability.

This veteran has been variously employed as a mechanic, salesman and lathe maker. At one time he had his own steel lathe making business but lost this during World War I. He also was successful in a small real estate venture. Except for one period when the family received Soldiers' Relief, Mr. S. has been able to provide adequately for their needs. He has been retired from work for ten years.

In the past he has been a sports enthusiast and preferred swimming and running. It is noted in his medical record that at the age of seventy, he was a member of the L Street Brownies.

Mr. S. has been happily married for fifty-one years. He has five living children and twenty-two grandchildren.

Current Social Situation

Mr. S. owns his home and lives on the first floor with his wife, widowed daughter and her son. He feels that this is a good living arrange-
ment and that his daughter has been very helpful in taking most of the burden of the household tasks from his wife's shoulders. As his wife has a cardiac condition, this is essential.

The family income is derived from his Spanish American War Veterans Pension and the couple's Social Security benefits. He has a small savings account.

The veterans medical diagnosis is Diverticulosis, Glaucoma, and Arthritis. For the past fifteen years, he has been gradually losing his sight and at present has very little left. Due to this factor, he is badly handicapped in getting around. At first he found that it was very difficult for him to accept his condition but as the years have passed, he has reached greater acceptance. He is eager to remain active and do for himself and feels that his family tend to be oversolicitous.

Although he never has regarded himself as a "joiner" he has been a member of the Knights of Columbus, Holy Name Society, and the United Spanish American War Veterans organization; and as he expresses it, "I was active in whatever I got into." His current physical status has greatly limited his activity in these organizations, although he still attends an occasional meeting.

He was very fond of gardening but gave this up at the age of sixty-four. He feels that "gardening is no good for old fellows - look at all that stooping and bending." He also gave up snow shoveling and now contents himself with "just pushing the snow off." He regards walking as an excellent exercise and by gradually building up his tolerance, is now able to walk one mile without getting over tired. His quieter activities include
listening to the radio and television and the talking books which he receives from Perkins Institute.

The inter-personal relationship in this family are good. The veteran enjoys visiting with his children and speaks with pride and affection of his grandchildren.

Mr. S. is an intelligent and friendly man with a good sense of humor who related well during the interviewing situation.

**Evaluation of Adjustment to Old Age**

This alert and independent veteran is adjusting to a severe physical condition coincidental to the stresses of his later years.

He had led a busy and full life which is in sharp contrast to his current life situation. None-the-less he is trying to adjust to his handicap and to maintain his feelings of independence and self-esteem. His physical limitations have caused a loss of some of his former activities but he has accepted this realistically and developed new interest.

**Contribution of the Social Worker**

Mr. S. originally was referred to Social Work Service from the Geriatric Clinic for the purpose of a routine psychosocial evaluation on December 11, 1956. His social situation was the same as it is at present. It was felt that supportive case work was indicated. However, he broke several appointments and on one occasion refused to see the worker so the case was closed in March, 1957.

He was next interviewed on November 29, 1957, on another routine Geriatric referral and again by this writer in connection with the thesis study.
So far this veteran has not wanted to establish a continuing relationship with a social worker. However, he is more receptive to Social Work Service at present than in the past. He feels that he has no specific problems with which he needs help but has indicated that he will contact Social Work Service when the need arises.

The contribution which the social worker has made to this man is to alert him to her presence and the service which she can give. He has met a friendly interested person to whom he can turn in time of trouble and still retain his independence and self-esteem.

Case #4 — Mr. Mc.

Social History

Mr. Mc. is a seventy-four year old white veteran who is currently separated from his wife.

He was born in South Boston, Massachusetts, attended local public schools and completed the eighth grade.

At the age of sixteen he enlisted in the United States Navy and spent the next four and one-half years of his life in the Service. During this time he was involved in the Philippine Insurrection. He received an honorable discharge from the Navy on June 16, 1905, and has no service connected disability.

Mr. Mc. always has been a vigorous athletic man who enjoyed competitive sports and has been an enthusiastic participant for most of his life. His last activity of this nature was in 1942, when he was fifty-eight years old. At this time he played the second base position for a small local baseball team during the summer season.
This veteran was a printer and was employed by local firms during his productive years. For many years he was head of a department and handled this position of authority in an autocratic fashion. As he has put it, "I was in complete charge and no one — not even the customers or the boss came in my department without my permission." It is evident that this man enjoyed his work and received many satisfactions from it. For the past three years he has been retired.

In 1952, at the age of sixty-eight, he had a subtotal gastrectomy for an ulcer condition, and in 1954, he suffered a coronary occlusion. He made an excellent recovery from both of these serious medical conditions.

Mr. Mc. has been married twice and has four married children. He lost his first wife through death and their relationship seems to have been a good one. He has been separated from his second wife for nearly a year.

Current Social Situation

Mr. Mc. lives in a private home where he receives room and board. He regards this as a very satisfactory arrangement and has a friendly relationship with his landlady. One of the reasons that he is pleased with his present home is that Mrs. X. allows him to "tinker." He always has enjoyed making minor household repairs and is happy that he can continue this activity.

This veteran receives a Spanish American War Veterans Pension, Social Security and a retirement pension from work. This total sum is much less than he has been accustomed to receiving during the period of his productive years. Nevertheless he has managed to adjust to this change and to
make his present income meet his needs. He has not assumed any financial responsibility toward his wife.

