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# Casework with mothers of emotionally disturbed veterans.

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BOSTON UNIVERSITY  
SCHOOL OF SOCIAL WORK

CASEWORK WITH MOTHERS OF  
EMOTIONALLY DISTURBED VETERANS

A thesis

Submitted by

Carolyn Marie Penta

(A.B., Pembroke College, 1945)

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

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CHAPTER I  
INTRODUCTION

One of the concerns of the psychiatric social worker in a Veterans Administration Mental Hygiene Clinic is casework with involved relatives of veterans receiving treatment. Casework services are offered for the purpose of helping the relative to better understand the patient and his illness so that the veteran may sustain the gains of individual therapy. During the process of treating the emotionally disturbed veteran, the mothers of these veterans sometimes become known to the Mental Hygiene Clinic. This study will review some situations where there was contact with the patient's mother in an attempt to determine why these mothers were seen, what type of casework services were rendered, and whether or not these services proved useful in the treatment of the veteran.

1. The Setting of the Study

The setting of this study is the Mental Hygiene Clinic of the Providence Veterans Administration Outpatient Clinic which started to function on October 14, 1946. The Mental Hygiene Clinic came into being after World War II when it became evident that psychiatric services would have to be offered to those veterans who had experienced neuropsychiatric illnesses during the war. The Mental Hygiene Clinic is

an important part of the Department of Medicine and Surgery. Its function is described as follows in Veterans Administration Circular 169, July 15, 1946:<sup>1/</sup>

"Mental Hygiene Clinics....will be established in regional offices when the Deputy Administrator having jurisdiction determines that such clinics are necessary and can be properly staffed within the approved personnel ceiling.

Purpose and responsibility- The need for treatment of the large number of veterans discharged from service with mental and nervous illnesses is evident. Experience in civilian practice before the war indicates that the majority of these cases can be treated effectively in a clinic without hospitalization. The Mental Hygiene Clinic will render this treatment on an out-patient status and will be responsible for conducting the entire out-patient neuropsychiatric treatment program at the selected regional offices. This program will serve to alleviate a minor neuropsychiatric illness, prevent the development of a more serious illness, and consequently reduce the number of veterans requiring hospitalization.

Function of the Mental Hygiene Clinic-....[to] treat the veteran suffering from a service-connected neuropsychiatric illness not requiring hospitalization. The veteran may present himself or be referred by another component of the Veterans Administration, a public or private agency, or an organization in the community."

The Mental Hygiene Clinic in the Providence Regional Office serves Rhode Island and Southeastern Massachusetts, including Cape Cod, the Islands of Martha's Vineyard and Nantucket. As stated above the purpose of the clinic is to treat on an out-patient basis veterans suffering from nervous and emotional disorders. Eligibility for treatment is

1/Veterans Administration Circular 169, Mental Hygiene Clinic of the Veterans Administration, July, 1946.

established if the veteran's neuropsychiatric disability was incurred in the service, aggravated in the service or was interfering with the veteran's rehabilitation under Public Law 16.

The staff of the Providence Mental Hygiene Clinic at present consists of a chief psychiatrist, a psychiatrist, a clinical psychologist, a casework supervisor, two psychiatric social workers and one student.

Referrals to the clinic come from the Out-patient Examining Section, Veterans Administration Hospitals and agencies, other social agencies in the community, private doctors, relatives and the veteran himself.

At intake the veteran is seen by a psychiatrist, usually the chief psychiatrist. He may then be referred to another psychiatrist for continued treatment or he may be referred to a social worker for supportive casework, social history, casework with the family or environmental casework. At intake final responsibility for diagnosis and treatment lies with the psychiatrist who sees the patient.

The Mental Hygiene Clinic is open two nights weekly to accommodate those veterans who work or attend school during the day.

## 2. Purpose

This study deals with the referral of mothers of veterans who were receiving treatment at the Veterans Administration Mental Hygiene Clinic during the period of July 1, 1953 through June 30, 1955. It is concerned mainly with an evaluation of whether or not the casework services rendered to the mother were useful as related to the purpose of the referral. In examining this problem answers to the following questions are sought:

1. How did the mother become known to the clinic?
2. What was the attitude of the mother toward the referral?
3. How did the mother feel about her son?  
Did she understand his illness?
4. What were the diagnoses of those veterans whose mothers were seen?
5. What were the personal characteristics of the veteran and his mother?
6. What type of casework services were offered the mother? How many interviews were held?
7. Were the casework services offered useful?

## 3. Scope of the Study

This study will include 20 cases which were active with the Mental Hygiene Clinic during the period from July 1, 1953 through June 30, 1955. Chapter I will be concerned with an

introduction to the study, a discussion of casework with relatives, and a review of the literature pertaining to the subject under consideration. Chapter II will present a picture of the veterans and mothers involved. In Chapter III the referral of the mother will be studied. Chapter IV will be composed of case illustrations and Chapter V will include a summary and conclusions.

#### 4. Method of Procedure

Each social worker in the Mental Hygiene Clinic completes monthly tally sheets where all contacts with a patient are recorded. In selecting cases for this study, all tally sheets from July 1, 1953 through June 30, 1955 were reviewed to determine what cases were active during the period specified. Since contacts with a mother were not listed as such but appeared only under the veteran's name, it was necessary to review all cases listed as being active to determine if the mother were seen. A total of approximately 350 cases appeared as being active during the specified period. These cases were reviewed first with the workers who identified, where possible, whether or not the situation involved contacts with a mother. The remaining cases, which could not be identified by the worker, were reviewed by the writer. The cases used in this study included only those cases where there were either office or field contacts with the mother. There were several situations involving regular lengthy telephone

contacts. These cases were not used. There were also a few cases where a mother was seen but this was not recorded in the case record. These cases were not considered in this study. The review of all active cases revealed 20 situations where contacts with a mother meeting the above criteria were found.

The principal source of data for this study was the Mental Hygiene Clinic case record. In a few instances the essential folder which includes a complete history of the veteran from the time he entered the service was also used. In several situations a personal interview was held with the social worker who carried the case to supplement or clarify the information in the case record.

A schedule (see Appendix) was used to gather the information vital to this study, and the data were then analyzed in an effort to answer the questions raised by the writer.

#### 5. Limitations

In many instances it was not possible to obtain all the information asked for on the schedule. This was especially true of information about the personal characteristics of the mother. In some instances, too, it was necessary to obtain considerable supplementary information from the worker carrying the case. Allowance must therefore be made for possible errors in the worker's judgment or memory.

6. Background of the Problem

A review of the literature related to the subject with which the writer is dealing in this study revealed very little written specifically about mothers of emotionally disturbed veterans. For purposes of this study, the definition of the function of the Veterans Administration Mental Hygiene Clinic must be examined in order to define the term "emotionally disturbed veteran" as it shall be used by the writer. In Veterans Administration Circular 169, July 15, 1946, the purpose of the program is described as follows:<sup>1/</sup> "This program will serve to alleviate a minor neuropsychiatric illness, prevent the development of a more serious illness, and consequently reduce the number of veterans requiring hospitalization." "Emotionally disturbed veteran" will therefore include veterans in the community who may be receiving treatment for all types and degrees of mental illness.

Several books have been written which are concerned with the difficulties encountered by the returning soldier in adjusting to his family, a job, the community and civilian life in general. In his book, Soldier to Civilian, Dr. George Pratt states:<sup>2/</sup>

"The adjustment difficulties on returning home affect not only the soldier himself but his family

1/Op. cit.

2/George K. Pratt, Soldier to Civilian-Problems of Adjustment, The McGraw-Hill Book Co., New York, 1944, p. 116.

and friends as well, and the realization that his reactions are hurting them adds to his pain. He recognizes that some of his behavior is difficult, but he is likely not to understand why he feels and acts as he does and is thoroughly miserable and sometimes ashamed and guilty."

Dr. Pratt goes on to discuss how some veterans are able eventually to adjust "on their own" while others find it necessary to seek help from the facilities of the Veterans Administration. Several of the books written about the adjustment of the veteran mention the mother of the returning soldier most of whom are overprotective of their sons while others fail to give the veterans the attention they seek.

