1952

A study of the post-war adjustment of twenty-five psychotic veterans referred to the social service unit by the adjudication division, Boston Regional Office, Veterans Administration, five to six years after discharge from service.

https://hdl.handle.net/2144/13202

Boston University
A STUDY OF THE POST-WAR ADJUSTMENT OF TWENTY-FIVE PSYCHOTIC VETERANS REFERRED TO THE SOCIAL SERVICE UNIT BY THE ADJUDICATION DIVISION, BOSTON REGIONAL OFFICE VETERANS ADMINISTRATION, FIVE TO SIX YEARS AFTER DISCHARGE FROM SERVICE

A Thesis

Submitted by
Walter Benedict Connaughton
(A.B., Boston College 1937)

In Partial Fulfillment of Requirements for
the Degree of Master of Science in Social Service

1952
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CHAPTER I
INTRODUCTION

PURPOSE

The purpose of this study is to determine the level of adjustment attained five to six years after discharge from service of twenty-five World War II psychotic veterans, referred to the Social Service Unit by the Adjudication Division for a Social Service survey in conjunction with a review of their claims for compensation. The writer is interested in finding out:

1. What were the reasons for referral and areas in which he needed help?

2. What was the adjustment of the veteran in family, social and occupational areas at the time of the study?

3. In what areas was the social worker active in helping the veteran maintain or improve his adjustment?

SCOPE

Twenty-five cases were selected from all World War II veterans referred by the Adjudication Division for social and industrial survey during the period July 1, 1950 to June 30, 1951. These veterans were handled by trained caseworkers in making surveys for rerating purposes. Each of these veterans had been hospitalized and discharged from the service five to six years with a diagnosis of psychosis. These veterans held a disability rating of 30 percent or more since discharge from the service.
SOURCES OF DATA

The material for this study was obtained from the closed records of the files of the General Section of the Social Service Unit, Boston Regional Office of Veterans Administration. Social service case folders, the medical folders, and the claim folders of these veterans were used by the writer. These records include the social case recordings, organized social histories, records of hospital and outpatient treatment and military service records.

LIMITATIONS

The writer was limited by the brevity and inconclusiveness of the data in some of the records. The subjective factor of the informant with his desire to give material in better or worse light than actually was the case was present. To be able to judge the adjustment by pertinent factors such as family, social, and occupational is difficult in the small number of cases studied.

METHOD AND PLAN OF PROCEDURE

The writer set up a schedule to secure information from the veteran's social service folder, which would indicate the factors contributing to the post-war adjustment and reasons for referral of the veterans. The surveys submitted by trained caseworkers were examined, where in addition to the veteran concerned other persons were interviewed. When desired information was lacking in these folders the veteran's other records mentioned above were available. Pertinent information was
consolidated for use in this study.

Chapter II includes a description of the Social Service Unit of the Boston Regional Office, Veterans Administration, and specifically the role of the General Section in regard to surveys requested by the Adjudication Division for rating purposes. Chapter III is devoted to a survey of the literature pertinent to some aspects of understanding and knowledge necessary in dealing with psychotic veterans. Chapter IV demonstrates in tabular form a description of the veterans studied and their post-war adjustments in the family, social, and occupational areas. Chapter V deals with seven case histories which demonstrate the three points raised as questions in the "Purpose". Chapter VI will contain a summary and conclusions.
CHAPTER II

SOCIAL SERVICE IN THE VETERANS ADMINISTRATION
BOSTON REGIONAL OFFICE AND ITS ROLE IN
ADJUDICATION DIVISION REFERRALS.

In the Boston Regional Office of the Veterans Administration the Social Service Unit is within the Professional Services of the Medical Division, and has an established policy, responsibility, and scope of activity. The Social Service Unit is under the direction of a Chief Social Worker.

The Veterans Administration has established social service functions, in the recognition that effective medical care includes the treatment of the social factors involved in illness and disability. As an integral component of the Medical Division, Social Service carries out the following responsibilities in collaboration with the various outpatient medical clinics, mental hygiene clinics, hospitals, and other VA services, and in cooperation with the community: (a) Social casework services to veterans directly within the Medical Division; also in relation to the vocational rehabilitation program; (b) services to other components of the VA: including case consultation.

Social Service in the VA consists of medical and psychiatric social work. This service contributes to the medical and vocational rehabilitation programs through evaluation and treatment of the social and environmental factors and the feelings and viewpoints which have bearing on the nature of illness, the effective use of medical and domiciliary care, the degree and duration of disability, and the comprehensive rehabilitation of the veteran. The purpose of the Social Service is to enable the veteran to cope with those factors and interrelationships which are destructive and develop those which will be constructive, in his effort to recover from illness, lessen handicap, adjust to remaining disability, and re-establish himself. The following illustrate the general areas of these casework services:
1. To help the veteran accept and act upon the reality of his illness and his need for medical or psychiatric examination, outpatient or hospital treatment.

2. To help the ill or disabled veteran under medical care to use constructively, and without undesirable interruptions, the treatment opportunities and the benefits provided through outpatient clinics and hospitals.

3. To render assistance to the veteran in the process of leaving the Hospital or domiciliary care, in planning for a successful trial visit or discharge that will be lasting.

4. To assist the veteran on trial visit, not directly supervised by the hospital, who is referred to Social Service in adjustment within their family group and re-establishment in the community; also for periodic evaluations of their adjustment.

5. To help the veteran discharged from active medical treatment to consolidate, sustain, and develop in his community setting the gains achieved from outpatient or hospital care, and avoid the necessity for further clinic treatment or hospital admission or readmission.

6. To assist the physician by securing and evaluating social, environmental, and emotional data and personal history to facilitate the establishment of a differential diagnosis, and help in planning of treatment at outpatient clinics or in hospitals.

7. To render assistance in providing social casework services to disabled veterans in relation to social and environmental complications that are adversely affecting their progress toward vocational rehabilitation from the effects of illness or injury.

1. Veterans Administration Technical Bulletin 10A-198
Service is given to all eligible veterans. Responsibility of a continued service nature is assumed by the Social Service Unit for those veterans who have a service-connected disability, those entitled to outpatient treatment, hospitalized veterans, and those processed for hospitalization. In general, the term "Service-connected disability" is used by Veterans Administration to indicate one which results from a disease or injury incurred in or aggravated by military or naval service. Veterans presenting personal, social, and medical problems, who are ineligible for Veterans Administration benefits, or who present problems beyond the scope of the Veterans Administration Social Service, are referred, through Intake for referrals to appropriate community agencies.

The writer for the purposes of this study will confine his attention to that aspect of the Social Service program which is carried out in conjunction with referrals from the Adjudication Division. One of the main functions of the Adjudication Division is to adjudicate and rate all claims for disability compensation and pension. The major responsibility for the review of the veteran's claim and substantiating evidence rests with the rating boards. Each board is composed of three rating specialists; medical, legal, and occupational. Each rating specialist reviews all evidence on file, and records his decision within his specialized field. In the processing of claims, it is the responsibility of the rating board to request such medical examinations as
may be indicated. This is true, both in the processing of new claims, and in conjunction with the legally required periodic review of previously rated claims. At the same time the rating board on a selective basis, via office memorandum, submits requests to social service, for a survey of the claimant's adjustment in the major areas of his life. Claim folders and outpatient medical records, which contain all available records pertaining to hospital and outpatient treatment, medical treatment both during and after Military Service, are available for the caseworker's use.

