6-1-1946

Problems encountered and services rendered to forty sericemen's families known to the family society of Bridgeport, Connecticut, during the period from 1942 - 1945

Rosemary Braziel Butler

*Atlanta University*

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PROBLEMS ENCOUNTERED AND SERVICES RENDERED TO FORTY SERVICE-
MEN'S FAMILIES KNOWN TO THE FAMILY SOCIETY OF
BRIDGEPORT, CONNECTICUT DURING THE PERIOD FROM
1942-1945

A THESIS
SUBMITTED TO THE FACULTY OF THE ATLANTA UNIVERSITY SCHOOL OF
SOCIAL WORK IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK

BY
ROSEMARY BRAZIEL BUTLER

ATLANTA, GEORGIA
JUNE 1946
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CHAPTER I

INTRODUCTION

In these perilous times not the least of the hazards which the nation faces is the inherent threat to family life. Families must become adjusted to physical disruption, rapid transplantation, to material and social deprivations, to divergent loyalties and to intensified emotional strain. Nor can we disregard the tendency of families and communities, alike, in times of stress, to throw over slowly evolved democratic procedures in a panicicky resort to force.1

We have just emerged from a period of war, which is one way or another has had widespread effect on family life. The family had to make many changes and readjustments in its life while living in a world at war. Many families were unable to make an effective adjustment to this new way of life and some, under the strain of war, had just become conscious of maladjustments in the group.

Many new stresses and strains of living affected family life. Many situations, which in ordinary times, were not considered important, or overlooked entirely, became more serious and complicated. In addition to this, the members of the family had to adjust to long periods of separation and the varying experiences which they had not heretofore faced.

Divergent patterns of behavior develop out of the experiences of different members of the family. When these varying forms of behavior result in overt conflict within ... there is a paralyzing effect on family life.2


Purpose

This study was undertaken to determine what problems families found themselves facing during the war; whether they were entirely new problems or merely an enlargement of old ones, and what recognition the families themselves made of these problems. In regard to the latter, the writer wished to determine: Whether these problems had been in existence for some time and were known to the family, were entirely new problems to them, or whether families had just become cognizant of the fact that there was some maladjustment in the family group while living in a world at war.

Scope

This study will be limited to forty families who had one or more members in the armed services during the period from 1942 to 1945. The study will include both servicemen and servicewomen.

Method of Procedure

The method used in this study was primarily one of selection and reading of case records of families, who, during the period from 1942 to 1945, were known to the Family Society of Bridgeport. Cases used were analyzed in discussion with the agency supervisor, with whom conferences were held concerning agency procedures and case work process of the agency.

Limitations

There are three family case work agencies in the city of Bridgeport, namely: The Jewish Welfare, the Catholic Welfare and the Family Societies. The Catholic and Jewish Welfare Agencies
serve their religious groups while the Family Society serves all religious and racial groups. Because of the fact that a large percentage of the population of Bridgeport is Catholic or Jewish, and these groups generally go to the Catholic and Jewish Welfare Agencies, the Family Society does not have a varied selection of cases.

Due to the lack of complete data on statistical cards of case records, certain important factors such as age of servicemen had to be overlooked in making the study.
CHAPTER II

ANALYSIS OF THE FAMILIES IN THE CASES STUDIED

Background

Numerous dangers and threats to marriage and the family, in these times, are apparent, including that intangible but pervasive influence of the stresses and strains which the present emergency involves. However, serious these various difficulties and hazards may be in themselves, their significance is greatly enhanced by the conditions under which marriage and family life had been carried on during the ten or more years of the depression preceding the outbreak of the Second World War...Thus, it must be clear that many families come to the present crisis already burdened with the weight of these years and the often tragic defeats which they have endured or witnessed.1

As a background to any problem involving the family, it is wise to first take into consideration the structure of the family itself. We must know whether the serviceman is the head of the family, a son or another member of the family group. We must know whether there are any children in the family, whether the husband and wife are living together, or if one or the other is deceased.

Data on Families

TABLE I

POSITION OF SERVICEMAN IN FAMILY

<table>
<thead>
<tr>
<th>Position</th>
<th>Number of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>Head</td>
<td>30</td>
</tr>
<tr>
<td>Son</td>
<td>9</td>
</tr>
<tr>
<td>Wife</td>
<td>1</td>
</tr>
</tbody>
</table>

---

1 Sidonie Gruenberg, op. cit., p. 56.
After considering the structure of the family, we will then consider what kind of problems the family found itself facing during the war and the manner in which these problems were brought to the attention of the agency.

It was found, in making this study that family life was more disrupted in the absence of the head of the family, rather than in that of a child. In most instances, this was due to the fact that the families had been so dependent upon the head that they found themselves unable to adjust to his absence. It was not so much through financial loss that the family suffered, as through the absence of someone who was used to making the decisions for the family.

Where the son was in service the family was more affected by loss of finance and help with the care of younger or disabled children. In a few cases, where the parents were overly attached to their children, they were unable to accept the fact that they were able to exist apart from them and worried over their offspring's welfare. This group of parents, being overconcerned, were unable to go on with family life as before.

**TABLE 2**

**NUMBER OF CHILDREN IN FAMILY**

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Number of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>7</td>
</tr>
<tr>
<td>1-3</td>
<td>23</td>
</tr>
<tr>
<td>4-6</td>
<td>8</td>
</tr>
<tr>
<td>7 or more</td>
<td>2</td>
</tr>
</tbody>
</table>

**Total** | 40
The number of families needing case work services was much greater in those instances where there were one or more children in the family than where there were no children. In the majority of the cases, where the husband was out of the home, the children became a burden to the mother, who was either unable to care for them efficiently or unable to support them with the allotment received. In the latter case, where the mothers wished to work to supplement the allotment, they were unable to find adequate care for the children during their working hours.

Many mothers felt restricted in their ability to live a normal life because they had to assume responsibility for their children alone.

The responsibility had the effect of making the mothers resent the children and this, coupled with the fact that this resentment was felt by the children, produced maladjustment in the family group.

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Number of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total 40</td>
</tr>
<tr>
<td>Living together</td>
<td>34</td>
</tr>
<tr>
<td>Separated</td>
<td>5</td>
</tr>
<tr>
<td>Divorced</td>
<td>1</td>
</tr>
<tr>
<td>One Member deceased</td>
<td>2</td>
</tr>
</tbody>
</table>

The majority of the families studied consisted of husband and wife living together. This group of cases was referred to the
agency and service was rendered to them in all the areas of family case work, including family relationships, financial aid, health and environment. The three families consisting of husband and wife who were separated, were referred to the agency for financial aid, although this was not the main problem with which they were eventually given service. These three families were not divorced. Although the husband wanted divorces, the wives preferred separation.

In the case of the two families where one member was deceased, problems were presented by the children of the family. These problems ranged from facilities for adequate care and financial aid to anti-social behavior of the children. These problems were also found in the cases where the husband and wife were divorced.

