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The role of the psychiatric social worker
in the treatment of five veterans
diagnosed psychoneuroses conversion
reaction type 1947 to 1952.

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THE ROLE OF THE PSYCHIATRIC SOCIAL WORKER
IN THE TREATMENT OF FIVE VETERANS DIAGNOSED
PSYCHONEUROSES CONVERSION REACTION TYPE
1947 to 1952

A Thesis

Submitted by

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(B.S., Boston College, 1951)

In partial fulfillment of Requirements for
the Degree of Master of Science in Social Service

1953

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CHAPTER I

INTRODUCTION

Background The Mental Hygienic Clinic of the Boston Veterans Administration was established on March 18, 1946, for the purpose of rendering psychiatric treatment to military veterans who are legally eligible, medically feasible, and desirous of treatment. The need for such a clinic became apparent when within one year after demobilization, seventeen thousand veterans residing in Massachusetts were receiving compensation as the result of neuropsychiatric conditions and it was believed that there would be many additional veterans requiring psychiatric treatment as a result of the difficulties foreseen in the process of readjustment to civilian status.¹

The professional staff of the clinic is comprised of a chief psychiatrist, assistant chief psychiatrist, chief psychologist, assistant chief social worker and staff psychologists, psychiatrists and social workers.² In addition to the regular staff, the clinic trains residents from several schools representing the three disciplines of psychiatry,

¹ Morris H. Adler and Edward M. L. Burchard, "A Survey of the First Three Months of Operation of a Veterans Administration Mental Hygiene Clinic", The New England Journal of Medicine, 236:521, May, 1947.

² Ibid., p. 522.

social work and psychology. The focus of their training is on treatment activity, and this is supervised by a more experienced senior member of their particular discipline. As a complement to individual supervision, conferences of the clinic are organized into two groups. One is the combined staff conference focused on an individual case evaluation of disease entities, aims and goals of therapy, psychodynamics and psychotherapeutic techniques. In the second group are conferences that each particular discipline has and is more in accordance with their separate functioning in the clinic organization. This two group approach enables each discipline to maintain its own identity while at the same time it is conducive to making for a total clinic approach.³

The concept of the clinical team comprised of psychiatrist, psychologist, and social worker, which was developed in Child Guidance Clinics, where the problem presented required, of necessity, therapy with at least one child and one parent, due to the close coordination of such a program, was not considered feasible in the Veterans Administration Mental Hygiene Clinic. In some instances, however, where environmental manipulation or testing is indicated, the coordinated approach may be employed, but, in general, the

³ Morris H. Adler, Samuel Futterman, and Robert Webb, "Activities of the Mental Hygiene Clinic of the Veterans Administration", The Journal of Clinical Psychopathology, 9:486, October, 1948.

focus of treatment is on the relationship of the patient to his therapist, whether he be clinical psychologist, social worker, or psychiatrist. It is believed that this approach can prevent divided relationships which might tend to play one particular therapist off against another.⁴

Consequently, inasmuch as the psychoanalytic orientation of the three disciplines is fundamentally based on an understanding of the individual patient, the so-called team approach has been modified to coordinate the disciplines, rather than individual members of the respective disciplines. As a result of such coordination, each professional worker can avail himself of the specific contribution which the selected therapist might bring to the treatment situation.⁵

As has been pointed out, the staff consists of three disciplines - the social worker, the psychiatrist, and the psychologist. A patient, depending on his needs, may be treated by either one discipline or a combination of disciplines. Treatment may take the form of individual psychotherapy or group therapy. The type of therapy is dependent on the psychiatrist's judgment at the point of intake as to what will benefit the patient most, and the original

4 Morris H. Adler, Arthur F. Valenstein, and Joseph J. Michaels, "A Mental Hygiene Clinic, Its Organization and Operation", The Journal of Nervous and Mental Diseases, 110:518, December, 1949.

5 Ibid., p. 518.

assignment may be changed occasionally, according to the patient's progress and need at that time.

Psychiatrists are available at scheduled hours as consultants for the Social Service Staff and, for the most part, they perform individual psychotherapy.

The Clinic psychologist's essential function is in administering and interpreting mental tests in addition to conducting group therapy sessions. The psychological tests most extensively used at this clinic are the Thematic Apperception, the Rorschach, and Wechsler Bellevue. All are designed to further aid in the total treatment plan of the patient. In the group sessions, the psychologist introduces a subject designed to stimulate discussion and encourage emotional ventilation. At the conclusion of each session the psychologist attempts to summarize the discussion and relate it to the particular problems of the participants. It is believed that group evaluation of individual problems contributes in diminishing the accumulated individual guilt, which in turn stimulates the patient to understand that his problem is not unique, hopefully resulting ultimately in the elimination of his defensive wall of isolation.

The social worker participates as an integral member of the social work-psychiatric intake team, as well as performing individual therapy with patients under the guidance of his casework supervisor and his consultant.

As a member of the intake team, the worker at regular specified hours obtains essential information that is utilized by the intake psychiatrist in formulating the social diagnostic valuation and recommendation for treatment. This first interview is of critical importance in that its major goals are determining motivation for treatment, assessing the patient's treatment potential, establishing the legal eligibility of the patient, and, perhaps the most important, it can aid in giving the patient an initial positive impression of the clinic which may directly affect the following course of treatment. In the direct treatment of patients, the social worker has regularly scheduled hours with a designated psychiatric consultant who discusses with the worker dynamics, diagnosis, prognosis, and goals of treatment relative to the personality structure of the particular patient involved. The psychiatrist assumes medical responsibility for all cases carried by the worker as does the supervisor assume the casework responsibility.

The supervisory process consists of managing the case, translating dynamic and diagnostic material from the conference with the psychiatric consultant into casework practice, casework techniques, and setting of casework goals.

Although both psychiatrists and social workers treat patients on an individual basis, there is a difference in the way psychiatrists do psychotherapy and the way in which

social workers do casework therapy based on their philosophy, training and skill:

Generally speaking, the psychiatrist's primary orientation and interest are in the internal problems of the client and the total functioning of his personality. For the most part he deals with environmental reflections secondarily. The social worker is aware of the dynamics of the total personality; he focuses on these environmental maladjustments that are reflections of the inner stresses of the patient. He deals with the emotional conflicts of the patient as they are translated into social reality.⁶

Although there is overlapping of functions between the disciplines, each has a distinct contribution to make. The social worker in the areas of anamnesis and casework practice; the psychiatrist in individual psychotherapy and consultation; and the psychologist by his skill in administering and interpreting psychological tests and his leadership in group therapy sessions.

Purpose of Thesis This thesis will be concerned with examining by case analysis and illustration the principles of therapy which caseworkers utilized in this setting in treating these five specific veterans diagnosed Psycho-neuroses Conversion Reaction Type. In addition, the writer will attempt to ascertain which principles were utilized most frequently and which principles were most effective in treating these five patients representing this particular

⁶ Eleanor Gay, and others, "The Function of the Psychiatric Social Worker in a Mental Health Clinic", Mental Hygiene, 36:257, April, 1952.

diagnostic category. Some of the other questions to be examined in this study are:

1. Why was casework treatment designated rather than assignment made to a psychiatrist for psychotherapy or to a psychologist for group therapy?
2. How does the caseworker utilize the knowledge gained in psychiatric consultation in the treatment process?
3. What goals, if any, were reached through the casework relationship?

Justification of Thesis Through the years, a gradual transition from a social work era wherein treatment was predominantly of a relief giving and environmental manipulative nature, there has evolved a new era in a few unique settings wherein caseworkers are dealing directly in the treatment of mental disorders under the guidance of both a casework supervisor and a psychiatric consultant. It seems then that such a study involving therapeutic principles, (even though limited) can clarify, to a degree, the casework process employed, with the hope in mind of further showing an area in which social casework has a definite contribution to make in the direct treatment of mental disorders.

Present Status To the writer's knowledge there have been no previous studies of this type with the specific intent of correlating therapeutic principles with specific mental disorder types.

Method The method employed was that of case study.

Through an examination of the case material, the writer has attempted to show the role of the psychiatric social worker in the treatment of these five specific psychoneuroses conversion reaction type veteran patients.

Scope The scope was limited to an intensive study of five cases diagnosed psychoneuroses conversion reaction type which were selected from the open and closed files of the Mental Hygiene Clinic of the Boston Veterans Administration. The criteria used by the writer in the selection of these five cases was as follows:

1. The patient in his initial contact with the clinic was assigned to casework treatment with a social worker.
2. Each patient assigned for casework treatment was seen for at least twelve treatment hours.
3. Each patient was assigned to a different caseworker.
4. Consultation was made use of on at least two occasions during the patient's period of treatment.
5. The patient was diagnosed psychoneuroses conversion reaction type at point of intake, and this diagnosis was not changed during the course of treatment.

The Remainder of the Thesis In chapter two the writer will first discuss the general characteristics and causation of the psychoneurotic conflict, with special consideration given to the specific classification of psychoneuroses - conversion reaction type. In this chapter will also be discussed the veteran with this specific diagnosis and how veteran status may become a determinant in the total treat-

ment plan. The next chapter will be devoted to the general field of social casework, with emphasis on generic and psychiatric social work followed by a discussion of some casework principles utilized by the social worker relative to treatment. In chapter four, the writer will present five case illustrations, with emphasis on the general and particular questions related to the purpose of this study. Chapter five will be devoted to summarizing and attempting to establish the conclusions based on this study.

CHAPTER II

PSYCHONEUROSES - CONVERSION REACTION

This Chapter will consist first of a general discussion of the psychoneurotic conflict and, in particular, its subcategory, conversion reaction type followed by a consideration of the veteran patient and his status as a veteran as it may affect treatment.

Psychoneuroses Mental life is composed of three sections, so to speak: the Ego, Super Ego, and the Id. The Id is the unconscious level of mental function which is all the "mind" we have at birth. The Id impulses are totally narcissistic, and, as a result, the individual knows nothing of other people and their rights. The Ego develops out of the Id as the go-between or mediator for the narcissistic Id demands and the external environmental demands. As the individual grows older, he must bring the Id impulses more and more into line with the cultural requirements. This task of the Ego is unusually difficult. The Super Ego develops out of the gradual prohibitions, commands, and teachings of parents, teachers, and other significant figures and experiences encountered in the process of personality development. This according to the psychoanalysts is the "constitutional make-up" of mental life.¹

¹ Winfred Overholser, Handbook of Psychiatry (Philadelphia: J. B. Lippincott Company, 1947), p. 23.

