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The social and occupational adjustment of psychoneurotic veterans: a study of twenty-five psychoneurotic veterans referred to the Social Service Unit, Boston Regional Office Veterans Administration, January 1, 1949 to June 30, 1950.

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Thesis
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1952

BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK

THE SOCIAL AND OCCUPATIONAL ADJUSTMENT OF PSYCHONEUROTIC VETERANS

A STUDY OF TWENTY-FIVE PSYCHONEUROTIC VETERANS
REFERRED TO THE SOCIAL SERVICE UNIT,
BOSTON REGIONAL OFFICE VETERANS ADMINISTRATION,
JANUARY 1, 1949, to JUNE 30, 1950

A THESIS

Submitted by

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(A.B., St. Bonaventure University, 1950)

In Partial Fulfillment of Requirements for

the Degree of Master of Science in Social Service

1952

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Chapter I

INTRODUCTION

Modern warfare with its ramifications of death, destruction, and misery not only sapped the strength of this country's resources, but, more important, left a deep-seated imprint on the minds and bodies of the veterans of World War II. Generally speaking, these men were taken from a peace loving environment and transformed into hard fighting soldiers, sailors, and marines with but one objective, to kill, destroy, and subdue the enemy.

The transition from civilian life to life in the military forces where killing one's fellow men was acceptable, and the return to civilian life with its different set of mores, constituted a serious interruption in the lives of some ten million men in our country. Fortunately, most of these men were able to effect these transitions and readjustments satisfactorily. Others, however, who may or may not have been well-adjusted as civilians before their entrance into military service, failed to make satisfying military adjustments and readjustments in the post-war era.

A conservative analysis of available statistics indicates that at the end of World War II, neuropsychiatric discharges from all branches of the armed forces totaled between 500,000

and 700,00. Of these, less than ten per cent were psychotics; three-fourths of the remainder were psychoneurotics--a total of at least 500,000.[1]

The purpose of this thesis is to disclose some of the socio-psychological factors contributing to the neurotic breakdown and recurrent symptoms are influencing their post-war and occupational adjustment.

In particular, the writer will take into consideration such factors as family relationships, childhood neurotic traits, pre-service social and occupational, precipitating military stresses, and post-war social and occupational factors, and show adjustments of the veterans studied.

The data used in this study was selected from the closed cases of the files of the General Section of the Social Service Unit, Boston Regional Office of the Veterans Administration. The writer selected from the master card files the names of all psychoneurotics referred by the Adjudication Division for social and industrial survey during the period of January 1, 1949, to June 30, 1950. Each of these veterans had a diagnosis of psychoneurosis at time of separation from service and was in receipt of disability rating of ten per cent or more for a psychoneurotic condition.

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1 Lawrence S. Kubie, "A Program of Training in Psychiatry to Break the Bottleneck in Rehabilitation," American Journal of Orthopsychiatry, 16:448, July, 1946.

The writer then arranged a schedule to secure the necessary information from the veterans' social service folders, which would indicate the socio-psychological factors contributing to their post-war social and occupational adjustment. The writer selected the twenty-five cases which contained the most pertinent and complete information for this study. These twenty-five cases give a representative sampling of the total number of cases referred to Social Service between January 1, 1949, and June 30, 1950. In those cases where necessary data was lacking, the veterans' claims folders and medical treatment folders were requested by the writer. These claims folders contain military information and other information which was used by the Adjudication Division in rating the percentage of disability merited.

Due to inconclusive data in some of the records, and the fact that most of the referrals were for post-war social and occupational adjustment, the value and/or applicability of this study was limited. Therefore, the scope of this study will be limited to the social and occupational adjustments that the veterans studied were making at the time their cases were referred to Social Service by the Adjudication Division.

The writer is presenting in this study eight cases for description and analysis. These eight cases were selected from the twenty-five studied because they contained the most adequate information for an understanding and evaluation of

the social and occupational adjustment of the veterans studied. The other cases will be included in the tables for statistical purposes.

Chapter II

PSYCHONEUROSES AND THE PSYCHOSES AND THEIR INCIDENCE IN WORLD WAR II

The psychoneuroses are composed of a relatively benign group of personality disturbances that may be thought of as being intermediate or serving as a link between the various adjustmental devices unconsciously used by the average mind on the one hand and the extreme, often discouraging methods observed in the psychotic on the other.[1]

Specifically, in the psychoses the distortion or disorganization of the personality is severe. Generally speaking, in the psychoneurosis the personality remains socially organized. Inner experiences in the psychoneuroses do not disturb external behavior to the extent or in the abnormal manner that occurs in the psychoses. For the psychotic, the ability to discriminate between subjective experiences and reality may be greatly retarded. In the psychoneurotic, there is no serious interference with reality testing. The part of the personality which Freud calls the ego remains intact. The neurotic person does not deny the existence of reality; he

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1 Arthur P. Noyes, Modern Clinical Psychiatry, p. 270.

tries to ignore it. The psychotic person denies the reality situation and attempts to substitute something for it. A new environment is created by the psychotic, to which he imputes the forces and properties of reality. For the psychotic, reality is falsified by hallucinations and delusions. Social relations may be so misunderstood that social adjustment is completely destroyed. The environment of the psychoneurotic remains the same, although certain elements may be invested with abnormal affective values. The thinking of the psychotic may be dereistic; this type of thinking is not associated with the psychoneurotic. Depression in the psychoneurotic is based more on the environment than is the case with the psychotic. A main difference between the psychotic and the psychoneurotic is that generally speaking, the psychotic does not recognize that he is ill and therefore has no desire to change his situation. The psychoneurotic, on the other hand, feels that he is ill and consciously wants to get well, although it is known that his unconscious desire is to the contrary.

It must be emphasized that there is no sharp line between the psychoneuroses and the major psychoses, but rather, they merge into one another by intermediate, scarcely perceptible stages. Given psychogenic factors may in one person lead to defenses and reactions characterized as psychoneurotic and in another person to those classified as psychotic.[2]

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2 _Ibid_., p. 273.

