The adjustment of families of veterans who were hospitalized for long-term illness

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Atlanta University

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THE ADJUSTMENT OF FAMILIES OF VETERANS WHO
WERE HOSPITALIZED FOR LONG-TERM ILLNESS

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

BY
RACHEL E. WILCOX

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
JUNE 1959
TO MY PARENTS
ACKNOWLEDGMENTS

To Miss Barbara Baskerville, Atlanta University School of Social Work, for her patience and guidance which added constant encouragement in writing this thesis, I wish to express my appreciation; to Dr. Marie K. Oswald, Chief of Social Work Service, Veterans Administration Center, Dayton, Ohio, for her encouragement and assistance in collecting data presented in this thesis, I wish to acknowledge my sincere gratitude; to Miss Helen Graham, Assistant Chief, Social Work Service, Veterans Administration Center, Dayton, Ohio, for her suggestions, I wish to express my appreciation; to Dr. Berkeley Slutzker, Assistant Director, Professional Service for Research, Veterans Administration Center, Dayton, Ohio, for his consultation, I wish to acknowledge my sincere gratitude and to Miss Mary McHugh, my field work supervisor, for her unending encouragement, suggestions and assistance with the collection and organization of the data presented in this thesis, I wish to express a special thanks.
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CHAPTER I

INTRODUCTION

Significance

There is a growing concern by the medical profession for the patient as a "whole" person. It is being recognized that if treatment of a medical problem is to be successful it must include consideration and treatment of the social and emotional factors interwoven in it. The patient must be seen as an inseparable part of his surroundings, as a member of a family unit and of a wider community. This present trend may lead to a greater consideration of the patient's family.

All families have unique and different ways of living and meeting their various physical, social and emotional needs. They also have very special ways of meeting various crises. Sickness has special meanings and, to some extent, temporary disruption and alteration of the living pattern will occur. Frequently, sickness affects family economics by entailing additional costs, by loss of income and by creating indebtedness. It often means the separation of patient and family and a readjustment in roles played by each member. Emotionally, it almost always entails apprehension, anxiety or fear. The whole experience of any illness and care has decisive influences on the patient and his family. The very nature of the word "long-term" implies, not only that the problems of any short-term illness may be presented, but also suggests that they may be intensified by the duration of the illness.

---

It suggests further that there may be problems peculiar to the patient and family faced with long-term illness.

In recent years, greater emphasis has been placed on the problem of long-term illness. It has been receiving attention as one of the major medical-social problems of our time. Paradoxically enough, a residue of long-term illness has been left by the advances made in our era. The curtailment of infant mortality, the reduction of fatalities in many of the infectious diseases and the practical elimination of epidemics all mean that more people live longer. It follows, naturally, that the longer people live the greater the likelihood of their developing one of the slow moving, degenerative or malignant illnesses which frequently accompany the process of aging.

Important as long-term illness is in relation to the aged, it must be remembered that it strikes the young as well. While communicable diseases of childhood and youth have been conquered to a large extent, the arrest of many of the disease processes which previously proved fatal at an early age has succeeded in leaving many of the young victims handicapped. Mention need only be made of the prevalence of cerebral palsy, infantile paralysis and rheumatic heart disease in childhood to realize how susceptible the young may be to the ravages of or the residual effects of long-term illness.

It thus becomes obvious that long-term illness is a problem in every stage of life and it strikes indiscriminately. Because of the vastness of its coverage it affects school adjustment, choice of employment, continuity of work, professional and social achievement, marriage and family life generally.
Long-term illness has social and emotional implications which cannot be separated from the medical. These implications seriously affect the patient and his family, the professional groups concerned with his care and the community of which they are all a part.

A study of the adjustment of families in which there exists long-term illness should throw light on certain persistent problems presented. Hopefully, the study will provide useful information which can be used in the development of more effectual case work services to the veteran and his family.

Purposes of the Study

1. To learn the effects which the long-term illness of the veteran had relative to the family's economic situation, roles and attitudes.
2. To learn how the families utilized their own resources in adjusting to or alleviating the effects caused by the long-term illness of the veteran.
3. To learn how the families' relatives, friends, neighbors and others aided them in their adjustment.
4. To obtain from the wives their evaluation of how their family had adjusted to the effects caused by the illness, how this adjustment may have been more positively facilitated and, their prognosis for their family's future adjustment to the illness.
5. To describe the areas in which social work service assisted these families in their adjustment.
Definition of Terms

1. Adjustment - For the purposes of this study, adjustment may be defined as the adaptation of the family to the environment as it has been influenced by the long-term illness of the veteran.

2. Family - The family was seen as being comprised of two or three elements, namely, the veteran and his wife or the veteran, his wife and children.

3. Long-term illness - "Those persons suffering from chronic disease or impairment who will require a long period of care, that is, who are likely to need or have received care for a continuous period of at least thirty days in a general hospital, or care for a continuous period of more than three months in another institution or at home."2

This definition was selected because of the specific time element. It was felt that thirty days represented a minimum span of time but one during which the family could have felt the affects of the illness. The definition was used with the assumption that continuous care at home, in a hospital or an institution would mean incapacity for normal productive earning for at least the thirty days and would have social and emotional implications.

---

2Leo Rosenberg, "The Long Term Continuing Care Patient" (Memphis, Tennessee, Veterans Administration Physical Medicine and Rehabilitation Conference at Medical Teaching Group Hospital, 1957), p. 1, (mimeographed).
Method of Procedure

This was basically a descriptive study of interview data gathered from wives of selected veterans hospitalized for long-term illness at the Veterans Administration Center, Dayton, Ohio. The interviews with the wives were of the "focused" type. Casework interviewing techniques were used to elicit the information and the schedule devised served as an outline of areas upon which the interview was to be focused. The interview guide indicated the specific identifying data which was to be obtained.

The Center consisted of three units from which the sample might have been selected; Patrick Hospital which was basically a geriatric setting; the Domiciliary, provided for the veteran on the basic assumption that he would function less adequately in an unprotected setting; and Brown, the general medical and surgical hospital. It was presumed that Brown, Medical Wards 10, 11, and 12 would provide study cases representative of the variety of diagnoses, family sizes, ages and situations which the writer hoped to cover in the study.

The sample included only those veterans whose cases had not been known to social work service from the time of this hospitalization to the date of the interview since it was concerned with the adjustment the family had effected through it's own resources. It was recognized, however, that in a study of this type, there would possibly be a need for social work service by these families. On the other hand, it was felt that casework services by the writer might effect the objectivity of the study. For these reasons, a provision was made for referrals.

\footnote{Pauline Young, *Scientific Social Surveys and Research* (Englewood Cliffs, 1956), p. 180.}
It was the plan for the writer to refer to another worker on the medical service any case in which there seemed to be indicated a need for further service. Also, the writer was to accept self-referrals from the wife or veteran for referral to the other worker. Since one of the purposes of the study was to point out areas where social work service could have assisted these families in their adjustment, this procedure appeared to be an excellent resource for the collection of further data.

