A study of the hospital adjustment of drug therapy patients

Jacquelyn B. Norman

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A STUDY OF THE HOSPITAL ADJUSTMENT
OF DRUG THERAPY PATIENTS

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

BY
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ATLANTA, GEORGIA
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Heartfelt appreciation is offered to Althea and William Norman, Mae Davis, and Frances Prime, without whose aid, faith, and encouragement this work would not have been possible.

The writer also wishes to thank Mrs. Frances C. Avery for her patience, thoughtfulness, and help.

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TABLE OF CONTENTS

ACKNOWLEDGMENTS .................................. 11
LIST OF TABLES ..................................... iv

Chapter

I. INTRODUCTION .................................. 1
   Significance ..................................... 1
   Purpose ........................................ 7
   Method of Procedure ............................ 7
       General Characteristics of the Study
       Sample ...................................... 10
       Scope and Limitations ...................... 15

II. DESCRIPTION OF THE AGENCY SETTING ......... 17

III. HOSPITAL ADJUSTMENT ......................... 24
    Definition of Terms ........................... 24
    Work Adjustment ............................... 26
    Environmental Adjustment ..................... 32
    Interpersonal Relationships ................... 36
    Acceptance of Services ....................... 40
       Psychology Service ........................ 41
       Physical Medicine and Rehabilitation
       Service ...................................... 44
       Social Work Service ....................... 45

IV. THE EXPERIMENTAL GROUP ..................... 49

V. THE CONTROL GROUP ............................ 56

VI. SUMMARY AND CONCLUSIONS .................... 60

APPENDIXES ....................................... 66

1. Schedule 1 .................................... 67
2. Schedule 2 .................................... 68
3. Some Characteristics of the Experimental Group 69
4. Some Characteristics of the Control Group .... 71

BIBLIOGRAPHY ..................................... 73
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Study Sample by Age</td>
<td>11</td>
</tr>
<tr>
<td>2. Study Sample by Education</td>
<td>12</td>
</tr>
<tr>
<td>3. Study Sample by Race</td>
<td>14</td>
</tr>
<tr>
<td>4. Study Sample by Marital Status</td>
<td>14</td>
</tr>
<tr>
<td>5. Study Sample by Length of Hospitalization</td>
<td>15</td>
</tr>
<tr>
<td>6. Study Sample by Work Adjustment in Hospital</td>
<td>30</td>
</tr>
<tr>
<td>7. Study Sample by Work Adjustment on Trial Visit</td>
<td>31</td>
</tr>
<tr>
<td>8. Study Sample by Environmental Adjustment in Hospital</td>
<td>31</td>
</tr>
<tr>
<td>9. Study Sample by Interpersonal Relationships in Hospital</td>
<td>38</td>
</tr>
<tr>
<td>10. Study Sample by Interpersonal Relationships on Trial Visit</td>
<td>40</td>
</tr>
<tr>
<td>11. Study Sample by Acceptance of Psychology Services</td>
<td>43</td>
</tr>
<tr>
<td>12. Study Sample by Acceptance of Social Work Services in Hospital</td>
<td>46</td>
</tr>
<tr>
<td>13. Study Sample by Acceptance of Social Work Services on Trial Visit</td>
<td>47</td>
</tr>
<tr>
<td>14. Experimental Group by Duration of Medication</td>
<td>49</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

Significance

With the advent of education of society in the realm of mental illness, the subject of the mental hospital and what happens within its walls is becoming less and less of a taboo in the American society. Mental illness has become more and more acceptable in our society as another illness which needs immediate and specific treatment. This has made it easier to see the number of persons who are suffering from the many phases of mental illness. Mental illness has been a part of society for centuries, but not as common as it is in the present "Age of Anxiety."\(^1\)

"Patients do not stop living upon admission to the hospital. They go right on living, and, for many, hospitalization means a new beginning rather than an end."\(^2\)

Over the years there has been a trend to change the mental hospital from an isolated, forgotten institution which collects human wreckage, and to make it into a more enlightened, therapeutic community.

The modern hospital is a relatively recent social development. Only in this century has the hospital approached the goal of an ideal therapeutic


environment and become a community health center.¹

In view of the purposes and goals of mental hospitals of today, the "community approach" would seem to be more beneficial not only to the patient, but to the larger community outside of the walls of the hospital. Today the patient is not forgotten by society, and the "goal of treatment is seen as return to community living."² It is within the hospital that wheels begin turning toward this "return to the community."

...psychiatric treatment...is but a means to an end. The objective is rehabilitation, the return of the patient to his family and community and his functioning in that environment in a reasonably adequate and satisfying way.³

In view of these new trends, and the idea of the hospital being a community, but a therapeutic community, there must be some way of testing the patient's readiness to move from this smaller community into a larger one. The hospital offers this testing ground in its well-structured organization. The patient must be made aware of the fact that this is hoped to be a temporary "new life" for him, and that the goal constantly in front of him and the staff is return to the larger community. It has been noted that

²The Psychiatric Social Worker in the Psychiatric Hospital (Group for the Advancement of Psychiatry Publication), Topeka, Kansas, January, 1948, pp. 1-2.
...the severity of any mental disorder is to an important degree a result of insecurity about one's status...This part of the problem would be solved by removing the patient to a society in which vertical mobility is not possible. Just this, in effect, is achieved by his admission to the custodial institution.¹

Hospitalization often removes the patient from increasingly unfortunate interpersonal situations, and...surrounds him with other patients who act very much as he does.²

This puts the patient in a less threatening community, with fewer stresses and strains than he encountered on the outside. Therefore, "...the more or less rigidly enforced ordering of life by the clock [is] rather beneficial than otherwise."³

"The daily life of the hospital community must be related to real tasks, truly relevant to the needs and aspirations of the small society of the hospital."⁴ The patient's life in this small community must be realistic and not stilted. It must approximate the community to which he will return so that it is not a false picture of what his life will be after his release from the hospital.

The mental hospital cannot offer education equivalent to that found in a good school, recreation like that offered by a country club, medical services equal to those of a general hospital, and entertainment comparable to a nightclub.⁵

But it is able to offer enough of these activities to keep

³Ibid.
⁴Ibid., p. 23.
⁵Ibid., p. 54.
the patient's "feet on the ground" and to offer him some community life comparable to that which he has encountered and will encounter outside of the hospital community. Yet these activities present a problem to the patient.

A patient has to learn, and in some way to conform to, the rules, restrictions, and freedoms of the hospital. He has to accept, at least externally, his removal from society upon the basis of judgment of others and without his consent. He has to act in accordance with the knowledge that he is entirely dependent upon strangers for the fulfillment of his needs. He must submit in some way to the power of the staff, who order and regulate his life perhaps down to minute details in accordance with their conception of what is "therapeutic" for him.1

It is within this realm that the major problem lies. Since the patient's return to the community depends to a large extent on his ability to "learn" this life of the hospital and to adjust to it, we must see the patient in his day-by-day activities and evaluate to what extent he is able to live in this "therapeutic" situation, and most of all, gain something from it.

"The social worker must be concerned with all aspects of the patient's relationships within the hospital."2 It is part of the social worker's role to help the patient in this adjustment to the hospital. The social worker is interested in the total adjustment of the patient, but with particular emphasis on his ability to accept and utilize the casework

---

1Ibid., p. 170.

2The Psychiatric Social Worker in the Psychiatric Hospital, op. cit., p. 3.
services offered by the Social Service Department, in an
effort to help him in his hospital adjustment and later com-
munity adjustment. Within the hospital, there is an inter-
action among all the therapies and treatments received by the
patient. Each treatment should in some way facilitate the
patient's use of the others, and all help in working toward
the goals of hospital and community adjustment.

A part of the treatment in most psychiatric hospitals of
today is drug therapy, also known as chemotherapy or ataraxic
therapy. The basic concept underlying this therapy is that
mental illness is based on a chemical disturbance, and obtain-
ing the right chemical balance in the body will help to cor-
rect this illness. In this study our references to chemothera-
py, drug therapy, or ataraxic therapy will be related to only
one of the drugs used in these treatments. That drug is
chlorpromazine, better known in this country as Thorazine. It
was discovered in France in 1950.¹ The drug was made avail-
able to hospitals in this country in May of 1954. Since that
time there have been numerous observations on the value of
these attempts in drug therapy. The use of Thorazine has
brought about a new interest in the chemistry of the body,
especially in relation to the functions of the mind. There
is still no final word on what this drug will do.

¹Frank M. Gaines, Jr., "Tranqualizing Drugs and Concepts
of Social Work Practice," Social Service Responsibilities
in After Care, Proceedings of Regional Institute (Louisville,
At the APA meeting last Spring the two extremes of thought concerning these new drugs were expressed by persons who felt the psychiatric textbooks would have to be rewritten as a result of the drugs, versus the person who said that we had best cure all the patients we can in the next two years before we really find out that the drugs don't work as well as we thought they did at first.\(^1\)

Two years later, the opinion remained the same as to what one can really expect from the drug. Dr. Vernon Kinross-Wright wrote that "even in 1957 it is hard to write with authority about this drug, for the results of therapy in mental illness require slow and cautious evaluation."\(^2\) Much of the literature on the subject indicates that "the major value of the drugs is that they enable the patient to achieve a state of emotional balance so that he can be effectively reached by psychotherapy and adjunctive therapy."\(^3\)

It has also been indicated in the literature on Thorazine that

many psychoneurotic patients and those diagnosed as having pseudoneurotic schizophrenia...are initially much too frightened to participate in such a therapeutic relationship. Often weeks or months are spent in ameliorating the level of anxiety to the point where the patient has enough ego strength to relate in a dynamically oriented scheme. \(^4\) It was found that early administration of chlorpromazine could greatly shorten the period of "anxiety decompression" and thereby more quickly make the patient

\(^1\)Ibid., pp. 10-11.
available for effective psychotherapy.\textsuperscript{1}

The same is stated as true in the patient with an active psychosis.

