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The vocational adjustment of ulcerative colitis patients treated medically: a study of ten patients treated medically for ulcerative colitis at the Boston Veterans Administration Hospital from 1952 to 1956

BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK

THE VOCATIONAL ADJUSTMENT OF ULCERATIVE COLITIS PATIENTS TREATED MEDICALLY

A Study of Ten Patients Treated Medically for Ulcerative Colitis at the Boston Veterans Administration Hospital from 1952 to 1956.

A thesis

Submitted by

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(Note that in this thesis all tables include the same group of cases so that the table titles need not give place and date.)

CHAPTER I

INTRODUCTION

Literature written about the disease, ulcerative colitis, and the individuals suffering from this illness depict a diagnostic group who are not only sick in body but emotionally ill as well. Extensive research made by the medical profession reveals that it occurs during the most productive years of an individual's life. At the onset of this illness manifestations are acute and thereafter it follows a course which is chronic or intermittent. Because of its occurence during these years when work is of prime importance to an individual as it gives a person status and security plus pleasure on a psychological basis, an investigation into this area was thought to be of some value.

Purpose of the Study

This is a group thesis being done by the writer and Mrs. Betty Kurkulas, also a student at Boston University, doing her field work placement at the Boston Veterans Administration Hospital. The purpose of this study is to investigate the vocational adjustment of patients treated medically at the Boston Veterans Administration Hospital for ulcerative colitis. After doing extensive reading which is listed in the bibliography of this study and by listening to an informal lecture given by Dr. Papper, a medical resi-

dent at the Boston Veterans Administration Hospital, it is assumed that patients treated medically for ulcerative colitis should adjust vocationally in spite of the severity of the disease, and the possibility of persistence in a moderate form after recovery. This study will attempt to answer the following questions:

1. Did the patients return to the same type of employment they were engaged in prior to their hopitalization? If not, why not?

2. Did the patients make any changes within their jobs when they returned to work? If so, why?

3. Do the patients feel they improved vocationally, remained the same, or declined since their hospitalization?

4. What effect, if any, has the illness upon the patients' vocational adjustment?

Although the main focus of the study is on the vocational adjustment of patients, some aspects of the patients' social and emotional adjustment at home will be brought out and commented on especially where it appears to have had an adverse effect on vocational adjustment.

Method of Collecting Data

To collect the data for this study, it was decided to do a live, personal interview type, follow-up study of patients treated medically for ulcerative colitis at the Boston Veterans Administration Hospital between the time the

hospital opened in July 1952 to July 1957. Certain restrictions were placed on the acceptability of the cases. Because it was to be a live study and the patients had to be available for interviews, the patients selected lived in the Boston area or in the cities and towns within a twenty-five mile radius. It was also felt that the study should only include patients between the ages of twenty-five to forty-five as this is the most productive work years of an individual's life. Also, because this study deals exclusively with the vocational adjustment of ulcerative colitis patients, any person selected to participate in the study was to be free from any other illness or disease.

It order to obtain the names of the people available for this study, a request was made to the medical library for cases which met the above description. This request produced twenty-eight cases which were equally divided between this writer and Mrs. Kurkulas. Letters were sent to the various patients requesting an interview with them. A copy of the letter sent appears in Appendix A of this study. The change of address of three of the patients, and the refusal of one patient to participate in the study reduced the number of patients interviewed to ten. The three patients had moved outside the twenty-five mile radius of Boston, and the one patient who refused stated that he was not interested in

the study and did not wish to be included. Eight out of ten living in the Boston area and two out of four living in the surrounding areas participated in the study. The interviews were loosely structured and held at the hospital. The schedule which appears in Appendix B of this study was used as a guide by the writer.

Limitations of the Study

Because of the restrictions used in selecting the sample, this study includes only ten cases. Because of the smallness of the sample, the conclusions made by the writer refer only to the cases cited and cannot be generalized. One interview per patient, lasting one and a half hours to two and a half hours, was used to collect the data and because of this short contact made with the patients, some of the validity of the information received could be questioned. Only through further contact and more extensive research could some of the data collected be confirmed. It is also to be considered that some of the conclusions of this study are dependant on the subjective judgment of the writer.

Description of the Agency

The Boston Veterans Administration Hospital was opened in 1952 to offer treatment, teaching, and research for the benefit of veterans of all the armed services of the United States.

Much pre-planning was done by the Veterans Administration before the hospital was built. In the latter part of World War II, a survey was taken of the existing medical facilities available in the Boston area. It was found that the West Roxbury Veterans Administration Hospital was unable to handle the increased demand of veterans for medical services. To alleviate this need temporarily, the Cushing General Hospital in Framingham, Mass. was put under the auspices of the Veterans Administration. In 1946 after World War II ended, the Veterans Administration authorized the Corps of Engineers to find a suitable site for the construction of a one thousand bed hospital to be located in the Boston area. After an extensive investigation, the present site on South Huntington Ave., in Jamaica Plain, was chosen in 1948. After the completion of the new hospital, the Cushing Veterans Administration Hospital was converted into a center for paraplegic veterans as well as offering medical services.

The Boston Veterans Administration Hospital is a 949 bed hospital and employs approximately 1200 people. It is divided into three main services; Psychiatry and Neurology Service, Medical Service, and Surgical Service. Special units are attached to the hospital including the National Veterans Epilepsy Center and Aphasia Unit which are a part of the Psychiatry and Neurology Service.

Within this framework are many departments contributing

to the overall treatment, teaching, and research plan of the hospital. One of these departments is the Social Service Department headed by Mrs. Margaret Newcomb, chief social worker. It offers trained medical and psychiatric caseworkers to help patients with social and emotional problems which may be creating obstacles and preventing the patients from receiving maximum hospital benefit. It also has research caseworkers who participate in the various research projects that the hospital is undertaking. The writer is a member of the student training program which is another service offered by this department. Supervision, individual and team consultations, plus varied psychiatric and medical cases are offered to the student and to the professional casework staff to help them learn, broaden, and develop casework methods and techniques.

CHAPTER II

THEORETICAL DISCUSSIONS

As this study is concerned with the vocational adjustment of patients with ulcerative colitis, this chapter will be devoted to a description of the disease and the various psychological significance that work implies to an individual or group.

Ulcerative Colitis

The cause of ulcerative colitis is unknown and it is classified as a psychosomatic disease by the medical profession. The term psychosomatic is derived from two Greek words; psycho meaning mind or soul and soma meaning body. It is therefore believed that the causative factors of this illness are both physical and emotional in nature.