Nationality

The factor of nationality is considered an important one in these cases because of the diversity of nationality in the population of this section and that of members of the armed forces as a whole. Bridgeport, Connecticut has a high percentage of foreign born and second generation Americans and, because of the greater adjustment they have to make, their problems are more frequently brought to the attention of social agencies. In many instances, in the cases studied, differences in nationality were a factor in disturbances in family relationships.

The majority of the families in the cases studied were Americans of various nationalities who had been in this country for
several generations. The largest unnaturalized group were those families where the husband or wife or both were first generation Italians.

Contact With Agency

Table 4

Status of Problems

<table>
<thead>
<tr>
<th>Status of Problems</th>
<th>Number of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>40</td>
</tr>
<tr>
<td>Problem of long standing</td>
<td>14</td>
</tr>
<tr>
<td>Problem brought about by the war situation</td>
<td>4</td>
</tr>
<tr>
<td>Problem brought to a head by the war situation</td>
<td>10</td>
</tr>
<tr>
<td>Interrelated problem involving the above groups</td>
<td>12</td>
</tr>
</tbody>
</table>

The status of problems presented was studied mainly to find out whether, in each family, the problem was: A long standing one; brought about by the war situation; brought to a head by the war situation; or an interrelated problem involving the above groups.

The first group involves problems which had been a part of the families' lives for sometime and had been recognized by the members of the families. A few of these cases had had long term contact with the agency and the remainder, although cognizant of the problem, had finally come into contact with the agency after a long period of attempts at solving them by other methods.

As an example of this group of problems we have the A family:

Mr. and Mrs. A, although having been married a number of years and reared eight children were never able to get along. There was continuous marital friction in which the
children were often involved. Mrs. A. finally decided that the only thing to do was to separate, which she did, taking the children with her. Mrs. A. then found the family was too much of a strain to bear alone and wanted to break up the home entirely, placing the children out. She often left the children to make out for themselves. The older attempted to boss the younger causing family fights in which the police had to intervene. The children felt that they were unwanted and presented various behavior problems. The older children made several attempts to bring their father back into the situation. Finally, when the eldest son was on a furlough, he came into the agency to secure help in solving the problem.

Those cases presenting problems which had been brought about by the war situation were due to factors growing out of various injuries received during the period of service. An illustration of this type of problem is found in the case of a young veteran.

Michael T. was injured in a jeep accident. The effects of this will cause him to have a brain operation. He was given a medical discharge and ordered to report to a Veteran's Hospital. Instead of doing this, he began wandering over the country. He developed an urge to travel and do rash things. Michael finally came to the agency during his travels asking for financial aid in getting transportation to the Hospital.

The problems considered as being brought to a head by the war situation were those which had been in existence for either a long or short period of time and had finally come to the agency's attention, through a greater understanding and recognition of the factors involved on the part of the individual concerned. Also included in this group were those problems which had become more intense under the strain of war living.

How this greater understanding and recognition of the factors involved on the part of the individual came about can be seen in

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2. Ibid.
the following case.

The O's. have two children—one with pyosis of the eyelids rendering her partially blind and the younger, who is a Mongolian idiot with syndactyism of the left foot. Mr. and Mrs. O. had never sought other than occasional medical aid and had no cognizance of what help an institution might be for the younger child. They just accepted the attitude that the situation was something they would have to make the best of. After Mr. O. was inducted, he labored under intense emotional and nervous strain because he had had to enter service and leave full care of the children to Mrs. O. His condition finally came to the attention of the chaplain who talked the situation over with Mr. O. As an outcome, he got an emergency furlough, discussed the situation with his wife. They then came to the agency to find out just what course might be open to them in providing for the health and welfare of the children.1

The fourth group takes into consideration those problems which do not fall into any particular grouping but entail situations which fall into two or more of the status groups.

TABLE 5
SERVICEMAN'S STATUS AT TIME OF REFERRAL

<table>
<thead>
<tr>
<th>Serviceman’s status at time of referral</th>
<th>Number of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>40</td>
</tr>
<tr>
<td>Not yet in service</td>
<td>9</td>
</tr>
<tr>
<td>In the Armed forces</td>
<td>23</td>
</tr>
<tr>
<td>Discharged</td>
<td>8</td>
</tr>
</tbody>
</table>

The majority of the forty cases studied were referred to agency during the period in which the man was in the armed forces. In these families the problems can not be considered as having come up after the man had entered service. In most of them, the

1 Case Records of the Family Society of Bridgeport, Connecticut.
problem had been in existence but was not considered as needing case work service. However, often the serviceman was out of the home, the remaining members of the family found themselves unable to cope with the problems.

Where referral was made before the man entered service, the problems had been known to the agency for some time. The majority of these cases concerned financial aid stemming from the days of the depression, or problems relating to delinquency of the children and the parents' inability to control them. In most of these, the servicemen concerned were the children who had grown and entered service.

**TABLE 6**

**SOURCE OF REFERRAL TO AGENCY**

<table>
<thead>
<tr>
<th>Source of referral</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>40</td>
</tr>
<tr>
<td>Personal</td>
<td>7</td>
</tr>
<tr>
<td>American Red Cross</td>
<td>6</td>
</tr>
<tr>
<td>Community Advisory Center for Veterans</td>
<td>5</td>
</tr>
<tr>
<td>Visiting Nurses Association</td>
<td>3</td>
</tr>
<tr>
<td>Church</td>
<td>2</td>
</tr>
<tr>
<td>Employers</td>
<td>2</td>
</tr>
<tr>
<td>Department of Public Welfare</td>
<td>2</td>
</tr>
<tr>
<td>Physicians</td>
<td>1</td>
</tr>
<tr>
<td>Y.W.C.A.</td>
<td>1</td>
</tr>
<tr>
<td>Board of Education</td>
<td>1</td>
</tr>
<tr>
<td>Juvenile Court</td>
<td>1</td>
</tr>
<tr>
<td>Naval Chaplain</td>
<td>1</td>
</tr>
<tr>
<td>Veterans' Hospital</td>
<td>1</td>
</tr>
<tr>
<td>War Housing Board</td>
<td>1</td>
</tr>
<tr>
<td>Bridgeport Hospital</td>
<td>1</td>
</tr>
<tr>
<td>Draft Board</td>
<td>1</td>
</tr>
<tr>
<td>Department of Public Assistance</td>
<td>1</td>
</tr>
</tbody>
</table>

In those cases where the serviceman had been discharged
before the case was referred, the majority of the problems were not always related to the fact that the man had been in service. Many of them had been in existence for some time, but during the mustering out process, these problems had been discussed and suggestions made to the men that they attempt to solve them upon their return to civilian life.