In the Army, the psychoses constituted a small but troublesome percentage of the total neuropsychiatric case load. These are illnesses whose varied symptoms represent a distortion of reality or of the patient's relation to reality. These symptoms are easily diagnosed and often are manifested in bizarre behavior, delusions, hallucinations, illusions, and disorientation. It is to this group of illnesses that the legal term "insanity" refers.[3]

The only available figures on the incidence of psychoneurotic reactions in the Army are those which can be obtained from the records of hospital admissions. From January, 1942, to June 1945, there were about fifteen million admissions to Army hospitals all over the world for all types of medical problems. Of these, six per cent (918,961) were on neuropsychiatric services. About two-thirds of these psychiatric admissions were listed as psychoneuroses.[4]

From the foregoing discussion one can see some of the differences between the psychoses and the psychoneuroses. Also, the writer felt it significant to indicate that by and large the psychoneuroses were much more common in World War II

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3 Francis J. Braceland, "Psychiatric Lessons from World War II," The American Journal of Psychiatry, 103:587-593, March, 1947.

4 War Department Circular 391, December 21, 1945.

than were the psychoses.

The main characteristic of the psychoneuroses is anxiety. Many factors contributed to the psychoneuroses of war. Fear and inability to repress fear reactions was a most common factor in producing anxiety. Loss of morale or an attitude of defeatism within the combat unit increased psychological strain and precipitated anxiety. Long periods of enforced inactivity during which men were exposed to danger predisposed them to an anxiety reaction. Repeated narrow escapes and high combat losses increased fear and stimulated anxiety. Other factors conducive to anxiety reactions were disease, extreme fatigue, exposure to heat and cold, fear of being a coward or of losing one's self-control, hunger, malnutrition, and an insufficient understanding of war.

Guilt feelings also produced anxiety. Some soldiers felt that they have been responsible for the death of someone else, perhaps civilians as well as an enemy. The death of a comrade whom the soldier has had some ambivalent feelings toward or whom he identified with a sibling rival created guilt feelings, with anxiety and depression. The death of a close "buddy" caused some men to develop guilt feelings. It is interesting to note that guilt feelings were very common in the Air Forces. The death of a respected officer or "buddy" created the feeling that the soldier was being left abne,

helpless, deserted. This feeling deprived the soldier of emotional support and created a great deal of anxiety.[5]

Grinker and Spiegal[6] point out three groups of men as being particularly predisposed to breakdown in combat. The men in the first group show neurotic symptoms of every type, which are related to intrapsychic conflict between their underlying insecurity and their sense of duty, and as a result are usually distinguished by large quantities of anxiety, which is invariably accompanied by depression. The second group consists of men whose underlying insecurity and weak ego likewise lead to the early appearance of anxiety, but who lack a conscious reaction to their failures. They have little or no sense of duty or loyalty, and therefore have a minimal or no internal conflict. Their conflict is between their egos and reality. In the last group, the disability consists of difficulties in behavior which are not related to anxiety but in which the stress of combat has intensified a longstanding inability to adjust to groups, to work in teams, and to yield to authority.

Combat was not only the stress that built up emotions and

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5 Noyes, _op. cit._, p. 319.

6 Ray R. Grinker and John P. Spiegal, _Men Under Stress_, p. 56.

led to the psychoneuroses of war. Many men tolerated combat but broke under the discipline, separation from home, loss of buddies, or family problems. It was the men with the problems of guilt, anxiety, and hostility who were prone to a neurotic breakdown in combat.

Chapter III

SOCIAL SERVICE IN THE BOSTON REGIONAL OFFICE AND THE FUNCTION OF THE SOCIAL WORKER IN REFERRALS FROM THE ADJUDICATION DIVISION

The Social Service Unit of the Boston Regional Office is a section within the professional services of the Medical Division. The staff consists of thirty full-time workers under the direction of the Chief Social Worker. The unit is divided into the General Section and the Mental Hygiene Section. The General Section consists of ten workers in the Boston Regional Office, two workers in the Springfield office, two workers in the Worcester office, and one worker in the Lowell office. The Mental Hygiene Section consists of eleven workers in Boston and three workers in Lowell.

There are eighteen student social workers from four accredited graduate schools of social work, Boston University, Simmons College, Boston College, and Smith College. Of these students, six are assigned to the General Section, ten to the Mental Hygiene Section in Boston, and two to the Mental Hygiene Clinic in Lowell. Eight of these students are assigned under the provisions of Veterans Administration Technical Bulletin 10-A-185, which provides part-time paid field work placements to meet the needs of the Veterans Administration in supplying a well trained social service staff.

The main function of social service in the Boston Regional Office is to provide effective case work services for the veteran and to aid him in a more realistic understanding of his problems. The social worker helps the veteran to help himself make the best possible adjustment and solutions, so that he may re-establish himself in his home, occupation, and community. The social worker tries to enable the veteran to cope with those factors and interrelationships which are destructive and to develop those which will be constructive, in his effort to recover from illness, lessen handicaps, and adjust to the remaining disability.

In general, social service assumes responsibility for continuing case work services to those veterans who have a service connected disability, are entitled to out-patient treatment, are hospitalized or are being processed for hospitalization. By service connected disability is meant a disability which has been determined by the Adjudication Division on the basis of a veteran's claim, to have been incurred in or aggravated by military service. Social Service is limited to brief services or disposition service to those veterans who have not established a service connected disability; such referrals are accepted for clarification of the problem and are referred to thepproper community resource for assistance.

Social Service receives referrals from community social agencies, both public and private, and from other Veterans

Administration installations and divisions with the Regional Office. The Social Service Unit in referrals from other Veterans Administration installations provides case work services in the following areas; pre-trial visit case work with relatives and families of veterans to be discharged from Veterans Administration neuropsychiatric hospitals, supervision of veterans with neuropsychiatric disabilities while they are on trial visit, follow-up care for tubercular veterans and social studies to assist the physicians in facilitating the establishment of a differential diagnoses and plan of treatment at out-patient clinics or in hospitals.

Referrals from divisions within the Boston Regional Office to the Social Service Unit come from the Contact Division, Legal Division, Medical Division, Neuropsychiatric Unit, Mental Hygiene Unit, Vocational Rehabilitation and Education Division, and the Adjudication Division. Since this study is concerned with the case material compiled as a result of referrals from the Adjudication Division, the writer will confine his attention to the function of that division and the social service program connected to it.