The onset of this disease usually occurs in the second, third, or fourth decade of a person's life and very rarely occurs after the age of forty-five. It is an inflamation of the lining of the large intestine with small ulcers appearing on the surface of the colon. The diseased area may include all of the large colon or just some area within it.

A person suffering from this disease usually shows the following physical symptons; severe diarrhea with bloody stools, loss of weight, profuse sweating, cramps, nausea and a general physical weakness. When these symptoms occur, it is termed an attack. There is no positive cure for ulcera-

tive colitis medically, but it can usually be controlled through treatment. Some patients may only have one attack while others may have several attacks with remittance periods of variable lengths of time between attacks. The severity of the attacks is also variable and the patient may be capable of receiving treatment at home and at other times he may require hospitalization.

The main treatment for this disease is rest and a strict diet. The diet is referred to as a bland diet meaning no roughage, e.g. fresh vegetables or fruits, pork, or ham. The patient is given vitamin pills and when necessary ATCH (corticotropin) and cortisone. If a patient does not respond to this treatment and the disease is not brought under control, surgery may be required. This study will not deal with the implications and all the aspects of the illness that surgery implies, but believe that it is sufficient to say that it is an operation with much meaning to the patient such as bodily mutilation and the acceptance of this by members of the family group and society. Death may also be a result of this disease but it is rare. In an informal lecture given by Dr. Papper, a physician at the Boston Veterans Administration Hospital, he stated that in a recent study of two hundred patients, 66 per cent were treated medically and the disease was brought under control. Thirty-one of the patients required surgery and 3 per cent died. Death was usually the

result of patient coming for treatment too late as the ulcers had perforated and peritonitis had resulted.

Much study and research has been done on the emotional characteristics of patients suffering from ulcerative colitis. It should be understood that the emotional symptons to be described in this study as characteristic of the ulcerative colitis patient, does not mean that a person exhibiting such a personality character will be or is a patient suffering from ulcerative colitis. Just why some people exhibiting such a personality have this disease and others do not is open to debate and conjecture. It is generally theorized that a patient with ulcerative colitis has a physical predisposition or weakness in the large intestine and because the patient is unable to deal directly with his emotional conflicts, this area is most susceptible to attack.

The patient suffering from ulcerative colitis is depicted as outwardly calm, superficially peaceful individual of more than usual dependance. On going beneath this calm exterior, it becomes apparent that this outwardly placid person is sitting on a powder keg of intense hostility, resentment and guilt.[1] He is an outwardly controlled person but if a stressful situation should arise in his immediate en-

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[1]Arthur Weider, Contributions Toward Medical Psychology, p. 322.

vironment, his control becomes tenuous and results in an attack of the illness. This stressful situation will be referred to as the precipitating factor of the illness in this study.

Dr. Eric Lindemann[2] did an extensive study of the psychiatric problems of the ulcerative colitis patient and found that the precipitating factor that the patient was reacting to was bereavement or sorrow. This sense of loss felt by the patient is used in a broad sense meaning that the patient was reacting to the loss of meaningful person by rejection, death, separation, or disillusionment, by loss of a part of ones body, or by changes in psychological status e.g., graduation or failure and loss of self esteem.[3] It is indicated further that the patients are very dependant on the relationship of one person and cannot function adequately in his environment when this relationship is threatened by outside factors. The patients are often found to be intelligent, highly sensitive in relationships with other people, and passively hostile.

Some of the emotional factors mentioned herein will be commented upon in Chapter IV of this study in the evaluation

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[2]E. Lindemann, "Psychiatric Problems in Conservative Treatment of Ulcerative Colitis," Archives of Neurology and Psychiatry, vol. 53 (April, 1945), p. 322.

[3]Weiss and English, Psychosomatic Medecine, p. 648.

of the case presentations when brought out in the interview with the patients.

Meaning of Work

Much has been written on the meaning of work, its significance and the implications it has to an individual. Because this thesis deals with the vocational adjustment of ulcerative colitis patients, it is considered important to discuss the meaning of work to an individual and what part it plays in his everyday living.

Work can be considered a vital part of an individual's total personality. In society today, man works approximately eight hours a day. He spends one half of his waking hours working and indulges in this function one third of his everyday adult life. Because of the large amount of time consumed by work, it is vitally important that a person like his job and derive emotional satisfaction from it. Satisfaction from work guards the mental health of a person and contributes strongly to his social and family relationships.

According to the literature, three fundamental needs of a person's emotional well-being is supplied through work; security, status, and power. These terms are very broad and have a different meaning to different people; therefore, a person should be allowed to choose his own vocation freely as only he can find the type of work which will fulfill these needs within him and give him satisfaction.

Adjustment to a job is influenced by a person's early emotional adjustment. The energies, talents, and abilities a person has acquired from childhood can be sublimated into useful and helpful services and add to a person's self esteem and sense of achievement. Money is a vital factor in work as it meets the immediate environmental needs of a person and may contribute to the fundamental emotional needs. It is overshadowed, however, by the sense of satisfaction and achievement one may receive from work which meets his basic emotional needs; thus, money is a powerful secondary gain factor in work.

Karl Menninger[4] and Felix Deutsch[5] and many other psychiatrists have studied the value of work and believe it to be a healthy outlet for aggression. Man's agressive drive can be met through competition. Work is competition; it is man competing against other men or something in his environment. Work gives an individual a chance to vent his pent-up aggressive drives through sublimation into a healthy, constructive, socially acceptable manner. Hate and rage exist within every man and must have an outlet. Thus work becomes a pleasureable experience for a person. The spirit of competition is met; the aggressive drives subside and he has gained recognition and a feeling of emotional satisfaction.

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[4]Karl Menninger, Love Against Hate.

[5]Felix Deutsch, "Job Phobia," Journal of Social Case-Work, vol. 28 (April, 1947), p. 133.

One fundamental criteria for the judgment of a mature individual is his ability to retain a job. If he is productive and cooperative with his employer and employees and gives of his abilities and talents, he is considered a mature individual. This sense of satisfaction and achievement is carried over into his personal and social life and contributes much to his adjustment in these areas. Man needs work and it can be considered a vital factor in his total adult adjustment.

Because of the emotional aspects which have been brought out in the foregoing theoretical discussion, it is clearly indicated that social service casework can play a major role in helping the patient make a better adjustment in his life's situation. There are many facets and areas in which to work depending upon the individual patient and the emotional problems he presents. Every patient with ulcerative colitis has an emotional component to his disease and appears to need help in this area.

CHAPTER III

DESCRIPTION OF THE PATIENTS

This chapter will give a description of the patients; general information and some characteristics common to the group. It will include information relative to sex, age, marital status, number of children in the family group, age of patients at onset of illness, age of patients during last attack, how many attacks suffered by patients, and a subjective rating as to the type of vocational adjustment the patients made.