The cooperation of various agencies in the community can be seen in the source of referral to the agency of the forty cases studied:

The Council of Social Agencies of Bridgeport, Connecticut, of which the Family Society is a member, is a closely knit organization and arrangements are made within it regarding the cooperation of the various agencies. It is understood among the agencies making up the organization that all problems which call for counseling and case work in the field of family relationships shall be taken care of by the Family Society. Through this organization bulletins are published and distributed from time to time. In this way, the work of the Family Society is brought to the attention of interested individuals: clients, employers, physicians, etc., and other organizations, such as the Board of Education, who in turn refer cases to the agency. With this cooperation and publicity the sources of referral of cases to the agency are numerous.

The Family Society is the Travelers Aid headquarters for the city of Bridgeport. Consequently, all situations coming through this agency are referred to the Family Society.
TABLE 7

PROBLEM FOR WHICH FAMILIES WERE REFERRED

<table>
<thead>
<tr>
<th>Problem for which referred</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>40</td>
</tr>
<tr>
<td>Financial Aid</td>
<td>10</td>
</tr>
<tr>
<td>Child Placement</td>
<td>5</td>
</tr>
<tr>
<td>Home Investigation</td>
<td>4</td>
</tr>
<tr>
<td>Marital Problems</td>
<td>4</td>
</tr>
<tr>
<td>Housing</td>
<td>4</td>
</tr>
<tr>
<td>Supervision of Children in the home</td>
<td>3</td>
</tr>
<tr>
<td>Housekeeping Services</td>
<td>3</td>
</tr>
<tr>
<td>Help in Securing Work</td>
<td>2</td>
</tr>
<tr>
<td>Physical Health Affecting the home</td>
<td>2</td>
</tr>
<tr>
<td>Mental Health Affecting the home</td>
<td>2</td>
</tr>
<tr>
<td>Aid in effecting a Dependency discharge</td>
<td>1</td>
</tr>
</tbody>
</table>

The problems presented in Table 7 were the ones which the families brought to the agency on first contact. In most instances they were only precipitating factors or the real trouble.

The majority of referrals seeking financial aid were looking for assistance, because, for one reason or another, the family was unable to budget and live within the serviceman’s allotment. There were several clients seeking aid in obtaining transportation to another place. A few families had no available source of income or there was lack of support on the part of members of the family.

The families seeking placement of children were mainly those where the mothers wished to work to supplement the allotment, and had no means of care for small children while they worked.

Home investigation and supervision of children in the home were requested because the community or interested individuals,
felt that conduct of younger members of the family was due to neglect or some other factor.
CHAPTER III

ANALYSIS OF PROBLEMS ENCOUNTERED AND CASE ILLUSTRATIONS

The family is an organization of attitudes and ideals which each family develops independently and which characterizes the family as a cultural group. It is identification of interest which makes of the family a cooperating unit, felt by its members and recognized by the community. Family disorganization represents the process in which the family complex breaks up and the ideals and ambitions of individual members of the family become differentiated.1

In a period when many families are separated because of induction of members into the armed forces considerable changes take place in personality adjustment and family life. Many families are unable to make this change effectively, and, as a result, one or more members of the families find themselves confronted with problems.

No social institution can make a final adjustment to society if it wishes to survive. As long as there is a social change, so long will there be need for adjustment and readjustment. It is social change that creates social problems, for a change in one phase of culture disrupts the balance that has been maintained and requires that a new balance be worked out...Actually social change never ceases, though in some areas of our culture it is much slower than in others, so that frequently we find ourselves with an unsuspected maladjustment in an area which we had considered relatively stable. It has been thus with the family.2

Problem Areas

In making this study it was found that the forty cases encompassed a wide range of personal and family problems which may be classified in four distinct areas. The four problem areas in which the forty cases studied fall, are: Family Relationships,

1 Ernest Mowyer, Family Disorganization (Chicago, 1927), p. 27.  
Economic Aid, Health and Environment.

Frequency of Problems in Different Areas

The four areas mentioned above encompass problems known to the agency during the period studied. Some problems appear with more frequency than others. Analysis of the following table reveals that the largest number of problems fall into the area of family relationships.

**TABLE 8**

**FREQUENCY OF AREAS**

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>40</td>
</tr>
<tr>
<td>Family Relationships</td>
<td>18</td>
</tr>
<tr>
<td>Health</td>
<td>12</td>
</tr>
<tr>
<td>Economic Aid</td>
<td>7</td>
</tr>
<tr>
<td>Environment</td>
<td>3</td>
</tr>
</tbody>
</table>

Separating problems into distinct areas does not mean that there is no overlapping in any situation. As previously stated many families had interrelated problems. In most of the other families if the main problem were solved it would seem that the others present would of accord be removed.

**Case Illustrations of Problems in the Four Areas**

**Family Relationships**

Cases falling into this classification present the following types of problems:

1. Difficulties in relationship between husband and wife.
2. Difficulties in relationship between parents and children.
4. Problems relating to pregnancy.
5. Irregularities of legal status.
6. Actual or potential anti-social behavior affecting family life.

Difficulties in Relationship Between Husband and Wife.

Much work must be done to strengthen and improve the relationship between the different members of a family group. Of these relationships, which are the basis for the life of the family, the one between the husband and wife is one of the most important and has been very definitely affected by the war.¹

Case 1

The case of Mr. and Mrs. K. was referred by the Veteran's Community Advisory Center to gain help in straightening out Mr. K.'s problems. Mrs. K. was married in the early months of the war to a soldier who was subsequently killed in action just before their baby was born. Soon after the child's birth, Mrs. K. met and married Mr. K. According to him, the relationship was fine and when he went overseas, he made arrangements for Mrs. K. to live with his family. However, after he had been away a short time, she returned to her family in another state. While Mr. K. was in combat, Mrs. K. stopped writing and he learned through friends that she had been going out with other men. This disturbed Mr. K. greatly. He continued writing to both his wife and mother-in-law but received no answer. Shortly after he returned to the States and was discharged, he learned that his wife was pregnant. Although he had definitely decided to get a divorce, he was very much upset over the situation, especially after the plans he had made for family life. He came to the agency to obtain aid in getting some confirmation of what he had heard and to discuss his situation.²

² Case Records of the Family Society of Bridgeport (Bridgeport, Connecticut, 1945).
The difficulties in relationship existing between the husband and wife in the preceding case gives one illustration of the effect of war on this form of relationship. Mrs. K. was, in all probability, already an unstable person but any security or stability she might have had was lessened by her husband's death. Mrs. K. again sought security in marriage but this too, was affected by war and by his being sent overseas. Most war wives were able to make an effective change in their lives after a separation caused by a period of war, but Mrs. K., like many others, was unable to make this adjustment.

Difficulties in Relationship Between Parents and Children—

Case 2

This case was referred by letter from the son in the army overseas, asking for a home investigation because he felt that conditions were not what they should be.

The family structure consisted of Mr. and Mrs. K. and a son and daughter. The father of the children deserted them when they were small and soon afterward the mother married Mr. K. There was a long history of marital friction in this marriage and after a period it was discovered that the stepfather, Mr. K., had committed incest with the daughter and was sentenced to prison. Mrs. K. was ambivalent in her feelings toward her daughter and when Mr. K. was released, accepted him back into the home. Strained relations arose between Mrs. K. and the daughter because of this action and the daughter left the home leaving her baby with the family.