One of the main functions of the Adjudication Division is to adjudicate and rate all claims for disability pensions and compensation. The major responsibility for the review of the veteran's claim and substantiating evidence rests with the rating boards. Each board is composed of three rating speci-

alists, medical, legal, and occupational. Each rating specialist reviews all evidence on file and records his decision within his specialized field. In the processing of claims it is the responsibility of the rating board to request such medical examinations as may be indicated. This is true both in the processing of new claims and in conjunction with the legally required periodic review of previously rated claims. At the same time on a selected basis the rating boards often submit a request to social service for a survey of the veterans adjustment in the major areas of his life, of prewar and/or post-war social and occupational adjustment.

Many veterans discharged with psychoses and psychoneuroses have borderline conditions necessitating a careful differential diagnosis. Specific information as to the onset or the nature of the disease or defect, and the degree of social and industrial disability involved is important to both the examining physician and the rating board. It is because certain symptoms of mental and nervous diseases are revealed in the veteran's behavior in relation to other persons, and in the details of personal, social, and occupational adjustment, that comprehensive social surveys by social workers trained for this type of work are important. These social surverys serve three important purposes:

1.) To assist the physician examining the veteran to arrive at the proper diagnosis for report to the rating board and to plan proper medical and social treatment. Thus, this provides the opportunity for planning therapeutic resources for assisting him with the personal problems of readjustment and the overcoming of the disability.

2.) To aid the rating board in evaluating the disability for rating purposes.

3.) To guide the Chief Attorney in determining the need for instituting guardianship proceedings.[1]

Particular case work skills are required by the social worker in working with veterans for these reports. The veteran has not seen any problem which has motivated him to seeks social service help. He is requested to come in by the social worker in conjunction with his medical examination for rating or re-rating purposes. The veteran may see the social worker, representing the Veterans Administration, as a threat to his compensation. It is necessary for the social worker to clarify his or her role to the veteran, so that the latter may understand that the decision will not be made by the social worker, but rather by the rating board which needs help in making a decision. The social worker must also clarify with the veteran that for objectivity in the surveys, the Veterans Administration is interested in all phases of his adjustment which might affect his disability or be affected by his disability and that it is necessary to contact others, such as his family, doctor, employer, or school.

In the course of completing these surveys, it is the responsibility of the social worker to recognize and provide

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1 Veterans Administration, <u>Social Service Reports for Medical Examination and Rating Procedure</u>, Circular No. 73, March 27, 1946. p. 1.

help, or arrange for help with social problems which are affecting the disabled veteran's medical and vocational rehabilitation.

Chapter IV

GENERAL DESCRIPTION OF THE VETERANS STUDIED

All the cases in this study are male, white veterans who were discharged from World War II with a diagnosis of psychoneurosis. All were referred by the Adjudication Officer to the Social Service Unit within two to four years after discharge.

Out of the total number of twenty-five cases, twenty-three of the veterans were born in the United States, one in Russia, and one in Canada.

Age frequencies are show in Table I.

TABLE I.

AGE OF VETERANS STUDIED

Years	Number
21-23	1
24-26	4
27-29	8
30-32	4
33-35	1
36-38	5
39-41	0
42-44	2
Total	25

Seventeen, or sixty-eight per cent of the veterans referred for survey, were between the ages of twenty-four and thirty-five years. The youngest veteran was twenty-three years old; the oldest, forty-four.

TABLE II.

LENGTH OF SERVICE
OF VETERANS STUDIED

Number of Mos.	Number
6 mos. or less	1
7-12	3
13-18	1
19-24	3
25-30	2
31-36	8
37-42	2
43 and over	5
Total	25

Five, or twenty per cent of the veterans studied, had less than eighteen months service, while seventeen, or sixty-eight per cent, served over twenty-five months. Of the five veterans serving over forty-two months, one served seventy-two months; one, fifty-nine months; one, fifty-six months; one fifty-five months, and one, forty-five months.

Of the twenty-five veterans, nine served within the continental limits of the United States. The other sixteen served in overseas theatres of operations. Thirteen of these sixteen veterans served in actual combat. Seven of these veterans were wounded, and one of the veterans spent nine months in a German prisoner of war camp. Due to inconclusive data in the records, the writer cannot give the specific amount of time that the majority of these veterans spent in combat. Length of service is important in relation to the basic personality and the collapsed ego strength resulting from the anxiety and stress of military life.

TABLE III.

BRANCH OF SERVICE OF VETERANS STUDIED

Branch	Number
Army	18
Navy	5
Marine Corps	2
Total	25

It is not unusual that eighteen, or seventy-two per cent of the veterans, served in the Army, as the greatest component of psychoneurotic discharges were members of the Army. The percentage of Army personnel was higher than that of any other branch of the services.

TABLE IV.

EDUCATION OF THE VETERANS STUDIED

Highest Grade Completed	Number
Grammar School	
6th Grade	1
7th Grade	0
8th Grade	2
High School	
1st Year	5
2nd Year	6
3rd Year	2
4th Year	5
College	
1st Year	0
2nd Year	0
3rd Year	1
4th Year	3
Total	25

Of the twenty-five cases, three were college graduates. One completed three years of college. Five were graduated from high school, thirteen left school during the high school grades, and three left school during the grammar school grades. The small number of cases used in this study cannot indicate conclusive data. Some of the reasons that most of these veterans did not further their education were lack of opportunity, difficulties in adjusting in school, poor motivation, or family economic stress.

When seen for survey, sixteen of the twenty-five veterans were employed, two were employed part-time, and seven were unemployed. Three of the veterans had returned to their prewar jobs.

The following factors will be used as criteria in evaluating the veteran's social and occupational adjustment:[1]

Social Adjustment

Satisfactory:	Unsatisfactory:
a.) Veteran accepted by his family (if single).	a.) Home broken or excessive friction between parents (if single).

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1 Florence B. Thompson, "Predicting the Adjustment of Psychoneurotic Veterans," *Smith College Studies in Social Work*, 22:10-12, October, 1951.