All the patients interviewed were male and had been hospitalized at least once at the Veterans Administration Hospital for ulcerative colitis. The sample consists of ten males ranging in age from twenty-six to forty-five.

TABLE 1

PRESENT AGE OF PATIENTS

Age	Number of Patients	Per Cent
26-30	2	.20
31-35	3	.30
36-40	3	.30
41-45	2	.20
Total	10	1.00

Table 1 shows that two out of the ten patients range

in age between twenty-six and thirty, three out of the ten are between thirty-one and thirty-five, another three out of the ten are between thirty-six and forty and the last two out of ten are over forty but under forty-six. The large majority or 60 per cent of the patients interviewed were between the ages of thirty-one and forty.

All the patients were married except one and all but one of the married patients had children. The number of children range from no children or unmarried patients to the largest family group specified in the sample consisting of eight children.

TABLE 2

NUMBER OF CHILDREN

Number of Children	Number of Patients	Per Cent
0	2[a]	.20
1	3	.30
2	1	.10
3	2	.20
4	1	.10
5	0	.00
6	0	.00
7	0	.00
8	1	.10
Total	10	1.00

[a]Count includes one unmarried patient

Table 2 shows that out of the nine married couples only

one was childless, three had only one child, one had two children, two had three children, one had four children and one patient had a family of eight. Three out of nine or one third of the married patients had only one child and five out of ten or 50 per cent of the patient load had one child or less.

The number of attacks suffered by these patients varied from one to five. The following table will depict only those attacks for which the patient was hospitalized.

TABLE 3

NUMBER OF ATTACKS

Number of Attacks	Number of Patients	Per Cent
1	4	.40
2	3	.30
3	1	.10
4	1	.10
5	1	.10
Total	10	1.00

It is interesting to note in table 3 that four out of ten or 40 per cent of the patients had had only one attack of ulcerative colitis and that seven out of ten or 70 per cent of the patients had had two or less attacks; only three out of ten or 30 per cent have suffered three or more attacks.

Because this disease is most prevalent in the second,

third, and fourth decade of a person's life, the next table will show the ages of the patient at the onset of their illness. The onset of the illness will be considered as to when the patient was first hospitalized for ulcerative colitis.

TABLE 4

AGE OF PATIENTS AT ONSET OF ILLNESS

Age at Onset	Number of Patients	Per Cent
10-19	1	.10
20-29	3	.30
30-39	5	.50
40-49	1	.10
Total	10	1.00

Five out of ten or 50 per cent of the patients had their first attack while in their thirties; the majority, eight out of ten or 80 per cent of the patients had their first attack in the second and third decades of their life. Only one patient had his first attack while in his teens, and only one had his first attack while in his forties.

As this study is concerned with the vocational adjustment of the patients with ulcerative colitis, the next table will show the rating or scale which the writer used to categorize the patients' vocational adjustment. The categories used were good, fair, and poor. Because these terms are

considered loose, some definition of their meaning will be elaborated upon. A vocational adjustment will be considered "good" when the patient verbalized and elaborated upon his job and showed enthusiasm and concern for it; when the patient was able to resume his former occupation with a minimum of difficulty and that his work pattern remained about the same as before his illness. A vocational adjustment will be considered "fair" if the patient voiced some disapproval of his job and did not act enthused or concerned about it. If he seemed to stress money, a secondary gain, over satisfaction or sense of achievement. An adjustment will be considered "poor" when a patient has difficulty returning to work, feels a minimum of satisfaction in his work, and is unable to adjust to the pattern of work he had before his illness.

TABLE 5

VOCATIONAL ADJUSTMENT

Category	Number of Patients	Per Cent
Good	8	.80
Fair	1	.10
Poor	1	.10
Total	10	1.00

Table 5 shows that the overwhelming majority or 80 per

cent of the patients made a good vocational adjustment. Only one patient out of ten made a fair adjustment and one out of ten made a poor adjustment.

Only one patient or 10 per cent of the group studied had contact with social service. Twenty per cent or two out of the ten patients were receiving a service connected pension. Only one patient was receiving his pension for ulcerative colitis, and the other patient was receiving a pension for another illness he had contacted while in service. Eight out of ten or 80 per cent of the patients were not receiving pensions of any kind.

CHAPTER IV

PRESENTATION OF CASES

This chapter will include a presentation of the interviews the writer had with the ten patients described in chapter III. The interviews plus an evaluation of the patient is given. Also included in the evaluations is any emotional aspect of the disease which appeared apparent to the writer plus the social adjustment and family relationships of the patient were commented upon as they were brought out by the patient in the interviews. The interviews and evaluations are numbered by cases from one to ten. Case number one to case number eight, inclusive, are cases considered by this writer to have made a "good" vocational adjustment, case number nine is a patient considered to have made a "fair" adjustment and case number ten is a case presentation of a patient who has made a "poor" adjustment. The scale or rating of "good," "fair," and "poor" for this study is fully explained plus tabled in chapter III, page 18.

CASE NO. I

Mr. J. is a forty-two year old married father of eight children varying in age from one to thirteen years old. Mr. J. was the oldest of five children and his mother died of cancer when he was sixteen years old. He left school and "kept house for the younger children" until he came to Boston in 1936. He attended the New England Institute of Embalming and was graduated in 1937. He opened up his funeral parlor, and has been a funeral director ever since. He studied to be a medical technician at the Wilson School and was graduated in 1943. He furthered his education as he felt it would help him in his work and also give him some kind of skill he could use while in service. He was also married in 1943 and was drafted in 1944. He served in army hospitals as a medical technician in the state of Washington and was transferred to another hospital nearer Boston.

It was while Mr. J. was in service that he had his first attack of colitis in 1945 and was hospitalized for two months. Since then he has had a series of attacks and was hospitalized in 1947 for two weeks; in 1948 for a month; in 1952 for two months; and in 1953 for three weeks. During his last attack, Mr. J.'s father died and he was released from the hospital to attend the funeral and never returned. He had a very slight attack of diarrhea six months after leaving the hospital but believes it was caused because he "cheated" on his diet and ate spicy foods. He has not had an attack since and believes he is completely "cured". He had a gall bladder operation in 1957 and while hospitalized he had a complete G. I. series and was told there is no sign of ulcerative colitis.