The rapid reduction of anxiety, and excitement and the diminution of psychomotor activity, without production of stupor or confusion, make "Thorazine" extremely valuable in facilitating psychotherapeutic contact with the patient.\textsuperscript{2}

**Purpose**

The purpose of this study was to establish if there is any visible difference in the total hospital adjustment of patients who have received casework services and drug therapy (Thorazine), and of those who have received casework services, but no drug therapy.

**Method of Procedure**

A total population of 1,563 cases was used from which to choose the sample of 20 cases to be employed in the study. The population was obtained from Social Service Records of patients who had been known to Social Work Service prior to January 1, 1955. The researcher selected the names of all patients known to this department from active, closed and discharged files. The "active" cases were those who were


\textsuperscript{2}The Treatment of Hospitalized Psychiatric Patients with Thorazine (Smith, Kline & French Laboratories Publication), December, 1956, p. 4.
currently known to social service. Those "closed" included patients who had been known to social service, but who did not, at the time of selection, have an active social worker. "Discharged" cases were those who had been active with the department during their hospitalization, but who were presently discharged from the rolls of the hospital.

From this universe, a list of cases was made. This list was then cut into individual slips, placed in a box and shuffled. Cases were then selected randomly and examined to see if they met the following criteria: (1) Diagnosis: All of the patients selected had the primary diagnosis of Schizophrenic Reaction, Paranoid Type; (2) The cases selected for the study had to be known to social service for at least six months during the period studied, July 1, 1954 through June 30, 1955; (3) The ages of the patients had to fall within a range of twenty to forty years, as of the patient's last birthday at the onset of the study; (4) All of the patients studied had to have at least three years of high school education and no more than four years of college; and, (5) All of the patients had to have histories of schizoid personality prior to their military service, and the conditions had to be considered as having been aggravated during military service.

Initially the information obtained was recorded on Schedule 1.¹ This information was obtained from clinical

¹See Appendix 1, p. 67.
folders, which presented a day-by-day, or periodic description of the patient's activities while in the hospital. In this folder was contained information from various hospital departments. In general, these departments were psychology, vocational counseling, physical medicine and rehabilitation, nursing, psychiatric, medical and social service. Social service records were also used for information related to the patient's activities with this department. Other than information contained in the clinical folders, such as reports of social service activity, pre-trial visit surveys, social surveys, interim histories, reports to the medical rehabilitation boards, trial visit reports, and closing summaries, these records contained information relative to individual contacts with the patients and their relatives.

This information was then compiled on Schedule 2,\(^1\) giving a brief, summarized account of the patient's adjustment in the specific areas to be studied. These areas were Adjustment in Work Situation, Environmental Adjustment, Interpersonal Relationships (or Adjustment to Group Living), and Acceptance or Rejection of Services. These summarized accounts gave a bird's eye view of the patient's adjustment in these areas, and gave the researcher an opportunity to rate their adjustments in various areas. The rating scales employed were constructed by the researcher. The information was then

\(^1\)See Appendix 2, p. 68.
tabulated and set up for analysis.

In the text, patients who received drug therapy will be referred to as the "Experimental Group." All case illustrations taken from this group of patients will be listed as "Case E1," "Case E2," etc. Patients who did not receive Thorazine will be referred to as the "Control Group." All case illustrations taken from this group of patients will be listed as "Case C1," "Case C2," etc.

General Characteristics of the Study Sample

In selecting the two sample groups used in this study, one of the methods employed was group matching. It may be well at this point to examine the two groups of the study sample, in order to see if they have been reasonably equated.

**Diagnosis.**—All of the patients in the study sample carried a diagnosis of Schizophrenic Reaction, Paranoid Type. By limiting the sample to one clinical diagnosis, it was felt that there would be enough similarities in patterns of personality reactions to equate the two groups.

**Age.**—Only the patients between the ages of twenty and forty were selected for the study. In the final analysis, the ages of the patients in the group fell between twenty and thirty-eight.

On the whole, the patients in the experimental group were younger than those in the control group. None of the patients in the experimental group were older than thirty-three, and
six of them fell within a range of twenty to twenty-six years of age. The youngest patient in both groups was twenty years of age. There was a difference of 2.9 years in the means of the two groups. The average age of the control group was 29.6, and that of the experimental group was 26.7. Table 1 shows the age distribution in the two groups.

TABLE 1

<table>
<thead>
<tr>
<th>AGE</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-23</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>24-27</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>28-31</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>32-35</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>36-39</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

Education.--All of the patients in the study sample had received at least three years of high school education and no more than four years of college education. The mean education for the control group was 12.3 years, while that of the experimental group was 13.5 years, showing a difference of 1.2 years. In the control group eight of the ten patients had four years of high school, one had three, and only one finished four years of college. The experimental group offered more of a variety in educational training. There was one patient with three
years of high school, two with three and a half years, and one with four years. This group had more college trained persons. One patient had had one year of college, two had had two years, and the remaining three had completed four years of college education. Table 2 illustrates these differences in the amount of education.

TABLE 2

<table>
<thead>
<tr>
<th>AMOUNT OF FORMAL EDUCATION</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 - 12 years</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>13 - 14 years</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>15 - 16 years</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

Occupation. — The available records did not discuss occupations in detail. In most instances they only gave a listing of the patient's occupation as reported at intake, or in conversations with the patient and his relatives. In no instances was there a specific description of the duties performed by the patient in the maintenance of his job.

In the experimental group five of the patients were students. Of these five students, four were pursuing a college education, and the other patient was going on to graduate studies. There were two patients who held professional
positions. One was a teacher, the other an accountant. The other three patients in this group held the following positions: cook, laborer, and odd jobs. The patients who held these three positions were those who had had either three, or three and a half years of high school as reported in the discussion on education.

Only one of the patients in the control group held a professional position, that of a pharmacist. One of the patient's occupation was unknown. It was listed as such on the face sheet of his record, and there was no mention in any of his records as to the specific occupation which he had held, if any. The other eight patients held the following positions: two cooks, one machinist, one distributor, one salesman, one park attendant, one worker on odd jobs, and one clerk. The patient who had been listed as having three years of high school held the job as a salesman; and the pharmacist was the one college graduate in the group.

Race and Marital Status.---Tables 3 and 4 indicate the race and marital status respectively of the patients included in the sample. They are included to indicate that the samples are matched in these areas.

Length of Hospitalization.---In tabulating the length of each patient's hospitalization throughout this study, time was calculated from the date of admission to the date of discharge, inclusive. The total length of stay as presented in Table 5 is not limited to the dates of this study, but to total hospi-
talization. In this table, length of stay was tabulated in months for easier comprehension. If a patient's hospitalization was calculated to include a certain number of days, this was also taken into consideration. So that it would be uniform, the researcher counted sixteen days or over as a complete month. Therefore, a patient whose length of hospitalization was calculated as four years, one month and sixteen days, would be tabulated as fifty months.¹

TABLE 3
STUDY SAMPLE BY RACE

<table>
<thead>
<tr>
<th>RACE</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negro</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>White</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

TABLE 4
STUDY SAMPLE BY MARITAL STATUS

<table>
<thead>
<tr>
<th>MARITAL STATUS</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Married</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

¹For individual tabulations, see Appendixes 3 and 4, pp. 69-71.
Table 5 indicates that the patients in the control group were in the hospital for a shorter time than those in the experimental group. Actually there is a difference of $3.2$ months in the means of the two groups.

**TABLE 5**

**STUDY SAMPLE BY LENGTH OF HOSPITALIZATION**

<table>
<thead>
<tr>
<th>LENGTH OF HOSPITALIZATION</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 mos. to 12 mos.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>13 mos. to 18 mos.</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>19 mos. to 24 mos.</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>25 mos. to 30 mos.</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>31 mos. to 36 mos.</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>37 mos. to 42 mos.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>43 mos. to 48 mos.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>49 mos. to 54 mos.</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

The average length of hospitalization for the patients in the experimental group was 32 months, while for the control group it was 28.8 months.

**Scope and Limitations**

The patients used in this study were limited to twenty so that a detailed study might be made of their records and
their adjustment.

The records varied as to the amount of information which could be obtained. Some of the records were more detailed than others, thereby giving the researcher more material with which to work in some instances.

The study is further limited since the sample had to be drawn from one hospital, Veterans Administration Hospital, Northport, which receives its patients from a limited area in New York State.

The hospital handles only male patients, which excluded the use of female patients in the study.

During the period studied, drug therapy was new in the hospital and limited the sample which could be used.

There was a time limitation on the gathering of data, which did not permit the researcher the opportunity to talk with these patients in an effort to ascertain their opinions on the effectiveness of the chemotherapy which was employed.
CHAPTER II

DESCRIPTION OF THE AGENCY SETTING

Situated about forty miles from New York City are 551.23 acres of land purchased by the government in 1926.¹ Since November, 1928 this land has been the site of the largest veterans' hospital in the United States. Named after the small village near which it is located, Northport Veterans' Administration Hospital has a total bed capacity of 2,488 (standard bed capacity is 2,312; emergency bed capacity is 176).²

The institution concerns itself primarily with neuropsychiatric services, but along with neurological and psychiatric problems, the hospital and staff are equipped to serve patients with medical, surgical, dental and tubercular problems.