Satisfactory: (Cont.)	Unsatisfactory (Cont.)
b.) Adequate relationships in community, well liked, many friends.	b.) Veteran overprotected and/or rejected in family.
c.) Recreation largely social.	c.) Limited relationships in community; few friends.
d.) Social attitudes outgoing.	d.) Recreation largely solitary.
e.) Satisfying heterosexual life; dating if single.	e.) Seclusive social attitude.
f.) Satisfying marital relationship and happy home life.	f.) Divorce or separation or friction in marriage.

Occupational Adjustment

Satisfactory:	Unsatisfactory:
a.) Veteran meeting his economic responsibilities through earnings.	a.) Unable to meet economic responsibilities through earnings.
b.) Job stability.	b.) Unstable, frequent job changes.
c.) Good reasons for changing jobs.	c.) Reason for changing jobs; i.e., fight with employer, etc.

Using the criteria stated above for evaluating the veteran's social and occupational adjustment, the writer found that

twenty, or eighty per cent of the veterans studied, were making an unsatisfactory post-war social and occupational adjustment.

It is significant to note that of the five veterans whose post-war adjustments were satisfactory, all had had positive and satisfying family relationships in their formative years. Four of the five were high school graduates. None were known to have had any childhood neurotic traits. In each of these five cases the prewar social and occupational adjustment was satisfactory. Three of these veterans had been in combat and two had been wounded. Each of these veterans was meeting his economic responsibilities through his earnings. Two had changed jobs since discharge because new employment offered greater security and higher earnings.

Eleven of the sixteen veterans who were employed were not able to meet their economic responsibility through their earnings. Most of these veterans had frequently changed jobs, due to dislike of the work, inability to get along with their fellow workers and employers, and nervousness. The seven eveterans who were unemployed stated in one way or another that their unemployment was due to their nervous conditions.

Six of the veterans studied had satisfactory social and recreational interests; the other nineteen had few if any social or recreational interests.

By and large, most of the veterans studied were still bothered by their somatic complaints. These predominating complaints were nervousness, headaches, recurrent battle dreams, fatigue, dizzy spells, irritability, and excessive perspiration.

TABLE V.

MARITAL STATUS
OF THE VETERANS STUDIED

Status	Number
Married	12
Single	9
Divorced	3
Separated	1
Total	25

Twelve, or forty-eight per cent of the veterans, were married. As the majority of the veterans were of marriageable age when inducted, this fact is not particularly significant. One of the veterans was previously divorced and had remarried. Eight of the married veterans had children. All were living with their families.

Of the nine single veterans, seven were living with parents or relatives and two were living alone.

TABLE VI.

DIAGNOSIS AND DISABILITY RATING
OF THE VETERANS STUDIED

Diagnosis	Number	Disability	Number
Conversion hysteria	5	30%	10
Obsessive compulsion state	0	40%	2
Anxiety reaction	16		
Neuresthenia	3	50%	13
Reactive depression	1		
Total	25	Total	25

The fact that sixteen of the veterans studied were diagnosed as having anxiety reaction is not indicative that the largest percentage of psychoneurotic discharges were of anxiety reactions. The above diagnostic labels were given at the time that the veterans' cases were reviewed by the Adjudication Division for rerating purposes. As part of their total disability compensation, seven of these veterans were being compensated for a physical disability resulting from combat wounds. Also, a certain percentage of their total compensation was awarded for their psychoneurotic conditions. When these twenty-five cases were closed by the Social Service Unit, ten of the veterans were in receipt of a thirty per cent disability rating, two were receiving a forty per cent disabil-

ity rating and thirteen were in receipt of a fifty per cent disability rating. These figures are only representative of the group for descriptive purposes, and no conclusions can be given from them.

Chapter V

CASE STUDIES

The eight cases presented in this chapter were selected because they revealed the most complete and accurate information concerning the social and occupational adjustment of the veterans used in this study. The purpose of this chapter will be to indicate some of the socio-psychological factors that have had a profound effect on these veterans and to indicate how these factors have contributed to their neurotic breakdown. These factors will include family relationships, early childhood neurotic traits, pre-military service social and occupational adjustments, and precipitating military stresses. Using the criteria stated in Chapter IV, the writer will evaluate the veteran's post-war social and occupational adjustment at the time their cases were referred to Social Service by the Adjudication Officer. To be in a better position to understand the adjustment of these veterans, the social, emotional, and industrial aspects of their lives cannot be isolated. These factors must be viewed as interrelated because each one influences any and all the others.

In general, these cases produce information that has been found by other writers who completed post-war follow-up studies of psychoneurotic discharged veterans. These other

studies will be summarized in the following chapter.

Case A

Veteran is thirty years old, white, Catholic, and married. He was inducted into the Army on October 2, 1942, and discharged on December 4, 1943.

Veteran was the youngest of three siblings. The father never lived at home and finally divorced the mother. The mother was psychotic and was treated in several mental hospitals. She remarried and rejected veteran. He left school at the age of fourteen, when he was in the eighth grade. Veteran lived in foster homes and with relatives prior to his entrance into military service. At the age of eighteen, he married an illegitimately pregnant girl out of sympathy for her. He did not cause the pregnancy and the marriage lasted only two weeks. His prewar occupational adjustment was unsatisfactory because he could not take orders in his work.

The veteran served in the Tank Corps for ten months and did not go overseas. In the service he could not follow commands, quarrelled frequently and threw things at his superior officers. For a while he was a jeep driver, but he had so many accidents, he had to be relieved of this duty. He complained of dizziness, fainting spells, headaches, and general nervousness. He was given a diagnosis of conversion hysteria and a medical discharge. At the time he was seen for survey, veteran was receiving a thirty per cent disability award from the Veterans Administration.

Following discharge, he lived for two months with his mother, stepfather, and stepbrother, but he left the home because of family friction. He married in 1944, and at the time of survey he had a son eight months old. His wife stated that he was a devoted father to his son and a good provider, although he was always in debt. He had had ten jobs following discharge and was unemployed at the time of survey. Veteran is enuretic, sleeps alone, and does not seek sexual relations with his wife. He has few friends, and his social life is limited to going to dare-devil auto races.

In this case we see a father who never lived in the home and a psychotic mother. The veteran's early childhood was replete with many neurotic traits. It is evident that the veteran lacked warmth and affection from his parents. As he grew up he became emotionally unstable and lacked judgment, as seen by his marriage to a pregnant girl out of sympathy for her.