It is recognized that emotional conflicts involve disturbed interpersonal relationships. The source of the security of the individual lies in the basic structure of our society which includes a person's family, school, church, business associations and community. The emotionally disturbed individual loses his sense of security and his relationships with other people are invariably affected. Mildred T. Faris stated in an article appearing in the Journal of Psychiatric Social Work:<sup>1/</sup>

"While in a psychiatric setting the primary focus is the medical problem, this is not an isolated fragment of psychopathology but part of this complicated system of interpersonal relationships involving the patient and significant persons in his life situation."

1/Mildred T. Faris, "Casework with Relatives", Journal of Psychiatric Social Work (January, 1955), 24:108-112.

The importance and value of working with relatives to better help the disturbed individual has been widely recognized. In order that the patient sustain the goals of treatment, it is important that those individuals closest to him understand something about the illness involved so that their attitude will be a sustaining one and help and not hinder any progress being made. Mildred T. Faris in the same article mentioned above goes on to state:<sup>1/</sup>

"The caseworker must understand the relative's attitudes and feelings and characteristic manner of behavior and be able to help him use these to promote the goal of treatment which is the return of the patient to community living."

The social worker must help the relatives involved to assume their responsibility toward the patient and not in her eagerness to help remove this responsibility by being overprotective. The goal of treatment with the relative may vary considerably with the individual situation. An interview with the relative gives him an opportunity to discuss his own negative or positive feelings about the patient, the patient's treatment, and any part he may have played in the patient's illness. The relative may feel free, also, to talk about himself and his own needs. In some cases contacts with the relative are purely for diagnostic reasons. Since there is often background information which the patient cannot provide adequately, the worker turns to those individuals

1/Op. cit., p. 110.

closest to him for material to aid in treatment. It is very important for the therapist to know how the patient behaves at home both for diagnostic and prognostic purposes. Material provided by relatives helps the therapist to evaluate what factors in the present situation might affect the rehabilitation process. Most relatives are bewildered to find themselves living with an emotionally disturbed person. They are eager for the most part to do what is best for the individual but usually require help both in accepting the relative's illness and in learning how their attitudes can play a part in the recovery of the patient. Many relatives either consciously or unconsciously start to look at how they may have contributed to the patient's illness. The social worker's role often includes handling the anxiety and guilt feelings with which the relative may be struggling. In some instances, the social worker meets with relatives who are not really interested or concerned and must face the fact that casework services can be of no avail. Some relatives due to a lack of insight or their own dependency needs may be unwilling or unsuitable for treatment. In short, casework with relatives involves not only an interpretation of the patient's illness but an evaluation of what the relative is able and willing to do and how much help he can skillfully use.

According to the policy of the Veterans Administration casework with relatives is recognized as an important social

service function. This policy is described in a Veterans Administration Information Bulletin as follows:<sup>1/</sup>

The social worker often makes a contribution to the team's therapeutic efforts through his work with relatives or other important persons in the patient's life. The focus of this casework is to interpret the patient to the relatives, effect a modification of those attitudes of the relatives which are detrimental to the patient, and to obtain factual data which may be utilized by the psychiatrist. The social worker can be helpful in informing relatives of the course of the patient's treatment and in explaining how changes in treatment may affect their relationship to the patient. Often the relatives need to feel that someone is concerned about them as individuals who have to live with many difficulties brought about because of the illness of the patient. In giving families a realization of the fact that the Clinic thus recognizes the problems they face, they are often helped to a more positive attitude toward the patient and his treatment. As a result, they are able often to help the patient relate to therapy in a constructive fashion."

The Manual of Administrative Policies and Procedures for Social Work Students gives the following reasons under which a relative may be seen:<sup>2/</sup>

1. For the purpose of securing social data to aid the therapist in diagnostic understanding and further clarification of the immediate family and other interpersonal relationships.

2. To help the relative accept the patient's need for treatment and to obtain some understanding and tolerance for the patient's problems.

1/Irving Rabinow, "The Social Worker on the Outpatient Psychiatric Team", Veterans Administration Information Bulletin, October, 1953, 10-29.

2/Social Service Staff, Manual of Administrative Policies and Procedures for Social Work Students, 1953, p. 4.

3. For the concurrent treatment of one or more relatives where it will facilitate treatment of the patient; for example, the wife in the case of a marital problem.

4. To explain, whenever necessary, why a patient may need hospitalization and to help the relative accept it and cooperate in carrying it out.

Rose Green, in an address delivered at the Veterans Administration Mental Hygiene Seminar in San Francisco on April 3, 1952, said that the goals of the Mental Hygiene Clinic were directed toward helping the veteran to lead a less disabling life, to live a more satisfying life, and to live a more productive life in the community. One of the most important means of supporting the gains of individual therapy is set forth by Miss Green as "a sustained, purposeful relationship with those persons important to the veteran in his present life situation."<sup>1/</sup>

In reviewing the literature pertinent to the subject of this study, there were a few articles to be found which deal with a study of mothers of patients with a specific mental illness, mostly schizophrenia. Trude Tietz, in her study dealing with the mothers of 25 schizophrenic girls, found the mothers to be "...overanxious and obsessive--all were domineering...Most of them were perfectionistic and oversolicitous."<sup>2/</sup> She stated further that a complete rejection of the

<sup>1/</sup>Rose Green, "Social Work Approach to Mental Hygiene Team Concepts", Veterans Administration Information Bulletin, October, 1952, 1B 10-29.

<sup>2/</sup>Trude Tietz, "A Study of Mothers of Schizophrenic Patients," Psychiatry (February, 1949), 13:64-65.

children by the mother was a prominent factor. The children in most cases were able to express to the therapist this feeling of maternal rejection.

Since a poor mother-child relationship during the formative years of the child appears to contribute to later emotional maladjustment, the writer is planning to look into the relationship between the veteran and the mother being studied. In most cases it is anticipated that a poor relationship will be found to exist between the patient and his mother manifesting itself in a feeling of rejection on the part of the veteran and or overprotectiveness on the part of the mother.

The writer also assumes that most of the contacts with the mothers will be for diagnostic purposes and to help the mother understand. The writer believes that it will be shown that casework services rendered to the mother are valuable in helping her to understand the veteran's illness and in so doing help him to sustain the goals of treatment.

The background of this study has been set forth above. The next chapter will present a picture of the individuals whom the writer will be studying.

## CHAPTER II

### A PICTURE OF THE VETERAN AND HIS MOTHER

#### 1. Introduction

In order to understand the problem with which this study is concerned, it is necessary to know certain facts about the veterans and the mothers who are involved.

Chapter II will be divided into two parts. The first section will consist of a presentation of the personal and clinical characteristics of the veterans. The second section will be concerned with the personal and clinical characteristics of the mothers.

#### 2. The Veteran

Age, marital status and length of service of the veteran.

-- The age, marital status and length of service of the veteran are set forth in Table 1.

Table 1. Age, Sex, Marital Status and Length of Service of the Veteran

Age	Sex	Marital Status	Length of Service (Months)
(1)	(2)	(3)	(4)
21	<sup>a/</sup> M	<sup>b/</sup> S	27
22	M	S	15
22	M	S	15
23	M	D	24
24	M	S	33
24	M	S	23
25	M	S	10
25	M	S	8
26	M	S	7
27	M	S	8
28	F	S	6
29	M	S	16
31	M	S	59
31	M	Sp.	48
32	M	D	82
36	M	S	34
37	F	S	16
38	M	S	56
38	M	S	49
39	M	S	47

<sup>a/</sup>In Table 1, column (2), M is being used to indicate male and F is being used to indicate female.

<sup>b/</sup>In Table 1, column (3), S is being used to indicate single, D to indicate divorced and Sp. to indicate separated.

Eighteen of the twenty veterans were male. The ages ranged from 21 years to 39 years. The age shown in the table

was the age of the veteran at the time of his most recent intake. The mean age was 28.9. Twelve of the veterans were between the ages of 21 and 30. All members of the group were veterans of World War II. Two of the twenty veterans were female.

All the veterans were single with the exception of three, two of whom had been married and divorced and one of whom had been married and separated. Two of the formerly married veterans each had one child who was being brought up by his mother. It is logical that most of the veterans in this study be single men since the mother usually becomes involved when the veteran is living with her or when she is the closest person to him.