In attaining adult maturity, the child passes through certain stages of psychological development, the experiences that he meets and how he assimilates them ultimately determining his character or personality.

Consequently, understanding the basic functions of the three components of mental structure, we find that the mind attempts to deal with entering volumes of excitation in order to preserve the equilibrium of a restful state. As stimuli disturb this rest state by increasing tension, the mind attempts to discharge or bind this tension. Mental stimuli may be external (environment) or internal (sexual and bio-chemical changes). As a result, the early growing mind learns in integrating its internal needs with its environment through thousands of reward - punishment experiences, to curb, moderate, channelize, displace, or postpone its wishes. A wish (internal tension - producing stimulus) may be totally gratified (tension discharged), totally denied (tension bound), or both gratified and denied (partially discharged, partially bound). The binding process is looked upon in terms of defenses; that is, wish impulses from the Id are regulated by the defenses of the Ego and the Super-Ego. In the normal state there is a coordinated relationship between wishes and defenses so that tensions are successfully managed with a satisfactory preservation of a relative rest state. A neurosis, on the contrary, is characterized by a neurotic conflict; that is, the compro-

The chief characteristic of hysteria is conversion, that is, the changing of an idea, which for some reason is unacceptable to the person involved, into a physical symptom. During World War II the idea was often associated with cowardice. The soldier could not tolerate the idea, but if he became blind, mute, or paralyzed, he did not need to feel that he was a coward. He had a means of escape and at the same time a means of "saving face", as it were.⁴

Hysterical conversions may involve any organ or bodily function. There are few of us who, at one time or another, do not make use of the "conversion mechanism". Stomach upsets, asthmatic attacks, and other minor illnesses serve the purpose of helping people to obtain their own way of securing attention or escaping from disagreeable situations. These hysterical discomforts are real, and a headache brought on by an emotional upset is as uncomfortable as though it were caused by a real allergy. But, apparently, they are less uncomfortable, or less painful, than what one would have to endure if he faced the idea that lies back of them.

The cases of multiple personality occasionally noted in newspapers are examples of "hysterical dissociation". The patient's personality is split into two, and sometimes more, parts, each one appearing as a whole personality and behaving as though it were the actual person himself. This is not so

⁴ Ibid, p. 172.

difficult to understand when we remember that each of us has "different selves" in relation to our occupation, our parents, and as members of different social organizations.

Conversion hysteria can simulate any known disease or condition, physical or mental. In general, it may be said that when an illness can be cured by faith, a mental healer, and by patent medicines, one may be strongly suspicious of hysteria. Such "cures" are seldom permanent. The patient may lose his tic, or his limp, his paralysis, or his heart trouble, but he retains his personality, and, when mental stress again arises, he develops new symptoms. However, it must be emphasized that the hysteric is not a pretender. He has no knowledge of why he is sick, or disabled and only knows that he is disabled.

Conversion hysteria is not only the most variable of all personality disorders in its symptomatology, but it appears on all levels of severity from fleeting and trivial disturbances to those which are completely incapacitating to the individual. Symptoms of conversion hysteria are grouped under four headings: attacks, motor symptoms, sensory symptoms, and mental symptoms. Attacks are generally characterized by such symptoms as nausea, vomiting, anorexia, weeping, cataleptic states, dream states, fugues, and somnambulisms. Motor symptoms are displayed through manifestations as incoordination, paralyzes, tics, contractures, and automatic acts. Sensory

symptoms usually reflect either anesthetics or paresthesias. Finally, mental symptoms, in general, consist of amnesia, fixed ideas, egocentricity, suggestibility, narrowed consciousness, and dual personalities.⁵

All hysterical symptoms partake of an automatic or dissociative character. That is, they occur quite independently of the patient's thoughts and purposes, and, in some cases, he is not even aware of their existence.

A workable understanding of the significance of hysterical symptoms and treatment of the hysterical patient requires close attention to the temperament and personality characteristics of the patient in whom they are found.

Most hysterical patients are characterized by psychic flexibility, extroverted orientation, pronounced deficiency in affective tolerance, a strong bent to give bodily expression to feelings and interests, and a peculiar obtuseness to their own subjective processes.⁶

At the present time, the most universally accepted explanation of the mechanism known as conversion is that unadjusted repressed unconscious elements in the personality, highly charged with instinctive and emotional components productive of anxiety, cause unusual innervations that give rise to the hysterical symptoms. These unusual innervations produce in-

5 Ibid, p. 174.

6 Ibid, p. 174.

voluntary disturbances indicative of environmental conflicts related to the patient's unconscious needs. According to Freud, the wish or other repressed matter, although not allowed full expression, obtains it in a disguised form through the mechanism of conversion by which the psychic conflict is converted into a physical or mental symptom. In essence, the symptom is caused by a conflict between the Super-Ego and some wish which due to its consciously objectionable nature is repressed by the Super-Ego. This repression, however, is not entirely successful, and the wish impulse consequently obtains disguised expression by its conversion into a symptom. The nature and localization of the symptom produced is generally symbolic of the repressed wish and at the same time provides some degree of its fulfillment or relief from the emotional conflict.⁷

In the treatment of hysteria, the worker should be aware of the purpose of the symptom and the factors which caused anxiety so great that it could be handled only through the mechanism of conversion with symptoms in organs of the body or by dissociation in forms of amnesias, stupors, or fugues. Through the course of treatment, the patient should ideally develop insight as to the origin of his symptoms and adjust himself in light of such insight. By means of removing the

⁷ Arthur P. Noyes, Modern Clinical Psychiatry (Philadelphia: W. B. Saunders Company, 1950), p. 292.

symptom and enabling the patient to apprehend the source of his anxiety and the significance of his symptoms, the patient hopefully may form a more constructive method of action for the future.

The Veteran Diagnosed Psychoneuroses - Conversion Reaction Type Although the standard diagnostic clinical classification of mental disorders is adhered to by the staff of the Mental Hygiene Clinic, it has been increasingly apparent that few veterans accepted for treatment present purely neurotic disturbances of Psychoneuroses-Conversion Reaction Disorder Type. In most cases, the entire personality is engulfed, resulting in chronic neuroses, deep seated and rigidly established defenses, and, consequently, deeply repressed anxiety bound into fixed conversion symptoms. As a result, most veterans having this particular diagnostic clinical classification are chronically ill in a deep-seated manner and should be distinguished from the disturbances of the purely neurotic patient.⁸

Veteran Status as a Determinant in Treatment Psychotherapists are aware that often a distinction of degree exists between civilian patients and veteran patients and that this distinction may act as a determinant in the treatment process.

Most common among veteran patients is their feeling of alienation from civilian groups such as the community and the family. Neurotic veterans feel par-

⁸ Arthur F. Valenstein, "Problems in the Treatment of the Neurotic Veteran", Journal of Nervous and Mental Disease, 10:321, February, 1951.

ticularly isolated; they identify neither with soldiers nor with civilians. They feel unappreciated, rejected, exploited, and insecure. They are bitter and many rationalize their hostility in criticism of individuals, social groups and the government.⁹

The status of being a veteran and, consequently, receiving community recognition in the form of particular rights and privileges, may be interpreted by the veteran in relation to his individual needs. Many veterans with psychiatric disabilities look upon their past service experience as proof of their failure and through receiving compensation seem to preserve this same feeling.

Legislative Acts on the part of Congress benefiting the veteran may be viewed by the veteran as a manifestation of the collective guilt of the public in sending its sons to war. Many veterans perceiving this public guilt have neurotic needs to exploit it in securing dependent gratifications. In his status as a veteran, restrictions against passive oral dependency do not appear to be evident as they are in civilian life. Disability compensation then may take the form of official sanction (the externally projected Super-Ego), in order to satisfy the veteran's own dependent Id impulses. Consequently, therapists treating veterans must be aware of not only the patient but, in addition, his special veteran status and the implications it may have in the treatment process.¹⁰

⁹ Morris H. Adler, "Veteran Status Complicating Psychotherapy", Unpublished. 1951.

¹⁰ Ibid,

This Chapter was first concerned with a limited discussion of psychoneuroses followed by a description of its sub clinical classification Psychoneuroses - Conversion Reaction Type. Secondly a description of the veteran with this specific disorder was enumerated; and, finally, the writer presented a brief account of veteran status as a factor in the treatment situation.

CHAPTER III

CASEWORK TECHNIQUES

This chapter will consist of a discussion of generic casework, the development of psychiatric social work and finally, a description of some therapeutic principles utilized by the caseworker in treating patients.

Generic Casework - Generic casework is founded on the principle of the inherent worth and dignity of every human being. From this principle flows acceptance, understanding, individual variability in different situations and in general growth, and finally the client's right to self determination in effecting an adequate adjustment.

Social casework utilizes two principal instruments: a knowledge and understanding of the individual in himself and relative to his total environment, and specific skills in the use of relationship. This requires on the part of the worker an awareness of the individual, his potentialities and his failures, and his relation to the environment. Consequently there must be the ability with this understanding as a basis to lead the individual in the direction of developing his fullest capacities. Inasmuch as casework consists of study and inquiry, it indicates a knowledge of cultural and emotional motivations that influence the individual and the community. Consequently, casework requires not only a rather complete understanding of psychology and mental hygiene but also rela-

tive to treatment definite skill in relationship therapy is necessary. Finally, it may be stated that:

Social casework is an art in which knowledge of the science of human relations and skill in relationship are used to mobilize capacities in the individual and resources in the community, appropriate for better adjustment between the client and all or any part of his total environment.¹

Psychiatric Social Work is defined by Clara Bassett in the Social Work Year Book of 1939 as:

that branch of social work which developed in conjunction with the practice of psychiatry. The psychiatric social worker is a case worker who has achieved through professional training and experience, a mastery of the subject matter of social psychiatry and mental hygiene and the adaptation and application of the knowledge in case work practice. Psychiatric Social workers are usually concerned with the social case studies and treatment of children or adults, whose personal and social maladjustments are primarily due to mental health problems, including nervous and mental diseases and defects and emotional behavior and habit disorders.²

As early as 1874, social workers were displaying an interest in mental diseases and their responsibility in this field. About 1911, social workers were first employed in state hospitals and clinics to evaluate environmental factors.³

The term "psychiatric social worker" was first employed

1 Swithun Bowers, O. M. I., "The Nature and Definition of Social Casework", Journal of Social Casework, 30:417, December, 1949.