His Army life followed a pattern of insecurity, failure to comply with the discipline of military life, hostility and aggressiveness toward those in command. Although the veteran did not serve overseas, the stress and strains of the military service, coupled with his insecure preservice status, was too much for him to adjust to in a normal and healthy manner.

The veteran's post-war social adjustment was marked by further rejection by his mother, stepfather, and stepbrother. In his marriage the veteran was a devoted and overprotective father to his son, no doubt to compensate for the love and affection that he was deprived of in his youth. He was enuretic and did not have or seek sexual relations with his wife. The veteran had few friends and he did not participate in any social or recreational activities with his wife or others.

His occupational adjustment was unsatisfactory, as is indicated by the ten different jobs he had held following discharge. He was always in debt and when seen for survey was

unemployed.

Case B

Veteran is thirty-seven years old, white, and divorced. He was inducted into the Army on May 6, 1942; he served as a Private First Class and was discharged on May 4, 1945.

Veteran, of Jewish parentage, was the oldest of four siblings. His father died of influenza when veteran was five years old. When veteran was ten years old, his mother remarried. He had a positive relationship with his stepfather, but was in constant conflict with one stepbrother. His mother considered him her "favorite child". As a child he used to bite his fingernails, but there seem to be no other childhood neurotic traits. There is no history in the family of any serious nervous or mental disorder. Veteran completed two years of high school at the age of sixteen. He left because of lack of interest. Prior to entering the military service he had a satisfactory occupational history as a bus and electric train operator.

The veteran volunteered for military service and served two years in the Aleutians. Although he was under constant bombings, he was in no actual combat. He developed compulsive acts and could not fire on the rifle range because he heard his mother say, "Don't fire". In January, 1945, he was returned to the United States. His compulsive acts became worse. He had to put his watch and shoes in a certain place or he was afraid something would happen to his mother. Sometimes he had fantasies that he would throw himself under a tractor or cut off a finger. He became increasingly despondent and worried over his masturbating. He was medically discharged with a diagnosis of compulsion neurosis. When seen for survey, veteran was in receipt of a thirty per cent disability award from the Veterans Administration.

After discharge, veteran returned home to live with his parents. He was unable to return to his prewar occupation because of headaches, excessive perspiration, dizziness, and irritability. Veteran was married in 1947, and was divorced by his wife in June, 1949, on the grounds of cruelty. There were no children by this

marriage. At the time of the survey he was living with his stepfather and a younger sister. His mother had died in 1948. He was working as a general helper for his stepfather, who owns a retail meat market. He stated that during the year he loses about a month from work because of his somatic complaints. Socially, he goes out on a date about once a week. He enjoys television, the movies, and considers himself a "good mixer".

In this case, the death of the father, when the veteran was five years old, was a severe blow to his emotional well-being. The veteran was his mother's "favorite" and may have unconsciously resented the fact that she remarried, thus having had to share her love and affection with his stepfather and stepbrother. The veteran was able to make a satisfactory prewar occupational adjustment.

After two years service in the Aleutians, the veteran developed thoughts and fantasies about his mother. These persisted to such an extent that he could no longer perform his military duties and he was returned to the United States.

Following discharge, the veteran was so preoccupied with his mother that he was not able to form a positive relationship with his wife and the marriage ended in a divorce.

His social adjustment following his divorce seems to be satisfactory. However, his occupational adjustment seems to be unsatisfactory, in that his somatic complaints are preventing his resuming his prewar occupation. It is interesting to note in this case that the examining psychiatrist felt that veteran's psychic and somatic complaints did not appear to be

severe enough in nature to prevent him from making a much better occupational adjustment.

Case C

Veteran is twenty-eight years old, white, and married. He was inducted into the Army on August 16, 1942, served as a sergeant, and was discharged on September 19, 1945.

The veteran was the second of four siblings. The father was an alcoholic and deserted the family when veteran was nine years old. The veteran resented the father because of the misery he caused the mother. The mother was described as a highly neurotic individual. The veteran was enuretic and as a child he was afraid of the dark, was quite seclusive, and cried a great deal. He also felt that his mother rejected him. A month before veteran was to have graduated from high school, he left school to join the C.C.C., because "I wanted money for my mother and jobs were hard to find."

When veteran was twenty, he married a girl whom he had courted for two years. He stated, "I really was not in love with her at first. I wanted someone to cling to. I could never do anything; everything went wrong. I wanted someone who would care for me."

At the age of twenty-one, veteran was inducted into the Army. From his service records, he appeared to have made a good adjustment. After two years overseas duty working on planes, the veteran became tense, tremulous, depressed, and could not concentrate on his work. He was medically discharged from the service with a diagnosis of psychoneurosis, mixed, severe, manifested by conversion and anxiety symptoms. At the time of survey, he was in receipt of a fifty per cent disability rating from the Veterans Administration.

After discharge, the veteran returned to live with his wife, who later gave birth to a deformed child. The veteran attempted to start an appliance business, but this failed after a few months because he could not get the material. He then entered training as a carpenter

under Public Law 16, but had to give this up because it made him nervous. At the time of the survey, he was working in a leather factory, but felt very insecure in this job. He stated that he could not take the competition for work in this country and was considering overseas work as a civilian.

The veteran's wife described him as being preoccupied with his thoughts and feelings, and confused. He had great difficulty in remembering things. He felt he had let his family down. He seldom particpated in any social or recreational activities.

Family relationships in this case show a neurotic mother, and an alcoholic father who deserted his family when the veteran was nine years old. His fear of the dark and crying spells were overt methods of asking for attention, love, and kindness.

The veteran was not exposed to any dangerous or traumatic combat experience while overseas. However, his early deprivations from a drunken father and a neurotic mother may have been the reasons for his neurotic breakdown.

The veteran's social adjustment is unsatisfactory. He does not participate in any social or recreational events. Early dependency needs were never fully met and he is carrying these needs into his marriage by feeling very inferior and dependent on his wife.

Concerning his occupational adjustment, the veteran has had to give up many jobs because of his somatic complaints. Although he was employed at the time he was seen for survey,

he felt insecure about this position and was thinking of overseas employment to escape the competition that he found in the employment fields in this country.