Five of the veterans were in the service under one year, and five others served over one year but less than two. Thus half of the veterans were in the service for less than two years. There was one veteran who served over six years.

Religious, cultural and educational factors.-- It is helpful in understanding the veterans to know something about their religious, cultural and educational backgrounds.

The religion of 17 of the 20 veterans was known. Twelve of these 17 veterans were Catholic, and the remaining five were Protestant. In most instances case records revealed little about the part religion played in the life of the veteran.

All of the veterans were white. The nationality background of four of the veterans was not known. Of the remaining 16 veterans, seven were of Irish descent, three of Italian descent, two of Polish descent, two of Yankee, one of English and one of French descent.

The educational background of one veteran was not known. Of the remaining 19 veterans, 11 completed high school, and six took further courses. One of these six veterans graduated from college. There was only one veteran who did not complete the ninth grade. The majority of the veterans were high school graduates.

The veteran's occupation. -- In reviewing the employment histories of the veterans, it was found that 16 of the group were unemployed during most of the time that they were known to the clinic. A few of them did attempt to work at various jobs, but invariably they ended up by either giving up the job or getting laid off. The employment history of these same 16 veterans previous to their entering the service was again almost always poor. One of the veterans, however, had a very good employment history of having worked as a typist for several years prior to her induction into the service.

Of the remaining four of the veterans, one was taking postgraduate courses in high school and the other three were steadily employed. Two of these three veterans had been working at the same job for at least four years, one working

at a textile bleachery and the other at a naval air base. The third veteran had changed his job doing clerical work a few times but managed to work quite steadily.

It is important to note that being unemployed the majority of the veterans would find themselves with considerable time on their hands.

The veteran's diagnosis. -- Table 2 sets forth the diagnoses of the veterans. Seventeen were classified as suffering from a type of schizophrenia and so fell under the psychosis classification. Two of the veterans carried a diagnosis of anxiety reaction. The remaining veteran was classified as having both a psychosis and organic brain damage. The most recent diagnosis of the veteran's illness was used for purposes of this study.

Table 2. The Veteran's Diagnosis

Diagnosis	Number of Veterans
(1)	(2)
<b>1. Psychoses</b>	
Schizophrenic Reaction.....	17
Simple Type.....	1
Catatonic Type.....	1
Hebephrenic Type.....	2
Paranoid Type.....	11
Unclassified in remission.....	1
Chronic Undifferentiated Type...1	
<b>2. Psychoneurosis</b>	
Anxiety Reaction.....	2
Severe, acute.....	1
In schizoid personality.....	1
<b>3. Psychosis and Organic Brain Damage.....1</b>	
Schizophrenic paranoid with chronic encephalopathy due to trauma.....	1
Total.....	20

Since 18 of the 20 veterans carried a diagnosis of schizophrenia, the writer will mention briefly some of the manifestations of this type of mental illness. Noyes in describing schizophrenia refers to it as a mental disease "characterized by this disorderliness of feeling and thinking, by a disturbance in the harmonious cooperation and coordination of the various elements and aspects of the personality, and by the consequent disturbance of the patient's personal

relations with his social environment."<sup>1/</sup> There are four different types of schizophrenia--simple, catatonic, hebephrenic and paranoid. In the schizophrenic patient one usually finds a loss of social interest, an impairment in emotional response, undue worry over one's physical condition, euphoria or depression and frequent change in mood. The individual often assumes odd mannerisms or ways of acting. His interests become centered on matters within himself as he loses interest in external objects in his environment. Often the patient starts to live in a world of phantasy. Delusions centered around feelings of persecution, sex and grandiosity are quite common.

The simple type of schizophrenia refers to the less severe type where all or some of the above symptoms may be present but to a lesser degree than in the more severe types of schizophrenia. In the more acute stages of the illness, especially in paranoid schizophrenics, visual and auditory hallucinations are often present. The individual who has visual hallucinations projects his inner experiences into the external world by perceiving images with consciousness present. The individual who has auditory hallucinations hears voices which he accepts as real and which are usually the voices of his superego, and are caused by the projection of

<sup>1/</sup>Arthur P. Noyes, Modern Clinical Psychiatry, W. B. Saunders Company, Philadelphia and London, 1939, p. 429.

guilt feelings. The catatonic schizophrenic experiences phases of stupor or of excitement. During stupor the individual withdraws from reality, often refusing to dress or eat or even to move in position. In catatonic excitement the patient overacts impulsively with no external stimulation but motivated from within. The clinical limits of the hebephrenic type of schizophrenia are not too clear cut. Hallucinations are usually present as well as phantasies, odd mannerisms and silly talk or behavior.

The individual suffering from an anxiety reaction is usually an uneasy, tense person who continuously fears making mistakes and who feels inadequate and insecure. He is often irritable, dissatisfied, tired and apprehensive. The patient with an anxiety reaction may suffer from diarrhea, nausea, palpitation of the heart, perspiration, tremulousness, dizziness, acute restlessness and fear of death.

The brief summary above should serve to illustrate to the reader some of the symptoms which were present in varying degrees in the veterans whose mothers were rendered casework services. As can be seen the majority of the veterans were very sick individuals.

Previous hospitalizations and length of treatment in the clinic. -- Most of the veterans had a history of previous hospitalizations for their neuropsychiatric illness. There were only three veterans who had not been hospitalized.

Five of the 20 veterans had been hospitalized once, eight were hospitalized twice, one three times, one five times, one eight times and another nine times. Sixteen of the veterans were not hospitalized more than twice.

Length of treatment in the clinic has been considered in this study to include treatment with a psychiatrist, with a caseworker, or with both disciplines. In most instances, treatment was not on a continuous basis for various reasons. However, the total length of all periods of treatment is being used in this study. Five of the 20 veterans were in treatment under one year, four for over one year but under two, three for two years but under three, two for three years but under four, one for four but under five, one for five but under six, and the remaining four veterans were in treatment for over six years.

The attitude of the veteran toward his mother. -- It is helpful to have a picture of the veteran's attitude toward his mother, since this is an important factor to be considered in rendering casework services to the mother. Usually much more clarification, support, and encouragement on the part of the social worker is required where the relationship between the mother and veteran is a negative one.

Table 3. The Attitude of the Veteran  
Toward His Mother

Veteran's Attitude (1)	Number of Veterans (2)
Positive.....	4
Negative.....	11
Ambivalent.....	3
Unknown.....	2
Total.....	20

Table 3 classifies the veteran's attitude toward his mother as positive, negative or ambivalent. Positive was used to describe those situations where the veteran was fond of his mother and saw her as a warm and accepting person. Negative was used to describe those cases where the veteran expressed feelings of hostility toward his mother whom he felt did not treat him fairly, rejected him or was too controlling. Ambivalent was used to describe those situations where the veteran expressed feelings of both love and hate for his mother. Unknown includes those cases where the patient's attitude toward his mother could not be determined from case material.

As illustrated in Table 3, 11 of the 18 cases where the attitude of the veteran was known revealed a negative attitude. In most cases the veteran either felt that his mother

rejected him or resented her treating him too much like a child. These findings tie in with the writer's speculation that a poor relationship between veteran and mother would be found to exist in most cases.

Having obtained a picture of the veterans with whom the study is involved, the writer will look next at the mothers.

### 3. The Veteran's Mother

As stated previously, this second part of Chapter II will consist of a presentation of the personal characteristics of the mothers of the veterans. This information was more difficult to obtain from case records since such information in many instances was evidently not particularly unusual or relevant to the situation and so omitted in the recording. Considerable supplementary material was obtained directly from the social worker who carried the case.

Age, religion and education of the mother. -- The ages of 11 of the mothers were known. Six of these 11 mothers ranged in age from 50 to 60 years. Five fell into the 61 to 68 years grouping.

In seven of the nine cases where the mother's age could not be determined, the social worker carrying the case gave his opinion regarding the age. Five of the mothers were placed in the 50 to 60 age bracket, one in her early 60's and the remaining mother in her early 70's.

Very little information was found regarding the religious and educational background of the mother. In two instances the fact that the mother was a high school graduate was noted. It would appear judging from the material found in the case records that the majority of the mothers had less than a high school education, but this is only the writer's opinion and is not based on facts.