2 Clara Bassett, "Psychiatric Social Work", Social Work Year Book, 1939, p. 312.

3 Lois Meredith French, Psychiatric Social Work (New York: The Commonwealth Fund, 1940) p. 33.

at the Boston Psychopathic Hospital in 1913.⁴ At that time psychiatric social work was recognized as a helpful adjunct to the psychiatrists' work with the mentally and emotionally ill individual. Miss Jarrett, the director of social service in the hospital saw the role of the social worker as consisting of four functions: 1. casework service, 2. executive duties, 3. social research and 4. public education.

World War I gave great impetus to psychiatric social work. Between the years 1918 and 1930 social workers were beginning to play a significant part in the mental hygiene movement and in 1930 a Psychiatric Social Work Club was formed to help in maintaining professional standards in the casework field. In 1926, it became known as the American Association of Psychiatric Social Workers. As casework grew and became influenced by psychiatry, new concepts in casework approach were recognized. The emphasis shifted from stress on purely external environmental factors to stress arising out of the more elusive subjective components in mental illness. At present, we observe the obvious interplay of both these factors in evaluating the total problems and total treatment plan for the patient.⁵

Of all medical specialties, psychiatry alone takes precedence as the field which can least be isolated from the total patient's psychosocial constitution. This factor no doubt

4 Ibid, p. 34.

5 Florence T. Waite, "Casework Today and Fifty Years Ago", The Family, 21:321, February, 1941.

gave impetus to a closer working relationship between caseworker and psychiatrist, wherein only the knowledge derived from each discipline could reveal the patient in his total psychosocial status.

With a greater understanding of mental disorders and a gradual incorporation of new techniques founded more on understanding personality development and relationship as the center of therapy, casework gradually became a necessary adjunct to those disciplines concerned with the treatment of the mentally ill.

This has resulted in the caseworker in many unique clinical settings playing the role of the therapeutic agent under the guidance of a psychiatric consultant. While much discussion has evolved out of the caseworker-psychiatrist relationship as to the overlapping and differences between psychotherapy and casework, it is not the intention of the writer to attempt to answer this highly controversial question.

Principles of Therapy The goal of casework treatment is to help improve the functioning of the client relative to adjustment especially, through coordinating and balancing inner needs with environmental forces. The consciously controlled use of the worker-client relationship and skill in casework treatment are the main tools in securing client adjustment. To be of help, treatment must be founded on a careful diagnosis of the client's behavior, motivation and situation but

in every case, differential treatment must be planned with respect to the psychological and environmental components of the total problem and with respect to the client's ability to use one or several types of different treatment.⁶

In the treatment of any one patient, several principles of therapy may be applied and are usually interrelated and interdependent in their application. Their effectiveness is almost entirely dependent on the skill of the worker and the strength of the worker-patient relationship. Quantitatively speaking, one principal may be employed several times but with the ultimate intention of predisposing the patient to utilize and benefit from the effects of another treatment principle. This can be observed in the client-worker relationship wherein psychological support involving a permissive non-condemnatory understanding atmosphere becomes an instrumental principle in relieving the client's accumulative guilt and predisposes him for utilizing a principle such as clarification or interpretation dependent on the strength of the relationship, the patient's integrative ability and the time element.

Out of the several systems of therapeutic principles presently offered by sources in the fields of social casework and psychiatry, the writer has selected five principles to be applied in the case studies of the following chapter. These

⁶ Gordon Hamilton, Theory and Practice of Social Casework (New York: Columbia University Press, 1950.), p. 238.

five principles are enumerated as follows:

1. Suggestion is an insinuation of certain beliefs, feelings, impulses, thoughts, or actions in a person in a direct way, excluding logical thinking of that person. This principle is based upon the blind belief of the patient and the feeling that the therapist, like a parent, is omnipotent. Emotional readiness and submission to the "all powerful" therapist must be present. Its use is generally employed through the worker showing interest in a particular area followed by the patient focusing on that area believing that is what is desired by the worker. Through its use in the context of a good relationship, its ultimate goal is in leading the patient to believe something which is toward the treatment goal.⁷

2. Emotional Relief refers to a sense of relief in using psychic energy by reliving verbally with emotions an experience where acute pent up tension is a strong determinant. Emotional release is not used synonymously with the term abreaction which seems to have little significance outside of immediate relief in acute situations. The significance of emotional relief is that in so discharging energy, the patient is facing the problem and can be helped to evaluate it objectively. This principle is often used in conjunction with the principle of clarification which aims for an ego integrative

⁷ Edward Bibring, Unpublished Lecture Notes, Boston University School of Social Work.

effect.⁸

3. Psychological Support includes such measures as the following: encouraging the client to talk freely about his situation, expressing accepting understanding of the client, indication of interest and a desire to aid the client, confidence in the client's ability to resolve his difficulty and utilize self direction. All of these are aimed at relieving guilt and anxiety and at encouraging the patient's confidence relative to his ability to handle situations realistically and adequately.⁹

4. Clarification involves the separation of objective and subjective factors of conscious and pre-conscious material. It may include the understanding by the client of himself, his environment, or with various figures with whom he is associated. Its ultimate goal is in increasing the ego's ability to observe external realities more clearly and to comprehend the client's own attitudes, emotions, and behavior. Clarification in its simplest form may consist merely of helping the client line up more clearly the alternatives in a contemplated decision while in a more complex form, it may involve the client's understanding of his own motivations and an understanding of the attitudes of others.¹⁰

8 Ibid

9 Cora Kasius, Editor, Principles and Techniques in Social Casework, pp. 415-418.

10 Ibid, pp. 418-421.

5. Interpretation as distinguished from clarification, refers to the exposition of unconscious dynamic factors within the patient's personality in reference to his present functioning. That is, what was not previously available to the ego is now made available hopefully resulting in an ego integrative effect and the resolution of inner psychic conflicts. This principle is assumed to be least likely to be utilized by social workers.¹¹

In this Chapter, we have discussed generic casework, some of the factors in the development of psychiatric social work and finally a discussion of some therapeutic principles utilized by the caseworker in the treatment process.

¹¹ Bibring, op. cit.

CHAPTER IV

PRESENTATION OF CASE MATERIAL

This chapter will consist of a presentation of five cases which will be examined in a logical sequence, including the following plan, with particular emphasis given to the purpose of this study:

The Patient A brief description of the patient, his initial intake interview, case background material, the basis for his clinical diagnosis, and the recommended disposition of the patient to a particular discipline for treatment.

Social Worker's Activity Social worker's use of the therapeutic principles applied in the treatment process in conjunction with the use of material derived from the psychiatric consultant.

Discussion A summary of each case in relation to the general and particular questions of this study.

Due to the obvious quantity of material enumerated in each interview and the number of interviews, there will be no attempt to give absolute sustained continuity in this study. Consequently, every instance of a principle being employed will not be given but principles in this study will be demonstrated, irrespective of the resulting positive or negative effect and in every case, there will be representative instances of those principles employed. As a consequence, the treatment may be in its final designation one of "clarification" qualitatively but that of "suggestion" quantitatively.

Case I

The patient at intake

The patient is a thirty-five year old, married, male airforce veteran of Italian descent whose chief complaints at point of intake are extreme fatigue, headaches, and frequency of urination. The onset of symptoms began in Austria in 1944 when the patient was a prisoner of war as a result of being shot down while on a bombing mission over German occupied territory. The symptoms, according to the patient began specifically while on a forced march when the guards would not allow him sufficient time to urinate and consequently the patient began to have severe headaches and daily periods of fatigue along with nocturia.

The patient is the third in a family of seven siblings, having three brothers and three sisters. Both parents were born in Italy and assimilated the American culture to a substantial degree. The patient, an employed machinist, has been married for nine years having three children all girls ages three, four, and two and a half, the oldest being an illegitimate daughter by his wife through an air force pilot prior to the patient's marriage. During intake, the patient was observed to be a very passive and depressed individual who also conveyed the impression of being rigid and having little emotional content to his speech.

A diagnosis of conversion reaction was made by the intake psychiatrist who believed that the patient was a severely blocked, immature, passive individual and that the exhaustion and urinary frequency were both defense mechanisms preventing aggressive drives from being fulfilled.

Treatment was then designated with either a psychiatrist or a caseworker and the final disposition was to a caseworker on the basis of available appointment openings.

Social Worker's activity

Seen for treatment by a social worker soon after the intake interview, the patient's marked passivity became apparent. Despite the worker's interpretation of the relationship procedure and several reassuring approaches to the effect that

it was difficult for most people to talk about their feelings, the patient remained silent for a considerable time. Towards the end of the interview psychological support was instrumental in alleviating much of the anxiety which had brought the patient to the clinic:

The patient related how embarrassing it was for him to talk about his urinary disturbance and that recently he had read how one can live with his nerves by being silent. The worker replied that people bothered by such disturbances often feel better by bringing their feelings outside of their minds into the open where they can evaluate them more objectively. Furthermore that in expressing them they had often found them less embarrassing than they had believed. The patient replied that he felt that way about it also but the people he had always associated with would only laugh at his peculiar symptom.

This psychological support involving interest and sympathetic understanding of the patient's feelings towards his symptom in addition to neither ridiculing nor ignoring the importance of such a disorder were important factors in predisposing the patient to accept further treatment.

The following week, in addition to the worker's use of clarification the effect of the above psychological support is observed through the emotional release gained by the patient:

The patient began today by remarking how his symptom was very severe this week but that he had felt better in being able to at least mention the fact that he had such a urinary disturbance. He added that he almost cries when he thinks of the way his in-laws have ruined his marriage, how his father-in-law puts his hands under the little girls' dresses and how his mother-in-law had his bankbook for a long time. The patient adds that despite complaining to the police, his only way out was to accept a job offer in another state, since his wife was always dominated by her mother. The worker commented that in

moving away a similar situation might arise where his wife needing someone to lean on quite possibly would seek out a neighbor like the mother-in-law. The patient replied that he had never thought of it in that way.

The initial and end result of emotional relief is observed in the above instance wherein not only was the patient enabled to gain a sense of relief through discharging pent up emotions but was placed in a position where through simple clarifications of this type he may gradually be enabled to utilize energy in objectively evaluating his problems rather than in using energy in symptomatology, projection of his difficulties, or through escape patterns.

The following week, this case was presented for psychiatric consultation for a clearer understanding of dynamics and treatment goals. The psychiatrist pointed out that this patient's disorder is of deep seated origin and that there was a strong possibility of his breaking treatment. The goals were established as helping the patient express feelings in the treatment situation hopefully resulting in diminishing the strong possibility of his "acting out" in the environment. It was further pointed out that only limited goals could be expected from this patient and that his symptoms help him suppress a substantial amount of his underlying hostility. Consequently, the following four interviews were directed toward helping the patient to express himself more.