There are approximately 1,380 full-time employees, comprising a complete team of physicians, dentists, nurses, and a full range of auxiliary medical, administrative, and maintenance staff, supplemented by a large number of volunteer workers, from many civic, service and fraternal organizations in the area.³

This includes thirty-six full time physicians, twenty-five of whom are in psychiatric service, while eleven serve the veterans in medical and administrative positions. In addition to this full time staff, there are thirty-five consultants whose services are available to the hospital.

¹Station Handbook - HB-10, Veterans Administration Hospital, Northport, N.Y. (1957), Section A-1.
²Ibid., Section B-1.
³Ibid., Face Sheet 4.
The hospital is divided into two services, -- Professional and Administrative. The latter division includes the Manager and departments of Supply, Finance, Engineering, Personnel, Communications and Records and Registration. The Professional services are Chaplaincy, Dietetic Service, Dental Service, General Medical and Surgical Service, Nursing Service, Pharmacy, Physical Medicine and Rehabilitation, Laboratory, Special Services, Neuro-psychiatric Service, Psychology and Social Service.¹

For the purpose of this study, we need to look at some of the functions of some of these departments. Psychiatry and Neurology Services provide service in the diagnosis, care and treatment of patients assigned to the psychiatric and neurology services; furnishes psychiatric, neurologic and clinical psychological consultation services upon request of other services; participates in training programs; and initiates research and clinical studies. The Clinical Psychology service provides service in the psychological activities relative to the diagnosis and treatment of patients under the supervision of the Director of Professional Services; directs the hospital training program for clinical and/or counseling psychologists; collaborates with other services in the training program of residents, nurses, attendants, etc. in the principles and practices of psychology; and initiates research and clinical studies. The clinical psychologist is responsible for giving standardized tests to the patients for diagnostic purposes, and is also involved in individual and group psychotherapy with

patients. Nursing Service provides comprehensive nursing care for patients; cooperates in planning the integrated patient care program; participates in the hospital training program, including the conducting of an educational program for nursing staff development; and initiates research in nursing and studies. Physical Medicine and Rehabilitation Service provides service in the diagnosis, treatment and rehabilitation of patients assigned to the service in the following therapies as determined by the requirements of the hospital: Physical, Occupational, Corrective, Manual Arts, Educational, Blind Rehabilitation and Audiology and Speech Correction; provides consultation upon request of other services; and participates in the hospital training program.¹

For treatment purposes the hospital is divided into two services, Acute Intensive Treatment Service (AITS), and Continued Treatment Service (CTS). Essentially the difference between the services lies in the amount of time the patient is expected to be in the hospital and the chronicity of his illness. Patients on AITS are generally considered to be short-term patients, whose course of treatment will last not over a year or two. These are patients who either have no previous history of psychosis or who are expected to recover quickly with intensive treatment. The patients on CTS wards are considered chronically ill, and it is felt that they will require

¹Organizational Manual of Veterans Administration, Northport, N.Y., Section VI3-15.
a longer period of treatment before they will be ready to return to the community.

Admissions are handled by AITS.

Each neuropsychiatric patient admitted to Ward A30 (Admission ward) is given thorough physical and neurological examinations, and his mental condition is evaluated by his assigned psychiatrist, psychiatric social worker, and psychologist. After records are assembled, a complete NP [neuropsychiatric] report is typewritten and he is presented before a diagnostic staff conference. At this time a definitive diagnosis is made and a program of treatment is outlined for his future stay in the hospital.¹

Important in the total integration of the hospital processes is the concept of the "team approach". The broad idea behind this concept is that each person who comes in contact with the patient during his stay in the hospital is responsible for some aspect of his treatment. However, the more specific aspect of the team deals with the psychiatrist, the psychologist, the vocational counselor, the social worker, the nurse and the aide. Usually the treatment plans relative to the care of the patient are the concern of these team members.

The role of the social worker in this complex setting is varied, and at times confused.

Because of inadequate administrative clarification of his function, the utilization of the social worker is often ineffective, inappropriate and economically wasteful.²

¹Station Handbook, op. cit., Section H-lb.
²The Psychiatric Social Worker in the Psychiatric Hospital, op. cit., p. 3.
Though at times this wastefulness prevails, there have been great strides which have enabled the social worker to be accepted and to work within a more definitive structure. This structure, or standard for operation, gives a general picture of the social casework process in this agency as follows:

(1) Exploring the veteran's past and current situation to identify those social facts and features in his interpersonal relationships and cultural setting and those attitudes and feelings on the part of the veteran himself or others that appear related to his health and that may have diagnostic or treatment significance in the VA's care of the patient.

(2) Formulating the social diagnosis showing the veteran's social and emotional problems and strengths, and insofar as possible, identifying the causes or mechanisms behind them, determining in conference with the physician which of these components have the most direct bearing on the patient's condition -- causal, precipitating, perpetuating, concomitant, or resultant.

(3) Establishing goals in social treatment and designing and carrying out social treatment measures through appropriate methods and techniques.¹

In the final stages of working with the psychiatric patient, it is the responsibility of the worker to prepare the patient and his family for his return to the community.

All of these services are achieved through the use of technical skills, such as psychological support, clarification, interpretation, environmental manipulation, and insight development. Through the use of these skills the social worker maintains the professionality of his position.

¹Office of the Chief Medical Director, Veterans Administration, Program Guide, Social Work Service; Standards for Clinical Social Work in VA Hospitals, Outpatient Clinics, and Domiciliaries (Washington, 1957), pp. 15-16.
Along with the therapeutic concept of hospitals today, Northport is a community within itself. It is set up so that it does not depend upon the Village of Northport, or any of the local communities for service. It has its own power and heating plants, water supply, laundry, fire and police departments and sewage disposal facility, as well as its own internal bus service.

The hospital also offers community living to the patients. The ward staffs are set up in such a manner that there is a minimum of change in staff members. This gives the patient an opportunity to have his own "hospital family." The wards could be conceived of as neighborhoods; indeed there is set up from ward to ward a sort of "neighborhood rivalry" in various activities. Educational therapy offers those patients who desire or need it an opportunity to go to "school." Other therapies connected with PMRS (Physical Medicine and Rehabilitation Service) offer the patients various "employment" experiences. There are movies, parties, dances, etc. which offer the patient a chance for socialization and entertainment. Participation and interest in sports are encouraged. Patients on some of the wards are encouraged to participate in patient government, and thereby given an opportunity to practice the democratic way of life, and develop their own "ward code of living." They set up their own mores and folkways. They publish their own newspapers. They form their own friendships and cliques with "in" and "out-groups." They have their own
"corner drug store," The Canteen, where they may gather and spend their money, or just meet friends and talk. It is within this community living that the patient must make his first adjustment. It is here that he is given an opportunity to test his reality and see if he is prepared to venture out into the larger community and cope with more stress and strain. It is his participation in these activities which we must look at and evaluate in this study of his hospital adjustment.
CHAPTER III

HOSPITAL ADJUSTMENT

It has already been indicated in Chapter I that the hospital adjustment of a patient is an indicator of how he will adjust in the community following his discharge. According to Alfred Noyes,

...schizophrenia represents a faulty reaction to life situations, a maladapted way of life manifested by one grappling unsuccessfully with environmental stresses and internal difficulties....

The patient must "relearn," or in many instances, "learn" to adapt himself in an adequate manner to the life situations which he must face. By the mere fact that the patient is hospitalized, one realizes that he has been unable to adjust to life situations. Therefore, he must be given a chance to adjust to these situations within the protective environment of the hospital.

Definition of Terms

For purposes of clarity, the concepts used in this study must be defined. The term "hospital adjustment" is used to indicate the patient's adjustment for the period during which he is included on the hospital's rolls. This may mean the patient is in the institution, or it may indicate that he is on "Trial Visit." Trial Visit would indicate that the patient

has spent some time at the institution, has made an adequate adjustment within the institution, and has been allowed to return to the community on a "trial" basis. The patients included in this program are still under obligation to report to hospital authorities, usually the social worker, connected with Veterans Administration. They are still considered patients of the hospital, and remain such until they are finally discharged. The majority of the patients used in this study who were on Trial Visit lived out in the community with relatives, or alone. These patients had been released from the hospital either in the custody of relatives, or in their own custody. The other patients on a Trial Visit program included in this study were participants in the Member Employment Program of the Hospital. Briefly, this indicates that the patient is no longer on a ward, but has established quarters on the hospital grounds with other employees and is employed at the hospital on a full time basis. There were only two patients in the study, one from each study group, included in this latter program. For this reason, there will be no distinction made when discussing patients on Trial Visit. The only distinction to be made will be between "hospitalized" patients, those who were living on a ward, and "trial visit" patients, those who were living in the community, but who were still active on the hospital rolls.

During the period studied, only three of the patients in the experimental group were on Trial Visit. The other seven
patients were in the hospital for the entire year studied. Sharply opposed to this, seven patients in the control group were on trial visit during the period studied, while only three remained in the hospital for the entire year studied.

It is the objective of the writer at this time to give some picture of the way the twenty patients in the sample were able to adapt to the situations which faced them in their hospital adjustment. Four specific areas were chosen to study. These areas were work adjustment, environmental adjustment, interpersonal relationships, and acceptance or rejection of services.