In talking with the patient about the cause of his illness, he said he thought it was due to "worries." His wife, who is six years younger than he, is an RH negative and has a difficult time during pregnancies and he "worried himself sick over her and the babies." He also had a son Tommy born in 1946 with cerebral palsy. "Tommy" was a worry to him but he believes everything possible is being done for him now. Mr. J. is a very religious man and said that he feels he was cured after he said a novena to a particular saint. It was on the day that his novena ended that his father died, and he walked out of the hospital never to return for ulcerative colitis. He now leaves things in "God's hands" and refuses to worry. He "thanks God" for his good health and does not stay on a diet or take any medication.

Mr. J. spoke of his father who was a clothing store owner as "the most remarkable man in the world," and spoke with pride about his brothers and sisters. One of his brothers went into partnership with him in 1948, and they now own and operate three funeral homes. Two of the homes were opened in the past four years. His brother has been

of great help to him and takes all the night calls. They have three men who help them operate the funeral parlors. He has "slowed down" his pace considerabley since his last hospitalization for ulcerative colitis and leaves more of the responsibility for his business to his brother and his employees. During his hospitalization in 1952, he became very attached to one of the doctors in the hospital, and it was this doctor who advised him to "slow down" and told him to say "no" once in awhile to people. He said this was very difficult for him to do but when he came back into the hospital again in 1953, he realized that the doctor was right.

Mr. J. spoke of his wife and family with the usual affect, and has apparently established a good relationship with them. He spends most of his leisure time with his family and enjoys showing movies to them. He is an amateur photographer and shows home movies he has taken himself, and rent old movies to show his family and friends. His brother is not married and raises trotting horses, and Mr. J. has taken an interest in this hobby too.

Mr. J.'s vocational adjustment since his last attack of ulcerative colitis has been excellent. It appears that his illness has not affected his work. He has been able to progress well and is happy and contented with his business. He is receiving a 10 per cent service connected pension for ulcerative colitis.

It is interesting to note, however, some of the emotional characteristics Mr. J. showed of the patient usually affected with ulcerative colitis. In every one of his attacks he was reacting to a sense of loss. His first attack came when he was separated from his family in service. All his other attacks came when he feared the loss of his wife or baby or both.

He is passive and utterly incapable of showing any hostile feelings toward anybody or anything and has ap-

parently repressed these feelings.

Mr. J. had no social service contact but received psychiatric consultation while in the hospital and was able to admit an emotional component to his illness. This heightened his understanding of his illness and has helped him to adjust not only vocationally but socially and emotionally as well. His family relationships have improved and he has accepted his role as a husband and father.

CASE NO. II

Mr. A. is a thirty year old married man with one child. He was educated in the Boston schools and was graduated from high school. He served in the army for two years, and while in service attended the University of Vienna for six months majoring in political science. After service he attended college for a year and a half and quit. His parents were very much against this and wanted him to become a lawyer. He preferred "to follow in his father's footsteps" and become an electrical technician. He began his training in 1948 and served his four years apprenticeship. Meanwhile he attended Franklin Technical Institute two nights a week for two years and Wentworth Institute two nights a week for three years. He passed his state examinations in 1951 and finished his apprenticeship in 1952. He traveled around the country for two years returning to Boston in 1954. He obtained a job in a small electrical contract business for two years, and now works for a large electrical firm in Boston. He married in 1955, and has one boy born in 1956.

In talking of his illness, Mr. A. said that it was caused by worrying. He was hospitalized in 1954 for three months and in 1956 for one month. He said he received psychiatric consultation in 1954 while in the hospital and "it was the best thing that ever happened to him." It helped him to clearly see what was bothering him and a chance to think them through clearly. He said that his parents, especially his mother, were disappointed that he did not continue in college and would often remind him of this whenever things did not go right. He thinks she was a "controlled" and "domineering" woman who used to interfere with his life in small subtle ways. He used to "eat his insides out" about this but not any more. He also, at the time, was worried about getting married and the doctor helped him with this. In 1956, when he was in the hospital again, he said it was because he was unhappy with the firm he was working for because he did not like the foreman. He couldn't bring himself to quit and used to "brood about it" until it made him sick. He received psychiatric consultation again and received help with this problem. Upon release from the hospital, he quit his job and went to work "for a bigger and better firm." He loves his job and is content as a worker. He does not want to be a foreman or supervisor and he believes this type of job "brings too much responsibility" and "too many headaches." He described himself as a person who couldn't stand "much responsibility" because he would only worry about it.

His wife, who is two years younger than he, does not work. They are looking forward to buying their own house. He likes to read and he and wife attend sporting events. He does not

stick to a diet, but stays away from "spicy foods." He doesn't worry about his illness, but has a physical check up on the job every six months.

Mr. A.'s vocational adjustment has been good. He has been able to stay with his skilled trade as an electrical technician and derives much satisfaction from it. He freely expressed the emotional components and the precipitating factors that led to his illness, and has a good understanding of it both physically and emotionally. The patient received psychiatric treatment in the hospital and took advantage of the help offered him. Much anxiety about his feelings was alleviated, and vocationally he was able to leave one employer and make a good adjustment with another. He also received help with his social problems and has made a good adjustment in this area as well as vocationally. He received no social service contact while hospitalized.

CASE NO. III

Mr. T. is a thirty-four year old married man with three children. He attended public schools and was graduated from high school in 1941. He joined the Marines and served four and a half years. Upon discharge he entered college and was graduated from Boston University in 1949 majoring in business administration. He obtained a position as a junior accountant, took advanced courses in accounting and became a Certified Public Accountant, passing the state examination in 1951. He advanced to a senior accountant in 1954, and to a head accountant in 1957. He likes his job very much and is looking forward to further advancement. He hopes someday to become a partner in the accounting firm for which he works.

Mr. T. has had only one attack of ulcerative colitis and that was in 1953. It lasted three months, from January to April. In talking of his illness Mr. T. said he thought it was "mostly mental." He had psychiatric consultation and believes that this helped him a great deal to understand himself and the illness. He said he liked the doctor very much and that the doctor told him he kept things in and he should relax more. He believes this is true and now expresses his opinion when he wants to.

Mr. T. was married in 1951 and his wife was pregnant for their first child when he was in the hospital. He said he was a worrier and worried a great deal about his wife. He said his mother died when he was born, and he thought that he would worry more about his wife's pregnancy than some husbands would because of what happened to his mother. He said that the doctor helped him with this worry. He has two other children, another girl three and a boy four months. His wife is four years his junior and does not work. They live in an apartment and he hopes to build a house in about a year.

He does not worry about his illness and stuck to his diet for about three years. He does not believe he will have another attack as long as "he takes it easy" and does not "worry unnecessarily." He said he expresses his feeling and opinions freely and this has helped him a great deal.