There was very little information regarding the religion of the mothers, although it appeared, again in the writer's opinion and judging from the written material available, that in most instances the mother was of the same religion as her son. In one case, the mother of the veteran was a very devout Catholic who clung to the belief that it was only through religion that her son might be helped.

The mother's occupation. -- It was difficult to ascertain from case records whether or not the mother was employed in every situation. However it was definitely known that 10 of the mothers were housewives. Four of the mothers were employed part time as practical nurse, sewer, demonstrator, and housekeeper. In six of the cases it was not definitely known if the mother were employed, but the fact that nothing specific was noted in the record would indicate that these mothers probably remained at home.

The mother's marriage. -- The fact that a child's relationship is an important determinant of the individual's emotional health has been brought out in Chapter I. The

relationship between the parents plays an important part in that it creates the atmosphere in which the individual spends his earliest and most formative years. For this reason it will be helpful to look at the relationships existing between the parents of the veterans. In six of the 20 situations being discussed, the father of the veteran was deceased. In one case the father was killed when the veteran was five years old. In two other situations the father died within the past 10 years. In another case the father was mentally ill and drowned. There was some question of his having committed suicide, and the record states that the veteran was treated harshly by this father who was an alcoholic. In two of these cases, there was evidence of friction between husband and wife prior to the husband's death.

In one of the 20 cases, the parents of the veteran separated. The father had been a heavy drinker and according to his wife was lazy. The mother spoke of her marriage as an unhappy one since she married "beneath my class." The children appeared to have a good relationship with their father in spite of the marital difficulties.

In another situation, the veteran's father had been a patient in a mental hospital since 1930 when the patient was about six years old. The diagnosis of the father in this case had been "alcoholic psychosis" and later "schizophrenia, hebephrenic type". There had been evidence of the father's having had homosexual relationships with his own brother.

The relationship between husband and wife had always been very poor.

Of the remaining 12 cases, there was evidence in six of them that a poor relationship existed between parents. In one of these situations, mother and father had been separated for two and one half years and then reconciled. In another, according to the veteran, there had been 25 separations between his parents. The veteran stated that he was fond of his father who he felt should never have married since he couldn't settle down. Five of these six fathers appeared to play very passive roles in the family while the role of the sixth father was more dominant.

In the six remaining cases, there was evidence in three situations that the parents got along well, and the family in general was a closely knit one. Mother and father seemed to play roles of equal importance. In the remaining three cases, the relationship between mother and father was not known. The contacts that the clinic had with the mother in these situations were of short duration which probably accounts for the lack of information.

In summary, it can be concluded that in the majority of cases being studied the veteran came from a home where there was a poor relationship between parents and resulting friction in the family.

Having set forth some background material about the veterans and their mothers, the writer will discuss next the mother's referral.

CHAPTER III  
THE MOTHER'S REFERRAL

1. Introduction

The preceding chapter has served to introduce the personal and clinical characteristics of both the mother and veteran to present a background for a study of the mother's referral which will be discussed in this chapter.

The usefulness or success of the casework services rendered will be classified as "marked", "moderate", "none" or "indeterminate". The usefulness of the casework services was determined by whether or not the purpose of the referral was fulfilled. If the purpose was completely carried out, the success of the casework services rendered was considered "marked". If the purpose of the referral was partially carried out, the success was called "moderate". If the success of the casework services could not be determined by the case material available, success was said to be "indeterminate". If the casework services rendered proved of no use at all, the success of the referral was classified as "none". For example: If the goal of treatment was to help the mother understand the veteran's illness, the success of referral was called "marked", "moderate" or "none" according to the degree of understanding the mother was able to achieve through the

use of casework services. If casework with a mother was directed toward obtaining a diagnostic history and helping her to understand the illness involved, and both goals were achieved, the success of the referral was considered "marked". If a good diagnostic history was obtained but the mother could not be helped to understand the illness, the success was said to be "moderate". If neither purpose was fulfilled, success was rated as "none".

In this chapter the success of the casework services will be related to such factors as: the initiator of the referral, the reason for the referral, the mother's attitude toward the referral and toward the veteran, the mother's understanding of the illness, and the number of interviews held. Relating the success of the referral in this way should point up those factors, if any, which might influence the success of the casework services rendered.

In determining the success of the casework services, the writer carefully evaluated progress made with the mother in relation to the purpose of the referral as it was reflected in the case record. In many instances the social worker who carried the case was consulted for his opinion which invariably coincided with that of the writer. Fifteen of the 20 cases were found to include mothers to whom casework services had been successfully rendered. Five of these situations showed "marked" success while the remaining 10 cases showed

"moderate" success. Four of the cases revealed no success, and the success in the remaining case was "indeterminate". It can be concluded from the above facts that in this study of casework with 20 mothers a high degree of success was achieved in working with them.

## 2. The Initiator of the Referral and the Reason for It

One of the first factors considered in casework with the mother of a veteran was how the referral came about and why. Table 4 below shows that nine of the 20 referrals were initiated by the mother, and the same number were initiated by the clinic. Of the nine referrals initiated by the mother, in four cases the mother called the clinic to request treatment for a son or daughter who they felt needed care. Contacts with the mother continued either to obtain diagnostic material or to help the mother understand, or in some cases, for both reasons. One of the nine mothers called to obtain information about her son's compensation checks, and the remaining four mothers called to discuss the veteran's progress or behavior at home.

Of the nine referrals initiated by the clinic, in three situations contact with the mother was primarily to obtain diagnostic material to aid in the veteran's treatment, in one to help the mother understand and in the remaining five situations casework services were rendered for both reasons.

In the two referrals where the initiator is classified as other, both referrals were made through the clinic at the request of another Veterans Administration agency. In one case a Veterans Administration hospital had requested that a social worker contact the veteran's mother to explain financial arrangements for the veteran while he was on trial visit from the hospital, and in another situation an out-of-town hospital requested that the mother be interviewed for a social history of her son.

Table 4. The Initiator of the Referral and Its Success

Initiator of the Referral	Success of the Referral				Total
	Marked	Moderate	None	Indeter- minate	
(1)	(2)	(3)	(4)	(5)	(6)
Mother.....	3	3	2	1	9
Clinic.....	1	6	2		9
Other.....	1	1			2
Total..	5	10	4	1	20

As illustrated in Table 4, the relationship between the initiator of the referral and its success indicates that where referral was initiated by the mother a higher degree of success was achieved. Six out of nine referrals by the mother were successful as compared with seven out of nine referrals by the clinic. No significant relationship seems to exist between the success of the referral and the initiator except that a higher degree of success was obtained in

self-referrals.

Table 5. The Reason for the Referral and Its Success

Reason for the Referral	Success of the Referral					Total
	Marked	Moderate	None	Indeter- minate		
(1)	(2)	(3)	(4)	(5)	(6)	
1. Diagnostic Purposes		3				3
2. To increase mother's understanding of ill- ness and treatment...				1		1
3. Diagnostic purposes and to increase under- standing.....	1	3	1			5
4. Request of other V. A. agency.....	1	1				2
5. To talk about the veteran.....	1	1	1	1		4
6. To request treatment for the veteran.....	2	1	1			4
7. Specific request.....		1				1
Total.....	5	10	4	1		20

Table 5 shows the relationship between the reason for the referral and its success. The reasons for the referral are the reasons for the first contact with the mother. As previously mentioned, in many instances the focus of the referral changed as contacts continued. That is, while a mother may have made the first contact with the clinic to discuss the veteran's behavior at home, casework services rendered later may have been to increase the mother's understanding of the veteran's illness. For this reason, it is difficult to draw conclusions from Table 5 relating the primary reason for the

referral to the final success of the referral. In determining the final success of the casework services both the primary reason for the referral and any secondary reasons that arose were considered.

### 3. The Attitude of the Mother and the Success of the Referral

Table 6 sets forth the attitude of the mother toward the referral as related to the success of the referral. A positive attitude includes all cases where the mother had a favorable attitude toward the services being offered, cooperated with the social worker and saw the agency as a helping agent. A negative attitude was one where the mother saw no usefulness in the services being offered her and did not cooperate with the social worker. In situations where the mother's attitude included both positive and negative elements, the attitude was classified as "mixed".