The principle employed to elicit this emotional relief was that of suggestion, and in each situation clarifications were

offered by the worker to enable the patient to evaluate the objective reality of his feelings. Two illustrations of this activity on the part of the worker were:

The patient told about how he had pleaded with the pilot of the damaged plane to land in Switzerland rather than attempt to go back to the base in Italy but to no avail. The worker suggested that maybe this pilot had caused him considerable discomfort. The patient replied that he was forced to suffer under the arrogant German guards in addition to being deprived of food and decent shelter. Furthermore, that he had always thought of this pilot especially when being herded into cold, damp barns at night after working in the prison camp each day. The worker commented that it was natural to have such feelings and wondered what alternatives the pilot had, whether he would like to have landed the crew all safely in Switzerland but his responsibility for the potential combat plane might have weighed heavily against such a decision. The patient replied that maybe he had always looked upon the incident from his own standpoint.

Later:

The patient remarked of how irritable the men were in the prison camp where the guards were always bossy and that he guesses everyone is like that, even now. The worker suggested that the patient might like to tell him who "everyone" is. The patient replied that he hated his mother-in-law and would never like her for her bossy ways, walking through his house, criticizing and giving orders. The worker replied that it seemed as if he had found it difficult to place himself, that is whether he was still a prisoner of war or not and maybe this tended to hinder his being one in whom the wife could confide.

The patient replied that maybe he was acting like a prisoner and that more than anything else, he wanted his wife to lean on him.

Instances similar to those mentioned above were always designed to eliminate much of the projections prevalent in interviews and towards helping the patient see himself more as a responsible agent in his difficulties. In the latter course of treat-

ment, the patient's wife threatening divorce was seen by another worker. She complained of her husband constantly examining her clothes and looking in closets fearing her infidelity.

Consequently, the case was reevaluated with the psychiatric consultant who felt the patient had paranoid characteristics and unconsciously had homosexual tendencies. It was further emphasized that the patient was consciously suspicious of his wife inasmuch as unconsciously he desired to be in the company of these "men". It was advised that treatment goals should continue as in the past with an emphasis on helping the patient see himself as a competing child in the family situation.

In the following interview a combination of clarification and psychological support was used:

The patient told of the severity of his symptoms this past week and how he had been "feeling good" while at a party. On returning home, he added that he saw his stepdaughter on the street at midnight and without thinking ran into the house and hit his wife in the mouth with a telephone. The worker said that the patient had always remarked how important his family was to him and how more than anything else he wanted to preserve his marriage but that the worker wondered if this incident was directed towards that goal. The patient replied that it seemed as if he were acting more like a child than a grown-up. The worker replied that as in the past, he wondered whether the patient wouldn't prefer talking about his feelings rather than acting on them. The patient agreed.

The following week a mixture of suggestion and clarification was used:

The worker remarked that last week the patient had referred to some of his actions as being childlike.

The patient replied that he wrongly suspected the wife of infidelity and that many of their arguments do seem child-like. The worker commented that if he argues as he says like a little child, it might be difficult for his wife to see him as a grown man and husband and that perhaps that was her reason for always running to her mother for advice and support. The patient replied that maybe the worker was right.

The patient gradually, as a result of the above clarification of his behavior, began to redirect much of his conflict bound energy when in later interviews he remarked how things had changed and that he was no longer arguing like "a child" but was either ignoring or settling arguments as a "man" should and was thinking more before he acted.

Discussion - the patient is continuing in treatment as this paper is being written. His strong identification with feminine characteristics brought about considerable conflict in view of his concurrent desire to maintain a masculine role and assert his independence.

His rigid defense system consisting essentially of the mechanisms of projection and denial did not make for an ego-integrative insight type of treatment but treatment largely of a supportive parent-son relationship. This supportive treatment tended to place emphasis on his positive masculine traits as a father, man, and husband with the intention of counteracting his unconscious femininity as shown through his unconscious desires to compete with the wife for the attention of male figures. Inasmuch as his symptoms served a definite purpose in controlling much of the underlying hostility and

his ego integrative capacity was limited, differential treatment was largely focused on helping the patient to mobilize his defenses. Thus it was hoped that through supportive treatment he might evaluate the reality of his actions and concentrate his energy on helping himself rather than misusing the energy in symptomatology and conflict.

Relative to frequency of use, suggestion and emotional relief were utilized by the worker always with the intention of helping the patient to "talk out" much of his hostility and thereby diminish the potentiality of detrimental "acting out" in the environmental situation. This type of treatment was only partially successful due to the patient's rigid pattern of defenses and the limitation placed on the worker due to the strong possibility of the patient's breaking treatment as a result of exposing feelings.

The main effective treatment was that of clarification and psychological support. The use of the former was instrumental in helping the patient to view many of his feelings and actions in a more realistic manner. Seeing himself as child-like and hence unable to be one in whom his wife could confide tended to enable him to redirect much of his energy towards a more mature and responsible goal. Psychological support was used throughout treatment to elicit feelings in addition to placing emphasis on his positive assets.

Interpretations were not employed obviously due to the

fixed nature of the disorder and the limited integrative potential of the patient.

The original assignment for treatment of this patient was designated first to either a psychiatrist or a caseworker and the final disposition was made for treatment with a caseworker on the basis of an available appointment opening. There is no indication of the patient being considered for treatment in group therapy.

Psychiatric consultation regarding the patient was made use of on two occasions. In addition to a fuller understanding of dynamics and diagnosis of this patient, the psychiatrist outlined the importance of helping the patient to utilize psychic energy in expressing hostility verbally in the treatment situation. This, it was believed, would minimize the patient's potential for "acting out" in the home situation and would also enable the worker to clarify some of the patient's childlike behavior.

Through the medium of the relationship and the use of casework principles, the suggestions of the consultant were translated into the treatment process as demonstrated in the case presentation.

Goals in this case, although necessarily limited due to the nature of the case were, however, observable toward the end of treatment. The intensity of the symptomatology and underlying conflicts were obviously neither diminished nor

resolved but nevertheless the patient, through the casework relationship was enabled to view and question his behavior and attitudes in a more realistic manner. His present trend towards mobilizing defenses and utilizing energy in a self-examining and more constructive manner is definitely an observable gain.

Case IIThe patient at intake

The patient is a twenty year old, single, male, navy veteran of Swedish descent who was referred to the Mental Hygiene Clinic by the Out-patient Department Examining Unit. This Examining Unit was unable to find any organic basis for his bitemporal headaches. Seen at intake by a social worker, the patient presented a picture of a dull, bashful, and immature individual as he complained of headaches above both temples. According to the patient, these headaches began about three or four weeks prior to his seeking treatment and to his knowledge, there seemed to be no precipitating stress responsible for their sudden occurrence. The patient, the second born in a family of one older brother and one younger sister, is employed as a custodian in a large department store where he is functioning adequately. His father is an alcoholic who frequently sells household belongings for liquor while his mother helps support the family by working as a cook. The patient's brother is at present a Lutheran Theological student while his sister is self sufficient and contributes substantially to the upkeep of the home. During intake, the patient's marked passivity becomes apparent as he related how his mother manages his money, sends him on errands, and frequently allows him to remain at home rather than assume his employment responsibilities.

Seen by the Intake Psychiatrist, the patient was diagnosed Psychoneuroses Conversion Reaction type manifested by headaches. It is believed that these headaches are a form of self punishment resulting from the guilt in his having aggressive drives towards the father. The patient was designated to treatment with either a psychiatrist or caseworker and the final disposition was made to the social work discipline on the basis of appointment openings available.

Social Worker's Activity

The three scheduled appointment hours following the intake interview were cancelled by the patient. His resistance to treatment became apparent in the first interview when in a stuttering manner, he related how a headache, an ankle sprain, and a cold had forced him to cancel each appointment.

Suggestion mixed with Psychological support were utilized by the worker in the first interview, to diminish the patient's strong resistance to treatment and to elicit response in the patient:

After a preliminary interpretation of the clinic procedure by the worker, the patient related how he didn't like to talk about his headaches because he might get one. After another period of silence, the worker implied that maybe the patient found talking difficult and that maybe he found it difficult to come to treatment. The patient replied that he didn't think he had any worries or feelings about treatment. The worker assured him that it was perfectly all right to have feelings about coming to the clinic whether they were for or against it.

Although suggestion as to the patient's reason for resistance to treatment referred to in the above instance was ineffective in eliciting response, the psychological support given by the worker was conducive to an initial positive relationship. In neither directly condemning the patient for his past resistance to treatment nor referring to his apparent stuttering the patient is enabled to feel more at ease and hence more amenable to accepting treatment. In the following interviews, the initial and end phases of emotional relief experienced by the patient reveals the effect of the non-condemnatory atmosphere created in the initial interview and continued throughout the second treatment hour:

The patient blushing began today by telling in a shameful way how afraid he was while on vacation this past summer and how he couldn't seem to forget it. He adds that although he is a fair swimmer, he fears going out over his head and when out in a boat with some other people he had a premonition of the boat

tipping over and began to shake. The worker replied that it was very natural to feel fearful especially when there was a real danger of being tipped over. After a period of silence, the patient replied that it was good to have people who understood others and that maybe his fear wasn't as unusual as he had previously believed.

In the previous interview, the end result of emotional relief is especially significant when having first gained a degree of relief from the original pent up anxiety concerning this incident the patient was enabled to objectively face the reality of his feelings.

The following week, this case was presented for psychiatric consultation for the purpose of ascertaining a clearer understanding of the patient's extent of impairment and prognosis. The consultant pointed out that this patient is at an oral level of development and presents a problem concerning identification. That is, a desire on the one hand to be taken care of while on the other hand, "his masculinity rebels in phantasies of omnipotence". It was suggested that the worker should be the warm and understanding good parent who can help him verbalize much of his underlying hostility. His passivity according to one consultant should be counteracted by helping him become the more active participant in the treatment situation.

In the following three interviews suggestion was employed with the intention of enabling the patient to express his feelings as recommended by the consultant. The resulting emotional

release experienced in each instance contributed to the patient's ability to become more assertive while at the same time less guilt-ridden regarding his hostile feelings. The following example illustrates this process:

The patient remarks that his father should work as other men do and shouldn't always be arguing with the patient's mother. The worker implies that the patient must feel rather strongly towards his father. The patient with tears in his eyes replies how even although it is an awful thing to say he really hates his father and that the patient has to buy back the furniture his father sells for liquor. He continues in a loud voice how his father comes home drunk every night and that it seems as if ever since he was young his father always nagged and mocked him. The patient, after a period of silence, states that last night for the first time he had restrained his father when the father had attempted to strike his mother.