During this situation the son left the home and entered the army. He changed his name because of the disgrace, which had fallen his family. He lives in dire fear that his family's past will follow him and is endeavoring to protect himself from it. He has become engaged to a girl from another city and wants no indication of the family situation to ever reach her. Although he removed himself from his family, he is very ambivalent in his feelings toward them and is concerned about his mother's condition and the unconcern of his stepfather about the entire situation.

Mrs. K. is suffering from severe emotional strain because of her inability to decide between her children
and her husband who abuses her.1

Difficulties in Relationship Between Children in Family.--

Children today are growing up in families which have long been established, but in which one or both parents are out of the home, in the armed forces, or in war industry. In these temporarily interrupted homes problems of discipline and authority are often acute.

Children growing up in a family where the husband and father is absent but where the family was established under relatively normal conditions will have certain handicaps requiring specific remedial procedure.2

Case 3

The mother came into the agency to obtain aid in handling her delinquent daughter.

The family pattern consists of Mr. and Mrs. B. and four children of which Inez, the delinquent, is the oldest. Mr. and Mrs. B. separated just before his induction. Inez was particularly attached to her father and did not like being separated from him. Mrs. B. rejected Inez because of her adoration for her father. There was a great deal of animosity between Inez and her siblings. She felt that her mother cared more for them and wished that she had no siblings. Inez made no effort to get along with her brother and sisters and continually showed her animosity by doing little mean things to them. She has almost completely pulled away from her family and identified herself with her father. She is often in the company of bad companions and frequently runs away from home.3

The sibling animosity in the preceding illustration became more acute in the father's absence. Inez, being the oldest, resented the fact that her mother's love had to be shared, and turned all of her affection on her father. She found herself

1 Case Records of the Family Society of Bridgeport, (Bridgeport, Connecticut, 1945).
3 Case Records of the Family Society of Bridgeport, (Bridgeport, Connecticut, 1945).
alone and unable to adjust to being away from him. Inez showed her resentment to his absence by being completely impervious to her mother's disciplinary attempts.

This problem was evident in many homes during the war, not because all children have this sort of attachment for their fathers, but, because in most families, the father is the person of authority. When he leaves, it becomes the mother's place to exert authority, and the result is confusing to both the mother and the children.

Problems Relating to Pregnancy.--

Case 4

The M.'s were referred by the American Red Cross, because of budget trouble and Mrs. M.'s extremely upset condition.

Mr. M. was in the army and Mr. M. seemed totally incapable of looking after the two children and living within the budget without Mr. M.'s help. Shortly after Mr. M. had a furlough, Mrs. M. discovered that she was pregnant. All of Mrs. M.'s nervous symptoms increased. She felt that this was the end and that, with her husband in service, it was impossible for her to support three children on her budget. Mrs. M. lost complete interest in life and spent her time thinking of what trouble another baby would bring. She often let the children go hungry and the house unkept because she felt that she had not enough energy to cope with anything. During her third month of pregnancy, Mrs. M. had a miscarriage and appeared to be greatly relieved.1

Irregularities of Legal Status

Case 5

Mrs. C. was referred by the Visiting Nurse Association because she was a Tuberculosis contact and needed more income.

Mr. and Mrs. C. had begun divorce proceedings at the time he entered service. They had two children. Shortly

1 Ibid.
after Mr. O. was inducted Mr. O. became pregnant by another serviceman. During this period Mr. O. was discharged and the baby was born before the divorce became final. For this reason, the baby was legally Mr. O.'s. He refused to support the baby and no allotment could be given by the baby's real father because of this irregularity. The real father was willing to marry Mrs. O. but she was fearful of this because he was much younger than she. Mr. O. was extremely resentful over the affair and Mrs. O. was in a quandary as to what course she should take.  

Actual or Potential Anti-Social Behavior Affecting Family Life—

Case 6

This case was referred to the agency by the Community Advisory Center to obtain aid in helping the head of the family with his problem.

Mrs. R. had a deprived childhood. Her parents kept her in almost complete seclusion. She ran away and joined the Marines Women's Reserve and met and married Mr. R. who was also a Marine. Mrs. R. became pregnant and both were eventually discharged. After the baby's birth, Mrs. R. became restless and felt that the baby was depriving her of the good times she should have. Finally, she walked out, left her husband and baby and went to Michigan so she could have some fun. Mrs. R. did not return and expressed no concern over her baby. Mr. R. was frantic. He was really fond of her and wanted any help he could possibly get to assist him in making his marriage work out.  

Health

Disruption in family and home life caused by the marshaling of manpower for the armed forces and the production line are adding to the wartime problems of various public health services and agencies... Breakup of the normal pattern of living is contributing to the health hazards resulting from the physical and mental stresses of the war.  

This classification is considered in two branches, mental

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1 Ibid.
2 Ibid.
and physical, because of the different problems presented.

In this area were the following problems:

1. Acute or chronic illness affecting the family situation.
3. Ignorance of disease and its implications.
4. Personality difficulties.

Acute or Chronic Illness Affecting the Family Situation—

Case 7

Mrs. M. was absent from work often and was very inattentive on the job. Her employer, feeling that something was wrong, referred her to the agency for help in solving her home problems.

Mr. M. was in the army and it was necessary for Mrs. M. to work to supplement the allowance in order to properly care for her mother and two young children. Mrs. M. was greatly concerned about her mother, who had chorea. She was living in the home caring for the children while Mrs. M. worked. She had been told by her physician that her mother's condition was hereditary and was even more upset when she discovered that her oldest child was beginning to develop these nervous symptoms. She was unable to clarify her feelings toward her mother's condition and her being in the home with the children.

Resistance to Using Resources for Treatment—

Case 8

The Department of Public Welfare referred this case for assistance in giving the family financial aid.

The family consisted of Mrs. M., her two sons, and her husband from whom she was separated and who was in the army overseas.

Shortly after they were separated, the youngest son began having dizzy spells. He was sent to the

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1
Chorea—a functional nervous disorder characterized by irregular and involuntary action of the muscles of the extremities.

2
Case Records of the Family Society of Bridgeport, (Bridgeport, Connecticut, 1945).
hospital where he lost all vocal and muscular control. The diagnosis was given as epilepsy and paralysis. Mrs. M. rejected this son and gave all her attention to her normal son. Because of this fact and his refusal to support his mother, Mrs. M.'s sister had him drafted.

Mrs. M. was resistive to any efforts to have her sick son placed in a training school. She neglected him constantly, going as far as refusing to feed him.