Mr. T.'s father died of a heart attack in 1955 and his stepmother is still living. He has one sister and one half brother who is married, and a half sister and a half brother who are single. He spoke warmly of his early life, and believes his wife and children are "wonderful." He spoke of them with the usual affect and took great pride in being the only one who worked in the family.

Mr. T.'s vocational adjustment has been very good. He returned to his former occupation after his illness and has

advanced in the job. He derives much pleasure and satisfaction from it and enjoys talking about his work.

Mr. T. was able to point out some of his emotional conflicts at the time of his illness and seemed to have gained some insight into them. He benefited a great deal from the psychiatric consultations he received at the hospital.

His social adjustment appears satisfactory as during the interview he showed great feeling for his wife and children, and also for his brothers and sisters. He received no social service contact while hospitalized.

CASE NO. IV

Mr. C. is a twenty-nine year old married man with no children. His mother and father are living and his father is a real estate salesman. He has two younger sisters, one who is married and has three children, and the other attends school. Mr. C. left school when he was seventeen years old and joined the Navy. He returned from service and resumed his education. He was graduated from Wentworth Institute, majoring in mechanical engineering, in 1951. He won a scholarship and did advance studying at Massachusetts Institute of Technology, as he feels this will give him further technical knowledge and help him to advance in his work.

Mr. C. stated that his illness began when he was in service, but he received no treatment or hospitalization for it. He has had attacks every September since then, but the past year he was constipated instead of having the usual diarrhea. His worst attack came in 1953 when he was hospitalized for two months. The other attacks he treats himself by rest and diet. The illness does not interfere with his work, and he feels better working than "giving in" to the illness and staying home. After leaving the hospital in 1953, he stuck to his diet for two years and now resumes the diet when he has his attacks. He believes his attacks are caused by the change in the weather and "nerves." He described himself as a person who appears relaxed on the outside but tense on the inside. He said that some people bother him - for example, his father who is a "show off" and a "loud mouth." When his father starts "showing off," it makes him "burn up inside," but he doesn't let his father or other people who bother him know this. He guessed this was not good for him, but he couldn't give people the satisfaction of knowing that he is angry.

Mr. C. was married in 1951 and lived with his wife in an apartment in the city until a year and a half ago when he bought a home in one of the suburbs. His wife, who is three years younger than he, worked until they bought their home. He talked of his courtship and marriage and stated that his wife was too young when he married her and she is "very immature and not able to make decisions on her own." This is the reason they have no children as he believes she could not "accept the responsibility of having children." He feels like a "mother to her" and hopes that she will "grow up" in a few years. He has not told her of these feelings as he feels she would not understand.

Mr. C. has made a good vocational adjustment since his hospitalization in 1953. He talked of his job very enthusi-

astically and receives a great deal of satisfaction from it. He was able to resume his former occupation and also continue with his night school.

It is interesting to note that Mr. C. was having considerable difficulty in his social adjustment. His relationship with his father and wife appear tenuous, and he seems unable to relate to them other than in a positive manner. This passive hostile feeling is one of the emotional characteristics of an ulcerative colitis patient. No precipitating cause could be found for his frequent attacks or his severe attack in 1953. He received no psychiatric consultation or social service contact while in the hospital.

CASE NO. V

Mr. N. is a thirty-six year old married man and the father of one child eight years old. He attended high school for two years, left and joined the Marine Corps. He left school because he "didn't like it" and he "wasn't a good student," scholastically. He was in the Marines for three years and then went to work for his uncle in the oil business and has been in this business ever since. He works in the office and started as a bookkeeper. He now describes himself as a "callman" in charge of all orders and making sure they are delivered. He likes his job very much and spoke of how the business has expanded and the part he has played in this expansion. He believes he has advanced on his job and plays a vital role in running the business. He spoke with great admiration and liking for his uncle, the owner of the business.

Mr. N. had only one attack of ulcerative colitis and that was in 1954. He has no idea what caused it and was very frightened when it occurred. He stayed on his diet for about a year and now stays away from "spicy foods." He has attacks of diarrhea "now and then" but they do not interfere with his work. He becomes frightened when they occur but refuses "to give in" and "keeps busy." He could not say when they occur, but said they come on suddenly and last about a week. Sometimes he sees a doctor and is given some pills.

Mr. N. was married in 1948 and his only child was born a year later. His wife who is thirty years old was a housewife, but two years ago went to work when her daughter started school. He spoke with concern and interest about his daughter's schooling, his wife's job, and their home life together and future plans.

Mr. N.'s mother and father are living and he sees them often as they live near him. He is the youngest of four children, two brothers and a sister. They are all married and he described his two brothers, who live out of town, as "very successful" in their fields of endeavor and his sister as being married to a "businessman." He spoke in glowing terms about them and is quite proud of his family.

Mr. N.'s vocational adjustment has been good. He had no difficulty in returning to work and has advanced in his job. He derives much satisfaction from his job and feels he is an essential part of the business.

His social adjustment apparently is a good one. He

spoke with nothing but positive feeling toward his wife and child and his family. Mr. N. is a passive person in his relationships and has repressed any hostile or negative feelings he may have.

No precipitating cause could be found for his attack of ulcerative colitis and he received no social service contact or psychiatric treatment while in the hospital.

CASE NO. VI

Mr. L. is forty years old, married and father of four children. His parents are dead; his father died of "old age" in 1948 and his mother died suddenly of a heart attack when he was ten years old. Mr. L. was graduated from high school in 1936 and went into business for himself. He ran a corner grocery store until he was drafted into the Army in 1943. While in service he attended a cook and baker's school and became a baker. He left the service in 1946 and worked in a bakery for about a year. He became dissatisfied with the amount of money he was making so he quit his job and went to work as a construction worker. He has been doing this type of work ever since and is now a foreman. He is away from home during the week and only comes home on weekends. He enjoys his work very much and went into considerable detail explaining the type of work he did. He enjoys being foreman and took great pride in saying that the men work well for him and like him. He does most of the cooking "for the boys" during the week when they are away from home. He does some cooking at home and said that his wife admits to him that he is a better cook than she is. He loves to cook and considers it a hobby with him.

Mr. L. was married in 1946 and has three boys ages, eleven, ten, and five, and one girl age nine. He described his wife, who is thirty-two years old, as "nervous" and "high strung." He is happy to be away from home during the weekends and enjoys going to the American Legion or the Veterans of Foreign Wars Club. He described himself as a man who has to "keep busy" and do things. He does all the repairs on his home himself and if there is nothing to do at home, he goes to the clubs. In talking of his children Mr. L. said that four children were "plenty" and he doesn't want anymore. He said his last child, born in 1953, was a surprise. He enjoys his two oldest boys and said that he actively participates in sport games with them and "can keep up with them." He said he was "stuck" with his wife and children and does the best he can for them.

