Casework Services Provided Fifteen Families with Marital Conflicts Known to Family Service Division, Lake County (Gary) Department of Public Welfare, 1952-54

Pauline Huff
Loyola University Chicago

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CASEWORK SERVICES PROVIDED FIFTEEN FAMILIES WITH MARITAL CONFLICTS KNOWN TO FAMILY SERVICE DIVISION, LAKE COUNTY (GARY) DEPARTMENT OF PUBLIC WELFARE, 1952-54

by

PAULINE HUFF

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

June

1955
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CHAPTER I

INTRODUCTION

The purpose of this thesis has been to study casework services given by the Family Service Division, Lake County Department of Public Welfare, Gary, Indiana, to a selected group of families who presented marital conflicts, 1952-1954. Methods and techniques of strengthening the family through the utilization of the casework process will be considered. Another purpose has been to study the psycho-social characteristics to determine the importance of such factors in the marital problems of the study group.

Lake County, Indiana, a highly industrial area is located in the northwest section of the state. According to the 1950 Census its population was 366,113.\(^1\) The economy of the area is largely dependent upon the steel industries.

The community has limited resources to deal with its increasing contemporary social problems. Catholic Charities is the only private social agency in Gary which renders casework services to families confronted with problems.

Red Cross serves as a quasi-military agency.

Lake County Department of Public Welfare was established officially on April 6, 1936, following the passage of the Indiana State Welfare Act. Public Welfare services are offered by the central office in Gary and the agency's two district offices, located in Hammond and East Chicago, Indiana.

The agency administers three of the four categories of the public assistance program (Aid to Dependent Children, Old Age Assistance, and Blind Assistance), Family Service, Child Welfare Service, Crippled Childrens Services, and Hospital Commitment to the University of Indiana Medical Center.  

The Family Service Division was established in 1949. It was an outgrowth of public demand; the statutory responsibility was invested in the Department of Public Welfare. It extends casework services to individuals and families in the community who desire such aid. They must, however, be independent of any of the public assistance programs.

Casework services consist of counseling families with marital conflicts and other problems, the unwed mother, child behavior difficulties, and protective services to children.

Goals in working with families faced with marital disharmony, are to help each marriage partner so as to enable him, within his

---

2 Know Your Welfare Department, A Summary of Public Welfare, together with an explanation of its administration in Lake County, Indiana, for the three year period, 1949-51, XVII, (Gary, Indiana)
capacities, to carry out his responsibilities toward his children and toward his spouse.

The period of time of this study is that of the calendar years of 1952, 1953, 1954. It is delimited to the number of cases which presented marital conflicts in the initial contact with the agency, in order that each might be considered in detail.

Among the agency's case code system are those classified as "AS" "S" and "Sc" cases. An "AS" case is a case involving casework services to adults. An "S" case is a service case involving casework services to children outside of their own homes. An "Sc" case is a Service case involving casework services to children in their own home.

Most marital discord cases are registered as "Sc" because the agency has statutory responsibility for children who are in danger of becoming dependent, neglected, or delinquent. It was not necessary therefore to use cases coded under the "AS" classification.

In order to select the study group it was necessary to take the following steps:

1) Select from the agency's 1953 and 1954 general closing register, those "S" cases in which services were terminated sometime during these years.

2) Refer to the general alphabetized card file, for those "S" case on the first list, which were classified as "Sc" cases.

3) Develop a workable criteria as a basis for the selection of cases to be studied.
4) Select from the "Sc" case list, records from the agency's general case record file, which met the standards devised.

Criteria used to delimit the cases for this study were:

1) The family applying for service, or the agency or individuals referring the family, must have presented a marital conflict problem at first contact with the Family Service Division, of this social agency.

2) The family must have consisted of a legally married husband, wife and their minor children. Cases with common law marriages were eliminated, because of the usual complexity of conflict in such unions.

3) Each family must have been interviewed by the caseworker a minimum of eight times before the closing date. This is considered an objective criterion by the Family Service Division, Lake County Department of Public Welfare for this particular study. It was felt that this plan would eliminate cases that received brief service.

A schedule, to facilitate the recording of uniform data, was drawn up and used with each of the fifteen cases.3

Analysis of the characteristics of the families, has been made in Chapters II, III, and IV to offer some understanding of the forces which operate to produce marital conflicts. Case illustrations and tables, as well as a discussion of casework services are

3 See appendix.
Objective thinking about marital conflicts is as important as the gathering of authentic information. Facts are interpreted in terms of a social work frame of reference, including concepts that are pertinent to the analysis of the data.
CHAPTER II

PSYCHO-SOCIAL CHARACTERISTICS OF STUDY GROUP

The husband or wife who does not achieve happiness in balanced marital adjustment needs help based upon a scientific appraisal of his individual personality. It is necessary to consider, simultaneously, the nature and degree of interacting social conflicts and unmet needs which are contributory factors toward the individual's maladjustment.

The characteristics of the marriage partners in this study group have been described in the following cultural-socio-economic material.

The fifteen families include: eight white, Protestant; two white, Catholic; one white Catholic-Protestant; and four Negro, Protestant married partners and their minor children.

These families are of American, Italian-Mexican, Dutch and Swedish and Greek and Slavish nativity. Cultural tensions based on foreign ideas and language resulted in conflict in three of them.

Ages of the husbands ranged from thirty three to sixty five years, while the wives were between twenty seven and forty five years of age. Ages of four married partners (two couples) were
It was interesting to note that two thirds of the husbands were between thirty one and forty years of age. Seven of them were white and three Negroes.

Table I gives a breakdown of ages and race of husbands:

### TABLE I

**AGE AND RACE OF HUSBANDS**

<table>
<thead>
<tr>
<th>Age</th>
<th>White</th>
<th>Negro</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-35</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>36-40</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>41-45</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>46-50</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>51-55</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>56-60</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>61-65</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11</strong></td>
<td><strong>4</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

More than one half of the wives in the study group were under thirty six years of age. Of this number five were white and three Negro. The wife was one year older than her husband in one case and two years older in another. Of the remaining thirteen couples more than half were between two and three younger than their
husbands. In three cases there was a difference of from ten to eighteen years in the ages of the couples.

Age range and race of wives can be seen in Table II:

TABLE II

AGE AND RACE OF WIVES

<table>
<thead>
<tr>
<th>Age</th>
<th>White</th>
<th>Negro</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>26-30</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>31-35</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>36-40</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>41-45</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Total 11 4 15

Three white wives and two of the Negro wives or one third of the female spouses were between thirty and thirty-five years of age. Ages of three white wives and one Negro wife ranged between thirty-five and forty years of age.

It was learned that the couples in the study group had been married for periods ranging from one year to twenty-two years. An illustration of the variation in length of marriage of the spouses is given in Table III on page 9.
### TABLE III
LENGTH OF MARRIAGE

<table>
<thead>
<tr>
<th>Years</th>
<th>White</th>
<th>Negro</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>6-10</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>11-15</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>16-20</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>21-25</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>4</td>
<td>15</td>
</tr>
</tbody>
</table>

It was surprising to note that more than one half of the white couples and all of the Negro couples had been married for over ten years. Case record material did not give pertinent information on how early in the majority of these marriages conflicts became interwoven within the marital relationship. Caseworkers focused counseling and services on current realities in each situation.

The consideration of occupation was related to the earning roles of the husband and wife and the stability of the income. It was found in this study that irregular employment or unemployment due to periodic steel strikes or illness of husbands brought about various degrees of deprivation, insecurity, fear and frustration. Some families were able to adjust to the crisis and work through
their difficulties. Others showed signs of disorganization which were in the form of constant quarreling, chronic alcoholism, separation, desertion or divorce.

In the lower income groups the tensions relating to management were communicated to other phases of family interpersonal relationships. Jobs held by these men included that of an assistant fire chief, carpenter, oven checker, boiler maker, switchman, mechanic, truck driver, janitor, and laborers. Three laborers were Negroes and one was white. Two of the laborers and the mechanic were employed irregularly. The occupation of three of the husbands was omitted in the records.

Monthly salaries of husbands ranged from $185.00 to $720.00. It is not known whether these earnings are net or gross.

The lowest income was earned by Mr. A who was an irregularly employed mechanic. The A family was also the largest family and it will be discussed briefly in later material.

Mr. B a self employed carpenter earned the highest salary. He is white and Catholic; his wife Protestant. Ages of husband and wife was not given in case data. There were five children who were between seven and fifteen years of age. Mr. B owned the home in which the family lived. It was of adequate and standard condition. It was located in one of the better neighborhoods. Indications were that both marriage partners were emotionally immature in several areas and religious differences aggravated the marital conflict.
At the opening of treatment, five wives or one third of the study group were employed fulltime: two as cooks, two as waitresses and one as a key punch operator. Two wives did part-time work in their homes. One wife accepted weekly ironing in order to have money for personal needs. Another wife decided to do odd typing jobs. She felt that this would tend to release her emotions around anxieties about her husband's behavior, as well as their mentally retarded child.

Employment of women outside of the home suggests the extent to which the role of the wife has changed. If it is necessary that the wife work, the husband may experience many feelings of inadequacy. Conflicts are sometimes engendered and intensified since this is a threat to the husband's ego.

In five families it was common practice for the husband to hand over his weekly pay envelope to the wife for her sole management. The husband received a small allowance for personal needs. In three families the husband retained partial control of the income by paying the fixed expenses such as rent and insurance.

According to case data seven or almost one half the husbands had charge of their own income. Their complete management of their income was not toward the best interests of their families. Complete ignorance of the husband's income leading to failure by the wife to curb expenses, poor management and child neglect, contributed to marital disharmony in these cases.

It is obvious that a multiplicity of interrelated psycho-
social factors were interwoven in the marital conflicts of the fifteen families in this study. "Much overt behavior is symbolic of underlying tension or tensions in an area of behavior, other than the one in which the overt conflict is manifested."¹

Emotional elements reported by husband, wife, or both included lack of affection, hostility, fear, jealousy, and concern about excessive alcoholism and gambling. Case record material indicated that in some instances the marriage partner is unable to change from and infantile role of emotional dependence to a mature adult role.

An illustration of a complaint regarding lack of affection is given:

At time of application one wife requested advice on divorce. She stated that her husband was no longer affectionate toward his family. Expression of his affection had lessened since the birth of their last child. Seven other wives expressed the same feeling about their relationship with their spouses. Similar feelings were mentioned by five husbands in the study so that this complaint seemed to be one of the major factors brought out in discussions. It was not clear from available data to what degree the complaint of lack of affection is related to the statement:

¹H. R. Mowrer, Personality Adjustment and Domestic Discord (New York, 1953).
Affectional relationships in marriage consist of sex as an obvious component. 2

Records revealed that six husbands drank alcohol excessively over week-ends though their drinking did not interfere with their ability to retain steady employment. One wife admitted that she drank and said that she did so because she did not have freedom.

Marriage partners and their children spent little time together in social and recreational activities. Records did not relate to what extent the marriage partners engaged jointly in social interests. It was pointed out, however, that five wives were dissatisfied with their husband's social activities and type of friends.

The educational level of the clients was relatively low. None attained university training. The amount of education attained by three husbands and six wives was not recorded. Elementary education secured by husbands varied from fifth to eighth grade, while two went to high school but failed to complete their studies. Six wives went from third to eighth grade in the elementary school. Two attended high school and one graduated and pursued a course in a business college.

The influence of religion on the family in American culture has decreased. Although it exists apart from the individual, religious values still are an integral part of the personality.

2 Ibid.
Regardless of their origin, religious differences may constitute important factors to marital disruption. Cultural differences affected four out of the fifteen families in areas of religion, class status, nativity and language. It was difficult to measure, objectively, church attendance of the families. Case records did not reveal whether eight families attended church. Two Catholic families attended church regularly. One couple sought counseling from the parish priest prior to contacting Family Service Division for assistance with marital problems.

A Catholic husband in the Catholic-Protestant marriage (the B family mentioned earlier) had not gone to church regularly for eight years. The imbalanced situation in the home began about this time. His wife discontinued her activities at a Protestant church, where she had been a member for years. Thus, interfaith marriages may complicate marital adjustment by providing conflict in the area of religion.

Health is an important aspect of happiness in family life. Findings showed that nine husbands or almost two thirds of the group had poor physical health and that three of them had surgery during the casework treatment period. Health problems were those indicated in Table IV.
TABLE IV
HEALTH COMPLAINTS OF WAGE EARNER

<table>
<thead>
<tr>
<th>Complaint</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>2</td>
</tr>
<tr>
<td>Bladder infection</td>
<td>1</td>
</tr>
<tr>
<td>Hay fever (severe)</td>
<td>1</td>
</tr>
<tr>
<td>Hearing defect</td>
<td>1</td>
</tr>
<tr>
<td>Hemorrhoids</td>
<td>3</td>
</tr>
<tr>
<td>Stomach ulcers</td>
<td>1</td>
</tr>
<tr>
<td>None reported</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

Six husbands had nervous conditions as listed: hypochondriasis, psychoneurosis; psychosomatic illness; neurosis; functional; finger nail biting; and a compulsive disorder. The only husband in this group included in the above material on physical complaints is the one having arthritis as well as a compulsive disorder.

Mental Hygiene consultations were planned for five couples.

Physical health of the wives in this study was apparently good. It was stated that three mothers were pregnant and that one of them had a rupture condition. One wife had menopausal complications and during the period of agency activity she was committed to a mental institution for a brief term.
Multiple characteristics of husband and wife have been discussed. Marital unhappiness is symbolic of other family differences and marital conflicts in the home make for an unwholesome environment for children in their personal and social world.

Sizes of families in the study group consisted of from four to ten members. There were two to eight children as can be seen in the following table:

**TABLE V**

**NUMBER AND RACE OF CHILDREN**

<table>
<thead>
<tr>
<th>Number</th>
<th>White</th>
<th>Negro</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Total 11</strong></td>
<td><strong>4</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

The total number of children affected by the marital situation was sixty three and of this number there were forty boys and twenty three girls. The medium sized white family consisted of the mother and father and their four children. The medium sized Negro
family consisted of six children and their parents.

It has been pointed out in the A case mentioned earlier that the largest white family consisted of the marriage partners and their eight children. The children were from one to sixteen years old. The head of this family, who was thirty seven years of age, was irregularly employed as a mechanic. He was in poor health.

The family's housing conditions were inadequate and substandard. They lived in a three room trailer. The wife was in need of medical care. The children were underfed, one had rheumatic fever and all lacked proper clothing. Mr. A, who was a veteran, had deserted his family a second time when the case came to the attention of Family Service Division. Mrs. A, thirty four was afraid that desertion would be permanent. She hoped, however, that her husband would return home.

Problems relating to children of the fifteen families in this study are in the physical, emotional, mental, parental, social and school adjustment areas. According to case record material, some of these problems are of a mild nature. In a number of instances they can be classified as serious problems. The onset of psychosocial and emotional difficulties is not manifested in case data.

It was learned that fourteen girls or more than one half in the group had mild emotional disturbances. These consisted of depression, seclusiveness, laziness, aggressiveness, submission, temper tantrums, crying spells, hyper-sensitivity, vomiting, "black out" episodes, fainting, and parent-child tensions. One or
of the factors were found in the case situations.

Monica is an illustration of how a child is affected by a marital situation. Mr. and Mrs. C had both been previously married. Three children ages ten to sixteen, were by Mrs. C's first husband and the youngest, age three, had been fathered by Mr. C who had no children by his first marriage. Mr. C, forty one years old was a boiler checker and his job was a responsible one. He worked swing on swing shifts and under a great deal of pressure. He was irritable toward the older children, however, he was over-indulgent toward his own child.

Mr. C, had fanatical standards of order and cleanliness. His demands of Monica, sixteen, stepdaughter, were unreasonable. In his opinion she was "too sassy, disobedient, lazy and would not do household tasks" as he felt she should.

Mrs. C, thirty nine, was employed as a key punch operator. She engaged a housekeeper to care for the younger child while she worked. Her loyalties were torn between her husband and Monica though she exhibited little understanding of adolescence. She said that she was not happy.

Monica basically had a vivacious outgoing personality, though during this period it was indicated that she was a disturbed adolescent having episodes of fainting and illness. She expressed fear of her peers. Following a dispute with Mr. C, she ran away from home but returned after two days absence. The antagonism of Mr. and Mrs. C became more intensified after this incident.
As far as physical illnesses are concerned, one boy had a rheumatic heart; one girl, pneumonia; two boys had a speech defect; five siblings had a skin disease, and children in two families had frequent colds.

A twenty month old child was feebleminded and suffered frequent convulsions.

It might be well to point out that thirty two children were underfed due to a lack of essential nutritious foods, poor management, or limited income. Although children in five of the families did not have poor health, some of them experienced emotional or social maladjustment.

Dental care was needed by five siblings. It is not known whether other children in the study were in need of it.

For various reasons, school attendance was irregular for eighteen children in five families. The status of five children in one family was omitted. Twenty were absent from school during the school year. Fifteen children of six families were of pre-school age. According to parents, frequency of children's absence from school was due to clothing needs, child neglect on the part of mother or father, colds, skin diseases, and miscellaneous causes.

School problems centered around poor grades, retardation, resistance to teacher's authority, fighting, smoking on school grounds and truancy.

The oldest teen age boy in the A family, (largest family and
lowest income) which was discussed on page eight, dropped out of school to volunteer for service with the Marines. In another family a teen age boy quit school to go to work to buy a car.

Where the home is not well organized the standards of home life are lowered, and children are denied proper conditions for physical, social and moral development. Marital conflicts threaten the stability of the family and thereby jeopardize the personality of the children.

"Housing characteristics may contribute to personal disorganization if they appear as barriers to the attainment of desired goals, if they seem to affect adversely one's status in social groups, if they contribute to feelings of insecurity, inadequacy, guilt, depression, anxiety or chronic fatigue. Such neglected mental states may lead to forms of aberrant behavior including reactions to criticisms, irritability, nervousness, projection, aggression, and escapism."3

It will be seen in Table VI, that inadequate dwelling space and home conditions provoked conflict in two thirds of the families.

TABLE VI
HOUSING

<table>
<thead>
<tr>
<th>Adequacy of number of rooms</th>
<th>Physical Condition of house</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate</td>
<td>4</td>
</tr>
<tr>
<td>Inadequate</td>
<td>10</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
</tr>
</tbody>
</table>

Only four of the families had adequate dwelling space, while ten others had inadequate space. That of one family was not submitted. According to the American Public Health Association a measure of inadequacy of housing is the degree of overcrowding. The accepted yardstick for overcrowdedness of a dwelling is more than 1.5 persons per room.\(^4\) Ordinarily each room of a house serves a certain purpose and a disturbance in its function will affect the attitudes and morale of the family. Elements of physical health and emotional well-being are recognized as basis factors of adequate housing. In this study overcrowded living conditions caused irritations and social tensions resulting in personality clashes. The following is an example of this:

\(^4\)American Public Health Association, Planning the Home for Occupancy, (Chicago, 1950).
Among the complexity of marital difficulties in the E family was that of inadequate and substandard housing. Mr. E, 50 and Mrs. E 38, and their six children resided in a five room basement apartment. Ages of children ranged from one to nine. Mrs. E's mother lived with the family. The children's maternal grandmother was over sixty-five years of age. Mr. E resented his mother-in-law's presence in the home; her dependence upon him; and the inconvenience her presence caused in relation to living accommodations.

The home should be a setting for healthful living. It should provide a social environment which promotes emotional security and insures privacy for the family and for the individual.

Case record material manifested that multiple personal and social processes are interwoven in the marital conflicts in each of the fifteen families of the study group. Social conflicts in the home were found to consist of child neglect, substandard and/or inadequate housing, social interest differences, and interfering relatives. The economic element which is an integral phase of family life, aggravated the marital maladjustment in each to some extent.

The family has always been the most important primary institution of human relationships. It is well to point out here, that its three-fold functions according to Becker and Hull are: 1) Procreation, care and nurture, of the young child, 2) More stable satisfaction of the sex needs of the partners and 3) Sharing of a
home with its combinations of materials and cultural and affec-
tional satisfactions.

The dominant roles of the two partners do not conflict, signi-
ficantly, in the successful marriage. Each individual has the
ability and facility to pass from one role to another in the vari-
ous aspects of marriage interaction. Further, each partner is
able to play the roles which marriage entails. This is done with-
out too great adversity between the husband and wife's conception
of his marital role.

Children are the center of everything in the well adjusted
family. It provides them warmth, protection and physical and emo-
tional security. The child plays his earliest roles in the family.
He achieves his first status and becomes a person. He learns the
elements of the marital role from his family orientation. 5

5Howard Becker and Reuben Hull, Family Marriage and Parent-
hood. (Boston, 1949).
CHAPTER III

CASEWORK SERVICES PROVIDED

It has been seen in the previous chapter that marital conflicts are the complex weakening of personal and social ties between the husband and wife. The individual life organization of each marriage partner is largely a social product. Social patterns reflect directly from the outside world. Maladjusted family behavior has come to the attention of the public, courts and social agencies to a greater extent than in the past.

In this study three husbands and six wives contacted the Family Service Division. Each client sought advice and counseling as a means toward strengthening the internal cohesive influences of his marriage situation, in an effort to avoid separation or divorce. The fact that more than half the requests for assistance came directly from husbands or wives in the study group was seen as a positive factor toward the constructive use of agency service.

The marital problems as stated by the three husbands in the initial agency contact were:

2) Wife separated from family. Left six stepchildren without care. Was jealous and resented husband's attention to his children.

3) Wife deserted after family quarrel, the night before. Left children (six) without supervision. Husband to be hospitalized soon for surgery.

The marital problems as stated by the six wives in the initial agency contact were:

1) Husband is always upset and irritable, hostile and compulsive. Rejects stepdaughter.

2) "Things too much for her. Marriage is no bed of roses." Husband will not help with care of children. Tensions in relation to their retarded child.


6) Fearful of husband. He drinks, gambles, and mismanages income. Quarreling.

In the initial contact with the agency; each client expressed some awareness that he was going through a vital emotional experience. It was observed that each possessed a degree of anxiety, hostility, ambivalence and guilt. Marriage partners displayed
difficulties with a sense of desperation and urgency in their requests for help with their marital situations.

It is unusual for a husband to make an initial contact with a social agency for help around his marital difficulties. Mr. D's interest in his marital maladjustment prompted him to seek advice from the agency. Mr. D reported on first contact that Mrs. D had engaged a housekeeper recently, and secured employment. He explained that evenings after working hours, his wife went out with other men. According to Mr. D his wife stayed away from home for periods of several days, and occasionally two weeks at a time. Mr. D wanted advice on divorce in that he felt that his wife was an "unfit mother, was guilty of child neglect, and a poor manager." He wondered if Family Service Division would probably work with Mrs. D on any problem relative to her general behavior. Casework service was given the family on a weekly basis for approximately seven months when this marriage terminated in divorce. This was one of two cases in the study group ending in divorce.

As an example of the initial contact with a wife the situation of Mrs. C, whose case was discussed on page eighteen, will be reviewed through the following statements: Mrs. C came to the agency in November, 1953, seeking assistance in working out her marital difficulties. She explained to the intake caseworker, that her husband was frequently upset and irritable. Mr. C had threatened to get a divorce within the last week. She pointed out that discord had reached a crisis and was now affecting the child-
ron. The caseworker noticed that Mrs. C was nervous and extremely ambivalent in her feelings and attitudes toward her husband and children, particularly, sixteen year old Monica.

The interest of community resources in the adjustment of the modern family is shown by the five referrals which were made to the Family Service Division by the Board of Health, Juvenile Court, a police officer, and two by the Superior Court. One landlady telephoned that her tenant whose husband had deserted the family, needed agency services. The table below shows the persons and community resources who made the initial contact with Family Service Division.

**TABLE VII**  
PERSONS AND RESOURCES MAKING INITIAL CONTACT

<table>
<thead>
<tr>
<th>Resource</th>
<th>Number</th>
<th>Persons</th>
<th>Number</th>
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<tr>
<td>Board of Health</td>
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<td>1</td>
<td>wife</td>
<td>6</td>
</tr>
<tr>
<td>Police officer</td>
<td>1</td>
<td>landlady</td>
<td>1</td>
</tr>
<tr>
<td>Superior Court</td>
<td>2</td>
<td></td>
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</tbody>
</table>

Totals 5 10

It will be recalled that Mr. B, whose case was introduced briefly on page ten, was a self employed carpenter and that he earned the highest salary of husbands in the study group. His was
a Catholic-Protestant marriage and religious differences were among contributory factors in marital difficulties. The B family is an example of one of the case situations referred by the Superior Court. The judge felt that because of the length of the marriage (sixteen years) and because the custody of the children was involved that the Family Service Division should work with the family on a rehabilitative basis for a period of time. During the court hearing Mrs. B had requested legal separation from her husband. She charged that Mr. B mishandled the income, drank excessively and failed to support the family adequately. The five children sensed friction in parental relations in the home. The three oldest were divided in their defense of the marriage partners.

Case record material showed that caseworkers in Family Service Division, Lake County Department of Public Welfare, rendered family centered diagnostic and treatment services in working with the fifteen families in this study.

Eight families became known to the agency in 1952. Casework counseling services on a weekly basis were given five of these families for approximately two years. These cases were closed in 1954. One family was able to adjust more harmoniously in less time and treatment ended in 1953. Twenty three monthly home visits were made by a caseworker to another family, in which therapy terminated in 1954. The eight case was one that terminated in divorce. Treatment to seven families began in 1953 and was discontinued in 1954 after counseling periods ranging from ten to eighteen weeks.
Four different caseworkers worked with the clients in the group.

Treatment through interviews was given each husband and wife weekly, bi-weekly or monthly on a dual and separate basis by one caseworker to each family. The husbands were usually interviewed in the agency's office when individual treatment was indicated. When necessary contact was made with the Mental Hygiene clinic for psychiatric and psychological consultations. Family Service Division had access to the University of Indiana Medical Center and private physicians and hospitals for medical diagnostic purposes.

Five marriage partners were referred to the Mental Hygiene clinic on a collaborative basis. Three of them cooperated with both resources for a short period of time. One husband referred was diagnosed as "not workable" while another couple did not cooperate with the clinic. It was felt that the remaining ten couples were not in need of psychiatric treatment though six of their children received Mental Hygiene services.

At times collateral information was gathered from courts, employers, institutions, neighbors, physicians, priests and schools. The purpose and value of the collateral in helping with the solution of the conflict situation was discussed and prior to taking this action the caseworkers asked the client's permission.

Family Service Division caseworkers of Lake County Department of Public Welfare are concerned about the effect of marriage conflicts on the lives of the children in the family. Case data in-
dicated that their activity was very much in conformity with Eleanor Moore's statement:—"They study the family, cultural elements and economic patterns to determine which factors militate against, and those which promote the well-being of the individuals or the family groups. This attempt to understand the nature of the difficulty is integrated with direct services and treatment through interviews to the individuals and families to enjoy satisfying interpersonal relationships and to assume or resume useful activities. Emphasis has been placed on the wholeness and harmony of the family, since these qualities ensure to a great extent the heritage of affection and security."¹

Diagnosis, treatment goals and social planning centering around a complexity of marital conflicts in which collaterals and collaboration were essential can be seen in the E situation. This family case which was referred to the agency by the Superior Court gives a good example of the casework services provided. It will be remembered this couple's length of marriage (twenty two years) was longer than that of the others in the study. They were also older than the other marriage partners.

Mr. and Mrs. E, age sixty five and forty five years old had been married twenty two years. They were parents of three children: Ann, fourteen, James sixteen and Margaret, eighteen. Mrs. E filed petition for separation of bed and board in Lake County

¹Eleanor A. Moore, "Casework Skills in Marriage Counseling," Social Casework, XXXIV (June 1953), 253-258
Superior Court, July, 1952. She accused Mr. E of excessive drinking, spending all of his earnings on liquor, of seldom staying home with the family and of "hanging out" on street corners with friends. Mr. E did not want a divorce. The Judge requested Family Service Division to make a report on home conditions, family relationships and the amount of income and support. He felt that because of the length of marriage, reconciliation was possible. On the initial home visit the caseworker attempted to develop a warm supportive relationship. However, Mr. and Mrs. E were resistant to Family Service assistance with their marital problems. As treatment progressed slowly, both partners became more accepting of the agency's interest in working with them toward more balanced adjustment. They decided to accept counseling on a monthly basis. The couple on occasion were seen jointly and at other times the husband was seen on office visits.

Mrs. E appeared to be periodically antagonistic. She lost interest in household tasks. She stated that as long as her husband was in the home, she did not plan to do housework nor to take interest in other responsibilities. The children lacked supervision and understanding.

Mr. E was found to be impulsive, to be undergoing emotional stress and frustration. He had been drinking habitually for years. He gave all of his bi-weekly salary to his wife except for a ten dollar allowance. Mr. E related that his wife did not pay the bills. On an office visit early in treatment he stated that Mrs.
E refused to be companionate. He related that several years earlier Mrs. E shot him. He pointed out that she was acutely disturbed. Mr. E made no effort to move from the home. He remarked that in case of separation or divorce he would want custody of his son; his wife could have their daughters.

Ann and James were high school students. Margaret was employed as a waitress.

It was apparent that the couple were emotionally immature. They did not seem to be concerned about the welfare of their children. On each home visit Mrs. E expressed hostility toward her husband. She exhibited much projection in discussing his behavior. During the middle of the treatment period, it was learned that Mrs. E had been making objectionable anonymous telephone calls to an ex-city official for two years. The calls had been traced to the E family home and in collaboration with the court the caseworker sought psychiatric consultation for the client who was later committed to a state mental hospital.

The caseworker clarified the illness of the wife and mother with the family. This was a difficult task, in that each member was quite upset. The caseworker helped Mr. E with social planning for the home. She found it necessary to "play the mother figure" with the children.

Casework treatment with this spouse as far as his alcoholic problem was concerned, was aimed at helping him understand the deeper aspects of his individual problems and to recognize how the
social consequences of his behavior affected not only himself but also his family. The client's drinking gradually decreased. His daughters commented that they could understand what strong personal and emotional problems their parents needed to work through. The caseworker did not feel that Mr. E would ever be able to stop drinking completely. The spouse, however, adjusted well during his wife's absence. He paid unpaid bills, bought a new refrigerator, and improved in his social habits.

After having been given shock therapy for approximately four months, Mrs. E was dismissed from the hospital. This institution suggested the caseworker continue with supportive therapy in working with the client who wanted to have someone with whom to discuss her problems. Treatment progressed more rapidly with Mrs. E, following the hospitalization. Supportive therapy with both partners was centered around helping them develop insight into their personal and social problems, as well as, toward more balanced understanding of each other and their responsibilities as parents of adolescent children.

The marriage partners were enabled to modify their attitudes and behavior in several areas. Mrs. E decided that she did not want a divorce and the petition was cancelled. The family appeared to be better adjusted and more secure in interpersonal relationships. They felt they no longer were in need of casework therapy. Services terminated in July 1954, after a twenty-three month treatment period.
It is obvious that Family Service Division caseworkers acknowledged the responsibility of the public social agency for family casework. Protection of family life was accepted as an essential function so that the worker was constantly alert to opportunities to interpret and offer casework services.

It is more common for a husband to desert his family than for a wife to do so. "For a very young child, desertion by a mother is a much severe blow than desertion by the father, as evidenced by the importance of the early relationship between child and mother."2

The F family is an example in which the wife deserted the family without making plans for her children. The following material indicates the casework services provided:

Mr. F came to Family Service Division in January 1953. He explained that his wife had left the home the night before following a family quarrel. She had failed to make plans for the care of their six children. Their ages ranged from four to twelve years of age. The husband had not reported his wife's disappearance to police.