**Work Adjustment**

One of the first emotional problems to confront an adult is his adaptation to the work by which he earns his living.... For many men and women the stress and strain of adjusting to work and its routines create many tensions, anxieties, fears and resentments.1

From this quotation, one sees that a major problem of adjustment with many people is posed by work. The psychotic is no less affected by this stress, and often is pressured more because of various reasons. The hospital is not necessarily a place to train people for vocations, though this may be a part of the program planned for a patient. But the work situations available do give them an opportunity to "test their wings." The case illustrations and figures indicated in this

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discussion of work adjustment are taken primarily from the notes from Physical Medicine and Rehabilitation Service. The therapy in which the patient engages in this service may either be looked at as a hobby or a work situation. Because of the types of activity in which these patients engaged, we will consider it as a work situation. The patient is expected to arrive and leave at a certain time. He is expected to engage in some constructive activity. In many instances, he is allowed to make a choice. Physical Medicine and Rehabilitation Service is then viewed as a collection of jobs or vocations. Stability is important in such a situation. It may reflect how stable the patient will be when he must encounter a like situation in the community.

The problems which the patient may encounter in the community are present in the hospital work situation. Perhaps the patient has resented authority and finds it difficult to take orders, or suggestions or criticisms from anyone. Can he adapt himself in this small work situation? Is he able to learn to take these suggestions and criticisms when, in a protective situation, they are so few?

Case C2

This patient was active with PMRS\(^1\) for 13 months. He was a machinist by trade, and would most likely have to work under some authority in the community. During the 13 months he had a difficult time in

---

\(^1\)Physical Medicine and Rehabilitation Service. All further references to this service will be indicated in this manner.
adjusting to a work situation. The notes on this patient indicated that he did not like to take instructions, refused to follow directions, had to be reassigned to various therapies and would not cooperate with anyone.

It is not likely that this patient would be able to adjust to a work situation outside of the hospital. He obviously resents authority, and during 13 months made no change in his ability to accept suggestions or criticisms.

Case E2

This patient was active with PMRS for 19 months. At first his adjustment was similar to the patient described in Case C2. He preferred to work without direction. He could not take criticism or suggestions. But, as he progressed in his therapy, he became able to accept criticism. He began to cooperate, and was able to progress in the therapy to which he was assigned.

Further notes would indicate that this patient still had problems in other areas which relate to work, but he had made a step toward more adequate adjustment in this one area. When placed in a work situation he would be better able to accept small criticisms than the other patient.

This is only one problem related to a work situation. There are others which would give reason for a complete study in this one area.

Adjustment in this area is of prime importance when the patient is ready to face the community. The hospital situation presents problems to the patient in this area also. Using the following criteria, the study sample was evaluated as to their adjustment to the hospital work situation.
Excellent -

a. Regular attendance without force
b. Steady work at one therapy
c. Acceptance of shop routine
d. Long interest span
e. Cooperates with therapist
f. No overt psychotic manifestations
g. Accepts criticisms and suggestions
h. Socializes with other patients

Good -

a. Regular attendance without force
b. Acceptance of shop routine
c. Cooperates with therapist
d. Accepts criticisms and suggestions
e. No overt psychotic manifestations
f. Socializes to some degree with other patients

Fair -

a. Regular attendance
b. Cooperates with therapist
c. Accepts criticisms or suggestions
d. Few instances of psychotic behavior

Poor -

a. Irregular attendance
b. Does not cooperate fully with therapist
c. Accepts few suggestions or criticisms
d. Cyclic behavior - psychotic manifestations
e. Withdrawn
f. Unable to stick to one or two therapies

Very Poor

a. Either does not attend regularly, or has to be forced to attend
b. Unable to find a therapy to occupy attention
c. Short or non-existent interest span
d. Does not cooperate with therapist
e. Overt psychotic behavior
f. Withdrawn

Table 6 indicates the adjustment of the patients in the study group according to their work adjustment in the hospital.
TABLE 6
STUDY SAMPLE BY WORK ADJUSTMENT IN HOSPITAL

<table>
<thead>
<tr>
<th>WORK ADJUSTMENT IN HOSPITAL</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Good</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fair</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Poor</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Very Poor</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Not in hospital</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

*Of the four patients listed as "not in hospital," two were on Trial Visit for the entire twelve months studied and the other two were in the hospital only for one month in the twelve month period.

In evaluating the patient's work adjustment on Trial Visit, only three groupings were chosen. The information in the records was not detailed or extensive. The following criteria were used for work adjustment on Trial Visit:

Good -

a. Patient must have shown interest in work and/or school
b. Patient must have found employment or enrolled in school on his own
c. Patient must have remained on the same job, or in the same school during Trial Visit

Fair -

a. Patient must have shown interest in work or
school
b. Patient must have been employed or in school
c. Patient must not have held more than three jobs during Trial Visit

Poor -
a. Patient showed no interest in work or school
b. Patient did not attempt to secure employment or enroll in school

TABLE 7

STUDY SAMPLE BY WORK ADJUSTMENT ON TRIAL VISIT

<table>
<thead>
<tr>
<th>WORK ADJUSTMENT ON TRIAL VISIT</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Fair</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Poor</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Not included*</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

*The patients included in this category were in the hospital during the twelve months studied.

There is a fair degree of correlation to be noted between the hospital adjustment and the Trial Visit adjustment of the patients in this area. In the experimental group there were three patients who were included in both the table on hospital adjustment and the one on trial visit work adjustment. A comparison of their work adjustment showed the following: One patient showed a fair adjustment in the hospital and a poor adjustment on trial visit; Another showed a poor adjust-
ment in the hospital and a poor adjustment on trial visit;
The third patient showed an excellent adjustment in the hospit-
al and a good adjustment on trial visit. There were also
three patients in the control group who could be compared in
a similar manner. One of the patients evidences a fair ad-
justment in the hospital and a good adjustment on trial visit;
the second showed an excellent adjustment in the hospital and
a good adjustment on trial visit; and, the third rated fair
in both areas.

It has already been noted that in the hospital the patient
is under less stress, strain and pressure than he would be in
the community. On this basis, it could be expected that the
patient's adjustment in the community would fall somewhat
lower than that within the hospital.

**Environmental Adjustment**

Another area in which the patient must be able to adjust
is in his environment. In this study we are considering ward
living and home living (both, in most cases, group living) as
environmental adjustment. The patient must be able to accept
the routine which confronts him in the hospital. He should
be able to adjust to living with the other people in his
"ward community" and accept the regulations by which he is
expected to abide, for even in the outside community he is
expected to live by rules and regulations which are called
laws, or mores.
The criteria for ward adjustment, used in this study, were as follows:

Good -

a. Follows ward routine, including participation in regular nursing care, going off ward to various therapies, etc.
b. Accepts medication
c. Participates in ward activities
d. Socializes with patients
e. Quiet and cooperative
f. No overt psychotic manifestations
g. Accepting of hospitalization

Fair -

a. Follows ward routine
b. Accepts medication
c. Accepting of hospitalization
d. Few overt psychotic manifestations
e. Usually quiet and cooperative

Poor -

a. Does not follow ward routine
b. Does not accept medication
c. Does not participate in ward activities
d. Is withdrawn and does not socialize with patients
e. Overt psychotic manifestations
f. Is seldom quiet and cooperative
g. Non-accepting of hospitalization.

The patients in the study, on the whole, were able to make a favorable adjustment to ward living. There were few classed as good, primarily because of their inability to socialize and participate in group activities. Table 8 illustrates the tabulation and comparison of the two groups in this area of adjustment.

The material for this table was taken primarily from the medical notes (doctors and nurses), but was supplemented by other material relating to the patient's behavior on the ward.
TABLE 8
STUDY SAMPLE BY ENVIRONMENTAL ADJUSTMENT IN HOSPITAL

<table>
<thead>
<tr>
<th>ENVIRONMENTAL ADJUSTMENT IN HOSPITAL</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Fair</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Poor</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Not in hospital*</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

*Of the four patients listed as "not in hospital," two were on Trial Visit for the entire twelve months studied and the other two were in the hospital only for one month in the twelve month period.

The following examples point out the different levels of adjustment as exhibited by the patients in their ward adjustment.

**Case E6**

This patient showed an ability to adapt to the ward situation with only a minimum of difficulty. Throughout his stay in the hospital he was pleasant and cooperative on the ward. He was able to get along with the other patients, participated in ward activities, and worked well on assigned tasks. He did not present a management problem and adjusted well to the hospital routine. The patient showed an interest in his surroundings and participated in suggested therapies.

This patient made a good adjustment to the ward. His interest in his surroundings and the people with whom he lived would
Indicate that he would be able to make a fair adjustment in the community.

Case C4

This patient had initial difficulty in adjusting to the ward. Though he was usually quiet and cooperative, he vacillated throughout his hospitalization in this area, and in others. At no time did he socialize with the other patients. Periodically he would not participate in activities and would refuse to follow the ward routine. However, the majority of the time he was cooperative and followed the ward routine.

This patient, who was rated as "fair," evidently had difficulties in completely accepting the group living. He vacillated from good to poor behavior on the ward. His adjustment in the community is likely to follow the same pattern. He must, therefore, be helped to adjust to the routine of the ward before he is able to return to the community.

Case El

This patient made a poor adjustment on the ward. He was seldom quiet and cooperative. He offered many problems in his ward adjustment. He was constantly attempting to elope - and succeeded a number of times. He was assaultive to other patients. He attempted suicide. The patient was often loud, profane, and hyperactive. He exhibited impulsive and assaultive behavior throughout his hospitalization.

This is a strong indication that the patient is not ready to face the community. He has not been able to accept the smaller, protective community in which he has been placed. There is no acceptance of his illness. He is unable to socialize - even being anti-social. There is no reason to believe that he would adjust in the community.
In the reports of Trial Visit adjustment, there was no way in which "home adjustment" could be scientifically evaluated. There were few reports with actual information as to the patient's behavior in the home. Most of the material available related to work adjustment, or interpersonal relationships, which will be covered in the next discussion. There were a total of ten patients on Trial Visit in the study sample. Of these, only four reports indicated the actual home adjustment of the patients; in all cases, this adjustment was related more to the total adjustment of the patient than to isolated instances of behavior in the home. They were rated on a combined picture of the patient's work adjustment, interpersonal relationships, and ability to accept responsibilities. For the patients on the Member Employment program, there was no indication as to how they were adjusting to living with other employees. Therefore, no adequate rating scale could be formulated for the patients' adjustments in environmental adjustment as such.