Case D

Veteran is twenty-eight years old, white, and married. He was inducted into the Army Air Corps on April 19, 1943, served as a Staff Sergeant, and was discharged on November 2, 1945.

The veteran, second youngest of five siblings, stated that he was the product of a broken home. His father divorced his mother when he was thirteen. He was arrested once for larceny when was thirteen or fourteen. Veteran completed one year of high school at seventeen years of age. He was a poor student and left because of a forced marriage. This marriage lasted only a few months. As a welder, he had a fair prewar occupational and economic history.

Veteran enlisted in the Army Air Corps and spent twelve months in the European Theater of Operations as a gunner on a B-24. On his fourth mission over Germany, his plane was shot down. He was captured and spent nine months in a prisoner-of-war camp, suffering many traumatic experiences, both mental and physical. Shortly after his liberation, nervousness, restlessness, tenseness, insomnia, and anorexia. He was medically discharged from the service with a diagnosis of psychoneurosis, anxiety state, chronic, severe. When seen by the social worker, veteran was in receipt of fifty per cent disability compensation from the Veterans Administration.

After discharge, veteran worked as a laborer for a railroad company. He engaged in a great deal of sexual promiscuity and entered into another forced marriage. At the time of survey, veteran was living with his second wife and two children. Veteran's marriage was never happy. He has had numerous extra-marital relationships and was thinking of divorcing his second wife. Socially, veteran spent most of his time outside the home drinking beer and he was arrested several times for intoxication.

His post-war occupational adjustment was unsatisfactory because of his hostile attitude toward his superiors and his poor work performance.

Veteran's formative years were characterized by insecurity, frustration, and deprivation. The absence of the father from the home when the veteran was in his early adolescence left him without a male figure to identify with.

His experience of being shot down and the subsequent nine months in a German prisoner-of-war camp were unquestionably very traumatic to his already weakened ego.

Factors following discharge which were symptomatic of his unsatisfactory social adjustment were his entrance into a second forced marriage, frequent extra-marital relationships, excessive friction in his marriage, few friends, and his heavy drinking. Although veteran was steadily employed, his occupational adjustment was unsatisfactory. He was in constant trouble with his employer and fellow workers and his work performance left much to be desired.

Case E

Veteran is thirty years old, white, single. He enlisted in the Army on September 6, 1943, served as a Private, and was discharged on February 21, 1944.

The veteran was the older of two siblings. There was no information concerning the personality of the parents. His mother and father died within seven days

of each other when veteran was thirteen was thirteen years old. The veteran then lived with his grandparents, and his sister went to live with an aunt. His grandfather was a fisherman and was out of the home a great deal. According to veteran, the grandmother neglected her home and was abusive to him. He ran away several times, but was brought back each time by the police.

In school, veteran was a poor student and repeated the seventh grade three times. He left school in the first year of high school when was sixteen years old. After leaving school he worked about nine months as a stock clerk in a hardware store and left because he did not like the work. Following this, he did odd jobs, went back to high school for a few months, and then quit this because he became restless.

The veteran was first rejected by the Army because of bad eyes, but in 1943, he was accepted for limited service in this country. After basic training the veteran was assigned as a drill instructor. A few months later he complained that his work was getting on his nerves. Food nauseated him and he could not eat. One day he fainted twice on the drill field and was hospitalized. Following various periods of hospitalization, veteran was given a medical discharge from the service with a diagnosis of psychoneurosis, mixed type. At the time of the survey, veteran was receiving thirty per cent disability compensation from the Veterans Administration.

Following discharge, veteran tried many jobs. He made a poor occupational adjustment, always got into trouble and felt that his employers mistreated him. At time of survey, the veteran was employed as a soda fountain clerk. His employer described him as "sarcastic and undiplomatic". He is often absent from work and claims to have sinus trouble. The veteran explained to the social worker that he was a seclusive and asocial individual.

The death of the veteran's parents within the same week was understandably traumatic for him. His grandmother's rejecting and punishing attitude toward veteran left him very secure and frustrated.

Poor school and preservice work history is exhibited by the veteran's repeating grades and working at various odd jobs.

An unsatisfactory post-war occupational and social adjustment is evident. He has few friends and participates in no social or recreational activities. His many different jobs and the fact that his present work is not acceptable to his employer are reflections of his insecurity from early childhood.

Case F

Veteran is twenty-five years old, white, and single. He was inducted into the Army on December 15, 1941, served as a Corporal, and was discharged on July 23,1946.

Veteran is of French parentage, was the sixth of nine siblings. The father was a stable, hardworking man who had been employed in the same job for thirty-five years. The mother died of a heart disease when the veteran was seven years old. The veteran enjoyed a normal childhood, achieved good grades in school and was never a disciplinary problem. He left school at the age of sixteen, while in the second year of high school, because he felt that he should work to help his father support the large family. He was steadily employed until he was inducted into the Army.

While in combat, veteran was rendered unconscious by an artillery shell, and at the same time one of his buddies was killed. He was in an Army hospital for several months, during which time he underwent several amytal interviews. He displayed a great deal of anxiety and tension and had severe tremors. After discharge from the hospital, he was assigned to MP duty. He gradually became restless and seclusive. He had intense feelings of hostility toward the Germans. He had fre-

quent battle dreams, startle reaction, fatigue, and loss of appetite. At time of discharge, he was given a diagnosis of psychoneurosis, anxiety reaction. When seen by the social worker, veteran was receiving fifty per cent disability compensation from the Veterans Administration.

After discharge, the veteran returned to his preservice job as a metal worker with the railroad, where he was employed at the time of survey. His foreman reported that veteran was absent from work often, due to nervousness, and has frequent arguments with the foreman and employees. Veteran was concerned about losing his job because of his frequent absences from work, but the foreman was not alarmed about this. He realized and understood the veteran's problems.

At the time of survey veteran was living with his father and a younger sister. He spent most of his leisure time in a neighborhood tavern, but his father and sister stated that he had never drunk to excess. The veteran felt that he was too restless and irritable to stay at home and read. He had been going steady with a girl, but had broken up their friendship because he could not see marriage because of his condition. His chief complaints were heacaches, fatigue, battle dreams, and insomnia.