As we have indicated previously, this man has an ulcer condition (old Duodenal Ulcer) and a Cardiac condition. He has adjusted to the ulcer condition and seems to be fairly comfortable about his Cardiac condition. Neither disease has caused any extensive limitation of his activity.

In addition to his "tinkering", Mr. Mc enjoys taking long walks. He has continued his interest in sports although he is no longer able to be an active participant. What he regards as his most interesting activity and one which keeps him very busy, is in relationship to his membership in the United Spanish American War Veterans Association. (This, incidentally, is his only group membership.) He is Adjutant of his Camp. In this role he acts as Advisor to Veterans and their families and is responsible for visiting veterans who are ill. He feels that this keeps him busy and provides an opportunity for him to be helpful.

Mr. Mc. is an intelligent and cheerful individual who related well in the interviewing situation. He seems to have led a busy and productive life from which he received many satisfactions.

**Evaluation of Adjustment to Old Age**

This alert and independent man is adjusting well to the stresses of old age because of his ego strengths. He brings to the problems of this period, the same vigor and intelligence with which he successfully resolved other problems in his past life experience.

His ability to adapt to change is shown significantly in the areas of reduced income and retirement from work.
He has continued his previous interests - sports - and adjusted to a change of role from participant to spectator. He has added a new interest and work substitute in his activities in connection with a veterans organization.

This case was presented for psychiatric consultation to further the writers understanding of the dynamics of the ulcer patient. Our consultant concurred fully with the opinion of the social worker in regard to this patient's psychosocial diagnosis and current life adjustment.

Contributions of the Social Worker

Mr. Mc. originally was referred to Social Work Service from the Geriatric Clinic for the purpose of a routine psychosocial evaluation on February 6, 1957. At this time he was having difficulties at home. His wife was ailing from two broken ribs and a back condition. In addition, he was finding it hard to stretch his income to meet their needs. He asked for help in getting into a housing project for older people to lessen his financial strain. In this interview the veteran was given the opportunity of ventilating his feelings about his current situation and received assurance of future help. He agreed to return for further discussion but since nothing was heard from him by June, the case was closed.

He was next seen in October, 1957, on another routine Geriatric referral. At this time his social situation had improved and he had been separated from his wife for many months. Since he seemed to be getting along well and did not need Social Work Service, the case was closed.

He was not seen again until he was interviewed by the writer in connection with this thesis study.
Case #5 --- Mr. W. S.

Social History

Mr. S. is an eighty-one year old married negro veteran who was born in Boston and attended local public schools. He is a graduate of Harvard University and had done graduate study at Columbia and LaSalle Universities.

At the age of twenty-one, he enlisted in the United States Army and served during the Spanish American War. He was honorably discharged and has no service connected disability.

After graduating from college, he was the private secretary of a well-known Boston business man. His main work activity, and one in which he spent twenty-five years, was that of criminal investigator for the Attorney General of New York. It is evident that this role brought him many satisfactions. His comment that "I put three thousand men in jail and made them like it," illustrates some of his feelings about his work.

Mr. S. retired at the age of seventy, because of injuries received in an automobile accident and also because he was finding it difficult to continue the rigorous activity relative to his position of investigator. At this time he and his wife returned to Boston, a city which he always loved, to make their home.

After retirement Mr. S. busied himself with various activities. Among these was his lifelong interest in photography. Another was a new role for him. For several years he worked as a lecturer, speaking on such topics as "Juvenile Delinquency."

Current Social Situation

The veteran and his wife live in a rented apartment. They have no
children.

Mrs. S. is fifteen years younger than her husband and is a graduate of a secretarial school. There is little evidence of the nature of their relationship except that Mr. S. feels that he is fortunate to have married a college graduate - someone who has the same interests that he does.

Mr. S' s. financial situation is stable. He receives a Spanish American War Veterans Pension and a pension from the State of New York. Mrs. S. is currently employed as a stenographer in a local women's store. Their total income, though not large, is adequate for their needs.

The veteran's physical health is good, although he has Diverticulism. This does not prevent him from carrying on his normal activities.

At the present time, he is busily involved with a variety of activities. He is the secretary of a local association for the Blind; he visits hospitalized veterans; he is a member of a reading club; he is assistant editor of a small Roxbury newspaper. He continues his interest in photography. He is a member of the Veterans of Foreign Wars. He does not hold membership in one of the Camps of the United Spanish American War Veterans organization as he feels "it isn't large enough." (His former Camp in New York had four hundred members.)

He feels that he has little in common with people of his own age as their interests are different from his own. He regards the average elderly person as an individual who just "sits back." This is in contrast to his own attitude which is that he is interested in many things and feels that he has much to accomplish. Although he does not regard himself as a snob, he stated that he and his wife have few close friends because of their
intellectual caliber.

In talking about his work, this veteran revealed a deeprooted problem. He said that he had always felt that he had to "try harder" than most people because he had "two strikes" against him. One "strike" was his small size. The other he did not define. However, from other evidence which was presented, the writer speculated that this might be his feelings about being a negro.