Interpersonal Relationships

One of the major problems that the schizophrenic patient faces is that of interpersonal relationships. "Schizophrenic reactions are characterized by a marked difficulty in interpersonal relationships..."¹

It is not unusual to find that such a person has never

¹0. Spurgeon English, op. cit., p. 484.
socialized well, has been rather shy and retiring, cold and moody and at times irritable, and has led a limited social existence. Therefore some attention must be given in an adjustment study to the patient's ability to form some sort of social attachments. With the schizophrenic we do not expect them to be on a large scale, or even to come up to what would be considered the average social relationships of a normal person. Therefore, we will not consider degrees of socializing with the schizophrenic. The records, which were available, did not include any specific examples of what the patient did in his attempts at socializing. Material was usually limited to statements which did not give room for a gradation of this adjustment. Usually the statements were simply "socializes" or "participates in activities;" or, on the negative side, "does not socialize" or "does not participate in activities." Therefore, this is the way the criteria were set up for evaluating the patient's interpersonal relationships. If the patient "socialized" and "participated in ward activities" during more than half of his stay in the hospital, his adjustment was considered "satisfactory" in this area. If, on the other hand, he "did not socialize" or "did not participate in ward activities," his adjustment was considered "unsatisfactory."

The outstanding number of patients with "unsatisfactory" ratings is not unusual in a group of schizophrenic patients.

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1 Ibid., p. 485.
It is expected that the schizophrenic patient will have difficulty in this area, more than in another area of adjustment. However, it must be mentioned that there is no total separation of the adjustment areas in any person's life. Each aspect is related to the adjustment from another area. The schizophrenic is a total person, not a group of separate entities. Therefore, it is easy to see that his difficulty in ward adjustment or work adjustment may be only a reflection of his inability to form relationships with people.

**TABLE 9**

**STUDY SAMPLE BY INTERPERSONAL RELATIONSHIPS IN HOSPITAL**

<table>
<thead>
<tr>
<th>INTERPERSONAL RELATIONSHIPS</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Not in hospital*</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

*Of the four patients listed as "not in hospital," two were on Trial Visit for the entire twelve months studied and the other two were in the hospital only for one month in the twelve month period.

The patients on Trial Visit were rated in the same manner. The criteria were much the same as for those within the hospital. The patient who renewed friendships, formed new friendships and made attempts at constructing or reconstructing his social life, was rated as "satisfactory." The patient
who was still a "lone wolf" and lived a self-satisfied life, with no attempts at socialization, and no interest in group activities, was considered to have made an "unsatisfactory" adjustment in this area. In Table 10 there is an additional category which has not been noted in the other adjustment tables, that of "unknown." It was necessary to add this category to the table because of the number of patients for whom there was no mention of social activities. In the majority of these cases, the "unknown" classification occurred with patients who refused to discuss their activities, with the social worker in charge of their Trial Visit adjustment. It may be speculated that these patients were not making a satisfactory adjustment. Their relationship with the social worker was poor, and their hospital adjustments, in most cases, indicated an inability to form any substantial relationships.

As with work adjustment, there was some degree of correlation noted between the adjustments of patients who had been rated both in and out of the hospital. There were three patients in the experimental group who fit into this category. Two of them could not be compared because their adjustment in the area of interpersonal relationships was unknown during their trial visit period. However, one had made a satisfactory and one had made an unsatisfactory adjustment in the hospital. The other patient made satisfactory adjustments both in and out of the hospital. In the control group, there were also three patients who could be compared in this manner.
One of the patients made an "unsatisfactory adjustment" in the hospital and a "satisfactory adjustment" while on Trial Visit. Another made a "satisfactory" adjustment during both periods. The third made a "satisfactory" adjustment in the hospital, but could not be rated on Trial Visit because of insufficient information.

**TABLE 10**

**STUDY SAMPLE BY INTERPERSONAL RELATIONSHIPS ON TRIAL VISIT**

<table>
<thead>
<tr>
<th>INTERPERSONAL RELATIONSHIPS</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Not included*</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

*The patients included in this category were in the hospital during the twelve months studied.

**Acceptance of Services**

One of the major parts of the patient's hospital adjustment is being able to accept the services which are offered to him, in an effort to facilitate his return to the community. In the hospital the ward team is available to help the patient in his struggle to regain mental health. His ability to use these services is tempered by the degree of mental
illness which he must face. However, he must be able to use these services to some degree in order to help himself to return to the community. It is then our purpose, at this point, to see how effectively the patient is able to use these services.

Our primary interest in this study is the use of social services. However, we cannot consider the social worker alone, for there are other members of the team who help to facilitate the patient's return to the community. Time and the scope of this study will not permit a detailed analysis of the patient's use of any of these services. We will look briefly at the patient's acceptance or rejection of some of the hospital's individual services, and then in more detail at the acceptance or rejection of services offered by the Social Work Service department.

A general outline of the services offered by the various departments has already been included in Chapter II. Yet, it may be well to take a closer look at the services offered by the departments which will be mentioned at this time.

Psychology Service

For the purpose of this study, the main duty of the psychologist at Northport was that of psychological testing in order to give the ward team a measurement of the intelligence and personality of the patient.

Before deciding upon the type of psychotherapy to be used, or even after the patient has begun therapy, it is often necessary to call upon the skills
of the psychologist for the intelligence and personality measurements at his command. Sometimes patients give the impression of greater intelligence than they possess and vice versa. Their intelligence tests may show signs of slipping downward from earlier levels as well as defects in special areas such as reading, vocabulary, and computing. Test findings give clues as to the cause of special problems encountered or fortify clues already found.

Projective personality tests such as the Rorschach, T.A.T., or draw-a-person test show special areas of emotional and ideational preoccupation. They also show degrees of ego strength or weakness which will help the decision as to what type of psychotherapy shall be used, if any.¹

The patient's cooperation is an essential part of this testing. If the patient blocks, is not cooperative, or is evasive, some speculation may be drawn as to his problems. But, without his cooperation, there is really no accurate testing.

Of the twenty patients in the study sample, only seven of the patients were not tested during their hospitalization. Of these seven, six were in the control group. Only one patient in the experimental group was not tested.

There were numerous reactions from the patients to the testing. For evaluative purposes the following categories and criteria were selected:

Accepting -

The patient was cooperative during testing, took all tests given to him by the clinical psychologist, and was not hostile, evasive, or blocking during the testing.

Partially Accepting -

The patient was cooperative during testing, took all

¹Ibid., pp. 568-569.
the tests given to him by the clinical psychologist, but presented some overt psychotic manifestation such as hostility, evasiveness, or blocking.

Rejecting -

Patient either refused to take some of the tests or all of the tests, and was not cooperative.

Not Tested -

The patient was not approached for psychological testing.

TABLE 11

STUDY SAMPLE BY ACCEPTANCE OF PSYCHOLOGY SERVICES

<table>
<thead>
<tr>
<th>ACCEPTANCE OF PSYCHOLOGY SERVICES</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepting</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Partially Accepting</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Rejecting</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Not Tested</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

On the whole the patients were accepting or partially accepting of this service. Only three of the thirteen patients tested were rejecting. None of the three patients completely rejected the testing. All three took the intelligence test, but refused to take the projective tests. All of the psychological testing was done in the hospital. There was no evidence of this service while any of the patients were on
Trial Visit.

Physical Medicine and Rehabilitation Service

The therapies and therapists connected with PMRS are varied, as indicated in Chapter II. However, all of the patients included in the study, with the exception of four in the control group, had an opportunity during the period studied to test their acceptance or rejection of these services. The list of therapies included such things as art, woodworking, garden therapy, industrial therapy, manual arts therapy, etc. What the patient did is not essential to our evaluation of his acceptance of the service.

The tabulation of acceptance or rejection of these services is closely related to the patient's work adjustment. The patients who indicated "poor," or "very poor" work adjustments are the patients who were not accepting of the services offered in this department. The writer sees no need to indicate the results in this area in a table. Table 6, showing the hospital work adjustment, can be easily used to get the same results. Patients who fall in the "excellent" or "good" categories in this table would be "accepting" of services offered. Those who fall in the "fair" category would be "partially accepting;" and those whose adjustment is rated as "poor" or "very poor" are "rejecting of the services offered by this department."
Social Work Service

The social worker is the one team member who works with the patient both in the hospital and outside of the hospital. The social worker is responsible for helping the patient to adjust to the environment, whether inside or outside of the institution.

In modern psychiatric practice we no longer think of the patient in terms of his psychopathology alone but we think of him as a human being functioning in a social environment involved at all times in a complicated system of interpersonal relationships. His inner tensions and conflicts are always being influenced for better or worse by his social matrix.\(^1\)

While the patient is inside the hospital the social worker tries to help him adjust to his new and alien environment. The patient has interviews with his social worker and is encouraged to discuss his problems, whether they be centered around adjustment within the hospital, outside of the hospital, or general over-all personality problems. The social worker, in cooperation with other team members, sets up goals for the patient and helps him to move toward resocialization. The concept of "helping the client to help himself" comes into full play. There is no attempt to railroad the patient or to have him rush into deep psychological areas where the patient nor the social worker are on solid ground. The patient is expected to cooperate in making the plans and goals which are needed for his movement toward better mental

\(^1\)Ibid., p. 571.
health. These plans and goals may include getting the trust of the patient, helping him to view his problems more realistically, helping him to accept his illness and motivating him to want to do something about it. With the schizophrenic patient this may present innumerable problems. A relationship must be established, and this in itself is a major problem for the schizophrenic. Many of the patients find it impossible to accept the fact that they are mentally ill.