Many veterans discharged with psychosis and psychoneuroses have borderline conditions necessitating a careful differential diagnosis. Specific information as to the onset or the nature of the disease or defect, and the degree of social and industrial disability involved is important to both the examining physician and rating board. It is because certain symptoms of mental and nervous diseases are revealed in the veteran's behavior in relation to other persons, and in the details of personal, social and occupational adjustment, that comprehensive social surveys by social workers trained for this type of work are important. These social surveys serve three important purposes. (1) To assist the physician examining the veteran to arrive at the proper diagnosis for report to the rating board and to plan proper medical and social treatment. Thus this provides the opportunity for planning therapeutic resources for assisting him with the personal problems of readjustment and the overcoming of the disability. (2) To aid the rating board in evaluating the disability for rating purposes. (3) To guide the Chief Attorney in determining the need for instituting guardianship proceedings. 1

1. "Circular Veterans Administration Social Service Reports for Medical Examination and Rating Procedure," Circular No. 73, Mar. 27, 1946, p. 11
The format of the written survey follows that of a case history. Every effort is made to make it as factual and objective as possible so that an accurate picture is presented of the impact of the disability upon the veteran socially, emotionally and economically.

In interviewing the veteran for this particular purpose there are certain factors that the Social Worker must take into consideration. The veteran has not seen any problem which has motivated him to seek social service; he is advised in an appointment letter that the Social Worker has been requested by the Adjudication Division to contact him in conjunction with a review of his claim. He may regard the Social Worker hostilely as a member of the Veterans Administration who is seeking to reduce his compensation. He may feel anxious about the claims process. He may need help in giving information to support his claim. The social worker must clarify her role to the veteran, so that he may understand that the decision will not be made by the social worker, but by the Rating Board which needs help in making a decision. The social worker must also clarify with the veteran that for objectivity in these surveys, the Veterans Administration is interested in all phases of his adjustment, and that it is necessary to contact others—his family, employer, doctor, school, etc.. The Veteran's permission is always secured before contacting these sources.
The caseworker, in social surveys, makes an evaluation that consists of gaining an understanding and weighing the significance of social elements in the claimant's pre-war and post-war adjustment as they relate to his disablement, his efforts to rehabilitate himself, and his welfare.

The Veteran's emotional and social problems often are rooted within the interrelationships of home and community, and within the pressures of local cultural characteristics and opportunities. In effective casework service to the veteran, Social Service not only directly helps him to cope with those persons in his environment whose influences, attitudes, actions, customs, or problems affect him but also works in his behalf with them. The aim is to enable those persons to contribute more constructively to the purposes for which a VA benefit is given and increase its effectiveness. It is the responsibility of the social worker to recognize and provide, or arrange for help with social problems which are affecting the disabled veteran's medical and vocational rehabilitation.

CHAPTER III
UNDERSTANDING AND KNOWLEDGE NEEDED IN DEALING WITH THE PSYCHOTIC VETERAN

The writer will limit himself to a discussion of the schizophrenic. This was determined by the fact that in twenty-two out of the twenty-five cases selected for this study the diagnosis was schizophrenia.

If, as is the present trend of opinion schizophrenia represents a special type of personality disorganization, a maladapted way of life manifested by one grappling un-successfully with environmental stresses and internal basic personality of the individual and the limits of his adaptive power, in the experiences which life has brought him and in the mental mechanisms and patterns of reaction by which he has attempted to deal with his special problems--faulty methods which constitute the symptoms of disorder..... One will therefore seek to formulate the clinical picture of schizophrenia in terms of the familiar problems and forces of human life rather than those of an impersonal disease entity. 1

In the schizophrenic personality one secures a picture of a person who has never established close or satisfying relationships. He is a frustrated, easily hurt, sensitive person one who has a great deal of emotional involvement in fantasy. The symptomatology of this type of person might be that he is withdrawn, has delusions and hallucinations. He shuns reality for reverie and lives within himself.. The schizophrenic has been described as a person being loosely connected with the members of his family and affiliated intellectually, if at all, with extra-familial activities.

1. Arthur P. Noyes, M.D. Modern Clinical Psychiatry - P. 356-7
A person with this disorder is frequently faulty in his judgment of reality. He oftentimes is inclined to devalue, or overestimate his ability. This is reflected in his attempts to undertake employment or other projects beyond his capabilities, or he focuses on an object far below his potential.

The schizophrenic veteran, upon his discharge from the military service, has to adjust not only to change in his own personality, but also to changes within his home, in the community, and on the job. His task is particularly difficult when, after being engaged in a struggle to overcome his illness, he is called upon to face the complexities of civilian life.

The vast majority of veterans with this type of disorder have undergone treatment, hospitalization, and had their illness diagnosed. In all probability, as a result of the above, the veteran knows his diagnosis, and may possibly be ashamed, feel guilty, or be depressed. It could be a reason for accentuated anxiety. Upon his return the psychotic veteran will find it difficult to forget his emotional attachment to his outfit; to experience a cohesiveness as firm as that in his individual group, opportunity for the ventilation of hostility will be negligible, gratification of dependent needs, so well met by appointed leaders and organized direction, will be difficult to find. The understanding, interest, treatment and companionship offered in the protective atmosphere of a hospital are left behind. Once returned home, he
is expected as an individual to readjust.

The schizophrenic returnee encounters a new set of factors that begin to operate and can prove to be detrimental. Powerful family attitudes of anxiety and misunderstanding resulting in rejection, pressures, overprotectiveness and ambivalence, can be directed at him.

Waller indicates that "a principal difficulty in the readjustment of the psychoneurotic is the public attitude toward him. While the physically disabled veteran is in general kindly regarded by society, our attitude toward those broken in mind is far less sympathetic." 1

As far as the authors have been able to ascertain, there are few studies concerned with the family background of schizophrenia as such. Malamud and Malamud studied the background of 33 patients who had schizophrenic episodes while serving in the armed forces. This study was focused mainly around screening potential schizophrenics from the service. The material was obtained from many sources; social agencies, army and hospital records, communication and contact with relatives, and the patients themselves. Malamud and Malamud concluded, conservatively, that "certain types of conditioning factors seem to render adjustment to military life particularly precarious." Thus we frequently find represented such factors as disorganized or broken homes, suppression or overprotection, strong emotional attitudes to parents, either of extreme affection and dependence or of hostility and high standards of achievement forced upon the patient by his family. 2

1. Willard Waller, The Veteran Comes Back, p. 168
Additional factors that tend to prove disturbing are his loneliness; remorse over buddies that have been killed or remained in the line of duty, a changed social and economic setting, need to secure employment, readjustment to his wife and children if married, sexual adjustment, receipt and use of compensation as a secondary gratification, and temptation to be supported by the government.

In contradistinction to the psychiatrist who undertakes to relieve the patient's intraphysic conflicts and thus to remove his symptoms, the social worker strives to remove or reduce the stresses and conflicts caused by the environment and to help the client find and use the potentially constructive factors in his situation so that he can channel his life anew, obtain more genuine satisfactions, and pursue his goals with greater success. 1

The writer is interested in presenting the caseworker's role in evaluating the adjustment of the veteran after separation from the military service. This involves adjustment in regard to family, employer, and the community at large.