Mr. S. is an alert and forceful individual. In the interviewing situation, he related fairly well after an initial burst of hostility. It seemed necessary for him to equate himself with the writer in order to be comfortable.

**Evaluation of Adjustment to Old Age**

This veteran is an intelligent, independent and aggressive man, who despite his deep rooted problems, is currently adjusting to old age.

There is no doubt that during the lifetime of this man, his work had great emotional significance for him as it provided him with a means of acquiring self-esteem, status and a feeling of adequacy. At the present time, his many and varied activities function as a work substitute and thus serve as a means of meeting his basic needs.

**Contribution of the Social Worker**

Mr. S. was originally referred to Social Work Service from the Geriatric Clinic for the purpose of routine psychosocial evaluation on January 30, 1957. As he indicated no need for social service, the case was closed.

The veteran was next interviewed by the writer in connection with this thesis study and a recommendation made that the Geriatric Clinic Worker try
to establish a relationship with him for the purpose of giving supportive help in the future when needed.

Case #6 — Mr. A.

Social History

Mr. A. is an eighty-five year old white widowed veteran who has led an active and full life. He was born in England, came to the United States at an early age with his parents and grew up in New England. He attended public elementary schools and is a graduate of a well-known New England college.

At the age of twenty-one, he enlisted in the United States Army and served for six months during the Spanish American War. He was honorably discharged and has no service connected disability.

For most of his productive years, he earned a living as a civil engineer. He was formerly employed for eighteen years by the State Department of Public Works in New York. After this he worked for the United Fruit Company and spent twenty years in Central America. His last employment was in Florida, where he operated an orange grove until his retirement in 1947.

Mr. A. was married for many years and has two daughters both of whom are married.

After retirement from work Mr. A. and his wife returned to Massachusetts to make their home with their daughter. Mrs. A. was ill for five years with arthritis and a cardiac condition; bedridden for part of this time and died three years ago.
Current Social Situation

After his wife’s death, Mr. A. has continued to live with his daughter. He seems satisfied with this arrangement and apparently has a good relationship with daughter and husband. He has continued to maintain his independence by contributing to the family income thru payment of room and board.

His present income is derived from Veterans Pension, Social Security, Federal Pension and investments and is more than adequate for his needs. In this respect he is more fortunate than many in our aging population.

Mr. A’s. medical diagnosis is Arteriosclerotic Heart Disease and partial deafness and he is receiving care for both these conditions through the facilities of the Out Patient Clinic. Neither condition currently limits his activity.

Mr. A. continues to be an active member of society. He is an avid baseball fan and enjoys watching games on television. In addition to helping with minor repairs at home, talking walks, reading and working in the garden, he is involved in group activity. He attends occasional meetings of a college alumni association and the Masonic Order. He is active in his fraternal group and attends a weekly luncheon meeting regularly. He also is active as a volunteer and spends two days per week as an instructor in mathematics, algebra and mechanical drawing at the Boston Veterans Administration Hospital.

Mr. A. is a quiet, gentle, passive individual. His air of dignity and reserve are combined with a genuine friendliness and he relates well in an interviewing situation. The writer was impressed with his modesty concerning the valuable contribution which he is making to hospitalized
veterans.

**Evaluation of Adjustment to Old Age**

Mr. A. is an alert and intelligent man who has had a busy productive life in the past. He has brought to old age the strengths gained by his previous life experience and these have been helpful in his current good adjustment. His needs for being loved and secure are being met through his relationship with his daughters and through his secure financial position. His needs to be useful and a member of a group are being met through his membership in various organizations and through his volunteer activity. He has succeeded in maintaining his independency, self-esteem and sense of worth.

**Contribution of the Social Worker.**

Mr. A. did not achieve his total good adjustment alone. He was originally referred to Social Work Service from the Geriatric Clinic routinely for the purpose of a psychosocial evaluation. He was subsequently seen three times by the social worker. To her he presented three problems:

1. his desire to be useful by offering his services as a volunteer,
2. his feelings of guilt in connection with his wife's death, and
3. his feelings about wearing a hearing aid.

The social worker, through her accepting and nonjudgmental attitude gave him the opportunity to ventilate his feelings of anxiety and guilt. She was directly responsible for working out the plan for him to work at the Boston Veterans Administration Hospital.

This case was closed in June, 1957, and the veteran was not seen in Social Service again till he was interviewed by the writer in connection with this study.
Case #7 — Mr. H.

Social History

Mr. H. is a seventy-eight year old, white, single veteran who was born in Boston. In the family constellation he was the youngest child and only boy. He received his education in local public schools and has completed high school.

He served for nine months in the United States Army during the Spanish American War. He received an honorable discharge and has no service connected disability.

Mr. H. spent most of his working years in employment in the Post Office Department. For seventeen years he was an Assistant Postmaster in a suburban community near Boston. His work was interrupted by a period of illness which he refers to as "a state of complete physical exhaustion." He feels that his recovery was greatly aided by the large amount of milk which he drank during his illness.

When Mr. H. resumed work again, he returned to the Post Office as a clerk. He particularly chose this position because he felt that he "never wanted to take any responsibility at work again." He has been retired for the past ten years.

As a young man he was moderately interested in sports, particularly baseball.

Mr. H. has never married. He has had close relationships with his two sisters. One sister, after being widowed, came to Boston to live with him. She remained with the veteran until her death of cancer in 1946. He refers to her as a "wonderful woman" and feels that they had a good life together.
His only living relatives are a sister who has been in a local nursing home for several years, and her daughter.

**Current Social Situation**

This veteran lives alone in a five-room rented apartment. He does all the housework and cooking for himself and feels that these tasks keep him fairly busy. It is evident that he enjoys them.

His financial position is stable. He receives a Spanish American War Veterans Pension and a Federal Pension as a result of his employment. These moneys meet his needs.

He has a Cardiac condition, angina pectoris, which limits his activity. He seems to understand his condition and to accept it.

Mr. H. is concerned about his invalid sister and visits her regularly. Fortunately, the expenses for her care are being paid by the Department of Old Age Assistance so that he does not have this financial drain.

Mr. H's. niece, a middle-aged former librarian, who has been unemployed for several years, also lives alone. He describes her as a "high strung individual." In the opinion of the veteran, this personality factor makes it impossible for him to live with her. He feels that it is important for him to continue his placid existence and that living with his niece would not be good for him in view of his cardiac condition. However, he telephones her daily and feels that it is his responsibility to help support her even though this reduces his own financial resources.

This veteran leads a quiet, almost solitary existence and seems content. He has few interpersonal relationships and has not chosen to become involved in any group activity. In addition to his housekeeping duties, he
reads, plays the piano, and record player and listens to the radio.

Mr. H. is a passive, dependent individual who related in a positive and oral manner in the interviewing situation. The writer was interested to note that this interview was the most lengthy of the study interviews due to the patient's determination to enlarge and discuss in detail, any given topic. It seemed to be very difficult for him to make a simple direct statement.

**Evaluation of Adjustment to Old Age**

Mr. H. is adjusting to the stresses of his later years. He is content to live a placid existence with few interpersonal relationships and limited activity.

His stable income provides him with economic security and also enables him to help his niece. The role of advisor and provider which he now is playing adds to his self-esteem and fulfills his need to be useful.

It is rather questionable as to how important work has been in the life of this veteran. The fact that after his illness he chose to play a less independent and aggressive role leads the writer to speculate on the amount of satisfaction he received in his job situation. There is evidence to indicate that his retirement was not traumatic and he would have preferred an earlier retirement.

As an adult, Mr. H. was not a man who enjoyed fraternal organizations, and his current leisure time activities, which are solitary, seem to bring him many satisfactions.

The writer feels that his current pattern of behavior probably is not too dissimilar from his previous behavior and that the ego strengths which
helped him during his earlier years remain strong enough to help him function now.

**Contribution of the Social Worker**

This veteran originally was referred to Social Work Service on December 12, 1956, from the Geriatric Clinic for the purpose of a routine psycho-social evaluation. The case was closed after this interview as he indicated no need for service. On January 17, 1957, and July 26, 1957, Mr. H. was seen by two other staff members on the same type of referral. Both workers agreed that the veteran was adjusting to his current situation but seemed to feel that it would be well to follow him on a preventative mental health basis in view of his total social situation. Mr. H. seemingly did not see the need for social work service and was not seen again until interviewed by the writer in connection with this thesis study.

During this interview, the veteran asked for assistance in finding a new nursing home for his sister. He was referred to the Geriatric Clinic Worker for help with this specific problem and also with the recommendation that she try to establish a relationship with him for the purpose of giving supportive help in the future when needed.

**Case #8 —- Mr. K.**

**Social History**

Mr. K. is a seventy-nine year old, married, negro veteran. He was born in Boston, attended local public schools and completed one year of high school.

At the age of twenty, he enlisted in the United States Army and served for nine months during the Spanish American War. He received an honorable
discharge and has no service connected disability.

Mr. K. has spent most of his productive life in two work areas. For seventeen years he was employed as a janitor. Following this he worked as a postal clerk for thirty years until his retirement seven years ago at the age of seventy-two. He described himself as having been a hard worker. He always felt that he "had to work extra hard to be good at it."

The veteran always has been very active. For many years he has been a member of the Masons and the United Spanish American War Veterans organization. He enjoyed games such as billiards and pool and always has been particularly fond of playing card games.

He has been happily married for many years and the couple have one married son.

**Current Social Situation**

Mr. K. and his wife live in a small rented apartment which has proved satisfactory for their needs.

The veteran has a stable income. He receives a Spanish American War Veterans Pension and a Federal Pension as a result of his previous employment. The couple would be in a much better financial position if it were not for their son. As it happens, he is not well, works irregularly and turns to them for financial aid in stress situations. A recent expense has been medical care for the veteran's wife who is being followed in a local hospital for treatment of a cardiac condition.

Mr. K's. medical diagnosis is Chronic Myocarditis, Chronic Arthritis, Arteriosclerotic Heart Disease. He also has poor vision. This multiplicity of diseases has caused a limitation of his activities.
He proceeds through life at a much slower pace now and seems content to do so. He does all the shopping for the family. He naps, reads, and watches television. Occasionally some of his friends drop in for a game of cards. He seldom attends meetings now as he feels that it is too hard for him to get around. His wife's eyesight is poor and she no longer is active in church and community affairs.

This passive dependent veteran related well during the interviewing situation. He appears to be very frail and looks older than his years.

**Evaluation of Adjustment to Old Age**

Despite the presence of physical diseases which curtail his activity, and the stresses of limited finances and a wife who has health problems, this veteran is maintaining his emotional balance and is adjusting fairly well to his current life situations.

The sedentary life which he is forced to lead today is in marked contrast to his busy and active life of the past but he seems to have been able to adjust to the change in pace and to find satisfaction in his current situation. The writer feels that his good marital relationship has been a helpful factor in making this adjustment.

**Contribution of the Social Worker**

Mr. K. originally was referred to Social Work Service on February, 1956, from the Geriatric Clinic for the purpose of a psychosocial evaluation. Since then he has been seen by several other workers on the same type of referral and is currently being followed by the Geriatric Clinic Worker.

This veteran has not wanted to establish a case work relationship as
he sees no need for this type of service. He has used the social worker as a resource person; someone with whom he can discuss his financial problems, particularly in regard to meeting his wife's medical expenses. However, as yet, he has not followed through on any suggestion made by the worker to alleviate this situation.

After the study interview the writer discussed the patient's current adjustment with the Geriatric Clinic Worker, who is aware of his difficulty in accepting help and who will continue to reach out to him.

Case #9 — Mr. S.

Social History

Mr. S. is a seventy-eight year old white, married veteran who was born in Boston and attended local public schools.

At the age of nineteen he enlisted in the United States Army and served for one year and nine months during the Philippine Insurrection. He was honorably discharged and is not service connected for any disability.

After his discharge from Service, Mr. S. was briefly employed in the Navy Yard and the American Can Company. During most of his productive years he worked for the Metropolitan Transit Authority. He spent a total of forty-five years in the employ of this organization and held various types of jobs there i.e., yardman, starter. As he expressed it "they kept telling me, you can do this, and I did." With all his experience he never was employed as a car operator. His retirement at the age of sixty-seven was due to a severe attack of Arthritis. It is evident that Mr. S. enjoyed his work and regrets his retirement, particularly since his Arthritic condition has improved. This veteran has always managed to meet his financial obligations and has never received Public Assistance.
Mr. S. has been married for fifty-two years, has eight living children and twenty-seven grand-children. His wife, age seventy-five is a Diabetic and has had both legs amputated.

Current Social Situation

For the past forty-three years, Mr. S. and his wife have lived in the same rented six-room apartment. At the present, three of his children live at home. His divorced son aged forty-five, who is a machine operator, is living at home. An unmarried daughter, age thirty-five, who works as an elevator operator, is at home. Another unmarried daughter, age thirty-eight, who has never been employed because of a Rheumatic Heart condition is at home also. Since the veteran's wife had her second leg operation (in May, 1957) she has insisted on sleeping alone. This further complicates their living arrangements and the veteran is forced to sleep on a cot in the dining room. The crowded living conditions are not satisfactory to the members of the S. Family and the veteran's children are searching for a larger apartment. During the past year, the family applied for Public Housing but their application was rejected because the total family income was too high.

This veteran's income is derived from Social Security and his Spanish American War Veterans Pension. His son and daughter who are employed and living at home also contribute to the total family income. This income meets their needs adequately.

Mr. S's. medical diagnosis is Arthritis of both legs. As this condition is not severe, there is little limitation of his ability.

This veteran holds membership in three organizations; Veterans of Foreign Wars, United Spanish American War Veterans, and Independent Order
of Odd Fellows. As he enjoys group activity, he attends meetings fairly regularly. He likes to read, (particularly Wild West stories), watch television, play cards, and visit with his family and friends. He does not attend the synagogue as regularly lately because he is embarrassed by his inability to make the appropriate financial contributions which he seems to feel are expected. Much of his leisure time is spent in riding the M.T.A.

In addition to these various forms of recreation, he has assumed the responsibility of doing some of the food shopping for the family and this keeps him busy.

As we have previously stated, Mrs. S. has been ill for ten years and it is well to note the affect that chronic illness has had on the family. Mrs. S. is cared for by her daughter; which is satisfactory to Mr. S. as he prefers to be free to come and go as he pleases. Although he does not want to take the responsibility of caring for his wife, he is concerned about her illness and by the resultant change in interfamilial relationships. Since Mrs. S. has been ill, she has withdrawn from an active role in family affairs. There is evidence to indicate that there has been a change in the husband-wife relationship and thus, the marital balance has been upset. The previous social worker felt that Mrs. S. probably has been the dominant marital partner prior to her illness. With Mrs. S's increased dependency and Mr. S's. inability to assume a dominant role, there has been a change in the pattern of family living. The veteran indicates that his children now are "the bosses." It is clear that he resents being "bossed" by his children but is unable to effect any change in this situation.
The writer found that this veteran was a passive individual who related well and talked spontaneously during the interviewing situation.

**Evaluation of Adjustment to Old Age**

This man has led a busy and full life in the past. His work undoubtedly provided him with many satisfactions and although he has been able to use his current group activities as a work substitute, he still maintains a sense of identity with the M.T.A. through the frequent use of their services.

Currently, his ego strengths are being tested by two of the common stresses of old age, 1) illness of a marital partner and 2) devaluation of himself as a person by his children. The writer feels that he is able to dilute some of his anxieties about his wife by sharing these feelings with his children. However, the devaluation of self resulting loss of status and self-esteem is a serious problem. He is trying to adjust to this problem and to his need to feel useful through such activities as his membership in groups and his responsibilities at home, i.e. - family food shopper and errand boy. He also has been able to use case work therapy effectively and this process has served as a means of lightening the pressures and enabling him to make a better adjustment to his current life situation.

**Contribution of the Social Worker**

Mr. S. originally was referred on December, 1956, to Social Work Service from the Geriatric Clinic for the purpose of a routine psychosocial evaluation. The case was closed after this one interview.

On March 28, 1957, the veteran again was referred for a psychosocial evaluation and was seen by another worker. From this date on, this case was active. When this worker left the agency in June, 1957, Mr. S. was
then transferred to the present Geriatric Clinic Worker. Over this period of time Mr. S. has had monthly appointments and will continue to do so.

The social worker's contribution has been to provide the veteran with the opportunity of expressing his feelings of anxiety and hostility arising from his stressful situation. She has continued to support his ego strength.

**Case #10 --- Mr. O'S.**

**Social History**

Mr. O'S. is an eighty year old white, married veteran who was born in Ireland and came to the United States with his parents when he was quite young. His early years were spent on a farm in Illinois. He attended school in a one-room schoolhouse and "went as far as decimals" in his learning process.

At the age of nineteen he enlisted in the United States Cavalry. He was in service for a total of three years and served in both the Spanish American War and the Philippine Insurrection. He was honorably discharged and has no service connected disability.

This veteran's employment history reveals that he started work at the age of sixteen. He left home at that time and went to Minnesota to harvest wheat. He earned two dollars per day on this job. For several years he was a migrant worker on farms in this area. In the depression of 1893, he was employed as a laborer, clearing wood to be used in a zinc mine. Several years later the sinking of the Battleship Maine occurred and he enlisted in the Army. After his discharge he came to Boston and went to work for the Metropolitan Transit Authority as a yard man. After this he
was employed as a postal clerk and served for twenty-five years in this capacity until his retirement several years ago. He was always able to support himself and his family adequately during his productive years.

Mr. O'S. was married while in Service and this marriage has lasted fifty-eight years. His wife, age seventy-seven, has been in a nursing home for the past five years. The couple had four children, two sons and two daughters, all of whom are living now.

As a young man, Mr. O'S. enjoyed sports but seems to have given them up when he acquired the responsibilities of marriage and fatherhood.

**Current Social Situation**

This veteran lives alone in a six-room bungalow, which he owns, and does his own cooking and housework. This has been his home for the past thirty years and he prefers to remain there even though his wife is no longer with him. Despite having lived in the same neighborhood for so long, he has only casual relationships with most of his neighbors. He stated that he didn't "neighbor" very much, because "they always offer you a drink and I don't hold with that."

Five years ago the veteran's wife had a Cerebral Vascular Accident which left her partly paralyzed and unable to walk. As Mr. O'S. wanted to keep his wife at home, he tried to meet her needs by hiring a nurse to care for her. Mrs. O'S., however, is an obese woman, requiring two people to turn her in bed, and he had so much difficulty in finding a nurse who would remain on the case, that he reluctantly was forced to arrange for nursing home care. Fortunately, he was able to find a home nearby. He visits his wife three times per week and is in close touch with the nursing home. He
indicated that even today if he could find someone to care for her, he would like to have his wife at home. As the veteran was unable to meet the total cost of his wife's care, part of this expense is being paid by the Department of Old Age Assistance. It is evident that his wife's illness had had a traumatic effect on this man and that he has been unable to face the reality of her condition and the need for this specialized type of nursing care. It would seem that he has suffered a loss of self-esteem by being forced to use public funds to provide for his wife's care. The veteran also expressed anxieties which seemed to relate to his concept of the power of the Department of Old Age Assistance. He was afraid that they might transfer his wife (without his consent) to another nursing home where he couldn't see her as often. In general, this whole area seemed to be stressful for him.

A positive factor in the veteran's social situation is that family relationships are good. His two daughters live in Mattapan, not far from his home and they are in daily touch with him. Their support undoubtedly is very helpful to him.

Mr. O'S's income is derived from his Spanish American War Veterans Pension and a Federal Pension as a result of his employment in the Postal Service. This sum, although not large, seems to meet his needs. Although he owns his home, the Department of Old Age Assistance has a lien on it; a fact which causes him anxiety.

Mr. O'S has Arteriosclerotic Heart Disease and Chronic Conjunctivitis. Neither condition seems to seriously impede his activities.

His interests are few. He enjoys reading, particularly detective
stories. He watches television and is interested in quiz programs such as, "The Price is Right." He formerly was interested in gardening but now he describes this activity as "just puttering around." He feels that "it takes me an hour now to do something I used to be able to do in fifteen minutes." For many years he was an active member of the Order of the Moose. He enjoyed the experience of being a member of a fraternal group and speaks proudly of the philanthropic activity of this organization. As his wife's health failed, he stopped attending meetings and gradually dropped out of this group. He has no intention of becoming active as he feels that he "can't keep up with the pace of the younger fellows." He also expressed the feeling that "they don't want us older men hanging around." At present his only group membership is in the United Spanish American War Veterans organization.

Mr. O'S. is an alert and intelligent man who related well and talked spontaneously during the interview. Of the ten veterans in this study, this man was the only one who seemed to be using the interview for a recounting of his successful past life's experiences. The writer received the impression that he is lonely and depressed at times.

Evaluation of Adjustment to Old Age

Mr. O'S. is an individual who once realized a capacity for manliness, responsibility, and usefulness, to others but who is having difficulty in adjusting to his current life situation and the stresses of his later years. The two main stresses in his life are, 1) illness of a marital partner resulting in separation, loneliness and a change to his pattern of living, and 2) loss of self-esteem and sense of worth. Stemming from these
stresses and also related to his inability to find a suitable work substitute, are his feelings of uselessness and insecurity.

**Contribution of the Social Worker**

This veteran originally was referred to Social Work Service on December 26, 1956, from the Geriatric Clinic for the purpose of a routine psychosocial evaluation.

Since this time he has been interviewed by several social workers, including a student, but has been resistant to establishing a case work relationship. His last experience with Social Work Service (prior to the study interview) was in November, 1957, which was the occasion of his second interview with the student social worker.

At the conclusion of the study interview the writer unsuccessfully tried to refer him back to his worker. Afterwards the writer discussed the veteran's problems with the worker and his supervisor and it was agreed that another effort would be made to establish a relationship with him.

The writer feels that this man has been alerted to the presence of the social worker as a helping person but that he has difficulty in accepting help. It would seem that he needs case work therapy planned to support his ego strengths and to help him adjust to a stressful situation.
CHAPTER V
SUMMARY AND CONCLUSIONS

This thesis has been concerned with the social adjustment of war veterans to current life situations and represents a study of ten Spanish American War Veterans referred to the Social Work Service at the Veterans Administration Out Patient Clinic in Boston, Massachusetts.

The purpose has been to investigate some of the factors in this adjustment process and to demonstrate the inner and outer resources used by these veterans in their current life situations. This study is based on material collected from Social Service records, Medical records and interviews by this writer of a group of Spanish American War Veterans.

In selecting the cases for consideration in this study, the writer used the first ten cases referred to Social Work Service after the beginning of the study. The sample, therefore, is small and is not intended to be representative of the total Spanish American War Veterans group.

The Spanish American War Veteran, is in some respects, a member of our advantaged group (as compared with others of our Senior citizens) in that through his special status as a veteran, he has three important resources provided to lessen the stresses of his later years; namely, 1) a stable income free from stigma, 2) free medical care, and 3) Social Work Service.

Nevertheless, as a member of our aging population, he has many of the same stresses and strengths as our elderly non-veterans. It is well to note that aged persons constitute an ever increasing percentage of the population in the United States and with this increase in members has come a
growing interest in this group with more attention being directed toward the study of their problems, needs and available resources. Studies have shown that the most common stresses which the aged person is called upon to face are, 1) physical and mental limitations, 2) retirement and economic insecurity, 3) loss of relatives and friends, and 4) rejection by children. These stresses produce an affect in two very important emotional areas, self-esteem and dependency. The individual's reaction will depend on his own ego strengths and weakness and the severity and kind of stress. Marc Hollender has stated that we also must be aware of the strengths of the aged such as their individuality, emotional maturity, ability to learn new things and to lead active and meaningful lives. It is only when we have achieved a realistic understanding of both the strengths and stresses of the aged that we can serve this client group satisfactorily.

The role of the social worker with the aged is the same as for all clients - to help the individual function more satisfactorily and to find greater satisfactions in everyday living. The workers accepting, nonjudgmental attitude, her understanding of the dynamics of human behavior and the problems of the aged are helpful in providing the supportive therapy which may help this client group. The social workers knowledge of resources is used to meet the realistic needs of these people. In working with the Spanish American War Veterans, whose realistic needs are met largely through a special veterans program, the efforts of the social worker can be focused more directly on case work therapy.

The writer found that the average age of the veterans in this study was 77.4 years. All were male. Six of the veterans were married, two were
separated, one was single, and one was a widower. Seven of these men were born in the United States, one in England and two in Ireland. Their educational background showed a wide variance, ranging from the veteran who had completed fifth grade to the veteran who had graduated from college and gone on to further graduate study. All of these veterans were honorably discharged from Military Service. Five of the men had served during the war with Spain and had been in service six to nine months. The other five veterans had fought either in the Philippine Insurrection or been involved in both conflicts and, therefore, had a longer period of service. The veterans in this study were ambulatory patients whose medical needs were met primarily through the Geriatric Clinic at the Boston Veterans Administration Out Patient Clinic. The following present diseases were noted: diverticulosis, glaucoma, arthritis, rheumatism, duodenal ulcer, chronic conjunctivitis, deafness, and cardiac conditions which included angina pectoris, chronic myocarditis, arteriosclerotic heart disease and old coronary occlusion. Many of these patients had these diseases in combination.

The writer found that the majority of these veterans had been gainfully employed during their productive years and had been able to support their families without financial assistance from either public or private agencies. Only one veteran had received agency help for economic distress. Their previous occupations included, a criminal investigator, a civil engineer, a painter, postal clerks (3), a mechanic, M.T.A. operator, a machinist's helper and a porter. None of the veterans were currently employed. Five of this group had been retired ten years and over, two had
been retired over five years, and three had been retired over a year. All of these men received a pension of $101.59 per month as a result of their Military Service. All of them had, in addition, other sources of income which included Social Security, retirement benefits from work, investments, and in one instance, compensation from a service connected disability. No one received public assistance funds, and in general, their incomes although limited, apparently were meeting their needs.

Of the six married veterans, five were living with their spouses, and one, whose wife was in a nursing home, lived alone. Two veterans, who were separated from their wives, lived in rooming or boarding houses. A widowed veteran lived with relatives and a single veteran lived alone.

The writer found that the majority (eight) of these veterans were interested in group activity and held active membership in such groups as the United Spanish American War Veterans, Independent Order of Odd Fellows, Veterans of Foreign Wars, a national fraternity and a college alumni group. Their individual interests or hobbies were as varied as the veterans themselves, and included such activities as reading, walking, watching television, card playing, making minor household repairs, playing the piano, visiting sick veterans, etc.

Only one veteran had had any contact with a social agency in the past and currently the relatives of two of the veterans are receiving economic assistance. Nine of the veterans had been previously referred for Social Service at the Veterans Administration Out Patient Clinic from the Geriatric Clinic for the purpose of a routine psychosocial evaluation and one veteran was interviewed for the first time in connection with this thesis study of
the ten veterans. Four currently were followed in Social Work Service and two more were referred for case work therapy as a result of this study.

In evaluating the social adjustment of the veterans to their current life situations, the writer was impressed with the individuality of this group — in their reactions to stress and their ways of meeting their needs. With one exception, all of these men were leading lives which were in marked contrast from that of their previous life experiences. In common with others of their age group, they were faced with such stresses as illness of a marital partner, adjustment to retirement, limitation of physical activity and the threat of loss of self-esteem and independence by society’s devaluation of old age. Their needs remained the same 1) to be wanted, loved and economically secure, 2) to maintain a feeling of self-esteem and independence, 3) to belong to a group, and 4) to have a feeling of contributing and creating. How the veterans were meeting these problems depended on their individual ego strengths and the severity of the stress. Fortunately all had stable incomes (veterans pensions) and were able to achieve varying degrees of independence and self-esteem because of this factor. At least six veterans had been helped to adjust to retirement from work and to satisfy their needs for being useful and a member of a group by their membership in various organizations. Their needs for love and affection were satisfied for the most part through relationships with family and friends. The veterans adjustment to his current situation varied from the veteran with deep rooted problems and a history of emotional difficulty who was making a marginal adjustment to the stresses of old age with the assistance of the social worker, to the veteran who was making
an excellent adjustment due to his good ego strengths, intelligence and flexibility. As with any age group it would appear that the two most significant factors in the adjustment process are 1) ego strength, 2) nature and severity of stress.

The social worker's contribution to the aged veteran is her presence as a friendly, interested person to whom he can turn in time of trouble and still retain his self-esteem and independence. It is in her availability and her understanding of the problems of the aged veteran that makes her able to offer service which may help the individual with emotional and reality problems which may be interfering with his optimum adjustment.

CONCLUSIONS

This study is in no way conclusive but the material does indicate that

1) The aged veteran has the same needs as a person of any age namely, physical and emotional security.

2) The aged veteran is an individual and must be understood as such. Any attempt to help with his problems requires individualizing the veteran in terms of his personality, his needs and his ability to solve his problems.

3) The aged veteran can be helped by case work therapy.

4) The aged Spanish American War Veteran is a member of an advantaged group in our aging population in that he has been provided with a stable income without stigma and is eligible for the total medical care services of the Veterans Administration program. In terms of ego support
this is helpful in maintaining his self-esteem and independence.

The writer believes that it would be interesting to make a comparison study with ten clients who are dependent on the Department of Old Age Assistance for financial support in order to evaluate the economic factor in adjustment to old age.
Date of Interview:

**SCHEDULE**

**IDENTIFYING DATA**

Name:
Address:
Age: Sex: Marital Status:
Nearest Relative:
Address:

**MILITARY SERVICE**

Date of Enlistment: Date of Discharge:
Type of discharge:
Service Connection:
  For what condition:
  How much compensation:

**MEDICAL INFORMATION**

Diagnosis:
Physical Trauma:
Past operations & injuries:

**HOME**

Physical environment:
  Rooming house: Own home: Apartment, etc.:
Persons at home:
  Immediate family, wife, son, etc. and other relatives:
EDUCATION

Grammar School:
High School:
College:
Graduate Study:

WORK HISTORY:

SOURCES OF PRESENT INCOME

LEISURE TIME ACTIVITIES

Typical day:

Group Activities:
(Church, Masons, Fraternal Organizations, Senior Citizens, etc.):

USE OF SERVICES OF SOCIAL AGENCIES, INCLUDING VETERANS ADMINISTRATION

IN PAST - WHAT SOCIAL AGENCY

What services were used and why:

Present use of agency services:

PERSONALITY

Dependent:
Independent:
Passive:
Aggressive:

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