TABLE 12
STUDY SAMPLE BY ACCEPTANCE OF SOCIAL WORK SERVICES IN HOSPITAL

<table>
<thead>
<tr>
<th>ACCEPTANCE OF SOCIAL WORK SERVICES</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepting</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Partially Accepting</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Rejecting</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Not included</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

The criteria and categories for evaluation of acceptance of services were as follows:

Accepting -

The patient who keeps scheduled interviews, freely discusses his problems, accepts his illness and shows no overt hostility to the worker.

Partially Accepting -

The patient who keeps scheduled interviews, but
only superficially discusses problems, does not feel that he is ill, and projects his hostility upon the worker.

Rejection -

The patient who refuses contacts with social service, sees no need for his being helped and is overtly hostile to the worker.

Not Included -

Patients who were not in the hospital over a month during the period studied will be included in this category. This relates only to Table 12.

| TABLE 13 |
| STUDY SAMPLE BY ACCEPTANCE OF SOCIAL WORK SERVICES ON TRIAL VISIT |

<table>
<thead>
<tr>
<th>ACCEPTANCE OF SOCIAL WORK SERVICES</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepting</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Partially Accepting</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Rej ecting</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Not Included*</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

*The patients included in this category were in the hospital during the twelve months studied.

The same criteria (with the exception of the "not included" category) relate to the patient's acceptance or rejection of services while on Trial Visit. Here the social worker has the responsibility of helping the patient to make the "switch" from the hospital to the community, with a helping
hand. The patient has scheduled visits with the social worker and is encouraged to discuss and seek help with any problems he may have in readjusting to the community. The social worker is responsible for evaluating the patient's adjustment and for making recommendations as to his further need for hospitalization and/or treatment.
CHAPTER IV

THE EXPERIMENTAL GROUP

The experimental group has, so far, been treated as a unit; calculations have been based on their adjustment during the time they were on Thorazine, and the time when they did not receive the drug.

Table 14 shows the number of months the patients were on Thorazine. Only two of the patients were on this medication for the twelve months studied. One patient received Thorazine for eleven months; one for eight; one for seven; two for four; one for three; and two for two months. Two of the patients who were on Trial Visit were receiving medication, but there is no way of knowing whether or not these patients were taking the medication as prescribed.

TABLE 14

EXPERIMENTAL GROUP BY DURATION OF MEDICATION

<table>
<thead>
<tr>
<th>DURATION OF MEDICATION</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 3 months</td>
<td>3</td>
</tr>
<tr>
<td>4 - 6 months</td>
<td>2</td>
</tr>
<tr>
<td>7 - 9 months</td>
<td>2</td>
</tr>
<tr>
<td>10 - 12 months</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>
The amount of Thorazine received by the patients varied considerably. The amounts ranged from 25 mgms., three times a day, to 200 mgms., four times a day. The dosage of Thorazine was seldom static, and was raised or lowered as needed by the individual patient. Some of the patients would react with depression, and the dosage would have to be lowered. Others would show no reaction to low dosages and the amount would be increased until it had some effect upon their behavior. With the exception of three patients, the patients who were receiving Thorazine were usually hyperactive, uncooperative, loud, assaultive, and/or suicidal.

The two patients who were on Thorazine for twelve months made poor adjustments in all areas. There was little change in their behavior during the entire period. One of the patients showed the following ratings during his hospitalization: work adjustment, "very poor;" environmental adjustment, "fair;" interpersonal relationships, "unsatisfactory;" and acceptance of services,¹ "rejecting." Most of the time this patient was noisy, hyperactive and uncooperative. He made numerous attempts to elope, and also made several suicidal attempts.

The other patient who was on Thorazine for twelve months made a little better adjustment, in the area of acceptance of services where he rated as "partially accepting." In the

¹Discussion of acceptance of services in this chapter and the next will be limited to the Social Work Service Department.
areas of work adjustment and interpersonal relationships, he rated "very poor" and "unsatisfactory," respectively, just as the other patient. In environmental adjustment, he was "poor." This patient's behavior was essentially cyclic, with alternating periods of hostility, cooperativeness, and depression. However, most of the time his adjustment was poor.

The patient who received Thorazine for eleven months showed no improvement in any area. The patient was not on Thorazine for the first month of the period studied. But he rated "fair" in work adjustment; "fair" in ward adjustment; "unsatisfactory" in interpersonal relationships; and "rejecting" in his attitude toward services during both periods, before and during the medication. On the whole his adjustment was fair, and his inability to relate to others and form social relationships was the main point in his mediocre adjustment.

There was no change in the rating of the patient who was receiving the drug for eight months either. Only two areas could be compared, his ward adjustment, which was "poor" in both instances, and interpersonal relationships, which were "unsatisfactory" in both instances. Though his work adjustment was "poor" during the time he was on Thorazine, there were no notes related to the period afterward. While the patient was "partially accepting" of services, the case was closed to social service during the period when he was not receiving the drug. Most of the time this patient was hyper-
active, assaultive, suicidal, but did have short periods of cooperativeness.

The patient who received the drug for seven months showed some variance. During the time before and while he was receiving the drug his rating in interpersonal relationships and acceptance of services remained the same; "unsatisfactory" in the former, and "rejecting" in the latter. In work adjustment he went from "poor," before he received the drug, to "very poor" during the period while he was on the drug. And, in environmental adjustment, he went from "poor" before the drug, to "fair" during the period of medication. The patient's behavior was usually cyclic, being cooperative, and pleasant for a few months, then becoming belligerent, asocial and stubborn for a few months. This continued throughout the period studied.

The two patients who received the drug for four months fell into widely different categories. One rated "excellent" in work adjustment, "good" in environmental adjustment; "satisfactory" in interpersonal relationships, and "accepting" in regard to services in both instances. This patient made the best adjustment of all the patients in the study.

The other patient could only be rated in most instances during his period of medication. The notes related to the period after his medication are not specific enough to afford any rating. During this period he was rated as "poor" in work adjustment (during and after), "fair" in environmental
adjustment, "satisfactory" in interpersonal relationships, and "partially accepting" in use of services. The work adjustment was the only category which could be evaluated both during and after the medication.

The patient who received Thorazine for three months showed improvement in only one area while on the drug. His work adjustment was "very poor," both before receiving the drug and during the time he was on medication. His ward (environmental) adjustment progressed from "poor" (before) to "fair" (during). He was rated as "unsatisfactory" in interpersonal relationships during both periods. In his use of services, the patient regressed from "partially accepting" before to "rejecting" during the medication. His over-all adjustment is essentially based on the period while he was not on Thorazine, since this time overweighs the period when he was receiving the drug.

The last two patients received Thorazine for two months each. One of these patients was on Trial Visit. During the time he was hospitalized and receiving the medication, he was rated as "fair" in work adjustment, "fair" in ward adjustment, "unsatisfactory" in interpersonal relationships, and "rejecting" of services. There was a change in his work adjustment to "poor" while on Trial Visit. It was not possible to rate his environmental adjustment in the community, and his interpersonal relationships were unknown. His use of services remained the same.
The other patient changed somewhat in his hospital adjustment. His improvement came late in the study, however, and did little to change his ratings. The changes came during the period when he was not receiving medication. His work adjustment progressed from "very poor" to "fair;" environmental adjustment from "poor" to "good;" interpersonal relationships from "unsatisfactory" to "satisfactory;" and his use of services from "rejecting" to "partially accepting."

These results appear to be in direct contrast with the literature on the effects of Thorazine on mental patients. Few of these patients seem to have shown any improvement in most of the areas studied. Those who did seemed only to show a minimal improvement. None of the patients seem to be more amenable to psychotherapy, or any adjunctive therapy. Few have had their psychomotor activity suppressed, and there are no examples of partial or complete remission.¹

There appears to be a paradox here. The answer would appear to lie with the degree of illness which the patient has. There has been no mention of degree of illness, but an examination of the records where the patients received the drug for a long period and/or received high dosages of the drug, would indicate that these patients showed a greater degree of psychosis than the other patients. Their psychotic manifestations were usually more pronounced and more frequent than the

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¹The Treatment of Hospitalized Psychiatric Patients with Thorazine, op. cit., p. 3.
patients who received the drug for a short period and/or low dosages.

Further answers to this paradox might lie in the length of hospitalization, previous hospitalizations, and chronicity of illness exhibited by the different patients in the experimental group.

Another area, or factor, which has not been considered, and which may have had some influence on these different degrees of adjustment related to the drug, was the amount of personal attention received by the different patients. There is no evidence anywhere that Thorazine is a "cure-all." The records do not indicate the amount of personal interest taken in one patient by different members of the staff. The drug may be looked on as a catalytic force, but other therapies and individuals may have as much influence or even more on the improvement of the patient.

In general, however, from the over-all adjustment of the patients in this group, it would appear that they were a very sick group of patients.
CHAPTER V

THE CONTROL GROUP

Differences have already been noted in the adjustment of the ten patients in the control group. The ten patients in this group offer an almost equal distribution of adjustment in good, fair and poor areas.