Relationship is basic in casework therapy, and in working with schizophrenics, problems in relationship are encountered. The caseworker must actually like the veteran with this type of mental disorder. He must go out to the veteran, and not expect much enthusiasm in return. The schizophrenic can readily sense any negative feelings on the part of the caseworker. Such factors as the schizo-

1. Thomas A. C. Rennie M.D. and Leuther E. Woodward Ph.D., Mental Health in Modern Society, p. 199
phrenic's disregard for social amenities, his narcissism, his lack of personal hygiene, and occasionally, his unattractive physical characteristics are obstructions faced by the caseworker. Where ordinarily the schizophrenic is already oversensitized to rejection, other factors such as vacations, change of workers, and need to change appointments during the course of treatment must be carefully planned and interpreted to the veteran in order to avoid a feeling of rejection on his part. If used constructively, these reality situations can help the schizophrenic to develop and strengthen his insight into social relationships.

This acceptance of the schizophrenic by the caseworker has considerable meaning and is usually new to him. This could be attributed to the early life experiences of the schizophrenic, wherein a parent fluctuated between extremes of being overwhelming or completely rejecting and as a result has made his uncertain in regard to the people he meets. Accordingly, it is customary for a schizophrenic to test this type of relationship in various ways. He may become ingratiating, be continually late for appointments, and show a lack of social amenities. However, by experiencing positive satisfaction through the reality of the relationship, his testing will decrease and his need will diminish.

The caseworker must avoid a too warm and an overfriendly attitude toward this type of veteran. He must be natural and not act in such a way as to threaten, or overwhelm the schizo-
phrenic by becoming in his mind an image of a severe rejecting father or overprotective mother. The schizophrenic must be helped to become more socialized through the relationship established and substitute real satisfactions for fantasy. The caseworker must attempt to build the schizophrenic's ego to a point of social functioning and to attach his emotions to reality interests. Thus, through a positive casework relationship he can find it easier to relinquish the fancied world he has built up for himself. To do this, he needs strong support and reassurance from the caseworkers. The caseworker must also go out more and at certain points meet the schizophrenic on his own terms in order to deal with his narcissistic dependence and withdrawal.

The caseworker, by the use of the interview, can provide the means through which the schizophrenic ventures out into reality. In many cases the veteran knows little about social intercourse. He may be unable to handle a job interview and refuse to search for work as a result of anxiety about it. The schizophrenic and caseworker, can develop confidence in such situations by actual rehearsal of how the veteran can prepare himself, be expected to meet interviewers, and how he can present himself. In view of the weak ego structure of the schizophrenic, the caseworker in some instances may even be justified in making some decisions for him. The caseworker must avoid probing and pushing into the feeling areas of the schizophrenic in regard to the id material so the under-
mined ego structure already existing, will not be shaken or hurt. He must be careful also in this regard to avoid precipitating the possibility of a psychotic episode and determine at what point psychiatric consultation is needed. Transfer-ence in dealing with this type of mental disorder is characteristically a tenuous one, unreliable and unstable, and the caseworker must attempt to sustain it on an even basis. Another aim of the caseworker, where the schizophrenic is so preoccupied with primitive impulses, is to help him in working towards a healthy repression of them.

As the family is an important part of the ill veteran's environment, this group has to be prepared and acquainted with developments to be expected on his return, and the contributions they must make in helping him to establish more satisfying relationships. The caseworker must understand their apprehension, and misconceptions must be corrected as far as possible. They need support and help in order to live with, and understand, trying situations and behavior arising from the actions of a schizophrenic in the home. Other areas of concern for the family, and in which they need help and guidance, are the facts that; the ill veteran can make some of his own decisions, his delusions are real to him, and as a defense part of his illness, arguing is of no avail, and to learn that they need greater acceptance of the veteran and greater understanding of his mental illness.
CHAPTER IV

GENERAL DESCRIPTION OF CASES STUDIED
AND ADJUSTMENT INDICATED.

In the cases under study all were male, white veterans and all but one were born in this country. They were medically discharged with a diagnosis of Psychosis from the service. Their cases were referred to the Social Service Unit within sixty to seventy-two months following their discharge from the service by the Adjudication Division for social and industrial surveys in regard to rerating purposes. All veterans were receiving at least 30 percent compensation and the majority between 50 and 100 percent. The amount of compensation received remained unchanged between discharge from the service and the time of this study.

An adaptation of the rating scale used by Miss Helen L. Witmer, in "A Comparison of Treatment Results in Various Types of Child Guidance Clinics," will be used as an objective basis for determining the adjustment.

1. Good: Social, home and work adjustment average for veteran notwithstanding residuals of his mental illness.

2. Fair: Adjustment less than average, but the veteran may not be markedly hampered by his illness in these areas.

3. Poor: Problems exist that are sufficiently marked to prevent the veteran in adjusting to his home, work, and society, and his psychotic symptoms are incapacitating.

TABLE I

AGE OF THE VETERANS SURVEYED

<table>
<thead>
<tr>
<th>YEARS</th>
<th>NUMBER</th>
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<tr>
<td>21-25</td>
<td>4</td>
</tr>
<tr>
<td>26-30</td>
<td>0</td>
</tr>
<tr>
<td>31-35</td>
<td>10</td>
</tr>
<tr>
<td>36-40</td>
<td>11</td>
</tr>
<tr>
<td>TOTAL</td>
<td>25</td>
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Of the total number of twenty-five cases, eleven or 44 percent of the veterans referred were thirty-five years of age or older. Ten or 40 percent of the cases were between the ages of thirty-one and thirty-five. Only four or 16 percent were twenty-five and younger. None of the veterans fell below the age of twenty-two. 84 percent of the cases studied were thirty-one years of age and over.
TABLE II
EDUCATION OF
THE VETERANS SURVEYED

<table>
<thead>
<tr>
<th>Highest Grade Completed</th>
<th>Number</th>
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<tbody>
<tr>
<td>Grammar School</td>
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<tr>
<td>6th Grade</td>
<td>2</td>
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<tr>
<td>7th &quot;</td>
<td>1</td>
</tr>
<tr>
<td>8th &quot;</td>
<td>2</td>
</tr>
<tr>
<td>High School</td>
<td></td>
</tr>
<tr>
<td>1st Year</td>
<td>3</td>
</tr>
<tr>
<td>2nd &quot;</td>
<td>3</td>
</tr>
<tr>
<td>3rd &quot;</td>
<td>5</td>
</tr>
<tr>
<td>4th &quot;</td>
<td>8</td>
</tr>
<tr>
<td>College</td>
<td></td>
</tr>
<tr>
<td>1st Year</td>
<td>0</td>
</tr>
<tr>
<td>2nd &quot;</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
</tr>
</tbody>
</table>

Only one veteran received education at the college level, and he completed only his second year. Eight veterans, or 32 percent, completed and graduated from high school. Eleven veterans, or 44 percent of the cases studied, gave indication that their education was interrupted for various reasons in the first, second, or third year of high school. Five veterans, or 20 per cent were unable to go beyond grammar school.
TABLE III
MARITAL STATUS
OF THE VETERANS SURVEYED

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
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<tbody>
<tr>
<td>Single</td>
<td>12</td>
</tr>
<tr>
<td>Married</td>
<td>8</td>
</tr>
<tr>
<td>Separated</td>
<td>2</td>
</tr>
<tr>
<td>Divorced</td>
<td>2</td>
</tr>
<tr>
<td>Widower</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
</tr>
</tbody>
</table>