The family relationships in this case appear normal. The death of the mother, during the veteran's latency period, was traumatic to him. He was able to make a satisfactory social and occupational adjustment prior to military service.

The traumatic experience of being rendered unconscious by an exploding shell which killed his buddy, was the precipitating factor in the breakdown of this veteran.

Although the veteran was accepted by his family in both prewar and post-war periods, his lack of friends, solitary leisure time activities, and inability to make a satisfying

heterosexual adjustment were indications that the veteran's social adjustment was unsatisfactory.

The frequent recurrence of his somatic complaints, which caused him to miss much time from work, and his inability to form positive relationships with his employer and fellow workers indicated his unsatisfactory occupational adjustment.

Case G

Veteran is twenty-seven years old, white, and married. He was inducted into military service on February 5,1943, and was discharged on February 10, 1946.

Veteran is the third of four siblings. There were no known psychiatric determinants in the family history. Family relationships were satisfactory. The father was a tailor and the veteran was described as being very close to him. Veteran did poorly in school, repeating the fifth and sixth grades. He left school in the tenth grade at the age of seventeen to enlist in the Navy. He was rejected because of his teeth and was ashamed to return to school. Prior to service, veteran apparently m made a satisfactory social and occupational adjustment. He worked as a truck driver and mechanic. He engaged in sports and normal heterosexual activities.

Veteran served in the Airborne Engineers and was in the Southwest Pacific for thirty-five months, spending twenty months in combat. Veteran was hospitalized in Septeber, 1948, for malaria. Following this hospitalization he complained of weakness, "hot and cold sensations, and he was again hospitalized. During this period he had poor emotional control, would shake violently when startled, was irritable and antagonistic. He was diagnosed anxiety state, severe, and was evacuated to the Zone of the Interior, where he was admitted to an Army general hospital in December, 1945. Veteran received a medical discharge from the service for a diagnosis of psychoneurosis, anxiety state. When seen for survey, he was receiving fifty per cent disability compensation from the Veterans Administration.

After discharge, veteran returned home to live with his parents. He married a widow with two children and has a child of his own in this marriage. He states his marriage is congenial. At time of survey, veteran had been employed for a year and a half. For diversion he goes to the movies, visits friends, plays cards with neighbors, goes to dances with his wife on special occasions, and takes the children out walking.

His present complaints are nervousness, fear of the dark, hot flashes, headaches, and irritability.

In this case, there is no evidence of conflict or disharmony in the family relationships. He made a poor school adjustment, but his preservice social and industrial adjustments were adequate.

Veteran's long and arduous overseas duty--twenty months of which he was in combat--was the precipitating stress of his breakdown.

His post-war social adjustment appears to be satisfactory; this is substantiated by his happy marriage, his many friends, and his positive leisure time outlets. However, an unsatisfactory occupational adjustment is clearly in evidence. He shifted from job to job because of his somatic complaints and at the time he was seen for survey was unemployed.

Case H

Veteran is twenty-three years old, white, and married. He enlisted in the Navy on February 2, 1943, served as a Fireman Third Class, and was discharged on January 25, 1945.

The veteran is the younger of two siblings, his older brother also having served in the Navy. During the veteran's childhood both parents enjoyed excellent health. There seemed to be no family history indicative of nervousness, insanity, or related difficulties. At the age of fifteen, he was treated by a psychiatrist after stealing a motor. The psychiatrist felt that the veteran was fascinated by mechanical things and that the stealing was a prank and not serious. Veteran was graduated from high school with above average grades, although he was aggressive and played truant a good deal. As for hobbies and recreation, veteran was always interested in anything mechanical, tinkering with radios and working on all the motors and engines he could find. Prior to service he worked as an automotive mechanic and truck driver.

In service, veteran did not serve overseas. He was hospitalized twice for a gland strain and for catarrahal fever. He had several court martials for AWOL and was placed on overseas shipment. These orders were revoked and he was sent for extensive amphibious training. After nineteen months service, he was again hospitalized, complaining of fatiguability, tension, restlessness, and dissatisfaction with Navy assignments. He was medically discharged from the Navy with a diagnosis of psychoneurosis, mixed type. When seen by the social worker, veteran was receiving thirty per cent disability compensation from the Veterans Administration.

Veteran married shortly after his discharge and returned to his prewar job as truck driver. When seen for survey, he was employed as a fireman, a position he had held for eighteen months. His superior stated that veteran had a good attendance record, was obedient to orders, and got along well with his fellow workers.

Veteran's marriage was compatible and his wife stated that he was a devoted father. Socially, he was a member of the Elks and he and his wife had many friends in the neighborhood. His hobby was radio repair work and he has repaired many of his friends' sets. His principal complaints were stiffness in arms and legs, occasional heartburn, with nausea occurin g three or four times since discharge.

There are no indications in the case of strained family relationships. Although veteran was aggressive and played truant a great deal, he enjoyed a normal and satisfying adolescence.

Veteran's positive marital relationship, his many friends, and his radio repair work were the main factors in the satisfactory social adjustment that he was making.

Through his occupation as a fireman, veteran is meeting his financial responsibilities. He feels secure in this employment and his good attendance record indicates that his occupational adjustment is satisfactory.

Chapter VI

SUMMARY AND CONCLUSIONS

For a more valid understanding of psychoneurotic veterans and the social and occupational adjustments they are making in the post-war world, the writer found that many factors had a profound influence on their adjustments. Family relationships, childhood neurotic traits, prewar social and occupational adjustments, and precipitating military stress are dynamically interrelated in the kinds of adjustments these veterans are making.

In the eight cases discussed and analyzed in this study, none of the veterans was an only child. In siz cases, the size of the families was composed of four to nine children. Seven of the cases showed that divorce, separation or death of one or both parents disrupted the home life of the veterans.

The precipitating military stresses cannot be minimized. Many were able to adjust to the discipline, deprivations, and loss of individuality common to military life until the stresses and frustrations increased their anxieties and insecurity to a point where their egos were overwhelmed.

The writer also found in the post-war period, the recurrent symptoms of the veterans are detrimental to their social

and occupational adjustments. These veterans are eligible for out-patient treatment at the Veterans Administration Mental Hygiene Clinic. Some have availed themselves of this opportunity; the others should, for might benefit from it.