Mr. L. said his illness started when he was nineteen years old after he went into the grocery store business. He was in the hospital two months but said his illness was not diagnosed then. He described his symptoms as severe diarrhea with bloody stools, cramps, profuse sweating, and a general physical weakness. He had small attacks while in service but was never hospitalized. His second severe attack came in 1953 and he was hospitalized at the Boston Veterans Administration Hospital for three months and was at home two months before returning to work. Since then he has had small attacks about once a year. He said they occur either when it is very hot or very cold. He does not follow his diet but

when he has an attack, he will follow the diet for a few weeks after the attack is over. He works during these attacks and does not receive any medical treatment. He said he secretly worries about the illness and hopes he will not get another severe attack. He has no idea what causes the illness but thinks it was a "virus" he picked up and has not been able to get rid of it. He believes that the "bug" he picked up has damaged his intestines and he hopes it doesn't turn to cancer. This is his greatest fear. He had many questions about the illness and it was suggested that he consult his own private physician.

Mr. L.'s vocational adjustment is a good one. He was able to return to the same type of job as he had before the illness, and he had advanced in his work. He takes great pride in his work and derives much satisfaction from it. He enjoys his fellow workers and has accepted his responsibilities as a foreman with pride.

Mr. L. is having considerable difficulty with his social adjustment and seems unable to establish a good relationship with his wife or children. His recurring attacks do not interfere with his work, but could be precipitated by some emotional factor in his social environs. His last severe attack coincides with the birth of his fourth child, and this event apparently was the precipitating factor to his attack in 1953.

Mr. L. has very little understanding of his illness and is threatened by it. He received no social service contact or psychiatric treatment while in the hospital.

CASE NO. VII

Mr. D., age forty-five, is unmarried and lives with his mother. He was graduated from high school and worked for his father as a carpenter. He was drafted into the Army for two years, from 1942 to 1944. In 1946 he went to work for the Charlestown Navy Yard and has been there ever since. His father had retired from his business in 1945 and died in 1956. He spoke longingly about his father and with great affection toward his mother who is seventy-six. He is concerned about his mother's health and "worries" about her. He is the youngest of five children, two boys and three girls. His brothers and sisters are married and live in other parts of the country. He showed pictures of his family including his neices and nephews and was quite proud of them.

He stated that he liked his job very much and told me of the particular type of carpentry that he did. He described himself as a highly skilled carpenter who can demand a good wage for his services. He likes working at the navy yard because of the security and good pay. He has twelve years retirement accrued, and this meant a good deal to him.

Mr. D. was very concerned about his health. He received a medical discharge from the service because he had undergone three operations; one for varicose veins, another for a peritonital cyst, and a third for a fistula. He is now receiving a 20 per cent service connected pension. He also complained of sudden attacks of diarrhea while in service, but was not medically treated for them. He does, however, feel that his ulcerative colitis began in service. His health was good after release from service until 1956 when he had an attack of ulcerative colitis. He was hospitalized two months. He was at the Massachusetts General Hospital for a week and then was transferred to the Boston Veterans Administration Hospital. He described his illness as a "blow below the belt." He believes he was in a "run-down Condition" and his "wartime diarrhea" came back on him. He said he had read that people with ulcerative colitis had "mental problems" but he is sure he didn't. He said"it was just a kick back from his army days." He has not had another attack since leaving the hospital but stayed on his diet for about a year. He eats everything now except "spicy foods" and does not mix milk and eggs. He worries about the illness and does not want an operation. He has a physical examination once a year and gets plenty of rest so that he will not get into a "run-down condition" again.

Mr. D.'s vocational adjustment has been a good one. He

was able to return to his previous employment and is very satisfied with his work. He is very proud of his acquired skill and is content with his employer. He is also receiving a 20 per cent service connected pension for the illness he contacted in service.

He denied any emotional component to his illness, but it is interesting to note that he became ill while in service away from his family, and his attack of ulcerative colitis occurred the same year that his father died.

His social adjustment also appears to be a good one and he has apparently repressed any hostile feelings toward his parents or siblings. His understanding of his illness is limited, but he does take precautionary medical treatment to keep it controlled. He received no psychiatric treatment or social service contact while hospitalized.

CASE NO. VIII

Mr. V. is thirty-two years old, married and the father of three children, all boys, ages six, four, and three. He was graduated from high school and served two years in the Army, from 1944 to 1946. After release from service, he went to work as a construction worker and is now a bulldozer operator for the same company. He went to night school for two years studying business administration, but has not used this advanced training. He went to night school because he did not want to remain "just a construction worker" all his life, but now that he is a bulldozer operator, he is quite satisfied with his work. He likes the firm he works for and talked about his job, his high wages, and all the benefits he has accrued through the firm and the union.

Mr. V. has had three attacks of ulcerative colitis. His first attacks occurred when he was in service in 1946. He receives a disability pension of fifty-five dollars a month. His second attack occurred in 1951 and his third attack occurred in 1954. He does not understand why he has these attacks but thinks he "picked up some kind of bug" while in the service. He worries about the illness and stated that the attacks "come on suddenly for no reason." He stays on his diet for about a year after the attacks and stays away from "hot foods" such as pizza, hot tomalies, etc. He feels he get enough rest and does what he can to prevent any attacks. He still has attacks of diarrhea "once in awhile" and sees his private physician and takes pills. He worries about the illness especially when he has his attacks of diarrhea. He does not miss any work during these small attacks as he feels he should keep busy and not think about it.

Mr. V.'s father died when he was thirteen years old and he described his mother as "domineering." He guessed she had to be as she had to be both mother and father to him and his two brothers. He is the oldest child and stated that one of his brothers is married and the other lives with his mother. He spoke about his brothers and said they visit him often.

He spoke affectionately about his wife who is twenty-nine, and stated that she was very understanding of his illness and is a "wonderful wife and mother." He talked of his children and described humorously some of their antics.

Mr. V. has made a good vocational adjustment. He was able to return to his former job after his attacks of ulcerative colitis and derives much satisfaction from his work. His self esteem was greatly enhanced when he was promoted to

a bulldozer operator.

Mr. V.'s understanding of his illness is limited and the emotional precipitating factors leading to his attacks were not clearly brought out. It is interesting to note, however, that his first attack occurred while in service away from home and his second and third attacks coincide somewhat with the births of his first and second child.

His social adjustment has also been good, and he apparently derives much strength from his positive relationship with his wife. He has repressed any hostile feelings he may have against his children. He received no psychiatric treatment or social service contact while in the hospital.