Four of the patients were not included in any discussion of adjustment in the hospital, other than their acceptance or rejection of psychology services. Two of these four patients were not in the hospital during the period studied. Both of the patients had been placed on Trial Visit prior to the initial date of the study. However, they were not excluded from the study sample because Trial Visit was considered a part of hospital adjustment. In both of these instances the Trial Visit reports did not offer adequate material for all the areas to be studied. Consequently, one of the patients received the following ratings: work adjustment, "good;" environmental adjustment, "unknown;" interpersonal relationships, "unknown;" and "accepting" in regard to use of services. The other patient rated "unknown" in the same areas; was "poor" in work adjustment; and "rejecting" of services offered.

The other two patients who were not included in discussions of hospital adjustment (within the institution) were only in the hospital one month each, during the period stu-
died. The notes in their records during this one month period were too skimpy to offer adequate basis for rating. Therefore, they were only included in discussions on Trial Visit adjustment. One of the patients rated "fair" in work adjustment; "unknown" in environmental adjustment; "unsatisfactory" in interpersonal relationships; and "accepting" in use of services. The other patient was rated as "fair" in work adjustment; "partially accepting of services; but, both his environmental and interpersonal relationships were "unknown."

Only three of the patients in the control group were rated in and out of the hospital. In most instances their in-hospital adjustment, and Trial Visit adjustment were closely related. One patient was "fair" (in-hospital) and "good" (on Trial Visit) in his work adjustment. Only his environmental adjustment in the hospital could be rated and that was "good;" Trial Visit adjustment was "unknown." His interpersonal relationships improved from "unsatisfactory" to "satisfactory," in and out of the hospital, respectively. His acceptance of services was positive, "accepting," in both instances.

The second patient included in this grouping made an adequate adjustment across the board. In the hospital his work adjustment was "excellent," on Trial Visit, it was "good." His environmental adjustment was "good" (in) and "unknown" (on Trial Visit). In both instances his interpersonal relationships were "satisfactory" and his use of services was
"partially accepting."

The third patient made what could be considered an average adjustment in all areas. His work adjustment was "fair" in both instances, and his use of services was "partially accepting" in both instances. Environmental adjustment was "fair" (in) and "unknown" (on Trial Visit). Similarly, his rating in interpersonal relationships was "satisfactory" and "unknown."

The other three patients were hospitalized during the entire period studied. In almost all areas their ratings were exactly the same. As to be expected, their adjustments were low on all rating scales. All three of them rated "very poor" in work adjustment. Two of the patients rated "poor" in environmental adjustment; the third, "fair." All three were "unsatisfactory" in interpersonal relationships, and "rejecting" in their attitude towards services offered.

On the whole, the control group made a fair to good adjustment in almost all areas. There were few "satisfactory" ratings in interpersonal relationships, but considering the mental disorder, this was expected.

From the adjustment ratings made by the group as a whole, it would appear that these patients were not acutely ill, and, in many instances, may have been in partial or total remission. The fact that seven out of the ten were on Trial Visit at some point during the study, and made adequate adjustments, would seem to confirm this.
In summary, it would appear that the patients in the control group were in a fair to good mental condition, and better able to adapt themselves to the stresses and strains, both in and out of the hospital. It can be concluded that, at the time of the study, the majority of these patients were not seriously ill, and were able to adapt themselves to their surroundings without breaking under the pressure.
CHAPTER VI

SUMMARY AND CONCLUSIONS

This study was made at Northport Veterans Administration Hospital for the purpose of establishing if there was any ascertainable difference in the total hospital adjustment of patients who received casework services and drug therapy, and of those who received casework services but no drug therapy.

A total sample of twenty patients was used, ten for each sub-group. The groups were matched according to diagnosis, age, education, history of illness, and use of social services.

The two groups were examined in the following areas: work adjustment, environmental adjustment, interpersonal relationships, and acceptance or rejection of services.

In the work adjustment in the hospital, there was one patient in each group rated as "excellent." Three of the patients in the experimental group were "fair," while two in the control group fell into this category. Two of the patients in the experimental group rated as "poor," while none in the control group fell into this category. Four of the patients in the experimental group were "very poor," and three in the control group fell into this grouping. Four patients in the control group were not rated because they were not in the hospital during the twelve months studied.

In the work adjustment while on Trial Visit, seven of the patients in the experimental group and three of the patients
in the control group were not included because they were hospitalized during the entire period. Of the remaining patients, one patient in the experimental group fell into the "good" category, while three in the control group were included in this area. No patients from the experimental group were rated as "fair," as opposed to the three given this rating from the control group. Two patients from the experimental group were "poor," and one from the control group.

In environmental adjustment, ratings were included only for the patients in the hospital, because of the inadequate data for patients on Trial Visit. One patient from the experimental group and two patients from the control group were rated as "good." Six patients from the experimental group and two from the control group were "poor." As in work adjustment, there were four patients from the control group not in the hospital during the period studied.

Interpersonal relationships were unsatisfactory in both groups on the whole. There were two patients in both groups rated as "satisfactory" in the hospital, while eight in the experimental group and four in the control group were rated as "unsatisfactory." Four patients were not included in the control group because of their not being in the hospital during this period.

In Trial Visit adjustment, the same ten patients were not included because they were hospitalized during the period studied. Of the remaining ten, one patient from the
experimental group and two patients from the control group were rated as "satisfactory." Only one patient was rated as "unsatisfactory" from the control group; none from the experimental group. The other four patients were rated as "unknown" because of insufficient data related to their interpersonal relationships while on Trial Visit.

In evaluating use of services, most of the patients were accepting or partially accepting of psychological testing. Three patients from the experimental group and one patient from the control group were rated as "accepting." Three patients from each group rated as "partially accepting," and three patients from the experimental group rated as "rejecting." No patients from the control group rated as "rejecting." A total of seven patients, one from the experimental group and six from the control group, were not tested by psychology during their hospitalization.

In the use of social services, while in the hospital, one patient in each group was "accepting." Four patients in the experimental group and two in the control group were "partially accepting." Of those patients considered as "rejecting," five were in the experimental group and three in the control group. The control group had four patients not included because they were not in the hospital during the period studied.

Of the ten patients included in the tabulation of acceptance or rejection of social services while on Trial Visit,
one patient in the experimental group and three in the control group were "accepting." One patient in the experimental group and two in the control group were "partially accepting." One patient in each group "rejected" the services offered by this department. The other ten patients were hospitalized during the entire period.

There does not appear to be any wide difference in the "in-hospital" adjustment between the experimental and control groups. The main differences seem to appear in situations where there is uneven comparison of the two groups. In the tabulations on adjustment in the hospital, the difference may result from the four patients in the control group who were not in the hospital during the period studied. In work adjustment in the hospital, the four patients in the experimental group who fall in the "very poor" category indicate the only extreme difference in adjustment. In ward adjustment, the only extreme difference was in the "fair" category, where six of the patients in the experimental group were found, as opposed to two patients from the control group. And, similarly, the interpersonal relationships in the hospital show the biggest difference in the "unsatisfactory" adjustment category. Eight of the patients from the experimental group fell into this category, as opposed to four in the control group. In all of these areas, there is a difference of four patients; a result which may be accounted for by the four patients in the control group who were on Trial
Visit during the period studied.

The patients on Trial Visit were over double in number in the control group as compared to those in the experimental group. There is little room for comparison in this area.

When pictured as a whole, it would appear that the control group showed a better adjustment that those patients in the experimental group. The mere fact that seven of the ten patients in the control group were on Trial Visit at some time during the period studied, as opposed to three in the experimental group, would indicate that these patients were ready to move into the community earlier, indicating a more positive adjustment.

In addition to this, the length of hospitalization of the control group was less than that of the experimental group.

These factors would tend to indicate that the experimental group, on the whole, had a larger degree of mental illness than the control group. This would indicate that the sample should have been matched by degree of illness, in addition to the other factors which were included.

The study has further brought out that other categories of matching should have been included, such as length of hospitalization, amount of time in the hospital, and on Trial Visit, previous hospitalizations and duration of medication.

Though some of the patients in the experimental group were receiving maintenance dosages of Thorazine (25 mgm.
three times a day), a large number of them were receiving substantially larger dosages. This would indicate that their acting out was to a larger degree than the other patients, and certainly more pronounced than the acting out indicated in the control group.

Even in acceptance of services, it is indicated that the patients in the control group were better able to avail themselves of the services offered than those in the experimental group.

Another factor which should be considered is that at the time of this study, Thorazine was relatively new in the hospital. The study sample would indicate that, on the whole, it was used on regressed and chronic patients, whose history indicated that they had not been amenable to other methods of treatment.