In general, no definite or final conclusions can be given concerning the psychoneurotic veterans from the findings of this study, because of the small number of cases used. Due to the common findings in the cases presented, many points appear significant and the trends might have been higher if a larger number of cases were studied.

It is interesting to note that the findings of this study compare favorably with those of Grinkler and others,[1] who found that men who developed war neuroses were characterized by the following predispositions:

1. Parental discord, broken homes, unhappy childhood, and difficulties in sibling rivalry.

2. Parental alcoholism, parental inconsistency, and insincerety in instilling ego ideals.

3. Earlier age of independent work; frequent changes of jobs.

4. Greater dependence upon the home, especially upon the mother, who in turn was dependent on the son.

5. Greater frequency of overt neuroses and neurotic trends, enuresis, phobias, sleep disturbances, and nail biting.

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1 Roy Grinker and others, "A Study of Psychological Predisposition to the Development of Operational Fatigue", American Journal of Orthopsychiatry, 16:191-214, April, 1946.

Samuel Futterman and Eugene Pumpian-Mindlin,[1] in a survey of two hundred closed cases of psychoneurotic veterans in 1950, at the Los Angeles, California Veterans Administration Mental Hygiene Clinic, arrived at the following significant conclusions:

1. Traumatic war neuroses occur in non-combat military personnel located in a combat area with a relatively high degree of frequency.

2. Guilt about killing or assailing defenseless enemy personnel, either military or civilian, is an important factor in the precipitation of a traumatic war neurosis. In such instances, the superimposed military code (superego) yields to the earlier and stronger civilian prohibition against violence toward others.

3. Physical injury or medical or surgical disorder that leads to enforced immobilization seems to encourage the development of the traumatic war neurosis, by depriving the individual of the possibility of discharge of tension through motor activity.

4. Traumatic war neurosis can and does occur in conjunction with physical injury. Separation from the unit because of physical injury removes the influence of group morale, which serves as a deterent to neurotic breakdown.

5. Speech disturbances, such as stammering, can occur in cases of traumatic war neurosis without any evidence of this disorder having been in existence previously.

6. The monotonous repetition of the traumatic war experiences and combat dreams in cases of traumatic war neurosis is caused by the transformation of the world into a threatening place. The patient reacts to civilian

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1 Samuel Futterman and Eugene Pumpian-Mindlin, "Traumatic War Neuroses Five Years Later", The American Journal of Psychiatry, Vol. 108, December, 1951.

life as if he were still in combat.

Of the above conclusions, Numbers one, two, three, four, and six correspond favorably with the findings of this study. There is no indication of conclusion Number five in this study. However, if more accurate clinical data was available in the records of these veterans, the writer feels that evidences of this conclusion might have been found.

In examining the literature on the readjustment of veterans, inquiries for the most part have emerged from clinics and agencies dealing with veterans. Two reports are of interest, as they utilize written contacts with former psychoneurotic veterans to ascertain the extent of their problems and the nature of their readjustments.

Brill, Tate, and Menninger[3] sent 5,937 questionaires to psychoneurotic veterans in July, 1944, receiving 4,178 answers (seventy per cent). This study revealed that seventy per cent of the group felt that their health was worse than prior to military service, and only two per cent reported better health. Most of these veterans regarded their illnesses as organic, not emotional. The majority of the veterans were seeing physicians regularly. Eighty-six per cent were employed, the main reason for unemployment being reported as poor health.

3. Norman Q. Brill, and others, "Enlisted Men Discharged from the Army Because of Psychoneurosis", Journal of the American Medical Association, 128:633-637, June 30, 1945.

The other study was reported by Pratt[4] in 1945. Questionaires were sent to two hundred and fifty-six psychoneurotic veterans who had been discharged from an Army general hospital between August and December, 1943. Fifty-five per cent of the veterans replied. In general, persistence of symptoms was reported, with basic causes believed to stem from lack of freedom, unsuitable employment, and feelings of guilt regarding combat. About half of the former patients felt that there had been some improvement, attributing this to a new sense of independence, being at home with their families, or the possession of a suitable occupation.

It is quite clear from this study and other studies of psychoneurotic veterans that their problems are not confined to the Veterans Administration or other agencies working with veterans. Their problems affect the nation as a whole.

Before and during the war, as well as at the present time, psychiatry and social work lacked a sufficient number of well-trained and experienced personnel to meet the challenge of the veteran and the serviceman.

It is only as the layman becomes acquainted with the principles of mental health as they apply to himself, his family, his business, and the nation can he use them. There-

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4 Dallas Pratt, "Persistence of Symptoms in the Psychoneurotic Ex-Soldiers", _Journal of Nervous and Mental Diseases_, 101:322-329, October, 1945.

fore, much of the progress, if progress is to be made, will come as the result of an enlightened public, which not only understands the present needs of psychiatry and social work, but also accepts the responsibility of seeing that these needs are met.

At the present time, the building up of our armed forces is a paramount problem confronting our nation. The importance of social histories at the point of induction cannot be too strongly stressed. Well planned assignments of the servicemen, in terms of these social histories, can be a means of aiding them in their service adjustments. The writer is aware of the fact that the traumatic experiences of war cannot be eliminated. But, by the same token, whatever military psychiatrists and social workers can do to affect a more positive military adjustment for these servicemen will greatly contribute to their adjustment upon return to civilian life.

Approved:
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APPENDIX

BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK
LIBRARY

APPENDIX A.

NAME: BRANCH OF SERVICE:

AGE: DATE OF INDUCTION:

RACE: DATE OF DISCHARGE:

MARITAL STATUS: S. M. SEP. DIV. OVERSEAS: YES NO

DIAGNOSIS:

DISABILITY RATING:

EDUCATION:

FAMILY RELATIONSHIPS:

MOTHER:

FATHER:

CHILDHOOD NEUROTIC TRAITS:

PRESERVICE SOCIAL AND INDUSTRIAL ADJUSTMENT:

MILITARY ADJUSTMENT:

POST-SERVICE ADJUSTMENT:

HOME:

OCCUPATIONAL:

SOCIAL: