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## Psychiatric Consultation Service : Chicago Chapter, American Red Cross

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**PSYCHIATRIC CONSULTATION SERVICE CHICAGO**

**CHAPTER AMERICAN RED CROSS**

**by**

**Mary Jane D'Ambrosio**

**A Thesis Submitted to the Faculty of the Graduate School  
of Loyola University in Partial Fulfillment of  
the Requirements for the Degree of  
Master of Social Work**

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## INTRODUCTION

The purpose of this study is to describe psychiatric consultation service in the Home Service Department of the Chicago Chapter of the American Red Cross, through a review of the total number of twenty-nine persons\* on whom such consultation was requested from January through December, 1950. All records, whether new or reopened, were included in the study. It was found that, of the twenty-nine persons, nine were new to the agency and twenty had been known at various times prior to 1950. Eight of the twenty persons were carried over from 1949. The earliest date that any one of the persons was known to the agency was January, 1944.

A special file is maintained by the agency concerning all persons on whom psychiatric consultation has been requested. The records on which this present study is based were located through that file.

The study has three focal points: 1) the identifying

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\*These twenty-nine persons represented twenty-five cases and included four cases in which wives were also the subject of the consultation.

personal characteristics of the group; 2) the caseworker's reasons for requesting psychiatric consultation; and 3) the psychiatrist's role. To aid in the collection of the research material, a schedule was constructed covering the individual items of: sex, age, race, and marital status; educational background; religion; family composition; economic status; and employment history. A topical outline was arranged to cover the descriptive data not covered in the schedule. The material was then reviewed according to the schedule and the outline, and was prepared for presentation in descriptive and simple tabular form. Case histories on eleven of the persons are presented in summary form throughout the study to illustrate points of particular significance. Data on the other eighteen are presented in a general way in connection with the discussion of the total group of twenty-nine.

## CHAPTER I

### THE BACKGROUND OF THE STUDY

The aim of this chapter is to formulate the background of the study and is focused on two areas: 1) the value of psychiatric consultation to caseworkers in general; 2) the procedure for securing this service in the Home Service Department of the Chicago Chapter of the American Red Cross.

Psychiatric consultation has been described as an indirect service to clients of a casework agency, made available to them through the caseworker. The chief medium of the service is consultation between the caseworker and the psychiatrist on the basis of the case record.<sup>1</sup> As a result of the guidance which the caseworker receives she is assisted in carrying out a more beneficial role in her relationship with the person seeking service.

Psychiatrists and caseworkers alike are interested in helping disturbed individuals to a better life adjustment through developing ways of meeting the many problems that arise from the

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1 Frederika Neumann, "The Use of Psychiatric Consultation by a Case Work Agency," The Family, October, 1945, 216.

stresses and strains of interpersonal and environmental forces. Each has a characteristic way of approaching the problem and a characteristic contribution to make toward its resolution. Traditionally, the psychiatrist's concern has been with personality, and the caseworker's with the social situation. It has been seen, however, that neither is an absolute, as there is a constant interaction between the individual and his social environment. This is true since deviations in social adaptations may be oriented, on the one hand to environment and, on the other, to vicissitudes in emotional growth. Both the structure of the environment and that of the individual personality are part of the problem. The social worker cannot treat social ills as abstractions, without adequate knowledge of people; nor can the psychiatrist treat individuals without knowledge of social patterns. Ackerman points out, in his introduction to Hamilton's book, that neither the psychiatrist nor the caseworker is equipped technically to deal with the whole range of the problem, and the task therefore requires the fusion of the special skills of both professions.<sup>2</sup>

The search for a more effective way of helping people led to the development of a movement to bring about closer association and cooperation between the members of the two

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<sup>2</sup> Gordon Hamilton, Psychotherapy in Child Guidance, Columbia University Press, New York, 1947, VII.

professions. This association and cooperation has been manifested in various ways, some of which were indicated by French when he wrote that:

A type of mental hygiene clinic that became exceedingly popular in this country set up teams consisting of psychiatrist, psychologist, and social worker. In other cases, psychiatrists undertook to supervise social workers in cautious psychotherapeutic experiments. For example, in New York, David Levy instituted what he called "attitude therapy" carried out by carefully selected social workers under his detailed supervision. In still other cases, social agencies, especially family agencies, have been increasingly calling in psychiatrists and psychoanalysts as psychiatric consultants to instruct and guide social workers in psychiatric aspects of their work.<sup>3</sup>

During the past ten years casework, as a whole, has been enriched by the experience of psychoanalytic psychiatry. As part of professional training, caseworkers gain a knowledge of personality structure and of the dynamics of behavior. This training has provided the caseworker with knowledge of behavior that falls within the range of normal, and to symptoms that indicate psychotic behavior, possible organic difficulty, character disturbances, and neurotic patterns.<sup>4</sup> To augment this,

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3 Thomas M. French, M.D., "Psychoanalysis and Social Work," Psychoanalytic Orientation in Case Work, Family Association of America, 1944, 2.

4 Cora Kasius, Editor, A Comparison of Diagnostic and Functional Casework Concepts, Family Service Association of America, 1950, 16.

psychiatric consultation is frequently used in order to gain a clearer picture of the personality structure of an individual and of the personal or interpersonal dynamics operating in him and within his family.

Collaboration between psychiatrists and caseworkers has become closer in recent years, with many family agencies making consultation regularly available to their staffs. The use of this service has become important to the caseworker in two ways: 1) for the diagnostic help and advice relative to treatment that it provides on particular cases; and 2) for the general knowledge derived on theory and principles which is applicable to other cases. In this connection, Goldman suggests that the educational and experiential values may be expressed in two ways:

First the gain of additional knowledge concerning the structure of personality; more mature intimate acquaintance with emotional forces, needs, conflicts, defense mechanisms, etc., which will help to shape the personality, be it normal or pathological; knowledge of technique and of problems that arise in attempting to influence and alter neurotic personality traits; and increased knowledge and skill in management of interviews. Second, the worker gains greater assurance and confidence, enabling her to make more use of general knowledge as well as additional knowledge gained in this experience.<sup>5</sup>

The diagnostic conference may be requested by the

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5 George S. Goldman, M.D., "Psychiatrist and Function of the Private Agency," American Journal of Orthopsychiatry, Vol. 10, 1940, 548.

intake worker before routine assignment of the case; it may be requested by the caseworker as the initial conference; or it may be held at a later stage of the treatment, when doubt arises as to the correctness of a previously made diagnosis.<sup>6</sup> The psychiatrist has much to offer the caseworker in the area of diagnosis. He may confirm, modify or completely revise the worker's original diagnostic formulation or point out the possibilities of weighing the pros and cons of several diagnostic possibilities. As a specialist, the psychiatrist can assist the caseworker in developing a fuller understanding of a case, based on a thorough grasp of the nature of the individual's difficulty, the character of the present situation to which the behavior is a reaction, and the circumstances that have given this behavior its own individual stamp. The caseworker may be helped to gain some impression of the individual's current capacity to function and may be led to recognize the motivating forces in his behavior.

The treatment conference is usually requested when there does not seem to have been sufficient improvement in the client's condition, or when there seems to be a need for a discussion of dynamics.<sup>7</sup> In this conference the caseworker has an

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6 J. H. W. van Ophuijsen, M.D., "The Psychiatric Consultation," American Journal of Orthopsychiatry, Vol. 19, 1949, 399.

7 Ibid., 400.

opportunity to see more clearly the reason behind the choice of treatment on the basis of dynamics. For example, if it is decided that the individual requires supportive casework, the caseworker is helped to see what support he needs, how the particular kind of support will affect him, and in what ways it can be given. In making plans for therapy, it is particularly important to plan goals and to anticipate, as accurately as possible, the difficulties that are likely, or certain, to be encountered in a prescribed course of treatment. The psychiatrist can be particularly helpful in anticipating the effect on the client of the treatment suggested. This prepares the caseworker for probable reactions, resistances, hostile opposition and other difficulties.

In some cases it is necessary for the caseworker to make the client more capable of handling his own problems by helping him, through interpretation, to a better understanding of aspects of those problems that he has been unable to recognize for himself. There are certain pitfalls a caseworker is apt to meet in interpretative therapy, particularly those which stem from the fact that interpretations can be given too soon or too completely. In order to avoid this the psychiatrist can offer suggestions regarding the kind of insight the individual needs and can tolerate. According to Ormsby, "If interpretation is to be used, the kind and depth of interpretation, and the probable appropriate places for interpretation should be discussed

in detail. Interpretation is indicated only if the caseworker shows a thorough understanding of the case, if it is appropriate diagnostically, and if the worker has personal security in making interpretations to the particular client."<sup>8</sup>

Psychiatric consultation in the Home Service Department of the Chicago Chapter of the American Red Cross has been handled by a psychiatrist who is available regularly on a part time basis. During the period of the present study he met with the professional staff once a month for two hour periods, with the exception of January, March and June when he visited twice monthly. Generally two or three cases were scheduled for consultation and an average of forty to sixty minutes were spent in the presentation and discussion of each case situation. Every caseworker may ask for consultation, and all members of the professional staff may attend the sessions. A majority of the staff are always present during the consultation. The use of this service, and the procedure through which it is implemented can be best shown in the presentation of a particular case which illustrates these points.

In March, 1950, a caseworker was assigned to the case of Mr. A., a thirty-four year old single person who had contacted Home Service for help in deciding whether to appeal his

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<sup>8</sup> Ralph Ormsby, "Group Psychiatric Consultation in a Family Casework Agency," Journal of Social Casework, November, 1950, 364.

claim for increased compensation before the Veterans Administration, or to apply for Officer's Retirement Pay. The decision was one with which he needed help because of its emotional implications. During former contacts prior to 1950, Mr. A. had reiterated that he did not desire to apply for Retirement Pay unless there were definite indications that he would be permanently and totally disabled.

He had complained that he suffered from insomnia, lack of appetite and nervousness. A private doctor had diagnosed his condition as incipient tuberculosis and chronic nervuasthenia. Mr. A. was receiving various sedatives but was not interested in psychiatric treatment. During this period the caseworker had requested psychiatric consultation and it was decided that Mr. A.'s need for psychiatric care should not be discussed further with him. The decision was based on his feelings about such treatment and the fact that any discussion would probably cause greater resistance and render him less amenable to treatment in the future.

Between March and May, 1950, the caseworker concentrated on the claim situation and on the immediate problems, accepting what Mr. A. brought to the interview. In view of his growing awareness of his nervous condition the caseworker, in supervisory conference, decided that psychiatric consultation was again advisable and an appointment was scheduled through

the case consultant. A summary of the case was then sent to the psychiatrist and copies were circulated to the staff. The procedure enabled the staff to prepare for participation in the joint discussion. The material available to them was as follows:

Mr. A. was the youngest of six children, two brothers and three sisters. His mother died when he was two and his father remarried. He spoke of financial deprivation in early years; was unable to attend a full year of school because of having to work on the farm. When he resumed school he found gratification in academic achievement. After college he entered a University and became a Divinity student. Clinicals show that he had two cousins on his father's side who have had nervous breakdowns with hospitalizations. Mr. A. gave history of nervous episodes prior to military service which he later referred to as overwork and fatigue. He mentioned death of a girl friend in high school which affected him deeply; and of having been jilted by another girl when she thought he had tuberculosis. Before service he became the protege of an elderly woman with whom he lives. He refers to her as his adopted aunt and gave the impression that he is her heir.

Mr. A. had been stationed at an advance base in --- for five months. His responsibilities were many and by accounts of a responsible observer he met them with diligence. He became ill and was evacuated. At first he said that this action was an error only to admit in the same conversation that he was too nervous to return and that his difficulties had been minimized by the Ward Officer.

During his military career Mr. A. was hospitalized for malaria and nervousness approximately fifteen times, and in September, 1946, was given insulin shock. Psychiatric findings repeatedly indicated psychoneurosis mixed, manifested by tremor, restlessness, tension, insomnia, anorexia and related complaints. An examiner at the time of his last examination before the Veterans

Administration made the following comment: "He has a certain amount of insight into the fact that his condition is a nervous condition primarily but he is apparently much afraid of getting psychiatric treatment."

Mr. A. made reference to drinking beer and liquor in connection with which he showed feelings of guilt. A complete break in school work forced him to withdraw his plan to secure a doctorate degree. He suffers from depression, chronic anxiety and from the belief that he is an overt homosexual. His conviction of his own unusual intellectual brilliance sometimes almost assumes proportions of delusions of grandeur. A very important part of his neurosis and his inability to seek help for it is his intellectual and expressed determination to effect his own cure.

During March and May, 1950, Mr. A. showed less anxiety. He was finally able to make a decision to apply for Officer's Retirement Pay. After work on the claim had ended, he revealed feelings of being persecuted. It was his opinion that the Agency and others were trying to involve him in the activities of a vice ring, and an immoral relationship first with a woman and later with a young man. He suspected being followed; thought the telephone wires were being tapped and had arranged to be guarded from his enemies. Similar delusions were presented in subsequent interviews.

Following this, the worker recognized with him that former interviews had been of some value and offered him the opportunity to come in regularly to share reality problems. He said that it was helpful to speak with a person who understood his feelings and stated his desire to get well. He requested the worker's opinion in the matter. The caseworker attempted to provide a relationship which would make possible release of anxiety and through which he might experience some sense of receiving help with his fears in the hope that such an experience might make it possible for him to seek and use psychotherapy.

On the date scheduled for the consultation the caseworker reviewed the summary orally before the psychiatrist and

the staff members, and elaborated, with as much additional detail as seemed indicated. Members of the group participated during the conference and had an opportunity to inquire about questions related to the case.

After the presentation the psychiatrist indicated areas that warranted discussion; he answered questions posed by the caseworker and other staff members and emphasized factors which needed to be considered in diagnosis and treatment. The caseworker requested recommendations as to further handling and in particular wanted advice on the following points:

- 1) Would Mr. A. respond to psychoanalysis or other form of psychiatric treatment?
- 2) How would psychiatric treatment be presented as different from what he is afraid of--the army psychiatrists, the Veterans Administration, or out-patient treatment?
- 3) The goals for the period up to the end of August, as the worker would not be available after that time.

The psychiatrist's comments on the specific questions were approximately as follows:

- 1) This would not be a case for psychoanalysis; but Mr. A. might use psychiatric treatment. It is difficult to predict his use of treatment in view of his increased dependence on props--drugs, alcohol, somatic symptoms--the gratification he is getting from the situation. His great conceit creates further problems in willingness to give up these supports.
- 2) Discussion about psychiatric treatment should be proposed all at once; not little by little. The suggestions might best be made in a counselling fashion, i.e., in a matter-of-fact way. As he looks at his situation, it can be

pointed out there is still time to work on the problem.

- 3) The worker should move in during the next interview to inform him she is leaving the agency and use this as a lever to make him think about his condition and the possibility of seeking help outside himself. If treatment is undertaken, it should be done as soon as possible so that the worker can be available for support as indicated.

In conference Mr. A. was described as a paranoid schizophrenic, on the basis of the presence of delusions of persecution, about which he has no insight, and megalomaniac trends. His illness was precipitated by the strains of overseas duty, upon a background of readiness. That he is steadily becoming worse is evident by continuous deterioration during the past four years in spite of the many favorable conditions for recovery. Although he denies it, the army pointed out to him three years ago the need for psychiatric help. He is now becoming aware of the deterioration and is raising the issue that he should have been told about his situation when he was discharged.

The psychiatrist commented further that the personality of the therapist has bearing upon the case. He noted Mr. A.'s ability to relate to an accepted older woman who does not threaten him, citing the relationship to adopted aunt and worker. The degree of rapport immediately established might have much to do with the way he would use treatment. The element of religion in the situation might help or hinder treatment depending upon the way the case turned. Much would depend on the therapist's use of his feelings about religion; he might build upon and use it or might feel treatment could be effected only by working through the defensive use he makes of it. Mr. A.'s hostile and sensitive attitude will make him defensive in any issues.

The psychiatrist commented also that treatment should be based on the fact that Mr. A.

might need hospitalization. He might have a severe breakdown and need for protection. He will not find that suddenly he is well.

The week following the consultation, or as soon as possible, it is the caseworker's responsibility to complete a statement of the recommendations of the psychiatrist. This report is reviewed by the case consultant before it is incorporated into the agency case record. If a case requires rediscussion, the same procedure as has been described is repeated, including another summary, and a write-up of the rediscussion.

This chapter has expressed the thinking of several leaders in the field of social work and psychiatry who have indicated the necessity and value of their professional relationship. The service which the psychiatrist can offer to the caseworker has been particularly emphasized and seems most simply expressed in Horney's statement that: "He can help not only with psychiatric problems, but in many quite well adjusted individuals he can aid the social worker's orientation by a more far reaching personality evaluation."<sup>9</sup>

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<sup>9</sup> Marianne Horney, "Psychiatrist - Social Work Inter-relationship," American Journal of Psychiatry, Vol. 98, January-May, 1942, 506-507.

## CHAPTER II

### COMMON FACTORS IN THE STUDY GROUP

The study group consisted of twenty-nine persons known to the Home Service Department of the Chicago Chapter of the American Red Cross, about whom caseworkers requested psychiatric consultation during the year 1950. The aim of this chapter is to give a description of these persons and an indication of the areas in which psychiatric consultation was used. The discussion includes the identifying personal characteristics such as sex, age, race, and marital status; educational background; religion; family composition; economic status; and employment history.

Of the twenty-nine persons, eighteen were women and eleven were men; one of the eighteen women, and two of the eleven men, were negro. It is interesting to note, in this connection, that the one negro woman was married to a white man.

There was no information contained in the records concerning the religious affiliation of seven persons. However, records indicated that twelve of the twenty-two on which the information was available were Protestant, eight were Catholic and two were Jewish. One individual of Catholic background

expressed interest in Buddhism. There were two cases of mixed marriages; one between a Catholic and a Protestant, and the other between a Jew and a Protestant.

Table I gives the distribution of the group according to age.

TABLE I  
DISTRIBUTION OF TWENTY-NINE PERSONS  
ACCORDING TO AGE

Age	Men	Women	Total
Total	<u>11</u>	<u>18</u>	<u>29</u>
15 - 20	0	1	1
20 - 25	1	6	7
25 - 30	5	5	10
30 - 35	4	2	6
35 - 40	0	1	1
40 - 45	0	2	2
Unknown	1	1	2

This table indicates that one-half of the total group were under thirty years of age. The range in age was from seventeen years to forty-one years and two women represented the youngest and the oldest persons in the group. An interesting case in which age played a part was one that concerned a thirty-

three year old woman who had, during 1950, been diagnosed as a schizophrenic. The importance of the age factor was recognized in considering the prognosis and in formulating treatment plans for her.

In terms of a composite picture of the twenty-nine persons, the type of family group, or household, in which the person lived is worthy of note. Of the twenty-nine individuals, two were unmarried mothers who lived in institutions pending confinement, six persons were living alone and twenty-one lived in a family group. These family groups consisted of various combinations such as: adults, some with children, residing with parents; parents with children; a married couple without children; and a single man living with an "adopted aunt." In the combination of "parents with children," four families had one child only; two had two children and, in the one family, there were four children residing in the home. There were fifteen children in the categories of "adults with parents" and "parents with children."

The fact that the greatest number of persons in the study group lived in a family setting is perhaps explained in the following table, which brings out the high percentage of married persons included in the study group. The distribution according to marital status is shown in Table II.

TABLE II  
DISTRIBUTION OF TWENTY-NINE PERSONS  
ACCORDING TO MARITAL STATUS

Marital Status	Men	Women	Total
Total	<u>11</u>	<u>18</u>	<u>29</u>
Married	5	13	18
Divorced	0	2	2
Separated	1	1	2
Single	5	2	7

Probably the most interesting item in this distribution is the fact that all of the women had entered into some form of marriage relationship in contrast to six out of eleven men who were, or had been married. The two women listed as single were unmarried mothers with veteran status whose cases were presented for psychiatric consultation within two months after their discharge from military service. This represented the briefest period of time that elapsed between the acceptance of a case and the securing of consultation service. One of the unmarried mothers was twenty-two years old and the other was twenty years old. Both were discharged from service because of pregnancy.

A review of the educational background showed that five persons had some college training and that, of these, one individual had received a Master's Degree and had completed some work toward a doctorate. Sixteen persons received some high school education and, for two persons, the level of education was grammar school. The educational background of six persons was not given in the records.

In addition to the social status and family composition, economic status formed an important part of the identifying information. Twenty-one of the twenty-nine persons were at least partially dependent and received financial assistance.

The main reasons for this assistance were:

- 1) Pending employment or pending receipt of first pay check.
- 2) Pending receipt of the Family Allowance by dependents of servicemen.
- 3) Pending receipt of disability compensation from the Veterans Administration.
- 4) Employment interrupted.
- 5) Family Allowance discontinued.
- 6) Need for supplementation of income.
- 7) Assistance pending appointment of a conservator by the Veterans Administration.

Of the eight persons who did not receive financial assistance, the sources of income included wages, Family Allowance, disability compensation and assistance from parents.

The past and present employment history of the twenty-nine persons was reviewed and classified according to the

Occupational Titles used by the United States Government.<sup>1</sup>

Table III shows the occupational distribution for the group.

TABLE III

DISTRIBUTION OF TWENTY-NINE PERSONS ACCORDING  
TO OCCUPATIONAL CLASSIFICATION

Classification	Men	Women	Total
Total	<u>11</u>	<u>18</u>	<u>29</u>
Professional	1	0	1
Skilled	1	0	1
Semi-skilled	1	0	1
Unskilled	3	2	5
Clerical and Sales	2	3	5
Service	3	2	5
Other	0	11	11

The unskilled classification included only factory workers. It is possible that some of these workers might have been in skilled occupations but, since the records were not specific as to the type of work performed, these persons were

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<sup>1</sup> United States Department of Labor, Dictionary of Occupational Titles, Part II, United States Government Printing Office, Washington, D. C., 1939.

assumed to be unskilled. The service classification included domestics, waitresses, building service workers and porters. Only three out of the twenty-nine persons were engaged in skilled, semi-skilled and professional occupations, the professional person being a Divinity student. The classification of "other," covered the eleven women who were housewives and the case records on these women included no earlier work history.

Tables I, II and III, taken together, show that, of the common factors covered by the study, age, occupation and marital status are the only ones that offer some basis for the formation of a composite picture of the twenty-nine persons. The majority of both men and women were under thirty years of age, which is in line with the age of military service. The occupational scatter is such that actually no significant concentration appears among either men or women. The occupation of "housewife" which seems to give undue weight to the classification of "other" probably has to be disregarded since more detailed histories might have shown that some of these individuals belonged in specific occupational groups.

The distribution according to marital status has more interesting implications. One half of the men in the group were single; only two of the women belonged in this category and those two were unmarried mothers. This means that all of the women had entered into some form of marital relationship in contrast to five out of ten men who had not. The group as a whole

was, therefore, comprised of eighteen married persons and eleven who were in the position of single persons. More detailed analysis might uncover something relative to the significance of family ties in the lives of these individuals.

Review of the histories of the twenty-nine persons gave, in addition to identifying data, information on the areas in which caseworkers raised questions in connection with the cases on which they requested consultation. These questions, when analyzed, offered some indication of the kinds of help that the caseworkers themselves were looking for in their discussions with the psychiatrist. In order to present this information in reasonably concise and objective form, the four more or less arbitrary classifications shown in Table IV were set up. These classifications are not mutually exclusive, there is undoubtedly some overlapping and the accompanying frequencies represent a multiple count. Questions raised in relation to any particular case might conceivably cut across all four areas. While the scheme is admittedly "loose" it serves to give a general picture of the major areas in which the service was used and the relative importance, on the basis of frequencies, of each of these areas.

TABLE IV

DISTRIBUTION OF TWENTY-NINE PERSONS ACCORDING TO AREAS  
IN WHICH PSYCHIATRIC CONSULTATION WAS USED

<u>Areas</u>	<u>Frequency</u>
Treatment Planning . . . . .	28
Personality Organization Dynamics of Behavior . . . . .	21
Diagnostic Formulation . . . . .	7
Referral for Psychotherapy . . . . .	6
Teaching Purposes . . . . .	5

The table shows that the most frequent requests were in the areas of Treatment Planning and the Dynamics of Behavior. It would seem as though caseworkers needed this type of help three times as often as they needed help in the other three areas. This can probably be explained, in a general way, by the fact that psychiatric consultation has come to play an important role in treatment planning both because of its expediency--problems can often be met more quickly--and because of the security that the caseworker finds in having a specialist's support in the things that she is doing.

The frequency of the requests for help in arriving at a better understanding of the dynamics of behavior and of personality organization probably reflects the interest of a professional staff in current developments in the field of psychiatry as a whole, and in the desire to apply psychiatric

theory to casework practice. This type of request is probably closely connected with the whole question of treatment insofar as better understanding of personality patterns leads to better treatment plans. The fact that the two types of requests approximate each other in quantity, even on the basis of a loose and multiple count, is interesting.

The three areas into which only slightly more than one-third of the requests fall, are largely self-explanatory. Caseworkers would not be apt to refer a person for direct psychotherapy without preliminary consultation if such consultation was available. The same thing is true in relation to diagnostic formulation. The help of the specialist would be sought when such help was at hand. Of the five cases that were primarily teaching ones, four presented problems in which the caseworkers specifically needed help and their educational value was a sort of by-product. The fifth case in this group was selected by the agency for presentation solely on its educational value alone and not for consultation on specific casework problems.

The ways in which the casework staff used the particular skills of the psychiatrist gives some indication of the value of the consultation service. Although the study material has not focused on the interrelationship between the caseworker and the psychiatrist, Horney's statement that "The interrelationship between psychiatrist and social worker is a flexible one, and allows for such a variety of different combinations as to

give it an intriguing therapeutic aspect," could be validly used at this point.<sup>2</sup>

In somewhat the same connection Ormsby has pointed out that psychiatric consultation is valuable, not only for diagnostic help and treatment advice on particular cases, but also as a teaching medium through which caseworkers can apply to a variety of cases the theories brought to light in direct discussion of a particular case.<sup>3</sup> Hollis makes the same point when she writes that: "What we learn about one individual almost certainly will shed light on how to help another whose life experiences and personality follow similar lines."<sup>4</sup> The statements of both authorities are based on agency experience and on recognition of the fact that there are constants in human behavior. The knowledge that a caseworker gains about these constants, as they appear in a particular case, can be applied on other cases and can, consequently, enrich the handling of those cases. Review of the cases in the study group indicate that these principles hold true in the use that the Home Service Department is making of its psychiatric consultation service.

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2 Marianne Horney, "Psychiatrist - Social Work Inter-relationship," American Journal of Psychiatry, Vol. 98, January-May, 1942, 506-507.

3 Ralph Ormsby, "Group Psychiatric Consultation in a Family Casework Agency," Journal of Social Casework, Vol. 31, November, 1950, 361.

4 Florence Hollis, "The Relationship Between Psychosocial Diagnosis and Treatment," Journal of Social Casework, February, 1951, 67.

## CHAPTER III

### THE POINT AT WHICH PSYCHIATRIC CONSULTATION WAS REQUESTED

Six case summaries are presented in this chapter to show the point at which the caseworker thought that psychiatric consultation would be helpful. Although the cases represent only one-fifth of the total study group, they illustrate the influence that such factors as race, age, marital status, the unmarried mother role, inter-personal relationships and occupation had in the total situation. The variation that is found in these six cases indicates the need to consider each case on an individual basis. The variety could, however, be considered as a characteristic factor of cases such as these six cases.

In the B case a variety of factors, including racial difference, served to reinforce and accentuate Mr. B.'s neurotic trends. The factors, taken together, resulted in the caseworker's request for psychiatric consultation.

Mr. B., twenty-four years old, visited the agency to request financial assistance as he had lost his job and needed food for himself and his wife who was seven months pregnant. They were living with Mrs. B.'s parents who had three children and were managing on a limited income.

Mr. B. was receiving 10% disability compensation from the Veterans Administration for a nervous condition incurred in military service. He seemed haggard and sick. He bit his lips, twisted his fingers and his eyes filled with tears when he spoke.

During the first two interviews, Mr. B. did not mention the fact that he was married to a negro. When a home visit was made, it was found that the family resided in a negro settlement and it was also learned that the nineteen year old wife had a four year old illegitimate child.

After Mr. B. independently secured a factory job, his next request was for help in budgeting. He complained that his wife was immature and selfish and that her only interest was in eating candy and attending movies. He told of repeated quarrels and wondered if he should leave her before he hurt her or "cracked up." He had slapped and shaken her when "she pushed him too far." Twice he had found himself lying on the river's edge and he thought that he subconsciously hoped to roll in while asleep. Mrs. B. had threatened him with an ice pick; he had not slept for four nights, nor had he eaten.

Mr. B., who was Catholic, could not understand his wife "getting saved" periodically in her church. He thought he had no right to attend Mass for his marriage was not recognized by the Church. He worried also because Mrs. B. was not accepted by his white friends and consequently all of their friends were negro. He indicated that he felt like an outcast because of this fact and commented that his wife's people just "laugh about it" and tell him to do likewise.

Before proceeding further with this case, the caseworker wanted help in arriving at a better understanding of Mr. B.'s personality and suggestions as to how he might be helped. She thought that Mr. B. was seeking a mother substitute and she raised the following questions: how constructive could

a supportive role with a caseworker be for him? What meaning did his marriage have for him and did either he or his wife have the capacity to adjust to that marriage on a more adult level? If they did not, should Mr. B. be given encouragement to return to his mother or should efforts be made to have him accept psychiatric help and let the psychiatrist complete treatment plans? If he left his wife, would his guilt be relieved sufficiently by sending money to the baby or would his guilt and remorse become even greater?

The caseworker raised most of these questions on the assumption that some form of therapy could be carried on within the casework setting. Contrary to this assumption, the psychiatrist pointed out that psychiatric treatment was indicated and recommended hospitalization as preferable to out-patient care.

These recommendations were based on the fact that Mr. B. was suffering from a definite clinical neurosis (he was receiving disability compensation for this) which presumably began while he was overseas and five or six years prior to his coming to Red Cross. The neurosis, within that period of time, had organized into a syndrome and was complicated by such factors as weakness and immaturity. However, there were certain positive factors which would make for favorable prognosis. The neurosis was related, in origin, to certain circumstances that occurred in the past. Mr. B. was removed from those circum-

stances and considerable time had elapsed since their occurrence. Moreover, Mr. B. was consciously uncomfortable about the overt manifestations of the neurotic behavior, e.g., the threats of his wife, the quarrels, the twitching and the tearfulness. His discomfort might be great enough to lead him to want to change the behavior.

Treatment, if it were firmly handled, would increase Mr. B.'s ability to integrate his problems and to handle them constructively. A supportive casework relationship would not help him since it would not increase his ability to deal with his problems. On the contrary, psychotherapy should free him of his anxiety which would, in turn, leave him, not only free to make his own decisions, but able to do so.

Although age was not a primary factor in considering psychiatric consultation service for Mrs. C., her age bears out a statement by Lowrey, in the effect that dementia praecox (schizophrenia) accounted for 22.8 per cent of first admissions to all state hospitals. Within this percentage, 29.3 per cent of the patients were between thirty to thirty-nine years of age.<sup>1</sup> On the basis of these figures, Mrs. C. belonged within the second highest age group hospitalized on a schizophrenic diagnosis.

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<sup>1</sup> Lawson G. Lowrey, M.D., Psychiatry for Social Workers, Columbia University Press, 1947, 176.

Mrs. C., thirty-three years old, had been known to the agency prior to January, 1950. During that year severity of behavior symptoms and confused thinking were noted by the caseworker. She was living with her mother and had withdrawn from all activity, seldom left the house, and resisted out-patient psychiatric help. She was committed by her mother to a state hospital in January, 1950. In the hospital report, Mrs. C. was described as a narcissistic inadequate and dependent person with an unclarified sexual orientation; marked lack of affect but no gross psychotic manifestations. She was passive, withdrawn and had little interest in the hospital activities. However, she was cooperative and easily adjusted to the hospital routine. The diagnosis at admission was schizophrenia. Mrs. C. was released in June, 1950.

Mrs. C. requested assistance from the agency in reestablishing herself in the community. In reviewing her history, it was found that she had married in 1946, prior to which she had been steadily employed, although at various jobs. Her difficulties first became known when her husband went overseas in 1948, and increased after his return as she learned that he did not plan to continue the marriage. He took their three year old daughter with him when he left the States again. The final break occurred when his financial support was terminated in November, 1949.

The caseworker saw positive aspects in Mrs. C.'s situation. One primary factor was that Mrs. C. had been able to make a socially acceptable adjustment until she was thirty years old, gaining satisfaction for her needs without resorting to psychotic behavior.

The caseworker's main purpose in asking for psychiatric consultation service was to have discussion on the diagnosis of schizophrenia and on Mrs. C.'s possible adjustment in the community. In regard to the latter point, the caseworker was specifically interested in whether or not Mrs. C. needed an

agency relationship and whether or not her age and previous adjustment could be considered as definite positive factors in treatment.

In the consultation the psychiatrist confirmed the opinions expressed by the caseworker to the effect that there were positive factors in Mrs. C.'s situation. He thought that intensive casework would be profitable and pointed out the importance of recognizing and handling Mrs. C.'s dependency needs. It was suggested that Mrs. C. should be helped to see the gratification that could come with independent action and that she should be given praise when she accomplished a realistic goal. It was emphasized that Mrs. C. should not be infantilized but should be encouraged to develop as much independence as possible. The need to work with Mrs. C.'s mother was also brought out during the consultation since the mother could play an important role in either fostering dependency or in encouraging independence.

The case represents an interesting contrast to that of Mr. B. in that the psychiatric consultation tended to confirm the caseworker's recognition of the positive factors in the situation. Undoubtedly it also clarified her understanding of the schizophrenic pattern and of the ways in which Mrs. C.'s readjustment could best be brought about.

A summary of one of the cases involving marital discord points up some of the emotional factors that prompted the

caseworker to request psychiatric consultation.

Mrs. D., twenty-nine years old, requested help in securing somebody to assist her so that her six year old daughter could attend school regularly. Mrs. D. has been examined at Fifth Army Dispensary and was found to have a heart condition for which bed rest was recommended. The doctor saw in Mrs. D.'s condition an important emotional factor and said that she spoke to him with "over-anxiety" about her dissatisfaction with her health and her husband, and about having to take care of her child. The doctor also reported that the results of an electro-cardiogram had been normal.

During the caseworker's first visit, Mrs. D. expressed disgust and dissatisfaction with her situation. She emphasized her wish to make a home for herself, her husband and daughter, and was extremely upset about the limitations caused by her heart condition. The caseworker discussed finances with Mr. D. and learned that he had an income of \$332.00 monthly, of which \$100.00 was used for payment on a car. In addition, the family was maintaining a third floor apartment at a high rental. It was apparent that he did not wish to alter these payments in order to provide his wife with housekeeping services. After this interview, Mrs. D. called the caseworker and asked, quite directly, whether or not her husband seemed interested in his home and family. She said that they had quarreled and the quarrels had upset her because, in the course of them, Mr. D. had refused to discuss further the question of changing his own plans for her sake. This apparently referred chiefly to the possibility of adjusting the budget in such a way that Mrs. D. could have help in caring for the child.

In subsequent contacts, Mrs. D. was seen to be an extremely dependent person who verbalized her unhappiness about her marital situation and who complained because her demands on Mr. D. were never satisfied. Her marriage of eight years had been a stormy one and she had been separated from her husband on at least two

occasions. However, no matter how much his behavior displeased her, she always maneuvered a reconciliation. Despite being told by friends that she was a "doormat" to her husband, she felt that there was no incentive in going on without him. Although she seemed to want to feel that he loved her, it was obvious that she had many questions about his attitude toward her. He often rebuffed her show of affection and frequently was away from her, either because of an out-of-town assignment, or duty at Headquarters. Mr. D. also wanted to attend night classes and meetings. Mrs. D. admitted that she pressed him to spend as much time as he could at home and that she felt very rejected when he did not.

Mrs. D. was extremely overprotective of the child. It seemed to be a kind of protectiveness that lacked real warmth and Mrs. D. explained it by saying "she is all I have." At the same time Mrs. D. complained that the child "got on her nerves." She made rigid demands on the child, and showed no apparent capacity to individualize or understand the little girl.

The questions raised by the caseworker indicated the areas in which direction was indicated and were formulated as follows. 1) How can this woman be helped to use the capacities she has to increase her own self-sufficiency and thereby increase her feelings of adequacy as a wife and mother? 2) Can this woman's needs be met sufficiently so she can find some contentment in her home life? Can she be helped to permit her husband to have satisfactions outside of the home? 3) How can she be helped to let her child develop independence?

In line with these questions, the psychiatrist discussed the personalities of both Mr. and Mrs. D. Mrs. D. was

undoubtedly a very insecure person who showed a great need for security in her husband and her child. At the same time, she seemed to be passive toward the husband in a psychologically unhealthy way and rigidly demanding of the child. The passivity, accompanied by the dependency presented a picture that could be changed only through "psychiatric surgery." By way of contrast, Mr. D. seemed to be self-centered and independent to the point where he was not able to meet either his wife's affectional needs or the responsibilities connected with the child.

Because of the personality patterns presented by Mr. and Mrs. D., and because any attempt to change those patterns would involve complicated therapy, the psychiatrist recommended that the caseworker deal only with the practical aspects of the case, such as adjustment of the budget, ways of handling the child and modification of living costs. This meant focusing on the external problems, which were really effects rather than causes, with no attempt to get into the area of causation. The consultation undoubtedly held practical value for the caseworker who, without it, might have felt some responsibility for getting into areas that would be difficult to handle within the case-work setting.

Some of the aspects of work with an unmarried mother were brought out in the case of Miss E. The caseworker requested psychiatric consultation for the purpose of interpretation and direction, and for suggestions as to the treatment to

be followed:

Miss E., twenty-two years old, was in the Army for nine and one-half months when she was discharged because of pregnancy. The greater part of her life was spent in southern Illinois and Indiana; always in small towns. She spoke of her parents as having been strict but at the same time, claimed that she always did as she pleased.

In July, 1946, one month after high school graduation, she married a man she had known for several years. They lived with his parents until she left him in May, 1947. She secured a divorce in 1948 on the grounds of cruelty.

Four months prior to her enlistment in the Women's Army Corps in April, 1949, she was dating a twenty-five year old man whose family had been friendly with her parents. He proposed to her before she left for service but she replied that she was not ready to marry again. Shortly after she reached camp he sent a ring and "we were engaged."

In early September, 1949, when home on a furlough, the baby was conceived. After her return to camp, Miss E. wrote to this man that she was "angry." In relating this to the caseworker, she said that she was "disgusted" with him. She had disliked the sexual part of marriage and, because her fiance had caused her to be pregnant, she thought of him with distaste. He offered marriage but she did not wish to have anything further to do with him.

In desperation over her attitude, he went to her mother. When confronted with the information by her mother, she neither confirmed nor denied it. In January, 1950, however, she wrote to her fiance and denied her pregnancy. In spite of the fact that her mother already had knowledge of her condition, Miss E. wished to avoid any possibility of either her parents or her fiance knowing that she soon would be confined. She arranged to have her letters forwarded by a friend to her family from the

camp where she had been stationed. She had no desire to see her baby and planned to give it for adoption.

In this case the psychiatrist brought out that therapy would involve helping Miss E. face her problem in connection with the sexual aspect of the marriage relationship and that this could not be accomplished in a short time. He suggested that the casework relationship at this time should serve as an introductory phase of therapy and should give Miss E. an opportunity to develop some awareness of her own emotional problems. Her particular personality organization was discussed from the standpoint of dynamics and, as a result, the caseworker was in a better position to give Miss E. the kind of support that she needed, at least up to the time of her confinement.

In order to illustrate problems that are found in a family group and to show the effect of inter-personal relationships within such a group, the case of Mrs. F. is summarized.

Mrs. F., thirty-seven years old, was a slender woman, attractive, pleasant, and with average intelligence. She spoke of her father, now dead, as a periodic alcoholic. Although he had worked regularly as a laborer, he was not dependable and her mother worked steadily to provide the family's needs. Mrs. F. married in 1931, and her husband started drinking less than two years after their marriage. He is now termed a chronic alcoholic, and Mrs. F. stated that she has not been happy since he started drinking. She has felt insecure because his employment was unstable; she was over-burdened because she had to assume full responsibility for the children and management of the home. She has worked intermittently

during her married life and had experienced only one short period of financial stability, that was during Mr. F.'s World War II service overseas, when she received Family Allowance regularly.

Following Mr. F.'s re-enlistment in 1947, he was stationed at a military post which enabled him to spend most week-ends, and frequently week days at home on overnight passes. During these visits he drank constantly and abused the family. There was constant quarreling and use of profane language. In a dejected manner, but without much awareness of a negative feeling toward her husband, Mrs. F. blamed him for her poor health and for the apparent breakdown in the general morale of the family. She thought that the general home conditions had affected the three older girls' attitude toward school, and had influenced their choice of friends because they were ashamed of their father's behavior in the home.

In an effort to do something about this general condition attributed to Mr. F.'s drinking, Mrs. F. was influential in encouraging him to request hospitalization for psychiatric care for his habitual drinking, and he was hospitalized in a military installation. He was discharged after several months and at that time attempted to take over the management of the home and the discipline of the children. Mrs. F. had always wanted him to assume these responsibilities, but when he did so, she managed to interfere with most of his decisions and with every disciplinary measure that he attempted to institute. About two months after his release he started drinking again and when the military learned that he was drinking on duty as well as during his furloughs, he was cautioned that he would be recommended for a discharge on the basis of being unfit for military duty. It was at this point that Mrs. F. suggested that he request an overseas assignment, which he did, and he left in May, 1950.

Mrs. F. was content for a short time and talked about vacation plans for the children. At the end of six weeks she visited the office, without

an appointment, requesting medical care, stating that her family was "against" her and that she was on the verge of a nervous collapse. She had been ill for several days and said that the condition was precipitated by her family's attitude toward her and by the fact that they did not want her to enjoy herself or to have any friends. The origin of this complaint seemed to be in the fact that she had renewed a friendship with a male friend. This precipitated a general family quarrel and Mrs. F.'s mother and oldest daughter demanded that she stop seeing the man.

Mrs. F. also attributed her present condition to the behavior of her fourteen year old daughter, whom she apparently identified with her husband. She indicated her rejection of the child in terms of not being able to stand the sound of her voice or to have the girl touch her. Jean could do nothing to please Mrs. F. and was constantly compared with the second oldest daughter, Betty, who was sixteen. This precipitated marked behavior difficulties in the fourteen year old who fought with smaller children in the neighborhood including her brother John, who was four. She had recently cursed and broken a chair and several dishes when Mrs. F. insisted that she help the older girl with the housework. She had been so ill-tempered that Mrs. F. was afraid to leave John alone with her. Meanwhile, the older girl threatened to ask permission to live in a Catholic convent in the neighborhood, and the youngest daughter, Gloria, aged twelve, quietly moved to her maternal aunt's home.

In presenting this case for consultation, the caseworker's specific questions of the psychiatrist were as follows:

- 1) How should the problems Mrs. F. presented be handled in the casework relationship?
- 2) Does psychiatric treatment seem indicated?
- 3) Does Mrs. F. appear to be treatable through either casework or psychiatry?

In consultation the psychiatrist focused on questions relative to treatment within the casework area. Mrs. F. was apparently a masochistic person who used the children and her husband to keep the family situation disturbed. Mr. F.'s alcoholism offered a convenient basis for projecting difficulties on him and the overt behavior of the fourteen year old made it possible to use that child as a source of disturbance. At the same time, Mrs. F. did give some indication of at least a limited degree of insight and the psychiatrist suggested that she be helped to face and understand her own behavior as it undoubtedly affected the behavior of the other members of the family.

The psychiatrist was of the opinion that the caseworker could carry on effectively treatment such as this because of the good relationship that existed between herself and Mrs. F. Mrs. F., in turn, would undoubtedly benefit from the maintaining of such a relationship with a person outside the family and one who could not be used to contribute to the general disturbance within the family constellation.

The case of Mr. G. is that of a disturbed person whose disturbance was at least partially bound up with some guilt over employment which he recognized as questionable.

Following his referral to Red Cross, Mr. G.'s disability rating was reduced from 100 per cent to 30 per cent and then to 10 per cent on the basis of a Veterans Administration

re-evaluation. During this time he enrolled in a vocational school for a course in welding. In view of the earlier diagnosis of schizophrenia and because Mr. G. was having difficulty in adjusting to the reduced disability rating and to the prospect of employment, the caseworker requested consultation. She was particularly interested in getting the psychiatrist's opinion on Mr. G.'s questionable improvement and on the fact that he wanted to talk about marriage as one of his plans for the future.

The psychiatrist thought that, although Mr. G. was basically a helpless person, he possessed sufficient strengths to justify casework service. The psychiatrist suggested that the caseworker offer support and encouragement and that she take the initiative in helping Mr. G. to find a suitable job. It was also thought that the caseworker could encourage the marriage plans after Mr. G. secured work and had some economic security. He advised against any discussion of the disability claim at this time and also against any attempt to reopen that claim, although technically there might have been some basis for doing so. The procedure could easily be a threat to Mr. G. and could serve to emphasize his helplessness.

The six summaries presented in this chapter gave the case situations as they existed when the psychiatrist's recommendations were requested. The questions raised by the caseworkers showed the areas in which they were consciously aware

of their need for direction and help, and the length of time the cases were known to them prior to the requests represents some interesting variations.

In Mrs. C.'s case the consultation was requested less than one month after her discharge from the State Hospital. This was perhaps due, not only to the diagnosis and planning necessary, but also to the fact that Mrs. C. had been known to the agency prior to 1950. Consultation on the cases of Mr. B., Mrs. D., Miss E., and Mr. G. occurred within six months after the cases were accepted by the agency. In only one case out of the six was psychiatric consultation delayed more than a year. This was the case of Mrs. F. which involved many factors that could not be readily evaluated for the specialized consultation.

In the case of Mr. B., the consultation resulted in a definite recommendation for hospitalization and in the clarification of a diagnostic pattern which did away with the possibility of treatment within the casework area. In the other five cases, the consultation served to sharpen the caseworker's awareness of dynamics and to indicate the course of action that could be most profitably followed in treatment. This type of direction and planning undoubtedly facilitated treatment plans. In some instances it undoubtedly prevented the caseworker from following a course of action which, although seemingly valid, might only have contributed to already existing difficulties.

## CHAPTER IV

### THE PSYCHIATRIST'S ROLE

The four case summaries presented here were selected at random from the study group to show the role of the psychiatrist in the consultation discussion. His comments and recommendations were taken from the report on the conference which was later prepared for the permanent case record by the caseworker. The psychiatrist's statements, as recorded in this chapter, are actually a condensation of the major points covered during the conference. The material as given also points up the way in which the caseworker and psychiatrist can function in a mutually beneficial way.

In the presentation of the case of Mr. H., the caseworker asked for an evaluation of the focus of the treatment plan. In her work she had been proceeding in a supportive role toward the goal of referral for psychotherapy.

Mr. H. requested financial assistance pending receipt of his subsistence allowance and disability compensation check. He was attending tailoring school under Public Law 16 and was receiving compensation for a 30 per cent disability from the Veterans Administration, due to an arm condition incurred in service. He had recently transferred from a tailoring

school in the South where his wife and three children continued to live.