In Table III, pertaining to the marital status of the cases studied, it appears particularly significant, that twelve, or 48 percent of the veterans were still single. In consideration of the facts shown in Table I, where 84 percent of the veterans were 31 and over, it could be indicative of unsatisfactory heterosexual development, notwithstanding the consideration that the normal life of these veterans was interrupted by their military service. Of the eight married veterans, six had one or more children. Two others were separated from their families, one of which did not contribute to the support of his wife and child. There were two veterans divorced from their wives, and one who became a widower, when his wife died while he was in the service. Of the twelve single veterans, one was living away from his parents and relatives.
TABLE IV
LENGTH OF SERVICE
OF THE VETERANS SURVEYED

<table>
<thead>
<tr>
<th>Number of Mos.</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Mos. or less</td>
<td>6</td>
</tr>
<tr>
<td>13-24</td>
<td>7</td>
</tr>
<tr>
<td>25-36</td>
<td>3</td>
</tr>
<tr>
<td>37-48</td>
<td>4</td>
</tr>
<tr>
<td>49-60</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
</tr>
</tbody>
</table>

Thirteen, or 52 percent of the cases studied, indicated that the majority of the veterans served less than two years. Of the above number, six served less than one year. Three veterans served between two and three years. Nine veterans were in the service more than three years; and, of this number, five served more than four years. Ten veterans served in overseas theaters of operations. Of this number, eight were engaged in or experienced combat. Periods of service can be important in regard to indicating what effect military service, and its stresses and strains, had in relation to the mental illness of the veterans studied.
In World War II, the greatest number of personnel was assigned to the Army. It is not surprising, therefore, to see that seventeen of the twenty-five cases studied served in this branch of military service. During the period 1942-1946 inclusive, of the number of men discharged for psychiatric and other personality reasons from all branches of the service, approximately, 380,000 were discharged from the Army. Only 77,000 Navy personnel were discharged for the same reason. 1

1. Thomas A. C. Rennie, M.D. and Luther E. Woodward, Ph.D. Mental Health in Modern Society p. 13
TABLE VI

DIAGNOSIS OF
THE VETERANS SURVEYED

1. SCHIZOPHRENIA:
   A. Simple Type 5
   B. Hebephrenic Type 3
   C. Catatonic Type 7
   D. Paranoid Type 8

2. MANIC DEPRESSIVE 2

Total 25

Twenty-three of the twenty-five veterans studied were diagnosed as schizophrenics. Two were diagnosed as manic depressives.

SIMPLE TYPE: The most marked disturbances in schizophrenia of the simple type, are a personality change, and a childlike and inappropriate change in emotional demonstration. Hallucinations are rare. Delusions do not ordinarily play an important role. The individual usually remains uninterested and unimpressed by his responsibility and environment. This illness is usually gradual in onset.

HEBEPHRENIC TYPE: In the Hebephrenic type final disintegration of personality and habits is found most commonly. It has an insidious onset, and has its start usually in early adolescence. Wetting, soiling, and actions of a primitive nature, and other regressive features are prominent. Hallucinations are frequent. The patient may be silly, incoherent,
introverted and hard to reach.

CATATONIC TYPE: The Catatonic Type of schizophrenia is characterized by an acute onset, in comparison to other types. Phases of stupor and excitement which frequently alternate, may become an admixture of symptoms belonging to one or the other phase. The patient is extremely negavistic, denies the world, and actively resists his environment.¹ On the other hand, he may react with unorganized activity, be impulsive, and destructive. He is often assaultive.

PARANOID TYPE: The Paranoid Type is observed to appear at a somewhat later age than the other forms. Delusions of persecution are prominent. There may be hallucinations and mannerisms; incoherence and apathy are common. Rejected tendencies are projected instead of repressed. Some patients exhibit a bitter aloofness, are unapproachable, irritable, suspicious and aggressively hostile.

MANIC DEPRESSIVE PSYCHOSIS: Manic Depressive Psychosis are a disorder that have two well defined phases. In the manic phase we find all degrees of excitement; in the depressive phase we encounter varying degrees of depression. There appears to be no constant sequence or alternation in these reactions. Hypomania, acute mania, and delirious mania are met as some of the degrees of the excited phase. Mild depression, acute depression and stupor are represented in the different degrees of the depressive phase.

¹. Arthur P. Noyes, M.D.-Modern Clinical Psychiatry, p. 374
This disorder occurs more frequently in women than in men. Far more people suffer from schizophrenia than from the manic depressive psychosis. The diagnoses occurring in this study concur with this finding.

ADJUSTMENT

Five to six years have passed since these veterans were discharged from the service diagnosed as psychotic. This period of time may not be sufficient to tell if these veterans have made their best adjustment, but it should indicate the trend.

The writer will study the family adjustment in the home situation, and the relationships with parents, siblings, wives, and children.

Social adjustment in the community in regard to friends, and social activities will be examined next. Following this their occupational adjustment will be evaluated in respect to work records and ability to meet economic responsibilities. Finally we will analyze the post-war adjustment in relation to all areas above.
TABLE VII

FAMILY ADJUSTMENT OF THE VETERANS SURVEYED

<table>
<thead>
<tr>
<th>ADJUSTMENT</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>4</td>
</tr>
<tr>
<td>Fair</td>
<td>6</td>
</tr>
<tr>
<td>Poor</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
</tr>
</tbody>
</table>

In evaluating the family adjustment of the twenty-five veterans studied several factors were found that proved either conducive or deleterious to the veteran's efforts to reorient in this area. Such factors as family pressures, home atmosphere, financial condition of family, living conditions, acceptance, conflict in the home, understanding misconceptions in regard to the veteran's behavior, consistency, reactions to mental illness, friendly guidance, avoidance on part of family to make veteran dependent, overprotectiveness, sympathy, allowance of opportunity for veteran to find his own role in the family circle, family's ability to seek help when necessary as well as other factors facilitated or hindered the progress of the veteran.

In only four cases did the writer find that the home situation and family's attitude and relationship proved con-
ducive to the veteran's adjustment and resultantly helped him to adjust in the other areas.

In six cases studied there were some unfavorable factors present but they were not strong enough to prevent the veteran from making some progress.

In fifteen cases studied either the home situation or family attitude was such that it blocked the veteran from making an adjustment.

TABLE VIII
SOCIAL ADJUSTMENT OF THE VETERAN SURVEYED

<table>
<thead>
<tr>
<th>ADJUSTMENT</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>3</td>
</tr>
<tr>
<td>Fair</td>
<td>4</td>
</tr>
<tr>
<td>Poor</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
</tr>
</tbody>
</table>

The writer found that in eighteen cases studied the veteran shunned social contacts and activities. These veterans were seclusive and solitary.

In four cases the veteran had attempted to make social contacts and was engaging in social activities to a limited extent outside the home. In two of these cases they received the help of their family in their adjustment.
In only three cases did the writer find that the veteran was outgoing, had friends of both sexes and enjoyed social activities. This factor contributed to his adjustment in other spheres.

A negative attitude, old age, erroneous ideas, as well as distorted and fearful ideas prevalent in the community were encountered by some of these veterans. Other veterans felt that the community was suspicious and not receptive until they had proved they were able to live in the community. Inability to receive help in planning or developing interests in the community hurt others. Misconceptions in relation to mental illness on the part of friends, neighbors, and the public was another adverse factor and engendered insecurity in the majority of these veterans.