Table 6. The Attitude of the Mother and the Success of the Referral

Attitude of the mother	Success of the Referral				Total
	Marked	Moderate	None	Indeter- minate	
(1)	(2)	(3)	(4)	(5)	(6)
Positive.....	5	8		1	14
Mixed.....		1	2		3
Negative.....		1	2		3
Total....	5	10	4	1	20

All the five cases where marked success was achieved included a mother with a positive attitude. Eight of the 10 cases where moderate success was achieved also involved a mother whose attitude was positive. In the four cases where no success was achieved, two of the mothers had a negative attitude, and the attitude of the remaining two mothers was mixed. From the above analysis it appears that a positive attitude toward the referral contributed to the success of the casework services rendered.

#### 4. The Attitude of the Mother Toward the Veteran and the Success of the Referral

Table 7 illustrates the mother's attitude toward the veteran as related to the success of the referral. A positive attitude was used to include those mothers who saw the veteran as a sick person in need of help and who recognized the importance of understanding him and his illness. A rejecting attitude was one where the mother obviously rejected her son or could not tolerate him or his behavior. An overprotective attitude was one where the mother considered the veteran a child and treated him as such. "Mixed" was used to include those situations where elements of more than one of the other attitudes existed.

Table 7. The attitude of the Mother Toward the Veteran and the Success of the Referral

Attitude of the mother	Success of the Referral				
	Marked	Moderate	None	Indeter- minate	Total
(1)	(2)	(3)	(4)	(5)	(6)
Rejecting.....		5	3	1	9
Overprotective.	1	3	1		5
Positive.....	4				4
Mixed.....		2			2
Total...	5	10	4	1	20

Fourteen of the mothers were either rejecting or overprotective mothers. This ties in with what the writer had anticipated. Only four of the mothers had a positive attitude toward the veteran. With these four mothers marked success was achieved in the referral which indicates that a positive attitude on the part of the mother toward the veteran contributes to a successful referral. Of the four cases where no success was achieved, in three of the cases the mother's attitude was rejecting and in the remaining case the attitude was overprotective. However, it is significant that 10 of the cases where moderate success was achieved in case-work services rendered involved five mothers whose attitude was rejecting, three whose attitude was overprotective and two with a mixed attitude. This indicates that success can be achieved even in those cases where the mother's attitude is not favorable.

5. The Attitude of the Veteran Toward the Mother  
and the Success of the Referral

Table 8 illustrates the attitude of the veteran toward the mother as related to the success of the referral. As stated previously, positive was used to describe those situations where the veteran was fond of his mother and saw her as a warm and accepting person; negative was used to describe those situations where the veteran expressed hostility toward his mother; and ambivalent was used in those cases where the patient had feeling of both love and hate for his mother. Situations where the patient's attitude toward his mother could not be determined were included as unknown.

Table 8. The Attitude of the Veteran Toward the Mother and the Success of the Referral

Attitude of the veteran	Success of the Referral				Total
	Marked	Moderate	None	Indeterminate	
(1)	(2)	(3)	(4)	(5)	(6)
Positive...	1	3			4
Ambivalent.	2		1		3
Negative...	2	5	3	1	11
Unknown....		2			2
Total..	5	10	4	1	20

Table 8 shows that in 11 out of 18 cases the veteran had a negative attitude toward his mother. Success in casework services was achieved in seven of these cases. In the four

situations where a positive attitude was involved, success was achieved in each instance. Two of the three cases where the attitude was ambivalent were successful as far as casework with the mother was concerned. It appears that a positive attitude on the part of the veteran towards his mother contributed to a successful referral, but even in those situations where the attitude of the veteran was ambivalent or negative success was achieved. In the majority of cases where no success was achieved, the attitude of the veteran toward the mother was negative.

In comparing the attitude of the veteran toward the mother and the mother's attitude toward the veteran, it is interesting to note that in both cases a positive attitude appeared four times. In one situation, the mother's attitude toward her son and his attitude toward her were both positive. In two situations the mother's attitude was positive where the son's attitude toward her was ambivalent. In the fourth case, the mother maintained a positive feeling toward her son although his attitude toward her was negative.

#### 6. The Mother's Understanding of the Veteran's Illness and the Success of the Referral

Table 9 shows the relationship between the mother's understanding of the veteran's illness and the success of the referral.

Table 9. The Mother's Understanding of the Veteran's Illness and the Success of the Referral

Mother's Understanding	Success of the Referral				Total
	Marked	Moderate	None	Indeter- minate	
(1)	(2)	(3)	(4)	(5)	(6)
Considerable..	3				3
Good.....	2				2
Little.....		5			5
None.....		5	1	4	10
Total...	5	10	1	4	20

In the five cases where marked success was achieved, the mother had either considerable or good understanding of the illness. This would be associated with the fact that in several cases the goal of the social worker was to help the mother understand and the success of the referral was measured by her understanding. Thus we cannot speculate that a considerable or good understanding existed in the beginning and contributed toward the success. The four cases where no success was achieved revealed no understanding on the part of the mother. Ten of the cases where moderate success was achieved showed half of the mothers to have no understanding and the remaining half to have little understanding. The conclusion can be drawn that even in those situations where the mother has little or no understanding casework services can be useful. The focus in these situations is usually

centered around helping the mother to live with the veteran and not aggravate his condition even if her understanding of his illness does not exist or is extremely limited.

7. The Number of Interviews with the Mother and the  
Success of the Referral

Table 10 shows the number of interviews held with the mother as related to the success of the referral. In 12 of the cases the interviews ranged in number from one to five. Five of the cases involved over 15 interviews with the mother, and in the remaining three cases interviews ranged from five to 15 in number.

Table 10. The Number of Interviews with the Mother and the Success of the Referral

Number of Interviews	Success of the Referral				Total
	Marked	Moderate	None	Indeter- minate	
(1)	(2)	(3)	(4)	(5)	(6)
1-5.....	1	7	3	1	12
5-10.....	1	1			2
10-15.....	1				1
Over 15...	2	2	1		5
Total...	5	10	4	1	20

In the 12 situations with interviews ranging from one to five in number, success was achieved in eight of the cases. In the five situations where interviews numbered over 15, success was achieved in four of the cases. It would appear

that a high number of interviews is more likely to produce successful results. Marked success was achieved in each grouping of interviews by number, and in one instance even when over 15 interviews were held no success was achieved. These facts tend to indicate that no conclusions can be drawn relating the number of interviews to the success of the referral.

#### 8. The Veteran's Diagnosis and the Success of the Referral

Table 11 relates the veteran's diagnosis to the success of the referral. Marked success was achieved in five cases. The diagnosis in one situation was schizophrenia, simple type, in three cases schizophrenia, paranoid type, and in one case schizophrenia, chronic, undifferentiated type. In the ten cases where moderate success was attained, seven situations involved a diagnosis of schizophrenia, paranoid, two cases were diagnosed as schizophrenia, hebephrenic type and one case as schizophrenia, unclassified, in remission.

Success was achieved in situations involving the more severe type of illness as well as in those cases where the illness was less severe. There didn't appear to be any significant relationship between the diagnosis of the veteran and the success of the referral of the mother.

Table 11. The Veteran's Diagnosis and the Success of the Referral

The Veteran's Diagnosis	Success of the Referral				Total
	Marked	Moderate	None	Indeter- minate	
(1)	(2)	(3)	(4)	(5)	(6)
1. Psychoses					
Schizophrenia					
(a) Simple Type.1					1
(b) Catatonic Type.			1		1
(c) Hebephrenic Type.		2			2
(d) Paranoid....3 <sup>a</sup> /		7	2		12
(e) Unclassi- fied, in Remission...		1			1
(f) Chronic, Undifferen- tiated Type.1					1
2. Psychoneurosis					
Anxiety Reac- tion					
(a) Severe, acute.....			1		1
(b) In Schiz- oid Person- ality.....				1	1
Total...5		10	4	1	20

<sup>a</sup>/One of these involved a veteran having a diagnosis of "schizophrenia, paranoid, with encephalopathy due to trauma" which fell under the classification of Psychosis and Organic Brain Damage.