Emotional relief similar to the above type was often induced hoping that beyond the relief itself and hence active participation of the patient, interpretation as to the reason for the patient's headaches could be made.

The patient related how upset he had been when his father was arguing with the patient's sister and how the patient's headaches seemed unbearable at the time. The worker replied that maybe being very angry and trying to cope with such a difficult situation his headaches occurred. The patient replied that he doubted how that could cause a headache.

Later:

The patient remarked how he had fought with his father again and told him to leave the house or he would kill him but his headaches were unbearable following this incident. The worker replied that it seemed as if the patient might have felt guilty relative to telling the father that he would kill him and the headaches were a way of punishing himself for having these thoughts. The patient replied that he had no guilty feelings whatsoever regarding his father.

Both attempts on the part of the worker to interpret the

meaning of his headaches were ineffective. One of the reasons for this failure became apparent in a later psychiatric consultation.

The psychiatrist pointed out to the worker that the patient's low intellectual capacity and deep-seated emotional conflicts do not make him amenable for insight type of treatment but that praise in the form of supporting his ability to control himself and function on the job is the desired goal. Furthermore, the psychiatrist points out that deeper treatment than support might induce paranoid tendencies relative to his fear of retaliation from the father for the patient's aggressive death wishes.

Following consultation, treatment goals became more limited and consisted of supporting the patient's positive strengths and helping him to feel free in verbalizing aggressive feelings. Consequently, emotional relief and psychological support became strong determinants in enabling the patient to overcome much of his passivity and guilt. In later interviews, emotional relief followed by psychological support enabled the patient to view his feelings toward his father with a decreased amount of guilt in addition to manipulating the patient into a position where he could assert himself more constructively as the potential stabilizer of the home situation. The last incident involving this assertive change in the patient occurred following a recent argument with the father.

in the initial phase of treatment and was almost entirely ineffective in eliciting responses in particular areas of the patient's difficulty. Only in the latter course of treatment when the relationship was more firmly established did its use obtain the desired effect. Interpretations were used twice and were ineffective on both occasions not only due to the treatment situation consisting entirely of current and obvious material but also due to the poor intellectual and ego integrative potential of the patient. The principle of clarification was not used in this case. Through the medium of the relationship which involved a new experience for the patient, the principles of emotional relief and psychological support both were instrumental determinants in helping this patient throughout treatment in alleviating guilt, helping the patient to recognize his positive strengths, and in mobilizing energy for constructive use as an integral member of the family.

The patient at intake was recommended for treatment with either a psychiatrist or a caseworker and the final disposition was made for treatment with a caseworker on the basis of an available appointment opening. As in the previous case, there is no indication of group therapy being considered for this patient.

Psychiatric consultation was made use of on two occasions. The first time it was utilized, the worker became aware of the dynamics of the case in addition to gaining a clearer under-

standing of the patient's needs as well as her own "good parent" type of role. In the following interviews, the worker concentrated as suggested in consultation on helping the patient to express feelings and to become more active in the treatment relationship. The worker's unsuccessful use of interpretation was attempted on her own and was instrumental in her presenting the case for reevaluation. It was at this consultation that she became more aware of the limitations of the patient and consequently differential treatment was limited to emotional relief and psychological support for the remaining interviews.

The goal reached in this case consisted largely of enabling the patient to assume the more active role in the interview in order to counteract his passive dependent strivings. The atmosphere of the relationship was conducive to helping the patient relate to a less dominating female figure than was his mother. Towards the end of treatment, this positive non-threatening relationship was carried over into the environment where an additional heterosexual relationship proved satisfying.

Case IIIThe Patient:

The patient is a twenty-seven year old married, childless, male veteran of Polish descent who was referred to the clinic by a college vocational advisor who stated that despite a high degree of general ability, the patient maintained an exaggerated flow of talk indicating hypomanic symptoms. The patient, seen at intake by a social worker complains of seeing words broken into letters and consequently he is neither able to comprehend nor express what he is reading. He places emphasis on his good adjustment prior to induction into the service in addition to life in the service where relative to the latter he functioned as an interpreter of Slavic languages. The onset of the reading disturbance came, according to the patient, recently while at college where he is unable to obtain grades commensurate with his intellectual capacity. The patient is the youngest in a family of two siblings. His older brother, twelve years his senior, is a very brilliant individual who excelled in athletics and "turned down" several scholarship opportunities. The patient describes his brother as a very powerful man who "throws his weight around" to impress people. Both parents were born in Poland and were divorced when the patient was twelve years old. During intake, the patient was observed to be overly anxious to begin treatment, giving the intake worker the impression that he was fighting to prove himself regarding his wife, a college graduate and a successful auditor.

Seen by the intake psychiatrist, the patient was diagnosed Psychoneuroses Conversion Reaction type, manifested by his inability to organize or comprehend words and sentences. The intake Psychiatrist felt that the word block reflects a problem of masculinity or defect as an inferior man. He adds that the printed word is something the patient takes in, indicating oral needs but as a defective passive dependent individual, his aggression, like the word is suppressed, rather than expressed.

The intake psychiatrist also indicated that the patient utilizes much of his energy in setting rigid standards for himself resulting in further feelings of inadequacy. The patient was recommended for individual psychotherapy and on the basis of available appointment time, was designated for treatment with a social worker.

Social Worker's Activity:

Seen for treatment soon after intake, an understanding atmos-

there was created wherein the patient was enabled to relieve much of the initial anxiety which had brought him to treatment. In addition to giving the patient a degree of immediate emotional relief it also enabled the worker to gain a more comprehensive understanding of the patient's problem.

The patient in a breathless rambling fashion began by telling of his confusion over his reading handicap and how his chances for success were being ruined as a result of it. Almost crying, he related how his strict father forced him to read Polish and English at the age of four and a half and how much brighter his father considered the patient's older brother. He adds how his father always referred to the patient as stupid and how several different doctors had been unable to find any physical basis which would cause such a disturbance. The worker assured him that it must have been confusing to be seen by so many people, as he has, but that maybe his coming to the clinic was a step in the right direction.

The above initial phase of emotional release followed by the reassuring support of the worker enables the patient to discuss other factors related to his problem. The following is the end phase of emotional relief wherein after first relieving tension, the patient objectively faces his problem and gives an indication of what it means to him and what he has attempted to do about it.

He tells of getting married feeling that sexual tension was causing the disturbance but that marriage had not helped him. He adds that sometimes he believes the reading difficulty is worse inasmuch as he feels "intellectually under" his wife, as she has a remarkable command of the English language, in addition to being a successful auditor.

In a later interview, a further indication of the patient's feeling of inadequacy is revealed through the worker's use of

suggestion to elicit emotional release.

The patient said that he wasn't feeling good this week since the whole biology class had flunked the test. The worker implied that apparently the entire class had marks such as his. The patient insisted that he did not care about other people's marks and that the college was out to get you. He adds how unfair the exams are and how merciless the faculty was, always trying to cause students to fail.

The following clarification relative to the above incident was directed toward his understanding of the people with whom he is associated:

The worker replied that maybe he did care about other people and that he did not care to be compared with people he considered equals or inferiors but that it seems as if he was comparing himself to people he thought were superior to himself. The worker added that she wondered just how superior these people really were. The patient replied that maybe the worker had something there and possibly other people were not as perfect as he had always thought them to be.

Clarifications similar to the above instance came to be in later interviews, a significant "tool" toward relaxing the rigid super-ego standards of this individual.

The following week, consultation was held concerning this patient. The consultant pointed out that the worker's past activity in helping the patient to relax his perfectionist strivings should be continued. He added that the word block indicates something defective in the patient as a man and his all or nothing demand upon himself is a form of compensation for the feeling of defect. Regarding the strong compulsive elements in this patient, the psychiatrist did not see fit to

change the original diagnosis of psychoneuroses conversion reaction type.

In the middle course of treatment, several instances of the patient's extreme compulsivity presented themselves. One example of the worker's use of clarification in such instances will illustrate all other uses of it relative to this period of treatment.

The patient began today telling how upset and tense he has been the last few days. He adds that he and his wife are planning to entertain two ministers who the patient feels are well spoken and well educated. The worker replied that the patient is not expected to be an expert on all topics and that, no doubt, the ministers are experienced in speaking before large groups.

Simple clarifications such as the one above involving separating the patient's subjective feelings from the objective reality of the situation were instrumental over an extensive period of time in diminishing to a degree, the extreme demands which the patient set for himself. Implicit in each instance was the reassuring support given by the worker, indicating to the patient that he could relate to and compete effectively with people.

In a later interview, the principle of suggestion was utilized to elicit emotional release relative to the dependency relationship which the patient had with his wife.

The patient remarked that he was unable to read and retain things unless they were read aloud to him. The worker implied that apparently the patient depended upon people to help him with this. The patient replied that he had a terrible fear of doing things

for himself and adds that he needs his wife to read to him as his mother had always done.

The above illustration of the release of pent up anxiety enables the worker to further clarify the feelings of the patient in relationship to the reality of the situation:

The worker said that his feelings of need were different from the facts and that his recent successful progress in school certainly revealed that he was a capable person despite his feelings to the contrary and wondered if it seemed that he needed to depend on his mother and wife to that degree.

The above type of approach regarding the patient's extreme dependency relationships was effective only after repeated instances of his dependency needs were counteracted by the repeated clarifications and implicit support to the effect that he was an adequate individual. For a considerable period in the relationship the worker focused largely on supporting the positive strengths of the patient regarding his gradual improvement at school and ability to relate more effectively at college and at home.

In the second consultation with the psychiatrist, it was pointed out that the patient's gradual improvement in college was enhanced to some extent by the worker functioning as an understanding and encouraging "father-figure". The psychiatrist adds that little else can be accomplished with the patient and that the gradual termination of treatment should be considered.

In the following interview, a recent environmental change in

living arrangements on the part of the patient and his wife was utilized by the worker to further elicit emotional release and predispose the patient for clarification of his feelings:

The patient remarks how inferior he feels as a servant to the doctor with whom he and his wife are living. He adds that the doctor insisted that the patient and his wife would not be considered as servants but that the patient actually feels like one. The worker suggests that maybe the patient and his wife enjoy their meals away from the doctor. He replies saying that what really irked him was the manner in which the doctor had complained about the patient's shining the car and how the doctor often refers to his own wife as "mamma" in asking her how he looks before going out on calls. The worker replied that apparently the doctor wasn't as perfect a person as the patient previously thought and that the doctor too, relied on others to help him.

In the end course of treatment, the patient's relaxed demands upon his own performance becomes apparent when he remarked:

My experience working for the doctor has shown me that other people feel inferior at times. Also he adds that the one thing he has learned from the worker was that he was too much of a perfectionist and wasn't worried so much lately about his inability to be so perfect.

Discussion - The patient following the above demonstrated treatment relationship with the worker was discharged improved. His extreme compulsive standards have not entirely disappeared nor was there any attempt on the part of the worker to interpret the underlying significance of his symptom. Treatment consisted largely of realistically evaluating with the patient and thereby counteracting, through placing emphasis on his positive masculine strengths, the derivatives of his unconscious conflict concerning masculinity.

Suggestion as a principle was employed extensively throughout the course of treatment but always as a means of eliciting emotional relief which, in turn, enabled the worker to clarify in each instance the objective and subjective factors involved in the patient's situation.

The essential effective type of treatment can be seen as a combination of clarification and psychological support consisting of helping the patient to evaluate the objectivity of his feelings of inadequacy followed in each instance by the worker emphasizing the patient's ability to relate and compete with other individuals.

The original assignment of this patient to a social worker was made on the basis of appointment openings available. There is no indication of the patient being considered for group therapy with a psychologist.

The worker in this case, made use of psychiatric consultation on two occasions. On the first instance of it being utilized, the worker gained a fuller understanding of the dynamics behind the patient's extreme compulsive attitude towards people and in addition, the worker was encouraged to intensify her focus on clarifying the reality pertaining to his extreme perfectionist standards. This recommended focus, as suggested by the psychiatrist was concentrated on by the worker as demonstrated throughout the following treatment. In the second instance of consultation being used the good accepting and

encouraging father role on the part of the worker was emphasized in addition to considering with the worker the termination of treatment. Following this consultation, the worker's activity remained much the same in clarifying the objective reality of the patient's subjective feelings.

Goals in this case involved the patient's gradual ability to become less exacting in his standards while redirecting much of his conflict bound energy into worthwhile channels such as school and his relationship with his wife. The external effect of treatment could be seen in the gradual improvement in the patient's college grades which were raised directly in proportion to his ability to relate effectively to others largely as a result of the supportive "parent-son" relationship.

Case IVThe Patient at Intake:

The patient is a thirty year old married, male air force veteran of Swedish descent whose chief complaint is periodic attacks of amnesia lasting two or three days at a time. The onset of this symptom was in 1951 and according to the patient the attacks always occur when he has money on his person especially, amounts ranging from forty to fifty dollars. The patient states that he does not think that he drinks during these attacks but adds that his wife is especially hurt by the loss of money. The patient is employed as a truck driver and is the oldest in a family of three siblings, having two younger sisters. His father died from ulcers at the age of thirty one when the patient was six and his mother remarried when the patient was twelve. Most of the patient's developmental years following the father's death were spent in foster homes and he only remembers his parents as being rigid and having unbearable tempers. The patient has been married for seven years and out of this marriage, three children have been born, all girls, ages four and a half, two and a half, and eighteen months. The wife of the patient is a former member of the Womens Army Corps who was medically discharged for a neuropsychiatric condition and according to the patient, she often criticizes him for his lowly job as a truck driver. At this intake interview, the patient was observed as anxious to begin treatment but conveyed a somewhat pessimistic attitude toward being helped through simply "talking about his problems".

A diagnosis of Psychoneuroses Conversion Reaction type was made by the intake psychiatrist after an Electroencephalogram test proved negative. The psychiatrist believed that the wife expects more from him than simply driving a truck and this, in turn, provokes excessive hostility. Unable to express the hostility directly, the amnesic state serves the same purpose by his staying away from home and spending the money which the wife needs. The psychiatrist points out that, in addition, the amnesia attacks help the patient deny the hostility which he has and delays guilt feelings, that is, he does not remember what happened and consequently is not responsible. The patient was recommended for psychotherapy or casework and on the basis of available appointment openings was assigned for treatment with a caseworker.

Social Worker's Activity:

Seen for treatment soon after intake, the patient's hopeless attitude towards his problem became apparent when he emphasized the failure of the previous effort he had made on his own to resolve his difficulty:

He began by saying how in the past he had tried to figure out the reason for his attacks but that his disturbance occurs even when his lovelife is happy and treatment such as "just talking" would be an additional failure. Furthermore, he adds that he had always found it difficult to talk, let alone talk about his feelings.

Psychological Support immediately following the above resistant attitude on the part of the patient toward treatment was conducive to helping the patient "talk out", through emotional release, the extreme anxiety which incapacitates him:

The worker said that this was a new experience for the patient but that words are one way we can convey our feelings and it is also a way of finding out what these feelings mean and hence to understand ourselves.

The above use of support is designed to indicate an interest in helping the patient. It also implicitly encourages him to express feelings about his situation.

The patient in tears after a very short period of silence, replies that his family means so much to him and he couldn't bear to lose the children. He adds how ridiculous his wife behaves in always insisting that he be more aggressive but that her aggressiveness prevents him from making any family decisions. Furthermore, he tells of her spending money foolishly and her absurd desire to move to a small town in Maine where he could never get employment. Finally, he says that her stubbornness has always helped her gain her own way.

In the early phase of treatment, considerable time was spent in encouraging the patient to express his hostility towards his wife verbally, thereby hopefully decreasing the potentiality of his "acting out" this aggressiveness in the home situation. Following this initial focus on the part of the worker, the case was presented for psychiatric consultation.

The psychiatrist is of the opinion that the patient's wife is very infantile and seeks in the patient a replica of her supposedly gentle father. He adds that the worker might attempt to stimulate the show of affection on the part of the patient towards his wife, in the hope that the family would remain intact. Furthermore, the consultant points out that in all probability, the patient's wife is more emotionally sick than the patient and realistic encouragement on the part of the worker towards the patient may deter divorce proceedings for the present.

In the following interview, interpretation was used in an attempt to relate the amnesic attacks to the patient's desire to escape responsibility:

The patient tells of having passed every civil service test he ever took but that despite his wife's desires, he felt that it would be dishonest on his part to present himself for more responsible employment opportunities than he could handle. He adds that he couldn't even think of changing jobs until his amnesic attacks had subsided. The worker replied that perhaps the patient felt rather insecure and that the possibility of another attack was a protection for his insecurity of having to act on his own. The patient replied that he was not trying to avoid anything.

The attempt at interpretation was unsuccessful not only because of improper timing but also due to the absence of sufficient material upon which to substantiate it. In the following interview, suggestion along with clarification was utilized in order to encourage the patient to show affection toward his wife as recommended in consultation:

The patient began today telling of his wife's temper tantrums and threats of divorce this past week, in addition to her complaints of his lack of affection. The worker commented that maybe the patient found it hard to show affection. The patient said that he never remembers ever having kissed his mother. The worker states that perhaps the patient saw his wife and mother as one but that his relationship with the wife was different and that it was not only all right but perhaps necessary to show her affection. The patient replied that maybe it was something to think about, as now that he thinks of it, his wife never had much affection from her own parents.

Clarifications similar to the above illustration were utilized on several occasions to produce a suggestive effect in the patient, the goal being always toward enabling the patient to see his wife as distinct from his mother. Not until the latter stage of treatment was the desired result realized, due to the inability of the patient to redirect energy from amnestic attacks to his current familial situation.

In the middle stage of treatment, psychiatric consultation was again made use of.

The psychiatrist pointed out that both the patient and his wife are tremendously disorganized, seeking some magical factor to solve their difficulties. Due to the wife's infantile atti-

tude, the consultant suggests that the worker might encourage the patient to assert himself more like a father in addition to encouraging a greater show of affection on the patient's part. In the following interview, suggestion was employed, which gave the worker an opportunity to encourage the patient to assert himself more:

The patient said that often his own decisions were better than those of his wife but that he always kept his ideas to himself and allowed her to do whatever she decided was best. The worker remarked that maybe his wife might appreciate his using his own good judgement.

The above use of suggestion, although employed many times, was never effective inasmuch as the patient's fear of the possibility of the wife's divorcing him and taking the children away was foremost in his mind and hence prevented any significant show of assertiveness on his part. In the latter stage of treatment, suggestion was often employed to enable the patient to assert himself, not so much in the way of making family decisions but towards the goal of showing affection to his wife and hence, hopefully diminishing her desire for a divorce. One example will serve to typify all other uses of it in this period of treatment.

The patient said how he was becoming more affectionate towards his wife lately but that never having had received any affection, he found it difficult to give any. He adds that recently his wife began yelling "separation" because he had taken her out to supper in the truck. The worker commented that maybe the patient's wife didn't think this truck transportation too complimentary and that maybe the patient didn't

think too much of his wife. The patient replied that he didn't think of it in this way.

In a later interview, the effect of repeated suggestions to the effect that the patient can show affection to his wife is observed:

The patient remarks that the wife has changed considerably and that he also has changed. He adds how marriage is a two way process and that by his being more patient and understanding of her, she seems to be less dominating.

In the following interview, the patient's attitude towards his wife, as related by him, enables the worker to clarify the purpose of his amnestic attacks:

The patient said that he was getting used to the periodic outbursts of his wife and was becoming more alert to her moods. However, he adds, the wife's occasional refusal to do the dishes and make the beds, seem to be a way of getting even with him. The worker replied that quite possibly the amnesia attacks of the patient are similar to the wife's refusal to take care of the house. The patient replies that now that he thinks of it, his attacks might have been an escape but that his wife, having the three children to care for, probably can't use such an escape.

In time, the above type of clarifications came to be accepted when the patient, in an ego integrative effort, gradually came to see how much of his conflict bound energy was being wasted in amnestic attacks. With the worker's supporting reassurance to the effect that he could "start over" and show affection to his wife, the patient is gradually redirecting much of his wasted energy towards the goal of assuming his share of the family responsibility.

Discussion - The patient is currently in treatment as this

paper is being written. Although his symptom has not entirely disappeared, it has subsided in the frequency of its occurrence in proportion to his gradual ability to relate effectively and affectionately to the wife. Treatment is directed toward enabling the patient to receive warmth and understanding. In receiving this type of parental support, it is hoped that he can be enabled to increasingly give similar affection. While suggestion and emotional relief were strong determinants in the early stages of treatment, they were utilized largely to decrease the potential "acting out" on the part of the patient in the home environment. In the latter stages of treatment, suggestion while ineffective as to encouraging assertiveness on the patient's part, was effective in encouraging his show of affection towards the wife. Interpretation came early in treatment and was ineffective, due to the poor timing and lack of sufficient material to validate its use. Clarification in the latter stages of treatment seemed to be accepted as to the meaning of his attacks but were of secondary importance. The reason for their lack of importance can be seen in the patient having already verbalized the meaning of his attacks in relation to the wife's way of "getting back" at him.

The main effective type of treatment can be seen as a combination of psychological support and suggestion. In directly suggesting an active flow of affection towards his wife and in supporting his strengths and more responsible behavior, the

worker as a new "parent" was enabled to promote the patient's confidence in his ability to handle his situation adequately. As in the previous case, the patient's original assignment for treatment with a social worker was made on the basis of available appointment openings.

Consultation was made use of on two occasions and on the suggestion of the psychiatrist, the worker became an understanding "father" figure, who could give supportive emphasis to the treatment situation. Through attempting to stimulate a show of affection on the part of the patient, the worker again utilized the suggestion of the psychiatrist as to future treatment focus. In the second consultation, emphasis was placed on helping the patient become more assertive. This goal was never realized, due to the patient's fear of the wife's leaving him.

Although the patient is currently in treatment, his attacks have diminished in their occurrence and the worker's support has been instrumental in helping the patient to redirect much of his conflict bound energy into more constructive behavior. Divorce threats on the part of the wife have diminished considerably with his increased show of affection and, at present, the patient is striving to preserve this present partially satisfactory adjustment.

Case V

The Patient at Intake:

The patient, a former Prisoner of War, is a thirty-seven year old, childless, male army air force veteran of Greek descent, whose chief complaint is of a persistent abdominal pain which prevents him from eating a sufficient amount of food. The onset of this symptom was in 1947 while sitting at the dinner table when the patient suddenly got a "funny feeling" in the abdomen and felt the need to vomit. This dull ache in the epigastrium and lower abdominal region, according to the patient, occurs generally before breakfast and lasts for about four hours. Examinations by the clinic doctor revealed no organic basis for his complaint.

The patient is the second in a family of four siblings, having two sisters and one older brother. Both parents were born in Greece and seemed to have assimilated the American culture to a substantial degree. The patient holds an experienced position in the leather industry and has been married for six years. His wife, formerly employed in a defense plant during the war, was infected with Beryllium poisoning and as a result, is unable to have children. During intake, the patient is observed as being very disappointed over his wife's inability to have children but justifies his marriage on the basis that she would have married him if he had lost a leg or an arm. A diagnosis of Conversion Reaction manifested by a Gastro-intestinal disturbance was made by the intake psychiatrist. No further explanation of the purpose of the symptom was made at this time.

The patient was designated to treatment with either a psychiatrist or a social worker and on the basis of available appointment openings, was assigned for treatment with a social worker.

Social Worker's Activity:

In the initial stages of treatment, emotional relief was to be a strong determinant in partially relieving the pent up emotions which caused his acute anxiety. The following two illustrations of such relief will suffice to show all other examples of its use in this early stage of treatment:

He tells of his shameful feelings when friends ask him when he is going to have a family and how he always avoided telling them the real reason for it. He adds how insecure he feels about having no children and sometimes it makes him feel as if he wasn't even a man.

Later:

He tells of his former experience as a Prisoner of War and his hate for the German people. He points out how the Hitler Youth Group had often spit in his face and cursed him and how recently, when a foreigner came to work at his place of employment, the patient got all boiled up, thinking that this person was of German extraction.

A period of resistance to expressing feelings prevailed for some time following the above phase of treatment but later, when the relationship had become more secure, suggestion was employed by the worker to elicit emotional release which revealed the reason for much of the patient's extreme hatred for the German people:

The worker remarked that painful experiences are often hard to talk about but that maybe the patient had some feelings about being captured by the Germans. The patient, sweating profusely, replied that before being captured by the Germans, the motor of his plane had "failed" over enemy territory. He adds how he was just about ready to bail out when he looked towards the waist of the ship and another crewman had frozen with fear. The patient feared that he didn't have enough time to crawl back and push the man out of the plane and as he jumped, he saw the plane explode. The patient cries, as he says that this was the first time he had ever told anyone about this incident and that maybe he should have gone back and helped this fellow.

Clarification in the way of evaluating the patient's alternatives at the time of the above incident was used:

The worker said that if the patient had gone back to aid the fearful crewman, a struggle might have ensued and both of their lives would have been lost. Further-

more, that since there was only a short time to abandon the plane, the patient probably had enough difficulty in saving his own life.

This type of clarification, although designed to alleviate anxiety and guilt, was, for the most part, unsuccessful. His feelings of insecurity and guilt over having failed to act at a critical time, had more meaning for him in later treatment when he came to see the connection between the above incident and other relations with people.

In two later interviews, emotional release was instrumental in giving the worker a more complete picture of the patient's attitude towards his wife:

The patient began today telling of how angry he becomes at the dinner table when his wife fills his plate with vegetables. He adds how she constantly asks him if he wants any more of this, has he got enough of that, what else she might get him, that it would be best for him to do this, etc.

Later:

He remarks how often his mother had told him what to do and what not to do. Also, how much like his father he seemed to be, as both were quiet and did everything suggested by the patient's mother.

The above illustration of emotional relief predisposed the patient for clarification:

The worker remarked that the patient's mother seemed very much like his wife and although he had married hopefully to be able to assert himself more, he seemed to have married a woman much like his mother. The patient replied that he had never thought of the similarity but that it did make sense.

Towards the middle course of treatment, the patient's feelings concerning his father's death were related to his intense hate for the Germans by the use of clarification by the worker.

The patient remarks how upset he was on being released from the Prisoner of War camp and on returning home, to find that his father had just died. He adds how several neighbors had told him that when his father found out that he was a Prisoner of War, the father had a heart attack and died. The worker replied that here again, maybe the patient was blaming himself for the death of his father, as he did for the death of the crew member but that really he had no power over preventing the death of either. The patient, after a period of silence, remarked how he guessed he had blamed both himself and the Germans for each incident and towards the close of the interview, remarked that maybe he was using the Germans as a "scapegoat".

Similarly, in later interviews, current and familiar situations were often used directed towards helping the patient to more objectively evaluate the reality of his feelings concerning responsibility. One illustration of this process will suffice to show its use during this stage of treatment:

The patient said that recently when his dog was sick, he didn't call the veterinarian until the dog had almost died. The worker remarked that this incident was similar to that of the plane and his father but here again, the patient hadn't known of the dog's illness and did what he thought best when he did call the veterinarian.

The following week, consultation was utilized. The psychiatrist pointed out that this patient's problem concerned an unresolved oedipal conflict, where his fantasies about killing his father became true when his father died. He adds that the past focus of the worker in eliciting emotional release and clarifying in a realistic manner should be continued. The consultant also suggests that the relationship between the patient and his wife might be the future area of focus. In a following

interview, an indication of the patient's ambivalent attitude towards his wife is apparent:

The patient tells of how hard it is to grow up and assume responsibility, with his wife always acting, as he sees now, as a mother. He adds how at times, however, he feels so insecure that he needs someone to tell him what to do. The worker replied that it seemed then, as if the patient felt two ways about his wife: that he wanted to, as he says, grow up and be less dependent on her, but that he himself found it difficult to do. The patient replied that this was exactly how he felt.

Later: Suggestion, along with Psychological Support was instrumental in enabling the patient to become aware of his ability to assume responsibility.

The patient remarked how this past week, the dog was sick again. He goes on to tell how his wife told him to get the veterinarian and how he just ignored her and left the room. The worker insinuated that he ignored his wife because, like his mother, she had told him what to do, but this instance bothered him more because he had called the doctor in the past and the dog had not died. The patient replied that he had, as the worker said, probably been responsible for saving the dog's life previously and now didn't think he needed being told what to do.

Simple instances, such as the above, involving supportive emphasis on the patient's gradual ability to assume responsibility were conducive over the course of treatment in helping him become more assertive and less dependent on the decisions of his wife. The gradual change can be observed when in later interviews, the patient reveals that:

More and more he has been assuming his share of the family decisions and surprisingly enough, his wife actually didn't resent his doing so. Furthermore, his wife had remarked how he seemed to be a stranger since he was talking so much lately.

In the second use of consultation, the psychiatrist pointed out that in all probability, the patient's death wishes towards his mother were carried over to the wife. In addition, he emphasized that the patient's frequent running away from the table is a defense against acting out against the wife. Also, that the stomach pain is a form of punishment for his hostile wishes. The psychiatrist recommended that the worker assure the patient as to his ambivalent feelings regarding the wife hopefully, to alleviate much of the guilt.

In the interview following consultation, Psychological Support was mixed with clarification regarding the patient's relationship with his wife:

The patient remarked how upset he got recently when he was sick and the wife attempted to doctor him. The worker replied that the patient didn't enjoy his wife "mothering him" but maybe in this instance, she was showing affection more as a wife might do. Furthermore, the worker adds that his wife does have a maternal outlook in many ways and that her personality may not change too much but that his attitude towards her may change as he understands himself, her, and himself in relation to her. The patient replied that he guessed it would just take time.

Towards the latter stage of treatment, opportunities for interpretation were presented on several occasions but it was used only once. In its only use, it was ineffective:

The patient stated that when he gets irked at his wife, he leaves the table and remains by himself with his own misery. The worker commented that maybe he felt mad towards his wife, left the table, and that in essence his pains were a form of punishment for his guilt feelings over feeling mad. The patient remained silent.

The above interpretation was ineffective not only due to timing, but due to the patient's present strong need for this defense which in essence helped him to suppress a great deal of hostility. The result of such interpretation became observable in the following interview when:

The patient stated that he didn't think treatment was doing him any good and felt that he wouldn't be coming in any more. The worker suggested that some of the things they had been talking about are painful to have to face and more difficult to have to accept. He adds how such treatment is not just like medicine but that in time, he will understand more about the things he has found out about himself. The patient replied that he felt shocked last week when the worker had told him about the reason for his pain but that he still wanted to come back for treatment.

Discussion - The patient is currently in treatment as this paper is being written. While emotional relief was a strong determinant throughout treatment, it was of critical importance in enabling the patient to relieve his initial anxiety and thereby objectively face the reality of his feelings. Clarification following emotional release became meaningful only in the latter stage of treatment, when sufficient material was available to point out to the patient several similar instances of his irrational guilt feelings. Suggestion, as a principle was employed on each occasion to elicit emotional response in a desired area of the patient's difficulty. This use of suggestion followed by emotional release, enabled the worker on several occasions to clarify the objective and subjective factors regarding the particular instance involved. Interpre-

tation was utilized only on one occasion and was ineffective due to the timing and the patient's critical need for his symptom as a defense mechanism. In essence, the main effective type of treatment can be seen as a combination of emotional release and psychological support. The understanding and non-condemnatory atmosphere of the relationship situation was conducive to enabling the patient to relieve tension in addition to alleviating guilt. In encouraging this patient to make decisions and supporting his recent meager attempt toward assuming responsibility, he was enabled to direct some of his energy toward constructive endeavor. This type of psychological support, although not directed to the development of self-understanding of symptomatology, is of importance in reinforcing ego strengths.

This patient was assigned for treatment with a caseworker on the basis of available appointment openings. There was no indication that group therapy was considered as a form of treatment at the point of intake.

Psychiatric consultation was utilized on two occasions. In the first instance of it being used, the dynamics of the patient's symptoms were clarified and the worker was encouraged to continue his present treatment focus. Following the suggestion of the consultant to further explore the relationship between the patient and his wife, the worker did concentrate on this relationship for some time, as previously demonstrated.

The second consultation stressed the importance of helping the patient to alleviate his guilt feelings concerning hostility towards the wife. To date, there is no special indication of the worker's focus in this area, possibly due to the negative attitude of the patient following the ineffective attempt at interpretation.

Goals reached in treatment have been very limited. In addition to a minimal redirection of energy towards assuming responsibility, much of the incapacitating guilt has been alleviated. Treatment itself, has obviously had a sustaining effect in decreasing the patient's potentiality for "acting out" against his wife, while in addition, it has maintained the patient at his present level of functioning.

CHAPTER V

SUMMARY AND CONCLUSIONS

The general question of this thesis was concerned with examining the treatment principles utilized in this setting in treating these five specific veterans diagnosed psychoneuroses conversion reaction type.

Summary findings involving the manner and extent to which each principle was used follow:

Suggestion:

Suggestion was employed in all five cases. Only in case IV was it utilized in the strict sense where it was partially successful in encouraging an affectionate response on the part of the patient towards his wife. In case I, III, IV, and V, suggestion was employed intensively to elicit emotional release which in turn manipulated the patient into a position where clarification of the subjective and objective factors of a particular situation could be evaluated. In case I and V, suggestion was of particular importance in inducing emotional release aimed at the patients utilizing energy through ventilation of feelings with the ultimate goal of reducing their potential for "acting out" in the environmental situation. In its general overall usage it may be stated that suggestion was most effective in helping the patient to focus in some particular area of his difficulty which in all cases was toward the treatment goal.

Emotional Relief:

Emotional relief was used in all five cases. It was of particular importance in cases I, II, IV, and V where through the patients relieving pent up anxiety they in essence could face their problems more objectively. Consequently, emotional release was a strong determinant in predisposing the patient for clarification of his feelings and relationships. In case I and IV, emotional relief was felt to be a strong determinant in that the patients could utilize energy through ventilation of their aggressive feelings and hopefully decrease their potential for "acting out" in the environment. In cases III and V, emotional relief occurred independently of the worker's activity but in each of the other cases preliminary support was necessary to obtain the desired verbal discharge of feelings.

Psychological Support:

Psychological support as a treatment principle was first of all implicit in each of the five cases studied. This understanding and accepting atmosphere of the relationship was conducive to relieving anxiety and feelings of guilt. In its explicit use, the workers confined their activity in large to eliciting feelings, stressing positive assets, and reinforcing ego strengths. More specifically in cases I, II, and IV the worker's reassuring activity helped relax each patient and consequently manipulated them into a position where they could gradually express their feelings. In cases II and V, psychological sup-

port was effective in encouraging constructive assertive behavior to counteract each of the two patients' extreme passivity. In case III, it was of critical importance in encouraging the patient's ability to compete effectively with others while in case I, support was effective in helping the patient to mobilize his defenses and redirect much of the conflict bound energy into constructive channels. Due to the extreme dependency needs observed in each case, the worker functioned essentially as an understanding and encouraging supportive parental figure.

Clarification:

Clarification was employed in the treatment of four patients. In case I, its use enabled the patient to view more clearly his actions and "childlike" behavior in contrast to his stated desire to preserve the marriage while in case III through its use, the patient began to question just how superior other people were in relation to himself. In case V, clarification as to the responsibility the patient had assumed concerning both the death of a crewmember and his father was instrumental in alleviating the accumulative guilt of the patient. In general, clarification came in the later stages of treatment when the relationship was more firmly established and in most cases followed the principle of emotional release.

Interpretation:

Interpretations were attempted in three of the five cases

studied and in all instances were almost entirely ineffective due to the chronic nature of the patient's disorder and hence the limited capacity to tolerate insight therapy.

The conclusion then to this general question of differential treatment first indicates the obvious interdependence and overlapping in the use of principles. Secondly, their effectiveness in all instances was dependent on the strength of the relationship, the worker's ability, and the patient's personality structure which in all cases placed limitations on their use. While suggestion was utilized most frequently, the essential effective type of treatment was a combination of emotional release, clarification, and psychological support. In relation to the particular diagnosis studied in this thesis, there was no indication of one principle being especially significant in the treatment of such a disorder but rather that treatment principles were in all cases directed to the individual patient's needs. The conversion symptoms were of secondary importance to the apparent chronic illness presented by each patient. Hence, since all patients were characterized by deeply repressed anxiety and rigidly established defenses, interpretation as a therapeutic tool was ineffective. Inasmuch as case workers are least likely to use interpretation and its use seems almost entirely ineffective, it would seem then that social workers are especially equipped to render a supportive type of treatment relationship for such patients.

The writer will now attempt to answer the other questions which were formulated in the first chapter:¹

1. Why was the patient assigned to a caseworker for treatment rather than to a psychiatrist or to a psychologist in group therapy? In all of the cases studied, the reality factor of available appointment openings was the determinant for the ultimate assignment of each patient. However, under periodic ideal circumstances, consideration is given to the worker's or the psychiatrist's ability to treat particular types of patients and generally the sex of the therapist is considered. In the original formulation of clinic policy regarding assignment it was believed that the case worker could best be used in providing a reassuring supportive relationship prior to the patient's readiness for intensive psychotherapy. This policy, however, seems to have been modified recently due to the ever increasing number of fixed and chronic disorder types seen at the clinic who are not amenable to intensive psychotherapy as frequently seen in private practice. Due to this factor, it seems that the common practice of the intake psychiatrist is to designate treatment as "individual therapy with either a psychiatrist or a caseworker". Treatment itself seems to consist largely of a supportive "parent-son" relationship.

¹ Due to the inadequacy of the record material, restrictions have been placed upon the writer relative to giving more comprehensive answers to the subsidiary questions one and two.

Group therapy as a form of treatment seems to be utilized largely at intake as a "holding over" process until an individual therapist is available. However, it is utilized both in conjunction with individual treatment to stimulate relationship patterns and in some cases where the patient is not as yet amenable for individual treatment. In conclusion then, it would seem that little distinction for assignment of patients is drawn between the disciplines of social work and psychiatry essentially due to the fixed personality types generally seen at the clinic. In all instances, however, it is common practice to assign severe homicidal, suicidal, or patients with severe organic pathology to a psychiatrist.

2. How does the caseworker utilize the knowledge gained in psychiatric consultation in the treatment process?

In addition to pointing out the relevant factors in each patient's diagnosis, dynamics, and prognosis, special consideration was given by the psychiatrist to the patient's needs and the possible areas of the worker's future focus. In case I, the importance of emotional relief as a factor in decreasing the patient's potential for "acting out" in the environment was stressed by the consultant. Furthermore, the worker was encouraged to help the patient see that his actions were not conducive to preserving the marriage despite his intentions. In the actual treatment process, the worker utilized clarification to accomplish this goal by helping the patient to see

his actions as "childlike" resulting in a gradual modification of behavior on the patient's part. In case II, the psychiatrist pointed out to the worker his important role as the supportive parent figure who could encourage assertiveness and help the patient relate effectively to members of the opposite sex. In case III, the worker's role as an accepting father figure as contrasted to the patient's real rigid father was pointed out. Furthermore, the psychiatrist pointed out the crippling nature of the patient's extreme compulsive attitude. In becoming aware of her role as "father", the worker consequently clarified much of the objective and subjective factors relative to the patient's extreme thinking. In case IV, again the worker became more aware of his role as a supporting parent who could encourage the patient and hence reduce the potentiality of a divorce. In case V, as in case I, the recommended focus was in eliciting verbal discharge of hostility hopefully reducing the patient's possibility of harming his wife. Furthermore, the importance of the worker's support was emphasized as instrumental in encouraging constructive assertiveness and hence worthwhile channelizing of conflict bound energy. In conclusion, the use of consultation seemed to indicate essentially an increased awareness of dynamic factors, clarification of the worker's role, treatment goals, and more objectivity.

3. What goals, if any, were reached through the casework

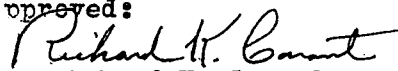
relationship?

In case I, the patient began to mobilize his defenses and in essence, think before he acted. This new trend in behavior prevented divorce for the present and placed him in a position where the wife may gradually view him as a grown person rather than another child. In case II, the patient's first satisfactory heterosexual relationship was carried over into the environment to an additional satisfying relationship with a woman. Also, support as to his constructive assertiveness as the "man of the house" enabled him to view himself more as a worthwhile individual. In case III, the worker was enabled to support the reality of the patient's ability to relate effectively with others and hence considerably diminish the extreme perfectionist standards he had set for himself. The patient's gradual success both at school and in his relationship with his wife clearly indicated the effects of the supportive relationship. In case IV, the worker's encouragement was crucial in helping the patient to remain with his emotionally disturbed wife and see her more as a wife rather than a mother. The effect of such support is observable in the gradually diminishing occurrence of the amnestic attacks. In case V, the patient unburdened much of his accumulated guilt and through the worker's encouragement was enabled to relate more effectively with his wife. Despite his intense feelings towards her, he has to a degree been enabled to see many of his feelings of

hostility towards his wife as a "carry over" from his original feelings concerning his mother. The limited goals reached through the casework relationship did in no way involve the resolution of unconscious intrapsychic conflicts. Rather, the dependent needs of each patient were met through the supportive relationship but more important was the reassuring encouragement given by the workers toward independent self-determining action on the part of each patient.

Recommendations - The writer suggests that further studies of this type be made involving the correlation between therapeutic principles and specific diagnostic categories. It is believed that such recommended research endeavors can demonstrate to a degree those areas in which social casework has a definite contribution to make in the direct treatment of mental disorders.

Approved:


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