In addition, the veteran had to have been married and the primary source of financial income for his family immediately prior to the primary onset of his illness and following hospitalization. He had to have resided in the same household as his family.

All the admissions to the Medical Wards 10, 11 and 12 between December 1, 1958 and January 15, 1959 were extracted daily from the social work service Master Files. At the end of this period, there were a total of fifty-one cases which had not been known to the Social Work Service Department. Fifteen of these were excluded because of their marital status. Diagnoses were then checked through literature, and as a final verification of the long-term nature of the veteran's illness, the ward physician of each was consulted. It was determined that 2 could not be defined as long-term illness, 15 had been discharged, 4 had died, 1 had been transferred to another service and in one case, the veteran was separated from his wife. Of the original group of 51 cases, 13 appeared suitable for the study. Lists of the veterans were then given to the ward secretaries with instructions that the writer was to be notified upon the wife's arrival for a visit with the veteran.
During evenings and on week-ends, the lists were made available to ward nurses with the same instructions. Further selection of cases was done by extending the date from January 16, 1959 thru February 15, 1959. The same procedure was followed as above. Of the 47 admissions not known to social work service, 24 were excluded because of the marital status; 2 could not be classified as long-term illness, 3 had been discharged; 2 had died and 1 had been transferred to another service. This left a total of 15 cases to be included making a total of 28 cases for the complete study. The fifteen names which met the criteria for the study were added to the previous lists given to the ward secretaries and nurses. The writer was able to interview the wives of 14 of the 28 cases.

According to Veterans Administration policy, even though the data were to be gathered from the interviews with the wives, the veterans must have been actively included. When the writer was notified that the wife was visiting, an initial contact with the wife and the veteran was held to interpret the study and request participation. It was the plan to arrange for an appointment with the wife at this point, however, in each instance both the veteran and wife seemed willing to participate and the wife agreed to be interviewed immediately following her visit with the veteran.

Identifying data were written on individual sheets during the interview. When necessary, notes were taken on these same sheets. Within twenty-four hours after each interview, the information was recorded in detail in the order indicated on the interview guide.

This study, then, involved a qualitative examination of the effects that long-term illness had upon the families' adjustment.
It was decided that a report of progress on the study should be presented to the social work service staff. At that point, the writer had interviewed thirteen of the wives. The report was geared toward answering the following questions:

1. Who were the families under study?
2. What were their characteristics?
3. What were the effects which long-term illness of the veteran had upon their families?
4. How had the families managed relative to the effects of the illness?

This involved a pulling together and classifying of factors brought out during the interviews. The factors were classified according to their similarities, dissimilarities and relatedness. The topical headings indicated on the interview guide served as a basis for further organization. The writer found, later, that the procedure carried out, compilations and the analyses which had been made for the report to the social work service staff provided, with the inclusion of the one additional case, adequate data upon which to formulate Chapter III, IV, V and parts of Chapter VI. Subsequently, the writer was able to draw the conclusions which have been presented in the final chapter.

Scope and Limitations

This study was concerned primarily with describing the adjustment, as seen by the wives, of families of veterans who were hospitalized on a long-term basis. Secondly, description of the adjustment, it was hoped, would point up ways by which techniques, methods and skills of the social case worker might be utilized to further positive adjustment for families of veterans under similar stress.
Certain limitations of the study must be noted. The writer felt that the time element became a major limitation in the study. Had it not been such a controlling factor, it was felt that a more efficient method might have been employed in contacting the wives and consequently, a greater number may have been interviewed. The study of the fourteen cases did not, it seemed, yield evidence necessary to confirm probabilities and may, therefore, be considered useful only in affording clues for further study. Also, inability to gain more complete material concerning the family life prior to the onset of the veteran's illness was a limitation. Most of the wives tended to dwell on the aspect pertinent to them at the time of the interview. On the other hand, it must be recognized that the wives were providing information regarding a stressful situation in which they were presently involved. While no concrete services could be given, the writer had to be cognizant of the wives' feelings and attempt to handle these while obtaining sufficient information for the study. Also, the study was limited by the lack of experience of the writer.

In spite of these inadequacies, the writer presented this report in the hope that it would point out more clearly some of the effects of long-term illness and subsequently, how social work service may aid in the family's adjustment.
CHAPTER II
THE SETTING

This study was conducted at the Veterans Administration Center, located on a 600 acre tract at the western edge of Dayton, Ohio. "At the present time this Center holds the rank of the second largest field station in Veterans Administration service."4

It consists of two hospital sections; Brown, a general medical and surgical, 630 beds and Patrick, a 182 bed hospital devoted specifically to the care of the chronically ill. There is also a Domiciliary with a 2,199 bed capacity, one 88 bed section of which is set aside for female beneficiaries.5 There are a total of ninety-four buildings on the grounds.

The Center is equipped with excellent medical facilities including modern surgical suites, clinics, a deep X-ray therapy unit, research and clinical laboratories, a medical library and every approved service. The Center is approved for residency training in general surgery, internal medicine, radiology, ophthalmology, urology, pathology and physical medicine. The medical program is affiliated with the College of Medicine of Ohio State University, Columbus, Ohio. There are approximately 1,350 full-time employees and 500 part-time employees. The full-time professional and medical staff includes specialists in all major fields and is augmented by a considerable number of medical specialists. The staff is further supplemented by a large number of volunteer workers from many civic service and fraternal organizations.6

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4Fact Sheet 15, Revised, Veterans Administration Center, Dayton, Ohio.

5Letter from Dr. Marie K. Oswald (Chief, Social Work Service, Veterans Administration Center, Dayton, Ohio, February 26, 1959) to Chief, Social Work Service, Veterans Administration Hospital, Dallas, Texas.

6Fact Sheet 15, op. cit.
An interdisciplinary approach is used throughout the Center with members of the various services functioning as a part of the team in "...achieving the station's total purpose; namely, to advance each disabled veteran's health and help him prevent, or keep at a minimum, further illness and handicaps...."7 The hospital professional services and the structure may be noted in Chart 1.

CHART 2
SOCIAL WORK SERVICE ORGANIZATION

Chief, Social Work Service

Sec'y to Chief, Social Work Service

Clerk-Sten.
Clerk-Typist
File-Registration Clerk
File-Clerk (Member) (Vacancy)

Clinical Social Workers

Medical Service and Resident Supervisor

Surgical Service and Resident Supervisor

NP-HS-Adm. Services

TB Services

Dom. Service

Patrick Hospital

Resident Soc. Wrk.