9. The Mother's Education and Occupation and the Success of  
the Referral

It would have been important to relate the education of

the mother to the success of the referral if more conclusive information about the mothers' education had been available. However, it is interesting to note that in the two cases where the mother had a high school education success was achieved in rendering casework services. A determination of whether or not the education of the mother contributed toward a successful referral would have been a worthwhile point to explore if sufficient material had been available.

In regard to the occupation of the mother, there were four mothers who worked part time. In three of these cases moderate success was achieved, while no success was attained in the fourth case. No important relationship can be drawn between the employment status of the mother and the success of the referral.

#### 10. The Veteran Employed or at School and the Success of the Referral

As stated previously in Chapter II, three of the 20 veterans were regularly employed, and one was taking post graduate courses in high school. In two of the situations where the veteran was working, the diagnosis was paranoid schizophrenia, and the success of the referral in one case was marked and in the other moderate. In one of these cases, the veteran and mother had a positive attitude toward each other, while in the remaining case the attitude toward each

other was negative.

The success achieved in casework with the mother of the third veteran who was employed and whose diagnosis was anxiety reaction in a schizoid personality was indeterminate. In the situation involving the veteran going to school, the diagnosis was schizophrenia, unclassified, in remission, and moderate success was achieved in working with the mother. The mother's attitude toward her son was negative, and his attitude toward her was unknown.

It is significant that three of the veterans who were employed or attending school were quite ill. Success in casework services rendered to the mother was achieved in three situations. It seems that it would be easier to work with these mothers, since their sons spent a good deal of their time away from home, and the emotional involvement between mother and veteran was apt to be less than it would be if the son were at home most of the time.

#### 11. The Type of Casework Services Rendered and the Success of the Referral

Table 12 illustrates the treatment method of social casework which was used in working with the mother. Casework has been defined in many ways. For purposes of this study the writer is using Bowers' definition which states 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."<sup>1/</sup>

The casework treatment methods used in this study are: supportive casework, clarification and insight development.

By supportive casework the writer refers to that type of casework where the social worker attempts to increase the individual's ego strengths through the use of reassurance and guidance so as to build up his self-confidence and encourage healthy solutions to his difficulties. This type of casework is usually used to help the basically well-adjusted person through periods of stress and strain. In this study supportive casework was used with the mother to reassure and guide her and to increase her self-confidence in dealing with the problems presented by the veteran's illness.

The writer defines clarification as that type of casework where the individual is helped to see external reality more clearly and to better understand his own emotions, attitudes and behavior. By the use of clarification, the person may be helped not only better to see his own motives but also to understand the motives and needs of others and how he affects them. In dealing with the mothers of emotionally disturbed veterans, clarification was used by the

<sup>1/</sup>Bowers, O.M.I., "The Nature and Definition of Social Casework," Social Casework (December 1949), Vol. 30.

social worker to help the mother understand her reactions toward the veteran whose behavior and feelings were also clarified by the social worker. Clarification often accompanies supportive casework.

Insight development is defined as that type of casework where the aim is to give the patient insight into his difficulties or to increase the ability of the ego to deal with difficulties with less anxiety and by making less use of destructive defense mechanisms. Although the psychiatrist deals mainly with this type of casework treatment which involves interpretation of unconscious material, the social worker may deal with comments on suppressed material and the unconscious thoughts of the patient that are not too deeply repressed. It is generally accepted that that type of casework be used only in very special situations with close psychiatric supervision.

Table 12. Casework Treatment Method Used and the Success of the Referral

Type of Casework	Success of the Referral				Total
	Marked	Moderate	None	Indeter- minate	
(1)	(2)	(3)	(4)	(5)	(6)
Supportive.....					
Clarification.....	1	6	3	1	11
Insight.....					
Clarification.....					
and Supportive.....	4	4	1		9
Total...	5	10	4	1	20

As illustrated in Table 12, in no instance was insight development used by the worker. This fact ties in with the writer's previous statement that this type of casework is not frequently used by the social worker. In 11 of the 20 cases clarification was the type of casework used while in the remaining nine cases both clarification and supportive casework were used by the social worker. Supportive casework was not used alone in any case. Of the 11 cases where clarification was used, seven had successful outcomes. Of the nine cases where clarification and supportive casework were used, eight turned out to be successful referrals. No conclusions can be drawn from this comparison which makes it appear that the use of both clarification and supportive help makes for a more successful referral if one looks at the three cases where clarification was used and no success achieved. In these three cases there was no opportunity for the social worker to be successful with clarification or to offer supportive help because of the attitudes of the mothers who were themselves disturbed.

## 12. Reasons for Discontinuing Casework

### Services with the Mother

In five of the 20 cases studied casework with the mother was discontinued since the veteran was unwilling to accept the services of the clinic and did not continue with his contacts. In two cases casework with the mother terminated

when the veteran was hospitalized. In two other situations there was a specific reason for the mother's being seen which did not require continued contacts. In four cases casework with the mother was terminated since they were sufficiently familiar with the veteran's illness. In three other cases, contacts with the mother were discontinued because her being seen presented a threat to the veteran in treatment. In one case the veteran moved away, and in the remaining three cases casework with the mother was terminated since it was felt that she could not be helped in any way.

Having explored the mother's referral, the writer will attempt to illustrate by the use of specific cases some of the points that have been brought out.

## CHAPTER IV

### CASE ILLUSTRATIONS OF CASEWORK SERVICES

#### 1. Introduction

The preceding chapter dealt with a presentation of the findings of this study in relation to the mothers' referral. In this chapter the writer will present some case summaries to illustrate more clearly what casework services were offered and how they proved to be useful or not useful in the particular situation. Three cases will be presented. One case will illustrate a referral where marked success was achieved, another where moderate success was attained, and a third case where no success was achieved.

#### 2. Case I - A Successful Referral

The first case involves a situation where marked success was achieved in rendering casework services to the mother. In this situation the mother of the veteran called the clinic to request information about her son's condition and to inquire about how she might help in his adjustment in the home and in the community. Contacts with her continued on a regular basis to help her understand the veteran's illness and to offer her support and reassurance. The casework services rendered to the mother helped her to obtain a reasonably good understanding of her son's illness and to develop a sustaining

attitude toward the veteran that aided in his progress in treatment. The veteran's mother had a positive attitude toward the services offered her. Both supportive casework and clarification were used in working with the mother.

#### The L. D. Case

Mr. D., a single, 21 year old veteran, had spent four months in a naval hospital and was later transferred to a Veterans Administration hospital where he remained for four additional months. He was discharged to his mother's home in April, 1954, with a diagnosis of "schizophrenia-paranoid with chronic encephalopathy due to trauma, manifested by right corticospiral sign, ataxia and personality changes." When he returned home from the hospital his mother stated he frequently staggered around the house, was very forgetful and had severe "nervous" spells when he was unable to perform simple tasks such as tying his necktie. One time he became so upset about not being able to do this that he banged his hands against the wall until they were red and bleeding. There were other incidents where the veteran had acted out after becoming upset so as to endanger himself. The veteran belonged to the Catholic faith. He had gone as far as the second year in high school. Prior to his induction into the service where he served for 27 months, he had done jewelry work. During the time he was treated in the Mental Hygiene Clinic he was unemployed. He was seen by a social worker in the clinic upon his discharge from the hospital and until he was readmitted to the hospital in February, 1955.

Contacts with Mrs. D. commenced in May, 1955 when she contacted the clinic. Mrs. D. was seen by the same male worker who was seeing the veteran. She was very much concerned about her son's behavior and how she might help him. She felt her son had never had many of the things he wanted, and this probably contributed to his illness. Mrs. D. was quite concerned about her husband's attitude toward her son. He was out of work and around the house most of the time and did not want his son to remain in the home if he continued in his present state. There was also a financial problem with the veteran's father unemployed, and Mrs. D. felt she should be working to help out but could not do this

and look after the veteran at the same time. Mrs. D. told the worker that she didn't know enough about her son's condition to be able to cope with his actions and help him.