Mrs. M. spent some time in a mental hospital. Because of her queer actions no one wanted her around and it was very hard for her to find adequate housing. There was no income. Mrs. M. started allotment procedures but became disgusted with the details involved and gave up. Her sister finally took over their support and care of the disabled child. However, the sister's husband insisted that they be out of the home by the time he was discharged from the army. Mrs. M. did not know which way to turn but refused to consider any possibility of placing Arthur where he could have adequate care.1

**Ignorance of Disease And Its Implications.**

**Case 9**

This case was referred by a Government Hospital.

Mr. L. after being discharged from the hospital was to report to a convalescent home but refused to do so. He had temporary spells of blindness and severe headaches. He often went into fits of rage in which he abused his wife and did rash things without realizing what he was doing. The L's were married five weeks and Mrs. L. had no understanding of his condition, which was diagnosed as psychoaffective at the hospital. She believed that he was only in the hospital malingering and threatened to leave him. He wanted to establish a home because he felt he would be better able to adjust away from his wife's relatives. Mrs. L. refused to do this and couldn't understand what it was that he had to adjust to.2

**Personality Difficulties.**

**Case 10**

The J.'s were referred by the Bridgeport City Hospital for financial aid.

The family consisted of Mr. and Mrs. J., one son, who was in the navy, and a daughter.

1 Ibid.
2 Ibid.
Mr. C. began drinking heavily when his son entered the navy and became fearful that he might be killed. He lost control of his bowels, slept practically all day and was unable to work. He had been diagnosed as a true alcoholic.

Mrs. C. herself was psychotic and had spent some time in a mental hospital. However, she was under the impression that her entire family was mentally ill and she alone was sane. Her feelings toward Mr. C. were confused. She wanted to have him committed to a mental hospital, but, on the other hand felt that she could treat him herself by regulating his sexual desires and by mothering him.

Economic Aid

A social psychologist has placed the desire for security among the four fundamental wishes that motivate human behavior. Whether or not this is true there is abundant testimony that the uncertainty of future income will cause greater distress in most families that the inadequacy of the present... When the financial future is highly uncertain not only is there more or less constant anxiety but there is also great difficulty in planning wisely the expenditure of present income.

Problems in this class of cases fall in the following groups:

1. Problems of financial planning and home management.
2. Financial need due to lack of support from members of the family.
3. Financial need due to lack of available source of income.

Problems of Financial Planning and Home Management.--

Case 11

This case was referred by the family minister who felt that their living conditions were unbearable.

The family pattern consisted of Mrs. P. and three children, aged three to eight. Mr. P. was in the army and during a period when he and Mrs. P. separated, married again without a divorce. He assumed no responsibility for

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1 Ibid.
his family and Mrs. P. had to have help in putting through the allotment procedures. Mrs. P. was unable to cope with the responsibility of taking care of the house and managing her allotment. She did not want a divorce, preferring separation. She was fearful of what her financial situation would be when Mr. P. was discharged. She was unable to work because of the children, but did not want them placed, as she felt they were the only worthwhile things she had left in life.

Financial Need Due to Lack of Support From Members of the Family.

Case 12

The K.s were referred by the Visiting Nurses Association to help work out plans for the family.

While Mr. K. was in service overseas, Mrs. K. died with heart trouble. The maternal grandmother assumed the responsibility of the four young children. However, shortly after the death of Mrs. K., the father stopped writing or helping to supplement the government allotment. When he was discharged and the allotment stopped he made no attempt to assume responsibility for his children or support them and planned to remarry. Because of this, the grandmother had a hard time. The action of their father was not disturbing to the children as they are closely attached to their grandmother.

Financial Need Due to Lack of Available Source of Income.

Case 13

The family doctor referred this case to seek help in obtaining work for the mother.

Mr. and Mrs. S. had five sons and only one, Paul, was in service. Mr. S. was a paranoid psychotic and had been in a mental hospital for some time. The oldest son was a low grade feeble-mind. Mrs. S. was extremely inadequate.

She was resistive to placing her eldest son in an institution because she felt that he should work to help support the family. Paul assumed all responsibility for support before induction, but his army allotment did not measure up in any way to his former income. There was no other means of support as the other children were too young and the mother was unable to control them.

1 Case Records of the Family Society of Bridgeport, (Bridgeport, Connecticut, 1945).
2 Ibid.
3 Ibid.
Environment

The environmental situation of the family necessitates certain types of behavior and attitudes of mind. If the environment is such that some conflict is caused in behavior or attitude of members of the family, it causes a problem in relation to normal family life.¹

Problems of environment may be classified as follows:

1. Ignorance of or non-acceptance of established cultural patterns.
2. Housing problems affecting family life.
3. School problems involving family situation.

Ignorance of or Non-Acceptance of Established Cultural Patterns.—

Case 14

Mrs. C. came into the agency for help in securing a camp placement for her adolescent daughter. Mr. C. was overseas with the British Air Force and Mrs. C. and the child had only recently returned to this country to live with her parents while he was in service. She was nervous and tense from the experience of living through the "Blitz", and was unable to adjust to Americanize the daughter.

Because Mrs. C. planned to return to England, she did not want this to happen and wanted her daughter placed away from the influence of her family. Mrs. C. herself could not leave at present because she felt it was her duty to care for her invalid mother while she was home.²

Housing Problems Affecting Family Life.—

Case 15

This case was referred by the Department of Public Welfare for housekeeping services.

² Case Records of the Family Society of Bridgeport, (Bridgeport, Connecticut, 1945).
Mr. and Mrs. J. had 14 children. The eldest son was given a medical discharge because of a brain injury due to a fall from a jeep. The family had considerable housing difficulty. Their income was too low to allow them to buy and no landlord wanted to rent to them because of the size of the family. Mr. J. found this problem such a burden that he attempted to enlist as an escape but was turned down. Contraceptives had been recommended for Mrs. J. but she refused to use them. The situation in finding a place to live had increased so much that six of the children were finally removed and placed out with relatives and state agencies. Mrs. J. was resentful because of this for although the care of the children was a task to her, she did not want to give them up.

School Problems Involving the Family Situation.

Case 16

This case was referred by the Board of Education for a home investigation.

Mr. and Mrs. F. had two children, aged eleven and three. The eldest child was by Mr. F.'s earlier marriage. Mrs. F. had Mr. F. drafted because of non-support. After his induction, she began keeping the boy home from school to care for her son while she worked. When in school, the boy's conduct was anti-social. He stole from his teachers and classmates and lied indiscriminately. Mrs. F. encouraged him to lie in order to cover up her actions in keeping him away from school.

Change of Residence Affecting Family Life.

Case 17

This case was referred by the Y.W.C.A. for help in effecting a room placement.

Mrs. R. left home because her mother was ill and she did not want to be a burden on her. She began selling magazines, and while doing this, met Mr. R. at an army camp and married after two days' courtship. She hasn't seen him since and doesn't know his address. She came to Bridgeport for work and after none could

1 Ibid.
2 Case Records of the Family Society of Bridgeport, (Bridgeport, Connecticut, 1945).
be found, stole a ring in the bathroom of the hotel where she lived. She pawned the ring in order to have money to pay for her room. She felt that she had upset her life completely since leaving home and wanted to return.1

1 Ibid.
CHAPTER IV

SERVICES RENDERED BY THE AGENCY

Growth of Social Case Work

Social case work as it is known today had its inception in the revolt against the methods and assumptions of the English poor relief laws and their administration. Thomas Chalmers (1780-1847) clergyman and writer on theological and economic subjects may be regarded as its initiator.  