Resident Soc. Wrk.
The Social Work Service Department, as indicated in Chart 2, consists of seven full-time and one part-time social workers. This includes the Chief of Social Work Services; the Assistant who is in charge of student programs; a social worker for the Neuropsychiatric Service (this individual also covers the Neurosurgery Ward and referrals from the Admission Service); a part-time worker on the Tuberculosis Service; a worker for Patrick Hospital; one for the Domiciliary; and one each for the Medical and Surgical Services in Brown. 8

The clinical social worker whether his specialty is in medical or psychiatric social work and whatever the service, section, ward, or locality of his assignment or project, represents the station's Social Work Service... 9

As a representative of that Department, he becomes an integral part of the care afforded the veteran. Casework objectives and action by the clinical social worker,

...are attuned to, and continuously interrelated with, and in fact are a part of the physician's plan of treatment for the individual veteran. They are aligned with and supportive of the comprehensive medical goal developed and carried out under the physician's leadership with the participation of the patient himself and with the various specialists contributing their knowledge and skill...10

The services rendered by the clinical social worker,

...vary in extent and depth according to the need of the individual person and the problem he presents. They range from assistance in meeting concrete needs to interpersonal support and help in achieving difficult life readjustment, invigorating his ability to use his own inner assets to meet his personal problems, and simplifying his conflicting feelings about them; to psychotherapy under the guidance of the psychiatrist...11

8Dr. Marie K. Oswald, op. cit.


10Ibid, p. 16.

11Ibid.
CHAPTER III

GENERAL INFORMATION CONCERNING THE FAMILIES UNDER STUDY

Sizes, Composition and Ages

The study group was comprised of fourteen families of veterans who were hospitalized for long-term illness. The veterans ranged in age from thirty to seventy-one; six were below forty, four were between the ages of forty-nine and fifty-seven, and four were sixty-four and over. The wives ranged in age from thirty-one to seventy. All of the veterans below forty years of age had children thirteen years old or less. In the middle group, two families had married children living outside of the home; one of these had children twelve and fifteen living in the home. Two had none. In the oldest age group, one had two minor children and one disabled adult single child living in the home; one had three married children living outside the home and one family had one disabled adult child living in the home. In one family, there were no children.

The ages of the veterans and wives as they related to the number and ages of the children have been indicated in Chart 3. The ages of the veterans and their wives, and the number and ages of the children were of importance since it was quite possible that these may have had a bearing upon:
(1) the ability of the children to contribute to the family income, (2) the ability of the wife to secure employment, (3) the source of income and, (4) the extent to which the daily patterns of living may have been fixed.
<table>
<thead>
<tr>
<th>Family</th>
<th>Ages of Veterans</th>
<th>Ages of Wives</th>
<th>Number of Children</th>
<th>Ages of Children in the home</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>30</td>
<td>31</td>
<td>4</td>
<td>2, 4, 5, 7</td>
</tr>
<tr>
<td>B</td>
<td>34</td>
<td>27</td>
<td>3</td>
<td>6, 7, 9</td>
</tr>
<tr>
<td>C</td>
<td>36</td>
<td>31</td>
<td>2</td>
<td>1, 12</td>
</tr>
<tr>
<td>D</td>
<td>37</td>
<td>31</td>
<td>4</td>
<td>1, 7, 10, 12</td>
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<td>E</td>
<td>38</td>
<td>35</td>
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<td>40</td>
<td>38</td>
<td>3</td>
<td>1, 2, 10</td>
</tr>
<tr>
<td>G</td>
<td>49</td>
<td>40</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>51</td>
<td>49</td>
<td>3&lt;sup&gt;b&lt;/sup&gt;</td>
<td>12, 15</td>
</tr>
<tr>
<td>I</td>
<td>54</td>
<td>49</td>
<td>2&lt;sup&gt;d&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>57</td>
<td>47</td>
<td>None</td>
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<td>K</td>
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<td>66</td>
<td>55</td>
<td>2&lt;sup&gt;b&lt;/sup&gt;</td>
<td>24&lt;sup&gt;e&lt;/sup&gt;</td>
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<tr>
<td>M</td>
<td>70</td>
<td>59</td>
<td>3&lt;sup&gt;d&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>71</td>
<td>70</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

<sup>a</sup>The alphabet denoting the individual families remains constant throughout the study.

<sup>b</sup>One of these children was married and lived outside the home.

<sup>c</sup>This was an adult child suffering from an orthopedic defect.

<sup>d</sup>All were married and living outside the home.

<sup>e</sup>This was an adult child suffering from epilepsy.
Occupational and Employment Status

The families varied widely in the occupations which had been pursued by the working members. The wide range of occupations of the fourteen veterans\(^2\) may be noted in Chart 4.

**CHART 4**

**OCCUPATIONS OF VETERANS**

<table>
<thead>
<tr>
<th>Family</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Trucker</td>
</tr>
<tr>
<td>B</td>
<td>Postman</td>
</tr>
<tr>
<td>C</td>
<td>Carpenter</td>
</tr>
<tr>
<td>D</td>
<td>Grocery Clerk</td>
</tr>
<tr>
<td>E</td>
<td>Construction Worker</td>
</tr>
<tr>
<td>F</td>
<td>Welder</td>
</tr>
<tr>
<td>G</td>
<td>Plumber</td>
</tr>
<tr>
<td>H</td>
<td>Railroad Worker</td>
</tr>
<tr>
<td>I</td>
<td>Hospital Aid</td>
</tr>
<tr>
<td>J</td>
<td>Carpenter*</td>
</tr>
<tr>
<td>K</td>
<td>Plasterer*</td>
</tr>
<tr>
<td>L</td>
<td>Taxi Driver*</td>
</tr>
<tr>
<td>M</td>
<td>Cabinet Maker*</td>
</tr>
<tr>
<td>N</td>
<td>Comptroller*</td>
</tr>
</tbody>
</table>

*Retired.

In nine of the families, the veterans had been employed at the onset of the illness and their salaries had been the primary source of income; in five families, the veterans were retired but the funds they received either from Social Security, Veterans Administration benefits or both served as the primary source. Four of the wives were employed outside of the home. One wife was managing and operating a grocery business which the veteran was purchasing; one worked as a part-time domestic, one worked part-time in a small factory and the remaining wife worked as a part-time teacher.

\(^2\)It should be remembered from Chapter I that only families in which the veteran had been the primary source of financial income prior to the onset of his illness were included in the study.
Of the four wives, two had worked outside the home prior to the onset of the veteran's illness. Their salaries merely served to supplement the family income. Only one of the families had children working outside of the home. This was the seventeen-year-old male of the "K" Family. He had, from the onset of his father's illness, done "odd jobs" in an attempt to supplement the family income. Changes in the occupational status will be discussed in Chapter IV.

Educational Status

The formal education of twenty-four of the veterans and wives had been discontinued at the grade or high school level. Two of the wives and one of the veterans had from one to two years of college. One wife had completed the four year course. In no family was there a difference of more than two years between the education of the veteran and the wife.