In summary, the experimental group appeared to contain patients whose illness had progressed further than that of the patients in the control group. On the whole the patients in the control group made a better adjustment, and were able to make better use of the services offered to them by the hospital, and in particular, the Social Service Department.
APPENDIX 1

SCHEDULE 1

1. Identifying Data
   a. Case
   b. Daignosis
   c. Date of Birth
   d. Date of Admission
   e. Education
   f. Marital Status
   g. Occupation
   h. Race
   i. Date of Discharge

2. Psychological Reports (Chronological Order)

3. Physical Medicine and Rehabilitation Reports (Chronological Order)

4. Nurses' Notes* (Chronological Order)

5. Doctors' Notes* (Chronological Order)

6. Social Service Clinical Reports (Chronological Order)

7. Social Service Records (Chronological Order)

*These reports gave information so closely related that they were eventually put under one heading, and were considered a splicing of the two sets of notes.
1. Identifying Data
   a. Case
   b. Diagnosis
   c. Date of Birth; Age
   d. Date of Admission
   e. Education
   f. Marital Status
   g. Occupation
   h. Race
   i. Date of Discharge
2. Brief Summary of Hospital Adjustment up to July 1, 1954
3. Summarized Information from Clinical Folders relative to the following areas:
   a. Adjustment in Work Situation (generally taken from Physical Medicine and Rehabilitation reports and Trial Visit reports)
   b. Environmental Adjustment (generally taken from Nurses' and Doctors' Notes, and Trial Visit reports)
   c. Acceptance or Rejection of Services (taken from all available records)
   d. Interpersonal Relationships (taken from all available records)
4. Summarized Information from Social Service Records
   a. Clinical Reports, primarily Trial Visit adjustment reports
   b. Social Service Records, dealing with periodic reports of contacts with the patient
5. Treatment Received (relative to chemotherapy patients)
   a. Amount of Thorazine and dates received
### APPENDIX 3

**SOME CHARACTERISTICS OF THE EXPERIMENTAL GROUP**

<table>
<thead>
<tr>
<th>Group</th>
<th>Diagnosis</th>
<th>Age</th>
<th>Education</th>
<th>Marital Status</th>
<th>Race</th>
<th>Length of Hospitalization</th>
<th>Occupation</th>
<th>Duration of Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
<td>Schizophrenic Reaction, PT*</td>
<td>24</td>
<td>12 years</td>
<td>single</td>
<td>Negro</td>
<td>50 months</td>
<td>student</td>
<td>8 months</td>
</tr>
<tr>
<td>E2</td>
<td>Schizophrenic Reaction, PT*</td>
<td>24</td>
<td>14 years</td>
<td>single</td>
<td>white</td>
<td>33 months</td>
<td>student</td>
<td>2 months</td>
</tr>
<tr>
<td>E3</td>
<td>Schizophrenic Reaction, PT*</td>
<td>22</td>
<td>16 years</td>
<td>single</td>
<td>Negro</td>
<td>51 months</td>
<td>teacher</td>
<td>12 months</td>
</tr>
<tr>
<td>E4</td>
<td>Schizophrenic Reaction, PT*</td>
<td>22</td>
<td>11 years</td>
<td>single</td>
<td>white</td>
<td>32 months</td>
<td>cook</td>
<td>7 months</td>
</tr>
<tr>
<td>E5</td>
<td>Schizophrenic Reaction, PT*</td>
<td>33</td>
<td>16 years</td>
<td>single</td>
<td>white</td>
<td>24 months</td>
<td>accountant</td>
<td>2 months</td>
</tr>
<tr>
<td>E6</td>
<td>Schizophrenic Reaction, PT*</td>
<td>20</td>
<td>11½ years</td>
<td>single</td>
<td>Negro</td>
<td>12 months</td>
<td>laborer</td>
<td>4 months</td>
</tr>
<tr>
<td>E7</td>
<td>Schizophrenic Reaction, PT*</td>
<td>28</td>
<td>16 years</td>
<td>married</td>
<td>white</td>
<td>50 months</td>
<td>student</td>
<td>12 months</td>
</tr>
<tr>
<td>E8</td>
<td>Schizophrenic Reaction, PT*</td>
<td>26</td>
<td>13 years</td>
<td>single</td>
<td>white</td>
<td>25 months</td>
<td>student</td>
<td>11 months</td>
</tr>
<tr>
<td>E9</td>
<td>Schizophrenic Reaction, PT*</td>
<td>33</td>
<td>11½ years</td>
<td>single</td>
<td>white</td>
<td>24 months</td>
<td>odd jobs</td>
<td>3 months</td>
</tr>
<tr>
<td>E10</td>
<td>Schizophrenic Reaction, PT*</td>
<td>29</td>
<td>14 years</td>
<td>single</td>
<td>white</td>
<td>19 months</td>
<td>student</td>
<td>4 months</td>
</tr>
</tbody>
</table>

* Paranoid Type
### Appendix -- Continued

**Some Characteristics of the Experimental Group**

<table>
<thead>
<tr>
<th>Group</th>
<th>Work Adjustment</th>
<th>Environmental Adjustment</th>
<th>Interpersonal Relationships</th>
<th>Acceptance of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
<td>poor</td>
<td></td>
<td>poor</td>
<td></td>
</tr>
<tr>
<td>E2</td>
<td>fair</td>
<td></td>
<td>fair</td>
<td></td>
</tr>
<tr>
<td>E3</td>
<td>very poor</td>
<td></td>
<td>fair</td>
<td></td>
</tr>
<tr>
<td>E4</td>
<td>very poor</td>
<td></td>
<td>fair</td>
<td></td>
</tr>
<tr>
<td>E5</td>
<td>fair</td>
<td>poor</td>
<td>fair</td>
<td>unk</td>
</tr>
<tr>
<td>E6</td>
<td>excellent</td>
<td>good</td>
<td>good</td>
<td>unk</td>
</tr>
<tr>
<td>E7</td>
<td>very poor</td>
<td></td>
<td>poor</td>
<td></td>
</tr>
<tr>
<td>E8</td>
<td>fair</td>
<td></td>
<td>fair</td>
<td></td>
</tr>
<tr>
<td>E9</td>
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<tr>
<td>E10</td>
<td>poor</td>
<td>poor</td>
<td>fair</td>
<td>unk</td>
</tr>
</tbody>
</table>

**Key:** unk - unknown; sat - satisfactory; unsat - unsatisfactory; A - accepting; R - rejecting; PA - partially accepting; NT - not tested; T.V. - Trial Visit.
## APPENDIX I

### SOME CHARACTERISTICS OF THE CONTROL GROUP

<table>
<thead>
<tr>
<th>Group</th>
<th>Diagnosis</th>
<th>Age</th>
<th>Education</th>
<th>Marital Status</th>
<th>Race</th>
<th>Length of Hospitalization</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1</td>
<td>Schizophrenic Reaction, PT*</td>
<td>38</td>
<td>12 years</td>
<td>married</td>
<td>white</td>
<td>25 months</td>
<td>distributor</td>
</tr>
<tr>
<td>C2</td>
<td>Schizophrenic Reaction, PT*</td>
<td>32</td>
<td>12 years</td>
<td>single</td>
<td>white</td>
<td>49 months</td>
<td>machinest</td>
</tr>
<tr>
<td>C3</td>
<td>Schizophrenic Reaction, PT*</td>
<td>33</td>
<td>12 years</td>
<td>married</td>
<td>Negro</td>
<td>15 months</td>
<td>cook</td>
</tr>
<tr>
<td>C4</td>
<td>Schizophrenic Reaction, PT*</td>
<td>30</td>
<td>12 years</td>
<td>single</td>
<td>white</td>
<td>53 months</td>
<td>cook</td>
</tr>
<tr>
<td>C5</td>
<td>Schizophrenic Reaction, PT*</td>
<td>36</td>
<td>12 years</td>
<td>single</td>
<td>white</td>
<td>19 months</td>
<td>park department</td>
</tr>
<tr>
<td>C6</td>
<td>Schizophrenic Reaction, PT*</td>
<td>35</td>
<td>16 years</td>
<td>single</td>
<td>white</td>
<td>45 months</td>
<td>pharmacist</td>
</tr>
<tr>
<td>C7</td>
<td>Schizophrenic Reaction, PT*</td>
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<td>12 years</td>
<td>single</td>
<td>white</td>
<td>13 months</td>
<td>clerk</td>
</tr>
<tr>
<td>C8</td>
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<td>20</td>
<td>11 years</td>
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<td>white</td>
<td>21 months</td>
<td>salesman</td>
</tr>
<tr>
<td>C9</td>
<td>Schizophrenic Reaction, PT*</td>
<td>29</td>
<td>12 years</td>
<td>single</td>
<td>white</td>
<td>16 months</td>
<td>unknown</td>
</tr>
<tr>
<td>C10</td>
<td>Schizophrenic Reaction, PT*</td>
<td>21</td>
<td>12 years</td>
<td>single</td>
<td>white</td>
<td>22 months</td>
<td>odd jobs</td>
</tr>
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</table>

*Paranoid Type*
## APPENDIX 4 -- Continued

### SOME CHARACTERISTICS OF THE CONTROL GROUP

<table>
<thead>
<tr>
<th>Group</th>
<th>Work Adjustment</th>
<th>Environmental Adjustment</th>
<th>Interpersonal Relationships</th>
<th>Acceptance of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1</td>
<td>fair</td>
<td>good</td>
<td>good</td>
<td>unk</td>
</tr>
<tr>
<td>C2</td>
<td>very poor</td>
<td>——</td>
<td>poor</td>
<td>——</td>
</tr>
<tr>
<td>C3</td>
<td>——</td>
<td>good</td>
<td>——</td>
<td>unk</td>
</tr>
<tr>
<td>C4</td>
<td>very poor</td>
<td>——</td>
<td>fair</td>
<td>——</td>
</tr>
<tr>
<td>C5</td>
<td>——</td>
<td>fair</td>
<td>——</td>
<td>unk</td>
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<tr>
<td>C6</td>
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<td>——</td>
<td>poor</td>
<td>——</td>
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<tr>
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<td>good</td>
<td>unk</td>
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<tr>
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<td>——</td>
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<tr>
<td>C9</td>
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<td>——</td>
<td>unk</td>
</tr>
<tr>
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<td>fair</td>
<td>fair</td>
<td>fair</td>
<td>unk</td>
</tr>
</tbody>
</table>

Key: unk - unknown; sat - satisfactory; unsat - unsatisfactory; A - accepting; R - rejecting; PA - partially accepting; NT - not tested; T.V. - Trial Visit.
BIBLIOGRAPHY

Books


Bulletins, Pamphlets and Reports


Articles


"Calming Drug May Cause Depression," Science Digest, XXXVIII (December, 1955), p. 60.


Unpublished Material


Station Handbook - HB-10. Veterans Administration Hospital, Northport, N.Y.: Nursing Education Committee, 1957.