CASE NO. IX

Mr. O. is a thirty-two year old married man with one child. He received a public school education and was graduated from a trade school in 1944. He served three years in the Marine Corps, and attended preparatory school for a year. He did not want to further his education and left school to work. He did a variety of jobs for about three years, and in 1951 he became an oil burner service repairman, and has been doing this type of work ever since for some company. He spoke of his job as "just a job" and would like to go into business for himself, although he does not know what kind of business. He wished he had continued his education, and perhaps he would be in a business of his own today. He feels he makes "good money" but some of the people in the homes he visits bother him by "talking to him and trying to tell him how to do his job." He said "people can be awful pains in the ass when they want to be." He cannot advance on the job, but has gotten two or three substantial raises since he started and this has pleased him.

Mr. O.'s father died in 1956 when he was hospitalized, and he was unable to attend the funeral. He felt very badly about this. His mother is living and he said (hostilely), "her only trouble is, she's overweight." He did not elaborate. He has two sisters younger than himself who are both happily married.

In talking of his illness, Mr. O. said it all started in 1951. He had an attack and was out of work for three months. He was not hospitalized, but remained at home and was treated by a doctor. His second attack came a year later when he was on his honeymoon. He said "his wife was very understanding" and they had to shorten the honeymoom and return home. His wife was working at the time, and they were living with his parents. He was out of work for about three months, but was not hospitalized. He had a slight attack in 1954 "just after he and his wife moved into their own apartment." He was out of work a month and his mother took care of him. His worst attack came in 1956 when he was hospitalized for two months in a private hospital, and was transferred to the Boston Veterans Administration Hospital for two months. He has not had an attack since and thinks he received a good deal of help from the hospital. He said he talked with a psychiatrist, and he told him he thought he was "emotionally upset" and that was why he was sick. He denied this and thinks his illness is caused by "too much physical exertion." He loves to play tennis, and remembers playing very strenuously before each attack. He no longer plays now. He had a very slight attack lasting about a week last November, but he thinks he caught a "virus bug" and it"attacked his stomach."

Mr. O. spoke affectionately about his wife and said they do a lot of things together. Their greatest pastime is going out to nice places to eat. He does not stick to his diet, but stays away from spicy foods and never overindulges in alcoholic beverages. He has a two year old daughter, and his wife is expecting in May, 1958.

Mr. O.'s vocational adjustment is fair. He does not enjoy his job or derive any pleasure from it except financially. He was unable to elaborate about his job and complained mostly about the people whom he serviced. He has, however, been able to stay with the same company and the same type of work for seven years. In the past two years he has not had to take time off because of his illness.

The history of Mr. O.'s illness seems to be an example of a man whose emotional problem seems to be one of moving from a dependant status to an independant status. His first attack came when he obtained his first steady job, his second attack when he got married, his third attack when he moved from his parent's home to his own home, and his fourth and most severe attack came when his wife was pregnant and gave birth and then he lost his father. His last slight attack could have been caused by his wife's second pregnancy, although this not clear.

Although Mr. O. vigorously denied the emotional aspects of his illness, he was quite pensive when he talked of his attacks and what was happening to him at the time. It is the opinion of this writer that Mr. O. derived some help from

the psychiatric consultation, and he did receive some insight into the emotional components of his illness. His social adjustment appears good as he has a good relationship with his wife, and talked affectionately about her.

Mr. O. had contact with social service while in the hospital. The casework interviews were focused on the financial and social areas. Mr. O.'s hospitalization was for four months and both he and Mrs. O. received help in taking the necessary steps, which were indicated in their situation, to ease the problems surrounding an illness of such long duration.

CASE NO. X

Mr. Z. is forty years old, married and the father of two children. He was graduated from high school, attended college for two years and served in the Army for three years. Upon release from service, he went back to college, majored in education and was graduated in 1947. He obtained his Masters Degree in Education in 1951 and is now taking graduate courses in guidance.

Mr. Z.'s illness started in 1952 when he had his first attack, and he was hospitalized at the Beth Israel Hospital for three months. His second attack was a year later. He returned to the Beth Israel Hospital for a month and was transferred to the Boston Veterans Administration Hospital for two months. He had a third attack in 1954 and was hospitalized again for three months. In the fall of 1956 he had another attack and underwent surgery at the Beth Israel Hospital. In talking of his illness, Mr. Z. described it as a "crime" and did not understand why he was a "victim" of such an illness. He stated he became attached to his own private medical doctor and that he recommended psychiatric consultation. He has had psychiatric treatment but stated that it did not help him. Since his operation he has become a member of the Q.T., but said that it has not helped him either. He described himself as a "worrier" and no one seems to be able to help him. He is glad he no longer has ulcerative colitis but now he has to worry about the "bag," its odor, smell, weeping, and "messiness." He stated if he hasn't one thing to worry about, there is always something to take its place. He said his illness was caused from "too much worry." When he had his first attack he was living with his mother-in-law and commuting twenty-five miles a day to his teaching job. He did not get along with his mother-in-law and was always arguing with her. Two years ago he and his family moved to Boston proper but this did not help because his wife does not understand him, and his children are "little criminals" who are partially responsible for his illness. They are always after him for something and do not have any consideration for him.

He is very worried about his future in teaching. When he had his first attack he was teaching in a junior high school and did not like it. He applied for and was accepted to teach in a high school but was unable to accept the position because he became ill for the second time. His illness has interfered with his teaching in a classroom and for the past three years he has had a temporary appointment teaching handicapped children in their homes. He does not like this job too well as it bothers him to see children handicapped but he feels he is helping them. Some of these pupils bother him because he wants to help them but sometimes he wonders if they

really want help. His temporary appointment ends this June, and he would like to return to the classroom. He is worried about this, however, as some of the pupils are "trouble-makers" and they upset him. "If only there was a way of getting rid of the troublemakers," he thinks he would not worry. He does not think he can change his vocation because he is "trapped." He knows nothing else but teaching and this is what he is "trained in." He believes he is a "victim of circumstances" and will do the best he can.

Mr. Z.'s vocational adjustment has been poor. He does not get much satisfaction from teaching and worries a great deal about his vocational future. He changed the type of teaching he was doing during his illness, but this change has not satisfied him. He is utterly incapable of making any changes vocationally other than in the teaching field. He is passively hostile in his relationships believing that the people in his social and vocational environment are responsible for his illness and his present situation in life.

He received no social service contact or psychiatric treatment while at the Boston Veterans Administration Hospital. He received private psychiatric consultation, however, but did not respond to treatment because of his strong defense of projection and his inability to involve himself in his problems.