Diagnoses, Duration of Present Illness, and Length of Hospitalization

Only five (See Chart 6) of the veterans had more than one diagnosis. There may, however, be some inaccuracy here, as these diagnoses represent those extracted from the Social Work Service Master Cards which essentially carry only the primary diagnoses and show only the diagnoses for the present hospitalization. As can be noted in Chart 5, six of the diagnoses were classified as Diseases of the circulatory system; four were classified under the heading Allergic, endocrine system, metabolic and nutritional diseases; three were Diseases of digestive system, two were Diseases of nervous system and sense organs; two were diseases of respiratory system, and one each were Diseases of blood and blood forming organs and Diseases of skin and cellular tissue.
CHART 5

CLASSIFICATION OF THE DIAGNOSES OF THE VETERANS

III. Allergic, endocrine system, metabolic and nutritional diseases...4
   Asthma.................................................................2
   Diabetes Mellitus..................................................2

IV. Diseases of blood and blood forming organs......................1
   Leukemia....................................................................1

VI. Diseases of nervous system and sense organs....................2
   Nervous Condition.....................................................1
   Hemiplegia...............................................................1

VIII. Disease of circulatory system......................................6
   Arteriosclerotic Heart Disease.....................................1
   Rheumatic Fever......................................................1
   Rheumatic Heart Disease...........................................1
   Cardiac Decompensation..........................................1
   Coronary Heart Disease.............................................1
   Cardio-Vascular Accident..........................................1

VIII. Diseases of digestive system.....................................5
   Chronic Gastritis....................................................1
   Regional Ileitis......................................................1
   Jaundice.....................................................................1

IX. Diseases of respiratory system....................................2
   Emphysema..................................................................2

---

The diagnoses as listed in the chart were not necessarily the cause of the prolonged disability since, at the time of selection of the cases, diagnostic studies had not been completed determining the final diagnoses.

The duration of the illnesses ranged from one month to five and one-half years. It was from one to two and one-half months for five of the veterans; for four veterans, the duration was from eight to eight and one-half months; for two, it was from one to two years and for three, the duration of the illness had extended over a period of five to five and one-half years.

---

## CHART 6

### DIAGNOSIS, DURATION OF PRESENT ILLNESS AND LENGTH OF HOSPITALIZATION

<table>
<thead>
<tr>
<th>Family</th>
<th>Diagnoses</th>
<th>Duration of Illness</th>
<th>Length of Hospitalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Nervous Condition* Regional Ileitis</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>B</td>
<td>Rheumatic Fever</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C</td>
<td>Jaundice</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>D</td>
<td>Coronary Heart Disease</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>E</td>
<td>Chronic Gastritis</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>F</td>
<td>Emphysema</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>G</td>
<td>Facial Condition* Hemiplegia</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Emphysema</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>I</td>
<td>Asthma* Diabetes</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>J</td>
<td>Rheumatic Heart Disease* Cardiac Decompensation</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>K</td>
<td>Asthma* Diabetes Mellitus</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>L</td>
<td>Arteriosclerotic Heart Disease</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>M</td>
<td>Cardio-Vascular Accident</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>N</td>
<td>Leukemia</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

*Secondary or previous diagnoses from other hospitalizations.
The length of hospitalizations ranged from two weeks to a little less than two and one-half months. While this was true, all of the veterans met more than the minimum considerations in the definition of long-term illness. The majority (10) of the veterans had been hospitalized from one to two months; one had been hospitalized two months and one week and three had been hospitalized for a period of two weeks.

The nature of the problems an illness poses for the patient is not related primarily to the diagnosis, but rather to the fact of the illness itself and the patient's reaction to it. Certain diagnostic groups, however, accentuate the severity of these problems for the patient....13

This, likewise, seemed to be true of the patient's family. While no direct attempt was made to explore this area, it would appear to be significant that three of the wives, all cases where the veterans held diagnoses which involved the heart, were extremely anxious and attributed this to their constant fear that the veteran would have additional heart attacks. In six of the families, prognosis, as seen by the wives, seemed to have a definite bearing upon the kind (temporary or permanent) of planning they did in terms of managing financially.

These, then, were the families with which this study was concerned in its search for the effects which long-term illness had upon their adjustment. Several other factors such as the economic status, organizational affiliations, religious affiliations and social relationships could have been presented in this chapter; however, these were so closely related to what the families did relative to the effects of the illness that they may be mentioned in the chapter devoted to this.

CHAPTER IV

THE EFFECTS OF THE ILLNESS AND THE EFFORTS OF THE FAMILIES TOWARD ADJUSTMENT

... A family as well as an individual establishes a balance.... But, any balance can be disturbed; a family equilibrium, because of its human element, is always a precarious one. Events from without or changes from within can disturb its functioning and place unmanageable strains on all the family members. Such traumatic experiences as death or serious illness of one member have repercussion on the lives of all.¹⁴

Because families are but a composite of different individuals with different reactions, no generalizations to fit all cases can be made as to what these repercussions will be. It may only be surmised that in families where there are repercussions the members will meet and handle them in their own ways.

The Effects

Financial.—In this study in which all the veterans were the primary source of income prior to the onset of the illness, two related and often overwhelming financial problems confronted the families: (1) maintenance of income; (2) payment of the medical and related expenses.

Out of the fourteen families, eight incomes dropped from 75 per cent to 25 per cent of the original amount. The income of the other six families remained the same. In one, Family "D", the veteran and wife had been operating their own business and the wife was able to continue this alone. The other five families were of the oldest age group and the veterans were, prior to the onset of the illness, receiving their income either through Old Age, Veterans Administration Benefits or both.

Of the eight families whose income had dropped, two were, at the time of the interview, deriving their major source of income from the Soldiers' and Sailors' Relief Commission; two from the wives' salaries; one from Aid to Dependent Children; two from family savings; and one from the part-time earnings of the wife and the family savings.

In only two families had there been any change in expenses exclusively for the veteran's medical treatment. There were expenses in the amounts of $1,500 and $930.00 respectively. In three additional families, medical bills had been incurred for medical treatment for the veteran and other members of the family. The wives, unable to estimate what amounts had been spent only for the veterans' care, however, approximated these amounts to be $200.00, $240.00 and $9,000.00. The family which approximated their expenses at $9,000.00 had a minor daughter suffering from cancer.

This seemed rather significant in this study as it emphasized the financial impact upon the family when there were members in addition to the veteran suffering from long-term illness.

Roles.--In close connection with the financial problems which the families faced, were the changes in roles necessitated by the long-term illness of the veteran. As could have been expected, in each instance, the wife became complete manager of the family's affairs. Where there were minor children, the wives attempted to become mother and father. In two cases, the veterans had always handled the financial affairs and the wives had no previous experience in managing. In two other families, the wives themselves had been ill and had little understanding of what the family's budget was at the time that it was necessary for them to assume the role of manager.
Of the wives in the youngest age group, three expressed that they felt some of their financial problems would have been alleviated had they been able to assume the role of "breadwinner"; however, because of their own illness or because of the number and ages of the minor children they felt this not feasible. Two of the wives had sought employment outside of the home. One was in the case of Family "E". The wife was thirty-five years of age and there was only one child, aged thirteen. The other was in the case of Family "D" and was illustrative of some of the problems which were faced by the wife when, through the illness of the veteran, she was forced into the role of "breadwinner".

Family "D"

Mrs. D. was a 31-year-old wife and, mother of four children, ages 1, 7, 10 and 12. Prior to the illness of the veteran, she had carried out her role as homemaker, assisting the veteran on week-ends by doing the store accounting. This, she had done within the home. At the onset of Mr. D's illness, Mrs. D. stated that she had found herself "not knowing what to do". Their home and store mortgage were combined and to "give up" the store would of necessity mean a loss of their home. The family could not afford to hire someone to manage the store because, "they hadn't been in business very long and were just breaking even". In an attempt to solve this problem, Mrs. D. took on the responsibility of managing and operating the store, spending 10 and 12 hours there daily. In the beginning, Mrs. D. kept the children in the store with her. Later, however, she found this "didn't work" and hired a young woman to care for them. She stated that she felt "badly" about leaving the children all day and, in an attempt to compensate had assumed the playing and romping duties that both she and her husband had shared previously. By the time she "got around to doing her household chores, she had neither the energy nor patience." She had become "nervous" and a "little irritable" and just prior to the interview, her physician had told her that she would have to "slow up her pace" or she, too, would become ill.

In contrast to this, it was found that the wives in the oldest age group felt no financial need to seek employment because of the income from Old Age and Veterans Administration Benefits.
The one employed wife in the middle age group felt the worry and anxiety over the veteran was interfering with her job performance. She was desirous of terminating employment but felt she and the veteran could not operate adequately without the income from her salary.

As previously mentioned, only one of the families had minor children working outside of the home. Within the home, several families delegated additional responsibilities to the children. For instance, in Family "A", the seven-year-old, a son, swept the kitchen floor, ran errands and, "brought in the wood and coal"; in Family "B", the nine-year-old, a daughter, cared for the younger children; Family "E", the thirteen-year-old assisted with all of the household chores; Family "H", both children cared for the household chores totally since the mother was also ill and in Family "K", the washing, ironing, and cleaning became the responsibilities of the eighteen-year-old daughter.

Attitudes and Behavior.—A number of psychologists and social scientists have developed scales for the measurement of attitudes; however, no attempt was made to utilize such scales in this study. The writer felt that for a study of this type, the direct expressions made by the wives and their accounts of those which had been made by the children would be more purposeful. It was found that the wives were able to express their own attitudes but tended to describe the behavior of the children as it related to attitudes. The writer felt that perhaps this particular outcome rendered data for a more dynamic picture of the attitudes inherent in or the extent to which they have an influence upon behavior.

Expressions were elicited from all of the wives as to how they felt regarding their situations and the illness of the veterans.
In each, there seemed to be an element of acceptance of the illness and an element of faith that their situations would take a more positive turn. The apt expression by one wife seemed to describe quite adequate those elicited from all of the wives: "It's the illness something that couldn't be helped and I have faith that things will be all right. Somehow, I'll do my best to manage."

Three of the families with children under thirteen years of age had observed behavior changes in the children which they described as "difficult". The following cases describe these behavior changed:

Family "A"

The five-year-old daughter in this family began having "bad dreams" after the veteran's hospitalization. These dreams were always centered around what the child explained as, "The doctor is going to cut daddy's leg off". During the day, the child often inquired, "Where is my daddy?" and had begun "staying by herself and sulking".

Family "C"

The twelve-year-old daughter in this family became "demanding" prior to the veteran's hospitalization. At times, she marked on the walls, broke household articles, destroyed her own possessions or, "did anything, good or bad" to attract the mother's attention. In addition to this, she had begun bed wetting, had nightmares, had begun thumb sucking, was "nervous" and complained of headaches frequently. The quality of her school performance decreased.

Family "E"

The thirteen-year-old daughter in this family began "pouting" when she was refused money for movies and other recreational activities. The "pouting" consisted of stomping of the feet, sullenness and deliberate disobedience.

The behavior of a seventeen-year-old also changed; however, the wife did not see this as a result of a negative attitude but rather as a manifestation of his "desire to help".
Family "K"

This was the seventeen-year-old referred to previously as having sought employment outside of the home. He had become increasingly disinterested in school. Soon after the onset of the veteran's illness, he had requested permission to discontinue his education so that he might seek full-time employment. He had stated, "I want to help out and school's not doing me any good now, anyway".

The behavior changes in the children of these families included sulking, pouting, sullenness, bad dreams, thumb sucking, deliberate disobedience and loss of interest in school. These cases were presented because they not only describe the behavior and implied possible attitudes, but also, it seemed emphasized that the children did feel both directly and indirectly, the effects of the long-term illness. Reduced income meant possibly for one, the abandoning of educational plans and for another, the deprivation of recreational activities. The attention the veteran's condition required meant for one a deprivation of the care to which she had been accustomed and, for the other, the veteran's very absence from the home possibly created fear and anxiety.

What the Families Did through Their own Resourcefulness

Financial.--All of the families whose income dropped from 75 per cent to 25 per cent of the original amount attempted in some way to alleviate their financial problems. The ways of managing were peculiar to the families in greater and lesser degrees and perhaps a more reliable picture could have been given if variable such as the amounts of debts, money for recreation and savings could have been described. In spite of this, the data indicated (See Chart 7) that the families had common ways of managing.
For instance, four of the families had applied for financial assistance from a social agency, two had asked their creditors to "hold payment" on debts, two had utilized all of their savings, two had sold their homes and in two families, the wives had become the "breadwinners".

CHART 7
WHAT EACH FAMILY DID THROUGH THEIR OWN RESOURCEFULNESS

<table>
<thead>
<tr>
<th>Family</th>
<th>Ways of Managing</th>
</tr>
</thead>
</table>
| A      | Utilized all savings  
        | Asked creditors to "hold payment" on debts  
        | Applied for financial assistance from a social agency |
| B      | Applied for financial assistance from a social agency |
| C      | Utilized all savings  
        | Applied for financial assistance from a social agency  
        | Sold automobile |
| E      | Wife became "breadwinner"  
        | Moved to a cheaper residence |
| F      | Sold home and moved in with relatives  
        | Sold furniture  
        | Applied for financial assistance from a social agency |
| G      | Decreased amounts of food  
        | Wife became "breadwinner" |
| H      | Asked creditors to "hold payment" on debts  
        | School age children carried lunches  
        | Utilized no money for recreation |
| I      | Sold home and moved to a cheaper residence  
        | Wife became "breadwinner" |
Roles.--Inherent in the description of the effects which the illness had upon the roles of the family were descriptions of what the families did. For this reason, the writer felt that no further discussion was necessary.

Attitudes and Behavior.--The three families in which the behavior of the children had been described as "difficult" attempted management of these problems in the following ways:

Family "A"

The wife in this family explained to the five-year-old that the veteran was ill; however this behavior persisted. When the veteran became ambulatory, the wife took the child to the hospital to "let her see for herself that her daddy's legs had not been cut off".

Family "C"

The wife in this family interpreted the veteran's illness to the child and after his hospitalization devoted more time to her. The wife had also begun having an "eating out night" at which time she and the daughter had ice cream or soda at a restaurant.

Family "E"

The wife allowed the child to pout and ignored her until she "got over her pouting spell".

The mother of the seventeen-year-old child whose change in behavior was described as having become "increasingly disinterested in school" handled this in the following way:

Family "K"

The wife allowed the son to accept employment doing "odd jobs" around the community. In addition to this, she continued to encourage him to continue school, pointing out that his education would better prepare him to "help".
Thus, it was found that two of the wives attempted to handle the behavior problems of their children by utilizing concrete devices, one chose to ignore the problem and the other attempted to help the child by providing him with an alternative and encouragement.

How the Families Were Assisted by Relatives, Friends, Neighbors and Others

Of the fourteen families which comprised this study, nine received some type of assistance. The assistance which these families received was in terms of (1) financial aid, (2) good and services, and (3) emotional support.

Seven of the nine families received financial assistance. For five of these families, the source was a social agency, one of these had also received financial assistance through relatives; two other families had received financial assistance only from relatives. The amounts allotted by the social agencies ranged from $43.00 to $140.00 per month.

Seven of the families received assistance in terms of good and services. The good which these families were given included food, clothing and fuel. The services rendered included caring for the children, the provision of living quarters for the wives and children who had to come from out of town to visit the veteran during his hospitalization and the provision of transportation for wives and children who had to come from out of town. As indicated by Chart 8, the greater part of this type assistance came from relatives. In five of the families, all of the goods and services had been provided by the families' relatives; in one family, the goods and services had been given by neighbors and a Parent-Teachers' Association and in one other family, the goods and services had been given by a church organization and neighbors.
The families who received assistance from the Parent-Teachers' Association and the religious organization were affiliated and had taken active participation in these groups.

Emotional support was received by the nine families and came either from relatives, friends, neighbors or the groups previously mentioned.

**Chart 8**

**Goods and Services Received by the Families**

<table>
<thead>
<tr>
<th>Family</th>
<th>Goods</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Relatives provided food and clothing</td>
<td>Relatives cared for the children</td>
</tr>
<tr>
<td>B</td>
<td>Church organization provided fuel</td>
<td>Relatives cared for the children</td>
</tr>
</tbody>
</table>
| C      | Neighbors provided fuel  
Parent-Teachers' Association provided food baskets | Neighbors cared for the children |
| D      | Relatives provided food | Relatives cared for the children |
| E      | Relatives provided food  
Relatives provided living quarters* | Friend cared for the child |
| F      | Relatives provided food and clothing  
Relatives drove wife to and from Dayton | Relatives cared for the children  
Relatives provided living quarters |
| G      | Relatives provided food | Relatives provided living quarters* |
| H      | Relatives provided food | Relatives provided living quarters* |

*Families resided outside of Dayton.
It was found that no calculations of the assistance other than that received directly from the social agencies could be given by the wives. The case of Family "F" presented a situation typical of the reasons why the wives found it difficult to measure the assistance they and their families had received.

Family "F"

Mrs. F. was 38 years of age, her husband 2 years older. There were three daughters in the family, aged 10, 2 and one. Approximately one year ago, the K's purchased a new home and within two months after this, they learned that their nine-year-old daughter (deceased at the time of the interview) had cancer. The onset of Mr. K's illness began soon after this, but because he was the only source of support for the family and because of the expense of the medical care for his daughter, he continued to work. His condition became progressively worse and during the next eight months between care for Mr. K. and his daughter, the family had spent approximately $9,000. They had found it necessary to sell their home, their car and part of their furniture. Throughout this time, Mrs. K's father and mother assisted them financially, provided clothing for the children and cared for them. When the K's sold their home, these relatives shared their's with them. Following Mr. K's hospitalization, they took on the responsibility of caring for the K. family. Ironically enough, Mrs. K's father also became ill and was hospitalized with a diagnosis of myocardial infarction. Because of the financial stress, he left the hospital against medical advice and took on an extra job.

This case, while it illustrated the immeasurable assistance which one family received through relatives, also illustrated the difficulties and problems which the illness of the veteran caused the people comprising his circle. As M. Fields so aptly expressed it:

...Like a pebble thrown into water, illness causes ever expanding circles, affecting not only the person who is ill but his family, which is called upon to meet many of the emotional and physical costs of the illness, his closer relatives, and his friends....15

The Wives' Evaluation of Past Adjustment and Needs Indicated

The effects of the long-term illness of the veteran upon the families and their ways of adjusting to these through their own and the resources of their relatives, friends, neighbors and other were described. Equally as important were the ways in which the families had seen their adjustment and their descriptions of further needs, for these, it seemed, determined to a large degree, their outlooks and consequently prognoses for future adjustment.

Thirteen of the wives responded to the effect that they felt their adjustment had been as positive as could have been expected considering the resources they had known upon which to call. The other wife, of Family "L" responded, "The whole thing's been too much on my nerves. I am going crazy!" It seemed rather significant that this wife was in the lower middle age group, had been ill herself with a brain disorder and had within the home an only child who was an epileptic.

The wives of eight of the families indicated that the alleviation of some factor, all the direct effect of the veteran's illness, would help the family toward a more positive adjustment. Of the six families who had indicated no needs, three were in the group in which there had been no change in income, two were of the families where the wives were employed prior to the onset of the illness and the other was of one of the families in which the wives became "breadwinners". Chart 9 indicated the needs of the families. As indicated also by Chart 9, there were common needs among the families.
### Chart 9

**The Needs of the Families**

<table>
<thead>
<tr>
<th>Family</th>
<th>The Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Assistance in helping the veteran adhere to the medical regime</td>
</tr>
<tr>
<td>C</td>
<td>Assistance in dealing with the behavior problem of the daughter and support around the total family situation</td>
</tr>
<tr>
<td>D</td>
<td>Assistance in helping the veteran adhere to the medical regime</td>
</tr>
<tr>
<td>E</td>
<td>Assistance in locating more adequate living quarters. Assistance in finance</td>
</tr>
<tr>
<td>F</td>
<td>Assistance in finance</td>
</tr>
<tr>
<td>H</td>
<td>Assistance in finance</td>
</tr>
<tr>
<td>K</td>
<td>Assistance in locating adequate medical care for members other than the veteran. Assistance in finance</td>
</tr>
<tr>
<td>L</td>
<td>Assistance in finance</td>
</tr>
</tbody>
</table>

Five of the families indicated a need for financial assistance and two indicated that they needed assistance in helping the veteran adhere to the medical regime (these needs were on the basis of the veterans' attitudes toward their illnesses prior to hospitalization).
CHAPTER V

A DESCRIPTION OF SOME OF THE MEASURES UNDERTAKEN BY SOCIAL WORK SERVICES TO AID THE FAMILIES

The needs described by the families indicated that the kinds of services to be given were essentially in the emotional, economic and social areas—areas with which social work services becomes mainly concerned. Five of the families who had indicated needs came to the attention of social work services. Presentation of two of these cases further illustrate the nature of the families' needs, some of the method characteristic of social casework, and the use of this by the clinical social case worker in her efforts to help the families meet some of their needs.

Family "C"

The thirty-one year old wife of this family indicated during the interview for the study that she needed assistance around the total problem of the long-term illness of the veteran. When social work service became active in this case, it was learned that the one-year-old in this family was an illegitimate child which the family had taken into the home after paying for the mother's maternity care. Aware that Mr. C. was in a terminal illness, Mrs. C. was quite concerned that the Child Welfare Authorities might take this little girl away from them. Evidently, the C's. had planned to adopt this baby but had not initiated any proceedings feeling that they would have to have the child for at least a year before doing so. Then, with Mr. C.'s illness and lack of financial support, they were unable to hire an attorney to effect this plan. Also, Aid to Dependent Children had been assisting Mrs. C. and the twelve-year-old daughter but refused to offer financial assistance for the one-year-old. Recently, the worker at Aid to Dependent Children had encouraged Mrs. C. to return the child to the real parent, or seek counselling from Family and Children Services in an effort to clarify the situation about this baby. Mrs. C. had been reluctant to seek counselling or legal help feeling that she would lose the baby entirely.

The clinical social case worker active in this case contacted the attorney who handled the type of problems for the court which Mrs. C.'s. case presented. Through clarification with him, it was learned that it was probably better for Mrs. C. to take no legal action regarding the child but rather, if in the future someone tried to obtain custody, obtain temporary custody and apply for guardianship.
Upon learning that Mrs. C's brother, the putative father, had agreed to support the child, Aid to Dependent Children was contacted and given interpretation of this in an effort to keep them from pressing this problem further.

Mr. C. subsequently expired and Mrs. C. was referred to the Veterans Administration Burial Office to make all necessary arrangements. She was also referred to the Veterans Administration Contact Offices to apply for Social Security benefits or other veterans' benefits to which she might have been entitled. In addition to this, Mr. C. had a $1,000.00 insurance policy and assistance was given to Mrs. C. in obtaining this allotment. She was given interpretation regarding her ineligibility for Aid to Dependent Children funds because of the insurance resource but, at the same time, was reassured that when this resource was depleted that she would again be eligible.

Thus it was seen that case work treatment in this situation was that of offering supportive case work services to the wife during the veteran's illness; clarifying the matter of protective action that Mrs. C. could take regarding the child; at the time of the veteran's death, assisting her through proper referrals to the Veterans Administration Burial and Contact Offices; interpretation of Aid to Dependent Children policy regarding her resource through the insurance benefits, and contact with Aid to Dependent Children so that they could offer Mrs. C. assurance that she would again be eligible for these funds when this income was utilized.

Family "L"

The fifty-five-year-old wife of this family initially indicated that she needed financial assistance. Upon social work service's entrance into the case, it was learned that the one daughter within the home, an epileptic created quite a problem because of her disability. The daughter had suffered grand mal epilepsy since the age of seven and this long standing disability, although presently controlled with anti-convulsive medication, had caused some deep-seated personality problems resulting in poor adjustment in interpersonal relationships and vocational adjustment. Her attitude was a very hostile negativistic one.

Mrs. L. had suffered from vertigo and syncope for the last five or six years, was a known diabetic and suffered from hypertension.
She was found to be so concerned about her own illnesses that she showed only hostility towards the daughter for her inability to supplement the family income. In addition to this, she was anxious that Mr. L. was not at home working. Mrs. L's. physician felt that there was a considerable amount of psychological overlay in Mrs. L's. so-called "black out spells" but had encouraged her to seek neurological examination to rule out any organic disability. Mrs. L. complained that she could not afford this neurological evaluation.

Mr. L. was far more concerned about the welfare of his wife and his daughter than that of his disability even though the physician felt that it was only a matter of time until he would have a severe coronary. The physician had recommended that he attempt no employment.

It was learned that the family was operating on a total income of $177.25 per month. Their rent, including gas and lights amounted to $75.00 a month and another large expenditure was the cost of medical care and medication for both the wife and the daughter. In addition to this, there were a number of small loans and bills for appliances, making it practically impossible for the family to manage on the total income.

The case worker active in this case, had contact with the State Vocational Rehabilitation and they had considered the daughter a "hopeless case" because of her deep-seated personality problems. Subsequent to this, the worker had two interviews with the daughter pointing out and interpreting some of the daughter's behavior. It was suggested that the daughter seek some case work services. The worker also helped her to obtain employment. The daughter began attending weekly social and recreational meetings of disabled individuals at Goodwill Industries and initiated contact with a young people's church group. Reports from her employer indicated that while her adjustment at first was a rather stormy one, she seemed to be responding exceptionally well through the guidance and acceptance given her by her employer and fellow employees. The daughter had spoken of the wonderful feeling of being on her own, felt that she would secure room and board at her place of employment (nursing home) and that she could maintain herself in clothing and medical follow-up.

Considerable emotional support was given Mr. L. to help him in remedying some of the problems he faced during hospitalization. He seemed less anxious about his situation in general. Neither Mrs. L. nor the daughter were given interpretation around the seriousness of Mr. L's. illness as they were not stable enough emotionally.

The family was referred for some supplemental financial assistance through the Department of Public Welfare because of the medical expenses all three members would be facing. The Welfare Department found them eligible for cost of medical follow-up and medication. The family was also referred to the Metropolitan Housing and secured a two bed room apartment for $42.00 a month with all utilities included.
It was seen in this case that while there existed financial needs as a result of the veteran's illness, the chronic illness of the daughter posed a far greater problem. Thus, case work treatment and vocational placement of this daughter offered services in multiple areas to the family. Emphasis on this particular aspect tended to illustrate, also, the skill of the clinical social case worker in diagnostically selecting and treating the area which would aid adjustment in the most positive way. At the same time, the case pointed up a concept long upheld by the social work profession—the emotional, economic and social often cannot be separated in practice.

The cases presented described measures taken by social work services in areas which the veterans and their family members could recognize, in part at least—they heard the words of the worker, discussed the plans and were able to feel the differences in their own and the other members emotional reactions. There were other services important even though the veterans and their families were not so aware of them. The social history—an integral part of medical records—was one such service for, it took to the physician and other health personnel information that helped with diagnosis; and, even more so, with the plan of treatment. It helped all professional persons caring for the veteran understand the stresses and strains, the strengths and hopes that affected his well being. It helped to individualize the veteran so all could help him toward maximum health benefits.

While the measures undertaken did not cover the variety of services rendered to the families, the case presentations have served as examples and consequently illustrate social work services as an integral part of the medical care.
CHAPTER VI

SUMMARY AND CONCLUSIONS

This was a study of the adjustment of the families of fourteen veterans hospitalized for long-term illness at the Veterans Administration Center, Dayton, Ohio. The study seemed significant because of the growing concern by the medical profession for the patient as a "whole" and because of the trend toward greater consideration of the patient as an inseparable part of his family. A study involving the problem of long-term illness seemed of particular importance because of the emphasis which had been placed upon it as a medical-social problem. In addition to this, the very nature of the word "long-term" seemed significant for, while any illness can create problems for the patient and his family, this term seemed to imply that problems might be intensified by the duration of the illness. It suggested further that there might have been problems peculiar to the patient and family faced with long-term illness.

It was hoped that this study would throw light on certain persistent problems presented to the families of veterans who were hospitalized with long-term illness. The purposes were geared toward learning what the effects of the illness had been, how the families had managed relative to these effects and what they felt their adjustment had been and would be in the future.

It was decided that this would basically be a descriptive study of interview data gathered from the wives of selected veterans hospitalized on medical wards 10, 11 and 12 of Brown, the general medical and surgical hospital on the Center grounds.

The sample, selected between December 1, 1953 and February 15, 1959 through the Social Work Service Department Master Files, included only those veterans whose cases had not been known to social work service from the time of this hospitalization to the date of the interview. In addition to this, the veteran had to have been married and the primary source of income for his family immediately prior to the primary onset of his illness and following hospitalization. He had to have resided in the same household as his family. Twenty-eight cases seemed suitable for the study, however, the writer was able to interview only fourteen of the wives. Here, the time element became a major limitation. Had it not been such a controlling factor, it was felt that a more efficient method may have been employed in contacting the wives and consequently, a greater number may have been interviewed.

From the fourteen families which were studied, the writer learned from the wives and described in the preceding chapters, some of the general characteristics of these families, the effects of the illness upon them, what efforts they made to alleviate these effects and their evaluation of their adjustment.

A review of these data clearly showed how extensively and intensively certain aspects of living for the veteran and their families, their relatives, friends and neighbors were affected. While one of the criteria had been that the primary source of income should come through the veteran, it was found that out of the fourteen families, the veterans for nine had been the primary source of income through their salaries. For all these families, the veteran's illness meant that he was no longer able to earn and in some of them, the illness threatened to curtail the veteran's earning capacity indefinitely or even permanently.
The decrease in income, from 75 per cent to 25 per cent, for all these families and for two, the incurred medical expenses in the amounts of $240.00 and $9,000.00, left them with problems around maintenance of income and payment of medical and related expenses. This made it necessary for some of the wives to become "breadwinners"; for other families, it meant utilization of all the family savings, selling of the homes, furniture, automobiles, application for public assistance and rearrangement of the family budget. Even in two of the five families where maintenance of income was no problem because the veteran had received benefits from the Veterans Administration or through Social Security, the cost of medical care prior to hospitalization had expended all of the family savings. Here, it must be recognized that this was a select group; namely that the patients of the families studied were recipients of medical care from the Veterans Administration on a no-cost-to-the-individual basis. It may be surmised that the economic effects may have been even greater had the families and/or patients been directly responsible for the cost of medical care during hospitalization.

It was seen also that the veterans' illness called for a readjustment in family roles. In three of the families, the wives became "breadwinners" and in all of the families, the wives became complete manager of the family's affairs. For two of the wives this was a complete change as they had no experience in managing. For two other wives, managing was extremely difficult as they themselves had been ill and had little understanding of how their families had managed for a year prior to the time that this responsibility fell upon them. Extra responsibilities within the home were delegated to the children of four families. In one other, a seventeen-year-old male began working outside of the home.
The illness, in four of the families, caused either a neglect of the needs of the children, created anxiety and fear within the children, or created feelings of deprivation resulting in behavior changes which tended to further strain the family balance. The behavior changes were described as pouting, sulking, sullenness, bad dreams, deliberate disobedience and loss of interest in school.

While nine of the families had received, either through relatives, friends, neighbors, social agencies or organizations, financial aid, emotional support or goods and services, eight of these same families indicated that they still had either economic, emotional or social needs which affected negatively their outlook for future adjustment.

It seemed from the continuing needs, apparent that regardless of the balance which had been established within the families and regardless of the resources of the families, the magnitude of the problems coupled with the very duration of the illness often defeated their efforts. In the cases in which social work service became active, it was seen that many of the problems of the families were alleviated through supportive case work services, clarification, interpretation and referrals for financial and other assistance by the clinical social case worker. Social work service also contributed to the physician and other health personnel caring for the veteran, social information which helped in diagnosis and treatment.

In view of the evidence supporting the value of social work service pointed up in the few cases cited, it would seem feasible to assume that perhaps all projected long-term illness cases at the hospital at least warrant social investigation.
In the cases cited, the referrals had been delayed approximately one month which allowed the families to operate under continued stress. This seemed to suggest that perhaps early referrals of such cases would be beneficial; beneficial to the veteran and his family in that this would possibly decrease the period of stress and beneficial to the clinical case worker in that it would possible allow him to handle the problems soon after or at the onset and would consequently provide opportunity for greater understanding, insight and focus.

Within recent years, significant strides have been made in medical research and there has been a greater awareness of the social, economic and emotional implications of long-term illness. The prevalence of long-term illness, however, continues to offer a challenge to and has serious implications for all those whose responsibilities lie in advancing the welfare of human beings. To the medical-social professions, since they provide direct services to the patient and his family, there would seem to be a need for greater consideration of the total problem of long-term illness; a challenge to re-examine their services, their polices and their practices.

It is recognized that no adequate solution for dealing with the vastness and complexity of the problems created by long-term illness can be advanced, however, it is felt that scientific research offers one of the major facets through which understanding may grow. Perhaps a study such as this continued on a larger scale over a prolonged period of time would prove helpful in discovering new ways to bridge the gaps in some of the existing programs of care and consequently, the needs of the long-term patients and their families may be more adequately met.
INTERVIEW GUIDE

Date of Interview
Date of Admission
Onset of Illness
Diagnoses

I. Identifying Data
   A. Case Number
   B. Family Members
      1. Veteran Age Occupation Education
      2. Wife Age Occupation Education
      3. Children Age Occupation Education

II. Economic Situation
   A. Modifications in income and expenses
      1. Sources
      2. Amount

III. How the wife was helped by relatives, friends, neighbors, and others.

IV. How the wife saw the effects of the illness upon family relationships.
   A. Roles
   B. Attitudes

V. Summary of the situation as the wife saw it.
   A. Presenting problems at the time of admission of veteran to the hospital.
   B. Management of economic resources: income expenditures; budget actual and estimated material help received or needed.
   C. Other help needed or received.
   D. Problems which have emerged.
   E. Problems which were foreseen.
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