The worker noted in the case record the following remarks after his first few contacts with the veteran's mother:

"It appears that Mrs. D. will need considerable help with many things in order to best help the veteran. Direct and exclusive work with the veteran at this point would not be especially valuable, but it is planned to see the veteran alone in the next interview. In addition the mother will need continued support and reassurance in order to allow her to function in her present role. She is most concerned about her husband's reaction to her son's illness and disability and also is personally concerned about the son and what the future holds for him. Discussion about concrete matters such as the time when L. may be able to take on a job of some kind, or when a moment arrives that something more might be done for him in terms of helping him physically, seems to hold out enough hope for the mother so that she can continue to work along with the current situation. Continuing to give the support that the mother will need, the worker can at the same time also begin to build the relationship with the veteran which should assist us to attain the maximum social adjustment possible, within the limitations of his specific disability."

Mrs. D. impressed the worker as being quite protective of her son and as needing considerable help in understanding his condition and limitations. The worker planned to see her twice weekly focusing on helping her to understand her son's need to rely on her yet to break away from full dependence and to offer her support and reassurance. Progress was slow in the beginning. The mother whom the worker described as "a buffer between her husband and son" tried hard to work with the social worker but met with little success and needed constant guidance and reassurance. Gradually the mother's

understanding increased to the point where it was considered to be reasonably good. Although the unsatisfactory interrelationships among family members in the home made the atmosphere undesirable for the veteran, casework services with the mother proved to be of marked success in that her understanding of the veteran and his illness increased considerably. She was accepting of the support the social worker offered and was able to assume a favorable attitude toward her son which helped the veteran's progress while he was at home. Regular contacts with the mother tapered off when her son was readmitted to the hospital in February, 1955, although the social worker made his services available at the mother's request whenever she saw the need for a contact.

### 3. Case II - A Moderately Successful Referral

The next case to be presented describes a situation where casework services rendered to the mother proved to be moderately successful. Contact with the mother was initiated by the clinic at the request of the psychiatrist who was seeing the patient. The purpose of the contact was to obtain diagnostic material and to help the mother understand her son's illness and the possibility of his need for hospitalization. The attitude of the mother toward the referral was positive. Clarification was the treatment method used in working with the mother.

### The J. D. Case

Mr. D., a single, 36 year old veteran, has been receiving treatment from a psychiatrist at the clinic from January, 1949, up to the present time. He graduated from high school and attended business college for two years. He held various clerical jobs before he entered the service and has continued to be employed in different clerical positions quite steadily since his return home. He was in the service for 34 months. Three years after his discharge in 1946, he was hospitalized for a few weeks on a voluntary admission due to his excessive drinking.

Clinic contacts with the veteran resulted from a request from the Rating Board for a social and industrial history. Mr. D. was found to have considerable hostility and paranoid trends directed especially toward the Veterans Administration. Diagnosis was "schizophrenia, paranoid type." A good part of the veteran's problem centered around his drinking and his hostile reaction to his dependency on his mother. The veteran's parents had been separated at one time. Mr. D. had never been close to his father who assumed a passive role in the family.

As previously stated, the psychiatrist seeing the veteran requested contact with the mother in October 1953, since he felt that she might be able to furnish valuable material regarding the veteran's early life, his adjustment at home and in the community, and his relationship with her and with others. The psychiatrist also requested the social worker to help the veteran's mother to understand the veteran's illness and the fact that he might require hospitalization during the process of treatment.

There were only two interviews with the mother who was very cooperative in giving information about her son. The

social worker stated that the material presented by the mother "gave a fairly good picture of the patient as a rejected person, who has sought to buy her love and to find substitutes which he has brought home to her, only to be rejected by them in turn." In describing the mother the social worker goes on to state: "She seemed to me to be a very dominant person who has concealed and denied her rejection of her children by caring for a succession of state wards over the years." The social worker in speaking of the patient's parents says: "Neither has much insight into their son's illness, claiming that his primary problem is his alcoholism."

The social worker attempted to discuss the subject of hospitalization, but Mrs. D. said she refused to take any part in such action since it might cost her son his job. She denied any need of the veteran for hospitalization seeing his admission to a hospital only as a possible remedy for his alcoholism which was the one thing about which she evidenced concern.

The diagnostic material which the social worker obtained from his contacts with the mother proved to be valuable to the veteran's psychiatrist who gained an increased understanding of the patient's background and home situation. However, in view of the mother's attitude, the psychiatrist advised no further contact with the family since he felt it would have no beneficial effect on the patient's condition. Casework

services in this situation were considered moderately successful since the purpose of the referral was partially fulfilled and the diagnostic material obtained was useful in the continued treatment of the veteran.

#### 4. Case III - An Unsuccessful Referral

The last case to be presented involved a situation where the casework services rendered to the mother were unsuccessful. Contact with the mother was initiated by the mother who requested information about her son's condition. Contacts with her continued for the purpose of giving her an understanding of her son's illness through the use of clarification. The mother's attitude was considered to be "mixed" in that although she gave information about her son freely, she saw the Veterans Administration as being obligated to take all the responsibility for son and his illness. She could not see herself playing any role in her contacts with the Veterans Administration.

#### The H. S. Case

Mr. S., a 27 year old, single veteran with a diagnosis of anxiety reaction, severe, acute, has been known to the Mental Hygiene Clinic since November, 1953. He has been in treatment with both a social worker and a psychiatrist spasmodically from that time until October, 1955. Mr. S. completed one year of high school and took correspondence lessons from a radio school and a course in a business school. He worked irregularly as a laborer, meat cutter and mill worker both before and after his eight-month stay in the service. He was never hospitalized for his neuropsychiatric disorder. Mr. S. first became known to the clinic when his

mother was referred by a Contact Representative in the Veterans Administration whom she had called for information about her son.

The veteran's parents had been separated and reconciled at least 25 times, according to the veteran, who felt that his father could not "settle down." Mr. S. was fond of his father who assumed a passive role when he was in the home. He considered Mrs. S. a "domineering mother" who interfered with his personal life. The veteran said that his grandfather had controlled his mother's life and she in turn was trying to control his. According to Mrs. S. her son stole from her and beat her up several times. At one time the veteran made a bargain with his father whose signature he needed to join the navy. In exchange for his father's signature, he agreed to sign a statement saying his mother was a common prostitute. The signing of this statement thwarted one of Mrs. S.'s attempts to obtain a divorce.

The social worker saw Mrs. S. twice in an effort to help her understand her son's illness. Mrs. S. approved of anything the veteran did excusing him on the grounds of mother love and her son's needing her. In describing Mrs. S.'s feelings toward her son the social worker states:

"Actually she seems to be attempting to buy the veteran's love and respect with goodness on her part. One receives the impression, too, that Mrs. S. enjoys her martyrdom and ill-treatment. She tells her story with no emotions, and with the complacency and detachment expected of an onlooker. At times she seems almost amused by the situation and is not actually a participant."

The social worker's efforts to have Mrs. S. understand her role in relation to helping her son were to no avail. She seemed interested only in how her son might help her financially and in finding out his diagnosis and prognosis for informational purposes only. Speaking of his interview

with Mrs. S. the social worker concluded: "Mrs. S. left as pleasantly and calmly as she arrived, even though her visit was unsuccessful except in finding a new listener which possibly was her original motivation."

The casework services rendered in the above situation were considered unsuccessful since the purpose of the referral which was to help Mrs. S. understand her son's illness was not carried out. There were no further contacts with Mrs. S. since it was apparent that she could not avail herself of the services offered.

## CHAPTER V

### SUMMARY AND CONCLUSIONS

The purpose of this study was to look at the contacts of the Veterans Administration Mental Hygiene Clinic with the mothers of emotionally disturbed veterans who were receiving treatment. The period studied extended from July 1, 1953 through June 30, 1955. There were 20 mothers who met the criteria for the study. The personal characteristics of the veterans and their mothers were explored first so as to provide a background for the study of the mothers' referral.

The veteran's average age was 28.9 years. The average length of service was between two and three years with one half of the veterans serving less than two years. The average veteran was a high school graduate. The majority belonged to the Catholic faith. Seventeen of the veterans were single. Of the remaining three, two were married and divorced and one married and separated. All veterans were living with their mothers. Most of the veterans were unemployed during the time that they were known to the clinic. Invariably the majority of the group had poor work records.