The precipitating causes of his illness coincide with Mr. Z.'s promotional status in the field of teaching. His first attack came the following year after graduation from graduate school, his second attack came when he was expecting promotion to a higher level of teaching. The factor

involved in his third attack was not brought out, but his fourth attack could have been caused by his accepting full responsibility for his family by bringing them to live in Boston away from his mother-in-law's home.

CHAPTER V

CONCLUSION

This has been a study of the vocational adjustment of ten patients treated medically for ulcerative colitis at the Boston Veterans Administration Hospital. The study was done through personal interviews with the patients and answers were sought for the following questions:

1. Did the patients return to the same type of employment they had engaged in prior to their hospitalization? If not, why not?

2. Did the patients make any changes within their jobs when they returned to work? If so, why?

3. Do the patients feel they improved, remained the same, or declined since their hospitalization?

4. What effect, if any, has the illness upon the patient's vocational adjustment?

The study revealed that all the patients interviewed returned to the same type of work they had been doing prior to their hospitalization. Two out of ten patients or 20 per - cent made changes within their jobs. One patient, case number two, had changed employers because of personal dissatisfaction of his former employer. He expressed great satisfaction with his present employer and felt the change was to his vocational advantage. Another patient, case number ten, changed from classroom teaching to individual teaching be-

cause of his illness and his apparent inability to adjust socially. Eight out of the ten patients felt they had improved on their job and expressed enthusiasm and satisfaction for it. Case number nine felt he had remained the same vocationally and showed little enthusiasm or satisfaction for his job other than the money he derived from it. Case number ten felt he had definitely declined vocationally from classroom teaching to individual teaching. Nine out of the ten patients believed that the illness did not interfere to any great degree to their vocational adjustment. Only one, case number ten, felt that the illness was a major factor in his vocational adjustment and had interfered with his chances for advancement in the teaching field. It was also interesting to note that the two patients, case number one and case number seven, who are receiving service connected pensions have made a "good" vocational adjustment. Neither depended on the pension to supplement their vocational income.

As the answers to these questions were brought out through the interviews, the writer was able to assess the vocational adjustment of the patients. This information was used as the criteria in measuring the adjustment made by the patient.

Keeping in mind the limitations of this study, it was brought out that eight out of ten patients or 80 per cent of the patients made a "good" adjustment, one patient out of ten

or 10 per cent made a "fair" adjustment, and only one out of the ten patients studied made a "poor" adjustment. It therefore can be concluded that nine out of the ten cases studied made an adequate vocational adjustment. These results or conclusions add strength to the hypothesis poised at the beginning of this study; that ulcerative colitis patients treated medically should adjust vocationally.

This study further indicates the need for more social service contact with patients suffering from ulcerative colitis. Throughout this study, in the literature and interviews, the emotional aspects of this illness were brought out whereever indicated, showing the need these patients have for some casework help with their individual emotional problems. It is therefore recommended that patients with ulcerative colitis be referred by the doctors at the Boston Veterans Administration Hospital to social service for evaluation of their social adjustment. If casework help is indicated and can be utilized by the patient at that time, the necessary casework treatment can be given. If the patient is unable to utilize casework treatment during hospitalization, a referral can be made by the caseworker upon discharge of the patient to an appropriate community social service agency where the patient may receive help with his emotional problem to help him make a better adjustment in his total life's situation.

Further study could be done on the social adjustment of

these patients. As it was not the purpose of this study to evaluate the social adjustment of the patients, only brief references were made to it. It was interesting to note, however, how frequently precipitating causes could be found to the attacks suffered by the patients, and how the causes in some way seemed to be related to the social relationships of the patient. Although the patients on the whole may have adjusted vocationally, many questions could be poised and answers sought as to the adequacy of their social adjustment.

Approved by
Ruth H. Abrams
May 5 '58

APPENDIX A

LETTER

Date

Mr. John Doe
19 Main St.
Chicago, Ill.

Dear Mr. Doe:

Our hospital has been very interested in knowing how patients treated here with conditions similar to yours have been doing. We are writing to ask you to come to talk with us at this time so that you can give us a full picture of how you have been getting along. With the cooperation of veterans like yourself, we are hoping to secure information that will be useful to our hospital staff in helping other patients who will be coming here.

Please indicate on the enclosed card whether or not you can keep the appointment indicated. If not, could you suggest another time more convenient for you? The office is on the fifth floor, Room A5-47.

In reply, please refer to Miss Katherine McLaughlin, social worker.

Very truly yours,

(Mrs.) MARGARET L. NEWCOMB
CHIEF, SOCIAL SERVICE

APPENDIX B

SCHEDULE

I. IDENTIFYING DATA

Name:
Marital Status: S. M. W. D. Date of Marriage
Nationality:
Religion:
Date of Birth:
Place of Birth:
Education:
Grammar School High College Other
Any specialized training in service?
Vocational Training

II. HISTORY OF ILLNESS

Before hospitalization:
Onset of illness:
When was first attack?
Severity of attacks:
How often did attacks occur?
Extent of diarrhea:
Date of hospitalization: Date of discharge:
Did the patient receive any social service contact while hospitalized?

After hospitalization:
How often do attacks now occur?
Severity of these attacks, if any:
Extent of diarrhea:
Is medication considered helpful by patient?
Is medication presently being followed by patient?
(Diet) (Rest) If not, why not?
Is patient at present under physician's care for this illness?
Is illness service connected?
Does patient have other illnesses or surgery?

III. MEANING OF ILLNESS TO PATIENT

Attitude toward illness:
Patient's viewpoint on causation of illness:
Has illness hindered patient in social life?
in area of work?
Attitudes and feelings about medical treatment:
Present health picture of patient:

IV. SOCIAL SITUATION

Work Area

Occupation before illness:
Salary:
Length of employment:
Absenteeism from work:
Reason for leaving:
How soon did patient return to work after hospitalization?
Was occupation same after hospitalization?
Amount of salary after hospitalization?
Any present absenteeism from work? If any, for what reason?
Efficiency at work at present: Better or worse since hospitalization?
Any disability pension being received by patient?
If so, extent of disability:
Amount of pension:
Any other source of income to patient:
Is spouse gainfully employed:
Has illness interfered with advancement:

Family Area

Spouse: Age:
Children: Ages:
Are parents of patient living?
Siblings: Ages:
Description of Home: Rent: Number of Rooms:
Neighborhood:
Members in Household:
Number of family dependent on income of patient:
Description of family relationships before, at onset, and during patient's illness:
Effect of these relationships on adjustment after hospitalization:
Attitude of family or others close to patient toward illness:
How active is patient in recreation, in social activities?

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