Although the situation opened with an initial request for financial assistance, need for help in other areas soon became apparent. When the worker attempted to clarify the delay in his compensation and subsistence allowances, Mr. H. became rather hostile, pouted childishly and refused to talk for a while. The caseworker noticed this type of behavior many times in her contacts with him, and on several occasions when she had attempted to discuss management or to clarify a plan with him, he became violently angry and had great difficulty in controlling himself. This was manifested by his face becoming quite flushed, by a marked trembling of his lower lip and by the fact that, for several minutes, he was unable to speak. When he visited the office later he acted as if the display of anger had not occurred and he made no reference to it and was unable to accept any responsibility for his actions.

Other manifestations of Mr. H.'s behavior were indicated in his fear of losing his home, which he and his wife had been purchasing since 1945. Recently he was unable to continue payments and there was a threat of foreclosure. During this time Mr. H. interpreted the threat of losing his home as synonymous with fear of losing his family. He showed lack of judgment in handling money and he was unable to consider, or to discuss, the possibility of giving up his training in order to obtain full time work and support his family. Mr. H. could not accept responsibility for his financial predicament and his family's dire need, nor for his present plan of training, which necessitated his living apart from his family. He projected full responsibility upon the Veterans Administration Training Officer and upon one of the co-signers on a note in connection with the Trust Deed.

It was the caseworker's experience that it was Mr. H.'s habit to meet issues by running away.

In addition, he evidenced strong suspicions about people and felt inadequate and inferior to his wife, to her family, to his father and brother.

After the case presentation the psychiatrist made certain suggestions which made it possible for the caseworker to function in a more beneficial way. It was his opinion that Mr. H. was a very sick man, with no insight, and that he might have paranoid delusions toward training, toward his jobs and toward other situations. It was suggested that the caseworker handle his intense anger by a simple approach, such as "why do you get so angry," followed by a review of the incidents in which she observed these rages. The reality points in Mr. H.'s present situation were indicated, including his inability to defy his wife because he could not support her, and his fear of losing her. The psychiatrist agreed that referral for psychiatric care might be indicated on the basis of Mr. H.'s own story. However, he suggested that the caseworker must be mindful of the probable unreliability of much that Mr. H. related about himself.

The case was re-evaluated a month later when the caseworker was given specific suggestions on how to meet Mr. H.'s angry outbursts and some direction in preparing him for more direct therapy. These suggestions included:

- 1) Pointing out to Mr. H. that the rages often happened when there was nothing he could do about the situation (rage-frustration).

- 2) Pointing out to him that it was not necessary for him to vent his anger all of the time and that it was good for him to hold on to himself.
- 3) Putting across the idea that Mr. H. could talk about his problems and difficulties without getting into a rage about them.
- 4) Bring out unconscious frustrations that produced the conscious rage through bringing into focus the things that bothered Mr. H., and attempting to show him that the present manifestation of anger might actually be an old anger and merely related to something in the present but not stemming from the present.

These suggestions might be followed by way of preparing Mr. H. for psychotherapy. However, the psychiatrist pointed out that Mr. H. might easily misinterpret such a referral. He might see it as rejection and find in it a means of testing the caseworker, i.e., "Is she rejecting me?" The caseworker, as a professional person, would have to take this risk and should not let it stand in the way of referral at whatever time such referral was indicated. While interpretations such as these might have been arrived at solely on a casework basis, their reinforcement through psychiatric consultation gave added security to the caseworker in a relationship that would, under any circumstances, be difficult.

In contrast to this situation, the case of Mr. I. is one in which the caseworker asked for help in understanding the dynamics of the personality organization and behavior of the man. She also needed guidance in assisting his wife to become

less dominant, thus enabling him to take his place as head of the family.

Mr. I., an ulcer patient, age thirty-three, was married and had a five year old daughter. He was the youngest of five siblings; his mother died when he was four years old. The family separated at that time and Mr. I. lived with an aunt. Five years later his father remarried and re-established the home.

Prior to military service, Mr. I. had been a soda fountain manager and he now expressed the desire to return, either to that type of work or to start his own restaurant. However, since his discharge he had not been able to hold a steady job because of nervousness. He had the desire to attend embalming school, but after learning that the school's enrollment was full, he gave up the plan.

Mrs. I. was adopted, when she was four weeks old, by a physician and his wife. They died when she was fourteen and she went to an orphanage. While there her natural parents visited her but she felt that they were strangers and never established an affectional relationship with them. Mrs. I. stated that she could have had this but chose to marry instead. She indicated that she looked upon her husband as a "problem"; that she liked to make plans for herself and others and was not satisfied until they had been worked out. The problem, according to her, was her husband's health and what she needed was help in bringing about his recovery. However, the caseworker thought that if Mr. I. was able to assume his male role as head of the house, Mrs. I. might not be able to accept him as such.

Mr. and Mrs. I. were married before Mr. I.'s enlistment into military service. Later Mrs. I. joined the Women's Army Corps and Mr. I. commented that he was glad because "she found out it wasn't a soft job." While in service, he was offered a chance to attend Officer's Candidate School which he refused because he

wanted to remain in the ranks.

Mr. I. refused to follow his ulcer diet; he appeared to be nervous; he smoked continuously and had a noticable tremor in his hands. He seemed easily disturbed and, while the caseworker was present, he slapped his son and the dog several times. Mrs. I. dominated the conversation and Mr. I. spoke only when questions were directed at him. Mrs. I. was very anxious that Mr. I. secure threatment for "nervousness" and had been active in pushing him toward it.

Mr. I. showed little active hostility toward his wife's dominance. However, when given a choice to visit the office or receive the caseworker at home, he indicated that he would like to visit the office.

In discussing the questions which the caseworker raised in relation to the personality of this man, the psychiatrist pointed out that the fact that Mr. I. had an ulcer gave the clues as to the kind of a man he actually was. He also pointed out that Mr. I.'s interests had centered around food. This was seen in his desire to own a restaurant business. In addition, he was a hostile person and his interests in embalming might conceivably be connected with the hostility, which was overtly shown by his treatment of his child and his dog; by his refusal (passive) to follow his ulcer diet and to secure a job. The psychiatrist also pointed out that anger which accompanied the hostility could be expressed in many ways such as being a nuisance or being passive and silent. Mr. I. seemed to be employing both of these means of venting the hostility that he

doubtless felt toward his illness as well as toward his wife.

The psychiatrist also questioned Mr. I.'s reaction to responsibility and to the assumption of authority. The fact that he did not go to Officer's Candidate School might have stemmed from the fact that he was afraid of being in a position of authority. On the other hand, there might have been strong feelings of inferiority which would lead him to fear that he would fail in a competitive situation. He evidently had not been able to compete with his wife in this area and he may have identified her both with competition and with authority.

The psychiatrist recommended that the caseworker attempt to relieve tension through practical suggestions for recreation and activity such as urging Mr. I. to attend a movie. He also pointed out that Mrs. I. might not be able to tolerate suggestions from another woman, therefore the caseworker should avoid arousing her defenses. The relationship should be kept warm, friendly and accepting without too much attempt at direction and interpretation.

The J case differed from the others in that there seemed to be little likelihood of a continued relationship within the casework area. It was presented to the psychiatrist specifically for its teaching value. During the consultation, the caseworker read a letter received from Mr. J., and the record of her one interview with him. The summary of these,

the caseworker's comments concerning her impression of Mr. J., and her questions to the psychiatrist and the attending staff members, are as follows:

Mr. J. wrote to the agency requesting counsel on a proposed move to Kansas. His letter stated that "About five years ago when I was discharged from service, I received a letter from you stating that in the event I could use assistance you would be glad to accomodate. I didn't need any then but I need it now. The help I need is that which a national organization can furnish. I don't need financial assistance. I am now working in Chicago at the above mentioned letterhead. I am getting married soon and must leave the city. The familial ties on either side do not harmonize to either of our advantages. I think we could do very well without either if we were to go away. We are planning on moving to Kansas and settling near the University so I may work on my Masters Degree. I would feel better if I had some way of anticipating employment and a place to live; however, we are going at any rate and would appreciate anything you can do for us."

An appointment for an office visit was scheduled with Mr. J. Early in the interview he reacted to questions defensively, indicating that they were threatening to him. His point of view seemed unrealistic and some of his statements gave evidence of quite an irrational attitude. He misused long words and complex phrases frequently.

Mr. J. seemed very optimistic about the future and "brushed off" the caseworker's inquiry about his plan for management should he move to Kansas. He did not respond to her attempt to help him verbalize his reason for thinking that the move was what he wanted.

He indicated that he knew no one in Kansas and that, if he remained in Chicago, he would have many contacts. He had an uncle in Chicago who

was a lawyer and who wanted Mr. J. to study law and eventually join his law firm. However, Mr. J. was not interested in law and commented that "I'm more interested in morals and there is quite a conflict between them." He also said that he knew a professor who wanted him to study at the University of India and added "with my philosophy, India would do a great deal for me."

He asked the caseworker for a list of available housing in Kansas and, when advised that she did not have this information, he responded "no you couldn't do that as it would be treading on the toes of the capitalistic system and Red Cross is supported by them."

The caseworker commented, during the conference, that discussion would be valuable concerning what could be speculated from a single interview, such as Mr. J.'s motivation in coming to the agency and his degree of normality or disturbance. The caseworker asked that attention be given to all diagnostic clues and how they might have been followed up, as well as what other results might have been obtained by a different approach.

In response, the psychiatrist commented that it was unusual for a form letter offering assistance to be remembered and taken advantage of five years later. He thought that Mr. J.'s phrasing suggested that he had no very definite idea of what assistance he wanted, but was anxious about the move he was planning to make, and wanted the reassurance of knowing that a national organization was backing him. The psychiatrist pointed out the incongruity between the pompous wording and the school boy style of the letter, and the plan to work for a

Master of Arts degree. It was suggested that, from the letter alone, the worker should expect the individual to exhibit some degree of disturbance.

During the re-reading of the interview, further indications of disturbances were noted. There was almost no mention of the fiancée and it was as though she scarcely existed or mattered. The unrealistic optimism about everything in the future, and the failure to respond to reality testing, as well as the mystic element in Mr. J.'s thinking, were reflected in his statements on morals, capitalism, philosophy, and Indian thought. It seemed that Mr. J. was experiencing such great anxiety over the trouble with his and his fiancée's family that he saw Kansas as an almost magical solution to all his problems. He was, therefore, not interested in considering possible obstacles to his plan. It seemed evident, however, that Mr. J. was, nevertheless, more worried than he would admit about taking this step. Because of this worry, he had reached out "like a drowning man for a straw" to the old letter from the agency. In some vague way he wanted the great national organization to take care of him, and to back him in everything he might do.

The psychiatrist thought that the interview should have focused around the primary anxiety, the family trouble, and should have explored the ways in which the parents had

actually interfered in the past, what their objections were to the marriage, and how he thought they would make trouble in the future. The strain of "philosophy" and "morals" was a result of his disturbed frame of mind, so exploration into this area would not have been fruitful. By drawing him out in a discussion of his anxieties, the caseworker might have been able to help him clarify the problem in his own mind. Such discussion might also have shown Mr. J. to be so seriously disturbed that a series of interviews would not clarify the situation. If this were true, referral for direct psychiatric treatment was recommended.

Five of the twenty-nine persons were discussed in conference with the psychiatrist on two occasions during the period studied. The purpose of the second conference on four of them was for the purpose of following up developments in their situations, to evaluate what had occurred since the first presentation and to discuss further planning in treatment. In the conference on the fifth individual, the caseworker reported the progress that had occurred in assisting the client to accept psychotherapy.

The case of Mrs. K. exemplifies a situation in which the caseworker requested rediscussion primarily in connection with further planning in relation to treatment.

In the first conference the caseworker was concerned with helping Mrs. K., a twenty-

one year old wife of a serviceman, to accept her husband's absence and her need to manage without him. There was also the attempt to assist her to regain sufficient equilibrium to return to work and to face her problems with less anxiety and more constructive energy. At that time Mrs. K. had requested information about the procedure to be followed in securing a dependency discharge for her husband. She based the need for his presence on her financial situation, although she was residing with her parents and there was no indication that such need was a primary factor.

Less than two months later the caseworker presented the case to the psychiatrist a second time. The purpose, on this occasion, was to discuss further casework planning and to evaluate the developments to the present time. The caseworker's primary question centered around the fact that Mrs. K. had failed to keep appointments while, at the same time, insisting that their interviews had been helpful and satisfying to her. She had seemed delighted to have the caseworker visit in the home but, after the plan for office interviews was arranged, she kept only one appointment. The caseworker wanted some clarification and explanation of this seemingly contradictory behavior.

It was the psychiatrist's thinking that Mrs. K. was using the relationship with the caseworker in an involved manner. This indicated that her hostility toward and rebellion against the caseworker as expressed in her failure to keep appointments were not a simple neurotic response to a "mother person," but rather a character response which was not differentiated from person to person. She might have acted that way with anyone toward whom she felt hostile for any reason. It seemed that obtaining a job was to her a form of rebellion and, the rebellion

once indulged in, made her increasingly frightened. Although Mrs. K. said she was the "rebel" of the family, she was probably very conforming with a lot of underlying hostility. Her profuse appreciation of agency services was exaggerated and unrealistic, and was a further expression of her hostile feelings.

The most effective way suggested for handling this personality problem was to give indirect support to the independent actions Mrs. K. might undertake. She was not to be pushed, since that would increase her hostility. It was also pointed out that many months might go by before she called the caseworker, since her dependency on her family was too old a pattern to be dissipated quickly. The caseworker could only go along with this pattern and accept the calls when they came.

In review, it was found that, in each of the eleven cases presented in summary form throughout the present study, the psychiatrist functioned in the role of teacher and added to the knowledge of the staff members who were present. He gave particular help to the individual caseworkers who were given the opportunity, through discussion, to gain a better understanding of the dynamics of individual cases. He also gave interpretation, reassurance, guidance and support on the best plans for therapy. The psychiatrist, in pointing up clues, and in giving interpretation, from a single interview, offered an

extremely beneficial service to the casework staff. His practical suggestions on the H and I cases indicated his recognition of the many reality factors that the caseworker needed to work with and consider.

## SUMMARY AND CONCLUSIONS

The case material used in the study showed the kinds of the situations on which psychiatric consultation service was requested. In reviewing the questions the caseworkers raised on each of the summarized cases (11), it was interesting to note that help in the area of treatment was wanted on all of them. In addition, the caseworkers handling eight of these eleven cases requested help in understanding personality organization, as well as the dynamics of behavior. In two instances this knowledge was asked for in preparation for diagnosis. Particular emphasis on the educational advantages to the entire staff was considered in presenting two of the cases for consultation. The question of the caseworker's role was brought out in four of the cases, when the psychiatrist's recommendations were needed in determining whether or not the individuals should be referred for direct psychiatric help or retained on a casework basis.

The areas in which the caseworkers wanted consultation service on the remainder of the study group (18) were also reviewed. It was again brought out that the major reason for requesting psychiatric direction was to gain greater security

in formulating, re-evaluating and carrying through treatment plans. Diagnostic help as such was not clearly defined in the questions the caseworkers raised when requesting the consultation, however, need for this type of assistance seemed implied in many of the queries on personality organization and the dynamics of behavior. Seventeen of the cases not described in the earlier material were presented for the purpose of securing help in treatment planning; thirteen were also concerned with gaining a better understanding of the individuals involved. Diagnostic help was needed particularly with five case situations and three others offered material that served as an educational measure for the benefit of the staff members. The question of referral for direct psychiatric service was raised on five individuals in this group.

In describing psychiatric consultation service in the Home Service Department of the Chicago Chapter of the American Red Cross through a review of the twenty-nine case situations presented in 1950, there was no attempt made to evaluate this service. The questions raised by the caseworkers, however, and the recommendations of the psychiatrist, indicated the need and the value of such service. The case material showed the varied persons and situations the caseworkers were responsible for handling and pointed up the many areas in which the help of the psychiatrist was needed in order to develop more constructive and comprehensive treatment plans.

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