TABLE IX

OCCUPATIONAL ADJUSTMENT OF THE VETERANS SURVEYED

<table>
<thead>
<tr>
<th>ADJUSTMENT</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
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</tr>
<tr>
<td>Fair</td>
<td>8</td>
</tr>
<tr>
<td>Poor</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
</tr>
</tbody>
</table>

Five veterans had worked steadily, were financially independent and able to meet their economic responsibility
successfully. In three of the cases the veteran's family either set the veteran up in business or he was employed in the family business.

In eight of the cases the veteran's work record was irregular. He had not held a steady job, had changed jobs for personal reasons, but managed to get employment and was attempting to work steadily. He had to depend on his family or compensation for financial needs at times of unemployment. Twelve of the veterans had a poor work record and depended almost entirely on their compensation to meet economic needs.

Residuals of the veterans illness, lack of training and experience; choosing jobs unsuitable to their capacities, need for vocational guidance, impatience and misunderstanding of employers and inability of family to help were the outstanding factors found that impeded the veteran's efforts to secure employment that would meet their needs.

TABLE X

POST-WAR ADJUSTMENT OF THE VETERANS SURVEYED

<table>
<thead>
<tr>
<th>ADJUSTMENT</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>3</td>
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<tr>
<td>Fair</td>
<td>6</td>
</tr>
<tr>
<td>Poor</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
</tr>
</tbody>
</table>
Of the twenty-five cases studied the writer found that only three veterans were successful in making a good adjustment in the family, social, and occupational areas. Six veterans had made a fair adjustment, were able to become self-sufficient in most of the areas concerned to a limited degree. In sixteen cases the veterans failed to make an adjustment in at least two of the areas studied and was faced with problems that prevented him from becoming adjusted.

The writer found that the veterans needed help with poor home situations, inability to get employment, planning and participation in social activities, need for treatment, and in some cases medical evaluation for hospitalization.

In carrying out social surveys on the twenty-five veterans in this study the worker found problems existed in twenty-two cases. Three veterans or members of their families requested assistance from the caseworker in solving their problems. In the remaining nineteen cases the worker interpreted the Veterans Administration benefits available and offered to help. Fifteen veterans or their families accepted his offer. In four cases the veterans or their families denied a problem existed and refused the caseworkers assistance.
CHAPTER V

CASE STUDIES

The seven cases presented in this chapter were selected because they contain the most complete information regarding the post-war adjustment of the veterans used in this study. It will be the purpose of the writer, in this chapter, to indicate what the post-war adjustment was at the time of the study in the family, social, and occupational areas. Included will be a brief history giving a general description of the veteran; length of service and discharge; diagnosis; percent of compensation he received; source and reason for referral; areas he needed help; and ways the caseworker helped maintain or improve the adjustment of the veteran.

The criteria outlined in chapter IV will be used in the evaluation on the material presented in the cases selected in order to determine the type of adjustment made. Case A indicates a satisfactory adjustment. Case B describes a marginal adjustment. The remaining five cases indicate an unsatisfactory adjustment.

CASE A

This veteran is thirty-one years old, white, and a widower. He served forty-eight months in the Air Force and was a Staff Sergeant.

As a boy, the veteran kept his problems to himself. He graduated from high school as an average student. He attended night school to learn diesel engineering while he worked in his father's store during the day. He liked all kinds of sports, especially baseball. He had no particular friends.
The veteran underwent a long period of time in combat. While in military service, he met and married an older woman, who was of a different faith. This caused difficulty with his family since his mother was opposed to mixed marriages. At a later date, while the veteran was serving overseas, he was notified that his wife had cancer, and later that she had died. Following this he developed marked personality changes and was hospitalized in an army hospital for a year. In 1945 he was given a medical discharge from the service, with a diagnosis of schizophrenia. Upon the processing of his claim he was awarded 70 percent compensation. In August, 1950, the veteran's case was referred to the Social Service by the Adjudication Division. It was requested that an evaluation of the veteran's social and economic adjustment since discharge from the service be made.

The worker learned that the veteran returned to live in the house of his parents upon discharge from service. One younger brother was living in the home at the time. In behavior the veteran was cheerful, quiet, courteous, and, at first, content in the home. He had his own room, and the family enjoyed a good financial condition. The family also had a good social status in the community, and was well liked and respected.

The veteran's mother showed herself to be domineering and there were marital difficulties between the parents. The mother was tense, unhappy, nagging and anxious. The father threatened to take over the guardianship of the veteran and take him away from home. Both parents were devoted to their son, but used him as a pawn in their relationship. The veteran blamed his mother for causing all the difficulty in the home situation, because he felt she quarreled with everyone. He expressed a desire to leave the home.

The veteran was working in his father's store. He displayed knowledge of the grocery business, but argued with his father over his old-fashioned methods of running the store. He exhibited good judgment in business affairs. His parents set the veteran up in a grocery
store of his own in a small neighboring town. He did a lot of the necessary work in planning and getting the store ready. He ran the store alone but was occasionally helped by his brother and father.

The veteran visited his family frequently when he came in town for provisions. He secured a television set and enjoyed the programs. He joined the local Grange and participated in a great many of its activities. He became well known and was liked in the community. He displayed some guilt feeling over blaming his mother for causing the difficulty in the home and the fact that he had left home. The worker had to reassure him that, in view of the circumstances, what he had done appeared to have been the best solution and was working out for the veteran's own benefit.

**EVALUATION**

This veteran has made a satisfactory adjustment in all areas concerned. He has been successful in the occupational sphere. He was able to help set up and run his own business involving dealings with other people. He was able to leave home and avoid the conflict in the home situation which removed him from the resultant friction. However, he was still able to maintain a friendly relationship with his family and visit them frequently. His action in joining the Grange and participating in Grange activities indicated a good adjustment socially, and one that helped him to mix with other people and become liked and known in the community. The social worker helped him to clarify and work out his insecurity and guilt feelings about censuring his mother and leaving home.
CASE B

This veteran is thirty-nine years old, white and married. He served eleven months in the army as a private.

The veteran was born in Russia and as a child underwent many unusual experiences due to his father's different political beliefs and activities. The family had to move frequently and eventually were forced to flee from the country to avoid trouble with the authorities. The family suffered many harrowing and traumatic events in effecting their escape. They were successful in emigrating to this country when the veteran was four years old.

The veteran then followed a more settled existence. He was shy and inclined to be exclusive, but did have a few friends. He left high school after completing the first year. His parents felt that he was old enough at this time to go to work and contribute to the support of the family. His employment record was stable and he became more outgoing. He married a girl employed by the same company a few years before entering the service and became the father of one child.

While in the military service, the veteran encountered considerable difficulty in becoming adapted. He was assigned to an infantry company and successfully completed basic training. Shortly thereafter he was sent to training school and assigned to the mess kitchen as an assistant cook. He disliked cooking in this environment and made several requests for a change of assignment. When these requests were refused, the veteran gradually became surly and obstinate. He began to report on sick call often. He was suspected of malingering and was derided and joked about by his companions. He reacted in a very hostile and aggressive manner and became assaultive. He withdrew completely from the rest of his group. He persisted in attending sick call and was hospitalized on account of his erratic behavior. He received treatment for four months and was medically discharged in 1944 with a diagnosis of schizophrenia, catatonic type. He received an award of 30 percent
compensation as a result of filing a claim for disability. In September 1950 Social Service was requested to make a post-war Social Survey on this veteran by the Adjudication Division.

Upon his discharge from military service he returned home to live with his wife and child. Living conditions proved comfortable although moderate. His married life was compatible and he was interested and took part in the upbringing of his child. This was due to his wife's insight and understanding of his mental illness. The veteran's adjustment in the family situation was occasionally marred when he became upset. When this happened, he smashed furniture, paced excitedly back and forth, and talked incoherently. He was anti-social and had no social activities. He was hospitalized for a six months period and sought medical treatment frequently.

In the last six months he had worked steadily. It was learned from the veteran's employer that, due to his outbursts of temper when working with other employees, he had to be assigned to a job that separated him from other workers. His employer proved quite considerate and indicated that the veteran was an energetic worker, and did his job well in spite of his eccentric behavior with fellow employees. Previous to this job the veteran had held many positions, and left the majority of them because he was too tense and restless. He couldn't get along with other employees and exhibited a violent reaction when involved in arguments.

EVALUATION

This veteran appears to have made a marginal adjustment. His family adjustment was satisfactory and strengthened by the understanding and help given to him by his wife.

Although working steadily during the past six months, the veteran had held many jobs and left them for personal reasons. The most important factor in his current work
adjustment is undoubtedly a result of the veteran having a co-operative and considerate employer. In view of his overall work history it would appear that his occupational adjustment is questionable.

The veteran's social adjustment was extremely poor. He did not participate in any social activity and had no friends. He was experiencing great difficulty in working with other people and was unable to form any acquaintanceships through his work.

It was felt that this veteran needed a great deal of assistance in making an adequate relationship in the community. The worker, with the help of the veteran's wife, in the course of three months time aided the veteran in becoming interested in and joining the local American Legion Post. As a result, the veteran attended meetings and became interested in the Post's activities. His social attitude became more outgoing at the end of six months time, and although limited, helped the veteran to have a better relationship at work.

CASE C

This veteran is thirty-five years old, white, and divorced from his wife. He served twenty-two months in the Navy and was a seaman first class. His parents had been born in Italy and had emigrated to this country before his birth. The veteran was the second oldest of three siblings. His mother spoke very little English and preferred to speak Italian at home. His father died when he was sixteen years old. The veteran was not a good student, and he repeated two grades in school. The veteran completed grammar school at the age of
sixteen and went to work in order to contribute to the support of the family. He held many jobs as a laborer and at the age of eighteen he went to work in the merchant marine.

The veteran joined the navy shortly thereafter and was unable to adjust satisfactorily. He was a constant disciplinary problem and was court-martialled twice. He was in combat areas frequently, and his ship was shelled. After this experience the veteran became very fearful. His anxiety increased as time passed and he was hospitalized for six months. He received a medical discharge from the service in 1945 with a diagnosis of schizophrenia, paranoid type. He subsequently was awarded 50 percent disability compensation. In January 1951 this veteran's case was referred to Social Service by the Adjudication Division for a social and economic survey.

After discharge this veteran lived with his mother. His siblings had married or entered the Service. His mother was extremely overprotective and shielded the veteran in the community. She had no insight and could not understand her son's illness. She encouraged the veteran to remain in the home and avoid people in the neighborhood.

The veteran spent the majority of his time in bed. He averaged fourteen hours sleep a day. His social activities were restricted to taking occasional walks. He refused to renew former acquaintances and his friends finally gave up all efforts to interest him in their social activities. The veteran was suspicious and restless. He made indecent remarks out the window to people who passed his home. Crowds bothered him and upon occasions he became silent and refused to speak.

He refused all offers of employment by the neighbors. He resented their help in this direction. Periodically, when he became restless, he secured a berth in the merchant marine and went out to sea. After he was released, although urged by friends and neighbors to do so, his mother refused to consider committing him to a mental hospital.

At the time of the survey the worker felt that the veteran needed psychiatric treatment.
Upon discussing the case with his consulting psychiatrist, it was decided that without treatment the veteran undoubtedly would be unable to continue on in the community. By establishing rapport with the veteran, and with a great deal of interpretation to his mother upon successive visits to the home, the veteran's need was clarified and he was encouraged to seek treatment at the Boston Regional Office, Mental Hygiene Clinic.

EVALUATION

The mother's overprotective attitude and domination of the veteran in regard to shielding the veteran from the community indicated an unhealthy home atmosphere. The veteran's erratic behavior in respect to making indecent remarks, as well as his assault upon a neighbor, are symptomatic of his illness.

His social adjustment is poor. This is reflected in his refusal to renew acquaintanceships and participate in social activities. This is also shown by the fact that his only activity consisted of taking occasional walks.

Although it appeared that the veteran was able to secure work by reason of his experience in the merchant marine, the manner in which he approached and took employment indicated that he used this sphere as a means of escape from his environment. Although the opportunity was available, the veteran did not work steadily.

In the opinion of both the worker and the consulting psychiatrist, this veteran's adjustment was unsatisfactory. It was felt that unless he received treatment, the residuals of his illness would overwhelm him to the extent that he
would need hospitalization. The worker, by his action, attempted to encourage the veteran to take treatment at the Mental Hygiene Clinic.

CASE D

This veteran is thirty-five years old, white, and divorced from his wife.

The veteran was the youngest of five siblings. The mother had a nervous breakdown when he was a small child. His father was an easygoing individual who left all matters pertaining to discipline in the hands of the mother. The veteran did well in school, and upon graduating from high school, did postgraduate work. He was described as a shy youth with an inferiority complex, but had an average amount of friends. However, he refused to go out on dates alone, and insisted that his friends double date with him. Prior to entering service he worked steadily as a clerk in a local store. He was well liked and considered a good worker by his employer. Shortly after entering the navy the veteran married a southern girl he had known only a few months. The veteran encountered considerable difficulty in his marital life.

He claimed his wife was frigid, and was unable to assume her proper sexual role as a wife. He related that due to this difficulty they practiced perverted acts. The veteran was divorced by his wife shortly before he was discharged from the service.

While in the service the veteran remained aloof and did not mix with the rest of his group. He spent considerable time in combat zones where his ship was exposed to enemy fire. As the years went by he became more withdrawn and thought the other members on board ship considered him effeminate. After being in the service five years he accused a doctor on board ship as publicly representing him as a pervert. He was hospitalized and three months later was medically discharged from the Navy with a diagnosis of schizophrenia, paranoid type with ideas of reference, in 1946. He was later granted 70 percent compensation for this service connected disability. This veteran's case was referred to the Social Service
Unit by the Adjudication Division for a social survey in 1951.

After separation, the veteran returned to live in his parents' home. They were very understanding and appeared to have some knowledge of mental illness. His parents were well liked in the community and the family was financially secure.

Through the help of his father he was given a mechanic's job in a friend's garage. The veteran worked steadily, but was laid off by his employer in a few months. The employer explained that although the veteran was a good worker he exceeded his authority by doing more repair work than was asked for. As a result he wasted too much time and used too much material. He was unable to get along with the other employees, and would not speak to them. The veteran then decided to visit his brother's home in Arizona in order to look for work. He was well accepted by his brother and sister-in-law but was unable to secure employment and returned home. He became seclusive and refused to socialize. He remained in the home and slept a good deal. He avoided people, and felt that everyone considered him a pervert. He had no friends and his lone recreation consisted of joining his parents in their Sunday drive.

EVALUATION

Although this veteran's family adjustment was fair, it was hampered, as he was unable to use the help offered to him by his parents. He received understanding and sympathy, and was allowed independence in his home situation.

He had held one job since discharge from the service and had been dismissed from this due to poor judgment used in doing his work. He had been unable to secure other employment since. His occupational adjustment was unsatisfactory and he was economically dependent upon his parents for support.
His social activity was negligible and he had considerable difficulty in adjusting to community life.

He needed help in overcoming his ideas of reference as well as repressing sexual material. When help was offered by the social worker the veteran accepted. During weekly interviews, in the six months that followed, the worker helped the veteran to undertake vocational rehabilitation through the Veterans Administration and offered clarification in regard to the veteran's attitude towards the community. He supported and reassured the veteran in becoming more outgoing.

CASE E

This veteran is thirty-one years old, white, and separated from his wife. He served twenty-eight months in the Army and held the rank of private first class. The veteran was an only child. His father was a neurotic individual who indulged in alcohol and failed to provide for the family. He abused his wife and the veteran feared his father, and as a child ran away from home on two occasions. The veteran's mother centered all her affections on the veteran. She is said to have been overprotective and she devoted her life to the care of the veteran. He was unsuccessful in school and only completed the sixth grade. He left school to go to work. He held many temporary jobs in factory and construction work and his work record was unstable. He was seclusive and his chief interest was centered on sports. Although liked in the community he was considered to be below normal in intelligence. He did not have many friends and married the only girl that he had dated steadily, shortly before entering military service. His mother resented the fact he had married and criticized his wife.

In the army the veteran seemed to adjust for a short time. He mixed with members of his group and was popular. He became attached to one particular friend and they were inseparable companions. When this person was killed in
combat the veteran became confused, insecure, and fearful. He was hospitalized and treated for seven months. He received a medical discharge from the service in 1944 with a diagnosis of manic depressive psychosis. He was later awarded 100 percent compensation. The Social Service Unit received a request for a social survey from the Adjudication Division to be made on this veteran in 1950.

In returning to civilian life the veteran made feeble efforts to secure employment. He had two jobs in the first four months after discharge and left them of his own accord. He stated that the work was too hard, and complained of many somatic illnesses.

He continually quarreled with his wife and accused her of infidelity. He claimed his child was spoiled and she disturbed him. He felt his wife nagged, and he left his home to return to live with his mother. His mother supported the veteran in this action by continually belittling his wife. When court action was taken to make him contribute to the support of his wife and child, he threatened them.

The veteran was very seclusive and shunned all social contacts. He was surly and hostile to the neighbors to such an extent that they pitied his mother and were afraid to enter her home. The veteran was content to remain in his mother's home and live on his compensation.

**EVALUATION**

The worker felt as a result of his contacts with the veteran and his family, that the veteran's adjustment was inadequate in all areas. His inability to work, his mother's domineering and overprotective attitude, his seclusiveness and surliness towards neighbors; as well as his behavior and threats towards his wife and child were symptomatic of his regressive tendencies. The worker, in consulting the
psychiatrist on this case, was given an opinion that the veteran needed hospitalization. Upon returning to the home, the worker attempted to interpret and clarify this need to both the veteran and his mother, as well as to encourage the veteran to undergo a medical evaluation. The veteran and his mother refused the help of the worker in these directions and would not follow his suggestions.

CASE F

This veteran is twenty-four years old, white, and single. He served twenty-one months in the Navy as a seaman first class.

The veteran was the youngest of four siblings. The mother was a domineering outgoing individual who favored her youngest child. The father was a steady, strict, sober man, who had always earned a good income. The veteran enjoyed an average childhood, although he was considered spoiled by his mother. He made good grades in school and adjusted according to his age and intelligence. He was well liked and enjoyed athletics. He completed high school and enlisted in the Navy immediately.

The veteran was in combat zones for a period of one month. During this time he began to cry easily, became irritable, seclusive, and withdrawn. He refused to stand watch, and accordingly was referred for observation by his medical officer. He was hospitalized for six months, and then medically discharged from the service in 1946 with a diagnosis of schizophrenia. He later received 50 percent compensation for this disability. His case was referred to the Social Service Unit for rerating purposes by the Adjudication Division in 1951.

Upon discharge from the service he returned home to live with his family. His mother became very solicitous and protective towards the veteran. She blamed the Navy for her son's condition. His mother kept constant watch over
him and refused to allow him to go to work. The veteran re-entered school to take a postgraduate course to prepare for college entrance examinations. Due to the crowded conditions of the home he was forced to study in the living room and demanded quiet and seclusion. This caused considerable inconvenience and irritation to the other members of the family. His hostile attitude and emotional outbursts in the home became the basis for strained relationships between the veteran, his father, and siblings. They soon lost patience with him, and continually threatened to rehospitalize him in order to make him behave. In a few months the veteran became depressed and left school. He claimed he was too nervous to study and couldn't concentrate.

In the course of four years he gradually became seclusive and refused to see his friends. He refused treatment at the Mental Hygiene Clinic and constantly devaluated himself. He felt he was disgraced because he had been mentally ill, and the neighbors were joking about his failure to remain in school. He constantly woke his mother in the middle of the night to tell her he was having nightmares. He became more concerned over his disability and refused to leave the house.

The worker felt that treatment was a definite necessity and that the family of the veteran was in need of a great deal of interpretation in regard to his needs and understanding of his mental illness. On two successive visits he discussed these factors with the veteran's parents. They were unable to understand how the family situation and their attitudes were detrimental to the veteran's adjustment. They attributed the cause of his failure to adjust to his war experience and subsequent illness. They insisted that he needed hospitalization, and asked the worker for help in institutionalizing him in a Veterans Administration facility. The worker explained the necessary procedure and rendered assistance to the family in this regard.
EVALUATION

The veteran's family adjustment was blocked by adverse family relationships. His mother's overprotective attitude and refusal to allow him to become independent were disadvantageous. His father's and brothers' failure to gain insight and understand his illness undermined his efforts to find his place in the home. Their threatening him with rehospitalization served constantly to remind him of his illness. This factor, coupled with his lack of opportunity to act independently, prevented him from continuing his social activities. He became overwhelmed by his feelings of inadequacy and as time went on gradually regressed. The persistence of his symptoms caused his family's attitude, and lack of understanding blocked this veteran in his adjustment in all areas. The worker was unable to help the veteran due to the family's inability to understand the problem confronting the veteran in his home situation.

CASE G

This veteran is thirty-six years old, white, and single. He served nine months in the Marine Corps.

The veteran's father died when the veteran was young. His mother remarried a few years later. This second marriage resulted in a divorce, and family finances at the time were poor. In order to compensate for this, the veteran's mother went to work and was successful in earning a good income. The veteran liked school and attained average grades. He graduated from high school. Upon leaving school, he joined the Civilian Conservation Corp for three years. Following this he had
various jobs as a laborer. Prior to service the veteran was outgoing and had friends of both sexes. He enjoyed recreation and participated in social activities.