Seventeen of the 20 veterans fell into the psychoses classification, all being diagnosed as suffering from a type of schizophrenic reaction. Of the remaining three veterans

two were suffering from an anxiety reaction, and the third had both a psychosis and brain damage. As was brought out in the study, the majority of the veterans were quite seriously ill. The symptoms that might be presented by their illness gave the reader an idea of some of the difficulties that could be met by those persons living with the veteran and attempting to help him live a more satisfactory life within his own limitations. All but 17 of the veterans had been hospitalized previously for their neuropsychiatric illness. The number of admissions to the hospital for each veteran ranged from one to nine. Sixteen of the group were not hospitalized more than twice. Success with casework services was achieved in situations involving both the more severe and less severe illnesses.

In studying the attitude of the veteran toward his mother, it was found that in 11 out of 18 cases where the attitude was known, it was a negative one. Examining these cases the writer learned that the mother in these situations either rejected the veteran or was overprotective of him. These findings bear out the writer's speculation that in the majority of cases a poor relationship would be found to exist between the veteran and his mother. Findings showed also that a positive attitude on the part of the veteran toward his mother seemed to contribute to a successful referral.

The characteristics of the mothers were studied. The approximate age of 11 of the 20 mothers was known, and 10

fell within the 50 to 65 years age range. Little information was available regarding the religion and education of the mother. However, it was the writer's opinion, judging from the limited material to be had, that most of the mothers were of the same religion as their sons and had less than a high school education. Due to lack of information again, the number of mothers employed was not definitely known. However it appeared that with the exception of the four mothers who worked part time, all were housewives and remained at home. Due to lack of information available, no relationship could be drawn between the education and occupation of the mother and the success of the referral.

The fathers of six of the veterans were deceased. There was evidence that a poor relationship existed between parents in half of these cases prior to the death of the father. In three other situations there had been a separation of parents due to marital difficulties, and in five other cases there was evidence of a poor relationship between parents. In the remaining six situations, three veterans came from closely knit families with good relationships among its members, and the nature of the relationships in the remaining three cases was not known. In summary, 11 out of 17 cases where the relationship between parents was known revealed a poor relationship which invariably resulted in friction and unhappiness in the home. The significant meaning that the inadequate,

insecure and unhappy environment had to the veteran was usually brought out by the veteran or the mother in discussion with the social worker. It seemed quite clear that the friction between parents contributed to the veteran's unhappiness and later emotional difficulties. We can conclude from this study that the majority of veterans came from unhappy homes, and this factor seemed to influence their emotional health.

Fifteen of the twenty cases studied were found to be successful referrals. The casework services rendered in five situations were considered to have been of marked success. In 10 cases moderate success was achieved while no success was attained in four situations. The success in the remaining case was indeterminate. It can be concluded that in the majority of cases the casework services rendered by the social worker were successful and so useful to both the veteran and the mother.

The referral of the mother to the clinic was initiated equally by the clinic and the mother. No significant relationship seemed to exist between the initiator of the referral and its success, although a higher degree of success was achieved in self-referrals.

Some of the reasons for the referrals were for diagnostic purposes, to increase the mother's understanding of the veteran's illness and treatment, to discuss the mother's

request for treatment of the veteran, and to secure information in handling specific requests from other Veterans Administration agencies. No conclusions could be drawn relating the primary reason for the referral to its success.

The attitude of the mother toward the referral was also related to its success. Fifteen of the mothers had favorable attitudes toward the referral, and success was achieved in every instance except one where it was indeterminate. In the four cases where no success was attained, two mothers had negative attitudes, and the remaining two had mixed attitudes toward the referral. Findings indicated that a positive attitude contributed to its success.

The mother's attitude toward the veteran was classified as rejecting, overprotective, positive or mixed. The majority of the mothers were found to be either rejecting or overprotective which tied in with the writer's speculation. Although findings indicated that a positive attitude on the part of the mother toward the veteran contributed to a successful referral, it was significant that success was also achieved with casework services rendered in half of the total cases studied where the attitude of the mother toward the veteran was not favorable. It can be concluded that a negative attitude on the part of the mother did not interfere with the ultimate success of the referral.

In relating the mother's understanding of the veteran's illness to the success of the referral, no conclusions were drawn except that success was achieved even in those cases where the mother had little or no understanding of the illness involved. In these situations the social worker focused on helping the mother to live with the veteran and tolerate his behavior in spite of her lack of understanding.

The number of interviews held with the mother varied from one to fifteen with over fifteen interviews being held in five cases. There seemed to be no significant relationship between the success of the referral and the number of interviews held.

The techniques of casework which were used by the social worker were related to the success of the referral. No conclusions were drawn regarding the type of casework treatment method which proved more successful. In no instance was an insight form of therapy used by the social worker. In the majority of cases, clarification was the main technique used while both clarification and support were used in the remaining cases.

The reasons for the discontinuance of the rendering of casework services to the mother varied. In eight cases the veteran was no longer coming to the clinic either because he refused to do so or was hospitalized. One veteran moved away. In six situations casework was terminated because the

purpose of the contacts with the mother was fulfilled. In the remaining six cases it was the decision of the clinic that casework services no longer be given either because contacts with the mother presented a threat to the veteran or because it was felt that the mother could not benefit from further help.

Due to the limitations of this study which were mentioned in Chapter I, any conclusions stated above must be considered tentative. In spite of the small size of the sample selection, it is hoped that the reader will gain some understanding of the factors involved in collateral contacts with relatives as they were reflected in this study of casework services rendered by a Veterans Administration Mental Hygiene Clinic to mothers of emotionally disturbed veterans.

Accepted:  
David Landy  
Research Advisor

APPENDIX

## SCHEDULE

A. Veteran

1. Name
2. Age
3. Race and Nationality
4. Religion
5. Education
6. Occupation
7. Marital Status
8. Length of Service
9. Diagnosis
10. Previous Hospitalizations
11. Length of Treatment

B. Mother

1. Age
2. Education
3. Marriage
  - a. Status
  - b. Attitude toward spouse
  - c. Role of spouse in home
    1. Passive
    2. Dominating
    3. Other
4. If employed, occupation

C. Referral of the Mother

1. Who initiated the referral
  - a. Veteran
  - b. Mother
  - c. Clinic
  - d. Other
2. Reason for the referral
  - a. Diagnostic purposes
  - b. To help mother understand veteran's illness and treatment
  - c. Other
3. Attitude toward the referral
  - a. Positive
  - b. Negative

D. Contacts with the Mother

1. How does the mother see the veteran
2. Mother's understanding of the illness of the veteran
  - a. Considerable
  - b. Little
  - c. None
3. Number of interviews with the mother
4. Goals
5. Type of casework services offered
  - a. Clarification
  - b. Supportive
  - c. Insight development
6. Reasons for discontinuing contacts

E. Were casework services rendered the mother useful

1. As related to the purpose of the referral
2. As stated by the therapist or implied in the record

BIBLIOGRAPHY

1. Faris, Mildred F., "Casework with Relatives," Journal of Psychiatric Social Work (January, 1955), 24:108-112.
2. Green, Rose, "Social Work Approach to Mental Hygiene Team Concepts," Veterans Administration Information Bulletin, 1952, 1B 10-29.
3. Grinker, Roy and John Spiegel, Men Under Stress, Blakeston, 1945.
4. Kupper, Herbert, M. D., Back to Life, The Emotional Adjustment of Our Veterans, New York, 1945.
5. Noyes, Arthur P., Modern Clinical Psychiatry ("Psychoneurosis"; "Schizophrenia"), W. B. Saunders Company, Philadelphia and London, 1939.
6. Pratt, George K., Soldier to Civilian-Problems of Adjustment, The McGraw-Hill Book Company, New York, 1944.
7. Rabinow, Irving, "The Social Worker on the Outpatient Psychiatric Team," Veterans Administration Information Bulletin, October, 1952, 10-29.
8. Richmond, Mary, The Long View, New York, 1930.
9. Social Service Staff, Manual of Administrative Policies and Procedures for Social Work Students, 1953.
10. Tietze, Trude, "A Study of Mothers of Schizophrenic Patients," Psychiatry (February, 1949), 13:64-65.
11. Veterans Administration Circular 169, Mental Hygiene Clinic of the Veterans Administration, July, 1946.