The tentative beginning of the development of social case work in the United States came shortly after the close of our Civil War...One peculiarly responsible for interpreting and fostering the principles on which the new social departure was grounded was Josephine Shaw Lovell...It was she who founded the Charity Organization Society. The practical first step taken by the Charity Organization Movement was the attempt to organize existing charitable organizations and agencies, so that duplication in relief might be avoided and resources husbanded for the benefit of recipients of aid.  

Social case work covers certain specific fields such as:


Description of Agency

Family case work has developed out of a long history of "Social Work" which dealt chiefly with families in economic distress. The emphasis over the years has changed from handing out bread to the social adjustment of the family. Clients are now encouraged to understand their own problems and assume the major responsibility in solving them. Pecuniary assistance is incidental, the important task is to develop the client's ability to use his own resources so that the life adjustment may be permanent.

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The Family Society of Bridgeport grew out of this early emphasis on financial assistance. The original agency was a charitable organization. It was only in recent years that the new trend in process; of developing the client's own ability to solve his problem, was felt. Then the Family Society changed to its present emphasis in alliance with this trend.

The most significant contribution of social case work to society is not its ability to deal with parental neglect, illiteracy, mental defect, physical handicap, pauperism...but in its increasing ability to deal with the human being's capacity for self-maintenance when it has become impaired by these and other deviations from accepted standard of normal social life.

The Family Society of Bridgeport is under the supervision of a general secretary, who in turn is responsible to a Board of Directors composed of citizens of the community.

The full staff consists of: the general secretary, one senior case worker, four case workers, office manager and secretary. The case workers and general secretary are trained workers with degrees from various Schools of Social Work.

In connection with the Family Society and located in the same building, is the Mental Hygiene Society. The staff of this organization consists of a psychiatrist, psychiatric social worker and a psychologist. Cases are sometimes treated jointly by both agencies.

The Family Society of Bridgeport handles all referrals falling into any of the four areas discussed. It is also the co-operating agency in Bridgeport of the National Travelers Aid

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The agency's work is focused on the family, as the social unit of primary importance to the individual and to society. Its purpose is to assist these families and individuals in developing both the capacity and the opportunity to lead personally satisfying and socially useful lives.

Case Illustrations of Service Rendered in Various Areas

The task of building up and maintaining the morale of the family depends in large measure upon what aspirations and what faith in human values we can muster in families. It will not be enough to provide additional nutrition and more and better social and health services, for these, however important, are only instruments for meeting the exigent needs faced by men and women today. What we do to and for the family are not enough. The family itself must feel that what it does will make a difference. Each member of the family must be helped to see that his conduct and his efforts are significant to the family and to the community.1

Family Relationships.—

Case 1

This case was referred by the Travelers Aid in returning Tony L. who had run away from home. The family group consisted of Mr. and Mrs. L. and two sons. The family was Italian, the father having been born in Italy, and mother second generation. Tony, aged 14, was presenting anti-social behavior. Although examination showed him to have a high I.Q., he was failing in school, could not get along with others, had occasional temper tantrums and frequently ran away from home.

The mother and father, since they had one boy had wished for a girl when Tony was born. They often stated this fact to him as a form of punishment. At times the parents had threatened to emasculate him. The boy was in conflict about this and showed ambivalence toward homosexuality, he was afraid of the father and felt he was not wanted. He attempted to...
counteract family pressures by trying to appear older. The family's Italian culture was in conflict with the habit of the boy's associates. He finally ran away to California, upped his age and joined the navy under his brother's name. Although he was emotionally immature the family wanted to leave him in service to get rid of him.

The case worker attempted to give the family some insight into the fact that the boy's repeated runaway and failure in school was a reaction to the home situation. The mother was helped to verbalize her feelings in regard to her wish for a daughter and to see what harm she was doing in projecting this wish on her son. Discussion was held with the father and he was helped to make plans to do things with his son and become more of a pal to him. The family then bent over backward in trying to undo their wrong, but the reversal was too confusing to the boy and he would accept no case work. He then ran away and joined the Navy.

The case worker acting in the capacity of a Travelers Aid worker, made her first visit to the family. However after talking with Mrs. L. she felt that the situation was needful of case work service and asked Mrs. L. if she would like to accept the services of the Family Society, which she did.

Treatment given by the agency was mainly on a discussion basis in an attempt to draw out the parents and get them to realize that they were the cause of Tony's behavior. But because the situation had been in existence for so long and Tony himself would not accept the agencies help, the results were negligible.

1 Case Records of the Family Society of Bridgeport, (Bridgeport, Connecticut, 1945).
When the family case work accepts as its focus a responsibility to the whole family...This responsibility includes an understanding of family organization and the different roles normally assumed by the several members of a family. It involves an ability to relate a particular request for service to such an understanding, and to help the family to clarify which member should be the rightful client under the circumstances. It means being able to utilize the policies and service of the agency in such a way as to help the client or clients to re-establish or preserve their different roles within the family when the existing problem can be met within the sphere of the family agency service and family case work skill.

**Health (Physical).—**

**Case 2**

The family consisted of Mr. and Mrs. V. and four sons; G-20, J.-18, E.-10 and T.-9.

The family was referred by the priest who was worried about J.'s physical condition. He was inattentive, pale and seemingly mal-nourished.

Upon investigation it was discovered that J. was taking complete care of E. who was suffering from the disease-muscle atrophy. All of his spare time was spent in watching over E.

The parents were rejecting J., not giving him any attention and as his physical condition was congenital, were fearful that it would revert to the other children.

Mr. and Mrs. V. had had a hard time as children and wanted everything for their children. The fact that this condition existed in their family, spoiling plans, was almost too much for them to bear.

They had begun to consider placement for J., when E. began developing the same symptoms and J. was inducted into the Navy. Mr. and Mrs. V. were completely overwhelmed by these facts. The crippled children felt the rejection and lived in a depressed state of mind. The family took no interest in the cripples and J., although 18, had never learned to read or write.

J. was sent to the Pacific, and while he was there J. died and the youngest son, T. began developing this condition. The family was financially independent but after J. went in the Navy and could no longer look after the crippled children, their situation became critical.

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2 Case Records of the Family Society of Bridgeport, (Bridgeport, Connecticut, 1945).
The case worker's first method in working with this family was to help Mr. and Mrs. V. adjust to the fact that their family was affected by this physical condition. They were helped to release their hostility through verbalization rather than in projecting it on the crippled children. As the parents seemed completely at a loss in what course to take, the case worker told them about the crippled children's workshop and what part it played in keeping the children's minds active and helping them to make best use of what facilities they had. Mr. and Mrs. V. became interested and sought out this aid for their children. They became more and more interested in their progress and were able to arrange for consultation by a specialist, who operated on E. and was able to arrest his disease.

The case worker brought the situation to the attention of various agencies in the community such as the Rotary and Lions Club and they made available many of their facilities for the children's use and saw that they were taken on trips from time to time. This gave Mrs. V. a rest and enabled her to have some time of her own so as to relieve some of her feelings about having complete care of the children.

Mr. and Mrs. V. were deeply gratified at the community's interest and were able to lose some of their fatalistic attitudes and look at the situation realistically.

In this problem, the case worker took over complete charge. The agencies initial responsibility here was not in having the family reach the point where they could work out things for
themselves. Since the physical condition was so appalling, the agency took over the function first of using all of its resources in doing as much as could be done to alleviate this. After this was done, the case worker then began a case work process of discussion and talking through of the situation with the various members of the family to enable them to make an effective adjustment.

Health - (Mental).

Case 3

The family group consisted of Mr. and Mrs. G. They were referred to the agency by the Community Advisory Center to whom Mr. G. had gone for financial help. Mr. G. did not follow up the referral but Mrs. G. came in for consultation.

She was in a completely upset state, based on Mr. G.'s behavior. He was discharged from the army after a period in the hospital, after an attempted suicide with diagnosis of schizophrenia.

When Mrs. G. went to the hospital on a visit, the army doctor gave her the alternative of taking him in her custody or sending him to a Veteran's Hospital. She was given this alternative in Mr. G.'s presence and he brought pressure on her to take him home.

Mr. G. was given no mustering out pay and it was necessary for them to go to the Red Cross for help with transportation home. After arriving home, Mr. G. held various jobs at which he worked fairly regularly. However, he was extremely jealous of Mrs. G. and had paranoid ideas about her. Her father committed suicide, and Mr. G. used this fact as a threat to Mrs. G., maintaining that her family was crazy. There were financial complications because of the lack of mustering out pay, for, since Mr. G. was in her custody, she was supposed to sign, but army officials refused to consider this as a legal fact.

Mr. G. was completely dependent on her. She realized that his behavior was part of his illness but was unable to accept it. She finally felt she could no longer take it and separated from him but returned after he beseeched her to do so.1

1 Ibid.
The case worker in handling this case first worked to help Mrs. G. clear her own feelings in regard to Mr. G. She worked on a supportive basis by letting Mrs. G. work out these feelings through discussion, in order to get her to the place where she would be able to make her own decision as to whether she would stay regardless of Mr. G.'s behavior or leave him on his own.

Mrs. G., after a long period, decided that she would not be happy unless she stayed with him and helped work out plans for his future.

As both Mr. and Mrs. G. were greatly upset over the mustering out pay, arrangements were made whereby it was worked out.

The case work process here was one of working with the client through discussion so that she would reach a point where she would be able to make her own decisions and would not need case work service. Worker felt that if Mrs. G.'s feelings could be cleared first, then better work could be done with Mr. G.

The worker helped Mr. and Mrs. G. to reach the decision of accepting the help of the Mental Hygiene Clinic. They finally did this and Mr. G. was turned over to a psychiatrist.

Economic—
Case 4

The family group consisted of Mr. and Mrs. L. and four younger children, including a set of twins. Mrs. L. came to the agency herself, asking for financial help.

The family had broken up housekeeping and boarded the two older children when Mr. L. was called for his physical. After he had taken the physical, and a time had passed, he still had not been inducted. Because he was waiting to be called and would not take a job,
Mrs. L. became disgusted and wrote to the draft board who inducted him immediately. Mr. L. went almost directly overseas. As he did not write to her, Mrs. L. wrote constantly to the President and the War Department asking them to keep check on him. Mrs. L. was receiving an allotment of $100, $60 of which she paid to board out the two children. She had managed to live off the $20 remaining, until Mr. L. came home on a furlough. At this time Mrs. L. became pregnant and subsequently gave birth to twins.

She took the two older children out of the boarding home and placed the twins there, continuing to pay the $80 monthly. When Mrs. L. sought help, she was completely unable to handle the allotment and would not consider taking the children out of the boarding home, as she felt she could not handle four children. She kept no budget and bought so rashly at times that she was completely out of money before the middle of the month.

Mrs. L. was difficult to work with. She refused to reduce her expenditures by caring for her children herself and would accept no help in budget planning. Her only interest was in getting as much financial aid from outside sources as she could. She would go from agency to agency, telling various tales in order to receive aid. The case worker's first activity was to put through procedures for increased allotment on the basis of the twins' birth. Seeing that the twins were such a threat to Mrs. L. and because of her inadequacy in caring for them, worker went into the threatened neglect of the children.

Because of Mr. L.'s disinterest in his family and Mrs. L.'s complete inability to cope with her problem, the agency felt that its best function was one of work on a protective basis. Thus the treatment given was one of providing finances for the children's care rather than in giving any other specific case work treatment to the individuals concerned.

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1 Case Records of the Family Society of Bridgeport, (Bridgeport, Connecticut, 1940).
The private family agency has shifted its sphere of activity during recent years so as not to overlap the responsibilities of the public agency, but this has had the positive result of directing its uses of financial assistance into new and unmet areas of need and of extending case work service to the marginal income and the economically independent family.

Environment—

Case 5

Mrs. S., the wife of an army major overseas with no children, was referred by her pastor for help in finding a place to live. Because of her queer actions, she was unable to stay long in any one place. Her husband was conscious of her situation and kept her well supplied with money. He placed her business affairs in charge of an attorney when he entered the army.

Mrs. S. liked to pretend to be certain individuals. For example, she would pretend to be Pocahontas, or a newspaper boy acting accordingly. This made it difficult for her to be accepted into the community. Wherever she lived, the roomers complained about her actions, necessitating her removal. Mrs. S. had excellent insight into her condition and whenever she felt that she was becoming upset, went off to herself until she could quiet down.

The case worker in taking this case acted on a protective basis in being a go between for Mrs. S. and the community. Whenever her pretense would be cause for alarm, the worker attempted to work through the community's attitude toward Mrs. S. She let Mrs. S. relieve her tension by talking her feelings over with her.

Worker attempted to interest Mrs. S. in a convalescent home where she would be in a protected environment, but she did not accept this idea. Finally, the worker having interested the

2 Case Records of the Family Society of Bridgeport, (Bridgeport, Connecticut, 1945).
community in the case, was able to find Mrs. S. a room in a private home with a family who were understanding of her situation.

Because of Mrs. S.'s insight into her mental condition the case worker did not begin treatment by enabling her to alleviate this. Instead, it was felt that the agency's function here lay more in helping Mrs. S. with her adjustment to the community. Therefore work was done with Mrs. S. on this basis.

Family case work has a particular responsibility. If it is to continue to be productive in its service to families, it must not only understand the individual in his reaction to the changing larger environment but must also be aware of the unbalance caused by change within the family unit. Case work in its philosophy and application views the individual in relation to his environment. It aims at helping him remain a part of it, hold his place there, work and create within it.

Services Rendered in An Interrelated Area.--

Case 6

Mrs. G. was referred by the War Housing Authority to ask help with rent until her husband arrived from camp. There were no children.

Mrs. G. came into the agency on this referral. She was in a completely upset condition and it was learned that she was having serious marital trouble.

Mrs. G. was born with curvature of the spine and spent the first 16 years of her life in a plaster cast. Her mother was so upset over this condition that she deserted her at birth and she was reared by her father. Because of his wealth, he was able to give her every opportunity. She was tutored at home and after being released from her plaster cast entered Columbia University, where she received her Ph.D. in Chemistry.

Mrs. G. took a teaching job and lived in a boarding house after her father's death. Because of her extreme physical unattractiveness, she was very lonely. In that place also lived Mr. G., who was foreign born of rigid Polish stock. Mr. G. was her first boyfriend and because he offered her security, they married when she

was 23, and he 36.

Mr. G. was very immature and was overly attached and dependent on his parents. The in-laws resented Mrs. G. because she would not join the Polish Church or follow their customs. Because of her widely different background, this was practically impossible for Mrs. G.

Mr. G. refused to accept the responsibility of marriage and did not give adequate support. When Mrs. G. became pregnant, he was enthusiastic and family life went along well for a time. The baby was aborted, which resulted in a terrible illness. After this Mr. G. demanded that there be no further discussion of the child and burned all the baby clothes which had been collected. Then he entered the army and gave no thought to Mrs. G.

Mrs. G. had hoped the army would make a man of him but he has often been in consultation with army psychiatrists, who feel he is immature.

Mrs. G. began having convulsions for which medical treatment was given. She gave it up due to emotional complications, and fears that she is insane. She attempted to commit suicide saying she was disturbed over marital conditions. She was given an examination and was found to be epileptic with hysterical attacks. There are indications of cerebral damage with injury to the brain.

Mrs. G. is ambivalent toward her husband. His attitude toward marriage distressed her but, as he was the first man who had ever been attentive to her, she had a great deal of affection for him.

Because of Mrs. G.'s high intellectual capacity, worker attempted to give her some insight into her emotional instability. She was able to look at it realistically and plans were worked out for medical therapy through the Mental Hygiene Society.

In cooperative discussion, it was felt that her marital situation had great bearing on her condition and she was helped to reach a decision to divorce him.

Worker completed Mrs. G.'s social adjustment by obtaining a job for her at the State Epileptic Hospital Laboratory where she

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1 Case Records of the Family Society of Bridgeport, (Bridgeport, Connecticut, 1945).
would be doing the type of work for which she was trained and she would also be able to receive intensive medical care.

This situation enveloped problems of mental health, physical health, family relationships and finance, all of which were so involved that service was complicated and the process of helping Mrs. G. reach an adjustment was slow.

The decision had to be made as to whether the case was one for the Mental Hygiene Clinic or the Family Society. Because of the complicating factors it was taken on jointly by the two agencies. Mental and medical therapy were taken over by the Mental Hygiene Clinic. The Family Society accepted as its function the process of discussion and talking through of the situation between Mrs. G. and the case worker.

Mrs. G. was given financial aid until her physical and emotional adjustment were effected and then the agency enabled her to complete the case work process by being independent of its financial assistance.
CHAPTER V

SUMMARY AND CONCLUSIONS

Families have had to make many changes and readjustments in their lives because of the induction of one or more members into the armed forces and the strain of living in a period of war.

Because these changes and readjustments took place during a period of stress, the writer wished to determine: Whether the problems involved were any different from those which have always been inherent in family life; had the family a greater recognition of its problems under the strains of the war crisis and had they been able to face the complex change in their lives.

In making an analysis of the above problems, it was first necessary to consider the family itself. It was found in making this study that the number of families needing case work services was much greater in those instances where there were one or more children in the family than where there were no children. Most of the families had between one and three children and only seven of the forty cases studied had no children at all. In many instances with the father out of the home, the children became a burden to the mother in her being able to support them adequately or, the mothers felt restricted in their ability to live a normal life because they had to care for their children alone.

Problems were more complex when it was the head of the family who was in the armed services than when it was a son. With the husband and father out of the home, many families seemed unable to meet any problems which came into their lives or to carry on where
difficulties in the group, old or new.

The majority of the families studied consisted of husband and wife living together. This group of cases received services in all the areas of family case work. Families who were separated or divorced were referred mainly for financial aid.

It was found that the majority of the problems encountered had been a part of the situation even before the man went into the army and had just been brought about by the induction of some member of the family into the armed forces.

These percentages do not prove that either the wartime family had seen the need for a change in its pattern of living, or that the family felt that it had to have help with problems which had heretofore been unrecognized or pushed into the background when the family was a complete group.

The majority of the referrals came through outside individuals or agencies who felt that there was some situation in the family group which needed attention. Even in this type of referral, there was very little relationship between the problem for which the family was treated and the referral. In only one-fourth of the cases could there be said to be a definite relationship between the problem for which referred and the problem for which service was given by the agency. Since the majority of the referrals came from outside of the family group the families' immediate problems were not known by those referring them for service. In these cases the families themselves had not sought help, either because they were unaware that there was maladjustment in the group or they did not know about the agency's function.
The problems of family life with the loss of one or more members of the family through induction into the armed forces are not very different from those which have always been a threat to family life. The problems have not changed but the trouble came through the lack of ability of the family to make the necessary adjustments in solving these difficulties.

The problems encountered were of the same type as those which had always been known to family case work agencies. Difficulties in family relationships, health, economic and environmental problems were of the same form as families have been facing for years.

Some problems appeared with more frequency than others. The majority fell into the area of family relationships.

This group included:

1. Difficulties in relationships between husband and wife.
2. Difficulties in relationships between parents and children.
3. Difficulties in relationships between children in family.
4. Problems relating to pregnancy.
5. Irregularities of legal status.
6. Actual or potential anti-social behavior affecting family life.

The next largest group were those in the area of health which included the following:

1. Acute or chronic illness affecting family situation
3. Ignorance of disease and its implications.
4. Personality difficulties.
The remaining problems studied fell in the areas of Economic Aid and Environment. The problems of financial aid took in inability to handle budget, lack of support and lack of available source of income. Those in the environmental area were due to problems arising from housing, school, change of residence and non-acceptance of cultural pattern.

The war period has not definitely brought new problems to the family group, but it has brought stresses and strains which some families have not been able to meet.

The need to protect and preserve the family will demand effort and thought. It will challenge the individual members of every family, who will have to know what is at stake for themselves and for civilization, and who will know what they must demand of the community and of the various agencies and institutions. The need will challenge all the agencies that work with families. They will need to know what their obligations and qualifications are, as well as their ways and means.  

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