The veteran underwent basic training and adjusted in the service until the time he learned his division had received orders for overseas duty. This information precipitated a great deal of anxiety and fear in the veteran. He began to exhibit bizarre behavior, became seclusive and withdrawn. He was seen talking to himself on a few occasions. Upon medical examination he was hospitalized for three months. He received a medical discharge from the service in 1945 with a diagnosis of schizophrenic reaction, catatonic type severe. He was transferred from a Naval Hospital to the Veterans Administration Hospital, Bedford, Massachusetts. He was discharged from this hospital in 1947. His case was referred for a social survey by the Adjudication Division to the Social Service Unit in the early part of 1950. Upon release from the Veterans Administration Hospital, Bedford, Massachusetts, he returned to live with his mother in a comfortable apartment. The veteran was irritable, restless, and complained of headaches and dizzy spells. His mother was quite concerned over his disturbed state and arranged for treatment with a private psychiatrist. The veteran was unable to work and made no attempt to secure employment. He was seclusive, had no friends, and infrequently attended the movies as his sole recreation. His mother took a leave of absence from her job and took the veteran on a trip to Ireland. The veteran appeared to enjoy this environment and his behavior became more settled. Upon return home a few months later, the veteran again displayed the same symptoms. He became assaultive towards his mother and was very hostile.

At the time of survey, the worker felt that the veteran needed a medical evaluation. His opinion was further strengthened through an interview with the private psychiatrist who was treating the veteran. In an interview with this psychiatrist and the veteran's mother, the psychiatrist recommended hospitalization, and the mother decided to commit the veteran. The
worker explained the hospitalization benefits available through the Veterans Administration and assisted her in the necessary arrangements.

EVALUATION

This veteran was unable to adjust in the family, social and occupational areas. He was unable to accept responsibility, was dependent, irritable, and hostile. He was unable to make an effort to operate and his psychotic symptoms were incapacitating.

In this case, due to the type of problem presented, the only area in which the worker could help was to provide assistance to the veteran's mother when it was deemed necessary to rehospitalize him.
CHAPTER VI
SUMMARY AND CONCLUSIONS

The purpose of this study was to determine the level of adjustment attained five to six years after discharge from service of twenty-five World War II psychotic veterans, referred to the Social Service Unit by Adjudication Division for a Social Service Survey, in conjunction with a review of their claims for compensation. The writer was interested in finding out:

1. What were the reasons for referral and areas in which they needed help?

What was the adjustment of the veteran in family, social, and occupational areas at time of this study?

3. In what areas was the social worker active in helping the veteran maintain or improve his adjustment?

This study showed that the post-war adjustment of the majority of these veterans was poor. The statistics set forth in the tables pertaining to this period gave overwhelming evidence of the veterans' inability to adjust in the family, social and occupational areas.

Table VII revealed that fifteen out of the twenty-five veterans were unable to make a family adjustment and in only four cases did the writer find a good adjustment. This table clearly indicated that the progress of the veterans'
adjustment was hindered or facilitated by the home situation and family attitude. As seen in Case A, in spite of the marital conflict between the parents, this family understood the veteran's needs and accepted him. Through their interest and help he was successful in setting up and operating his own business. He was able to maintain a good relationship with his family and become socially adapted by participation in grange activities. Case F clearly indicated where the veteran was blocked by adverse family attitudes. As a result of his mother's protective attitude he was unable to become independent. His father and brothers failed to understand the veteran and they threatened him with rehospitalization. This situation undermined his efforts to adjust and as time went on he gradually regressed.

Table VII showed that the majority of veterans shunned social contacts and activities. It was illustrated that: a negative attitude, misconception in relation to mental illness on the part of the public, the suspicious attitude of the community, and the feeling of the veteran that he would not be accepted until he had proved himself were instrumental in making him seclusive and solitary. Case E illustrated this inability of the veteran to make a social adjustment. This is indicated by his seclusiveness and surliness towards the neighbors. It is also reflected by the actions of his neighbors in pitying his mother and in their fear and refusal to enter his home.
The poor occupational adjustment of these twenty-five veterans is shown in table IX. Outstanding factors that affected the veterans' efforts to make an adjustment in this area were a lack of training and experience, and the attitude of employers involved. This is illustrated in Case B where the veteran worked steadily for the past six months. He was only able to do so through the actions of an understanding and considerate employer. This employer assigned him to a job that separated him from other employees, when it was learned he couldn't get along with them.

In Case D the veteran was discharged by the employer because he exhibited faulty judgment. No attempt was made to place the veteran in another job more suitable to his needs.

Table X indicated that three veterans were able to make a good overall post-war adjustment, six were classified as fair, and sixteen poor. In twenty-one of the cases encountered in carrying out these surveys, the caseworker helped to maintain and improve the adjustment. In Case B, the worker was able to provide help in the veterans social adjustment through the use of manipulation of environment. As a result of treatment the veteran joined an American Legion Post and became interested in its activities. Accordingly he gradually became more outgoing. In Case A, it was shown that the veteran received reassurance from the worker. He was helped in allaying guilt feelings he had in blaming his mother for the marital conflict and the fact he
had left home. In Case D the worker was able through clarification and support to help the veteran undertake a program of rehabilitation and guidance and overcome to a small extent his ideas of reference in regard to the community.

The study showed that trained social workers can help the psychotic veteran in his post-war adjustment. Without this skilled assistance the majority of veterans encountered difficulty in regard to family attitudes and home situations. They also needed assistance in becoming better socialized, and in planning social activities. They could be helped to a greater extent by referral to proper resources for selection of a job situation that would not tax their capacities, and one that would prove more suitable to their needs.

It is suggested that a further study should be made of the understanding and attitude of the community in its treatment of the mentally ill patient as he attempts to adapt to society. It is hoped that stronger measures can be taken to educate the public in regard to the psychotic’s problems and the understanding of them.

Approved:

Richard K. Conant
Dean
APPENDIX A - SCHEDULE

Name:
Age:
Sex:
Religion:
Race:
Length of Service:
Combat-----Yes----No
Branch of Service:
Marital Status: Single---Married---Separated---Divorced---
Diagnosis:
Degree of Disability-----%
Reason for Referral:

ADJUSTMENT

· Social: Pre-war Post-war
  a. Had friends of both sexes Yes No Yes No
  b. Enjoyed Recreation Yes No Yes No
  c. Participated in activities Yes No Yes No
  d. Well thought of in the community Yes No Yes No

· Family Relationships:
  If Single;
  a. Adequate relationship with parents and siblings.
     Yes No Yes No
  b. Got along reasonably well in family situations.
     Yes No Yes No
  c. Inadequate in above areas.
     Yes No Yes No
  
  If Married;
  a. Compatible Yes No Yes No
  b. Incompatible Yes No Yes No
  c. Attitude towards children
     1. Favorable or otherwise Yes No Yes No
EMPLOYMENT

Steady:  
Irregular:  
None:

EDUCATION

Grammar---High---College (graduate)  
Adjusted and progressed according to age and intelligence.  
Maladjusted:

HEALTH SINCE DISCHARGE

Rehospitalization or treatment:
  a. Frequent;  
  b. Infrequent;  
  c. None

PERSONALITY

Emotional Maturity:
Degree of Dependency:
Adequacy:
Worker's Evaluation:

Conclusion:  
Satisfactory----Marginal----unsatisfactory
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