Mr. F, thirty six and his wife thirty four had been married fifteen years. He worked irregularly as a laborer, because of health reasons. He requested the agency to contact his wife's relatives regarding her whereabouts. The caseworker made a home

visit to discuss the total family situation. She learned that Mrs F had a sister living in Gary who was hostile toward Mr. F. The client advised the caseworker to make a collateral contact. He stated that he was to be hospitalized the following week for surgery for hemorrhoids. He wondered about the care and supervision of the children at this time.

Mr. F was a domineering man who revealed that he had loaded his gun in Mrs. F's presence and pointed it at her. She became frightened and left. The agency learned that Mrs. F had gone to visit her mother and when Mr. F was told this he telephoned his wife and she decided to return home if he would provide transportation expenses. She arrived home a day before he entered the hospital.

Mrs. F related that she no longer wanted to live with her husband. Their marital pressures had been increasing for about two years. She had found him to be unfaithful and he had been taking part of his salary and spending it on another woman. She said he frequently mistreated the family.

Services to the F family was of a supportive therapy nature. As treatment advanced, the caseworker talked with Mr. F weekly on office appointments. She clarified his responsibility toward his family. He was helped to see his contribution to his wife's overt aggressive activity. After a long term period of dual and separate treatment with husband and wife, they began to modify individual characteristics. This resulted in a more harmonious atmosp-
here in the home.

Mr. F was helped to redirect his behavior toward better adjustment in his role as a husband and father. He stated that he realized that his wife had always been "a good wife and adequate mother." Near the end of the treatment term the marriage partners informed the caseworker that they felt that they had "got over our troubles." They asked that the case be closed.

It is interesting to note that casework skill was directed towards helping the clients help themselves. Caseworkers contacted the husband whenever it was felt that he would relate sufficiently in the helping process. In this study group, the purpose of seeing this spouse depended upon the result of a diagnostic exploration of the problem. At these times, it was felt that contact with the spouse to discuss his feelings and attitudes around his contribution toward marital conflicts would bring about productive clarification, insight, and interpretation of the problem.

Another situation in which casework services were provided is the following:

Lake County Juvenile Court referred the G family to Family Service Division in August 1952, for a home investigation and counseling services. The court reported that Mr. G, age forty, had threatened to kill his wife and three children, two, four and six years of age and was being charged with contributing to the delinquency of minors.

On the first home visit, the caseworker learned that Mr. G was
an alcoholic, failed to provide for his family, living conditions were inadequate and substandard and the children needed medical care. Mrs. G, thirty years old expressed no hostile feelings toward her husband. She reacted in an ambivalent, protective manner. Her husband who was employed as a janitor, was not home on first contact with the family. Despite home conditions there was evidence of good housekeeping standards on the part of Mrs. G. She impressed the caseworker as trying to do the best she could under the circumstances. Mrs. G thought that both she and her husband were in need of supportive therapy. The children were in need of immediate medical care. Early treatment was focused on this problem. Eventually treatment developed into exploration of marital conflicts.

Later on in treatment the client revealed that her husband was jealous of her and that she was afraid of him. She thought however, that it was better to continue to live with him than to live apart. Caseworker made arrangements to talk with Mr. G on office visits. His salary was not sufficient to meet the needs of his family. He mishandled his earnings and they were deprived of having some of the basic needs. This spouse was helped to realize his responsibility toward he support of his family. He agreed to permit his check to be distributed in wage assignments to his wife through the County Clerk's office. Mrs. G was helped to plan and budget carefully.

Mr. G decided to seek a higher salaried position and was suc-
cessful. Casework goals in working with the G family were to assist the marriage partners in "alleviating the painful marital situation, largely by alerting the behavior of that partner whom the caseworker considered to be at fault." Mr. G became aware of the fact that his alcoholic habit was a means of acting out some inner conflict. He gradually began to feel more secure after he attended several Alcoholics Anonymous meetings. After about four months of treatment Mr. G reverted to drinking. He later stated that he was now determined to put forth a strong effort to eradicate the habit.

Mr. G continued to work on his job. With assistance with budgeting, the family's financial difficulties decreased. Necessary furnishings were added to the home. Children received needed medical care and clothing. The oldest child was cited in school for his reading ability. During the summer the children were sent to a neighboring state to vacation with relatives.

As tensions in the home lessened the marriage partners began to plan improvements on their property and Mr. G bought a used car to commute to work. Mrs. G went to a physician to secure birth control information. She stated that she did this because she felt they had all the children they could care for successfully.

"Patterns shown by the alcoholics' wives seem to be almost recognizable and predictable as the familiar patterns that their

---

alcoholic husbands' show. These patterns of behavior reflected in notable degree difficulties in two general areas --- dependency and sexual immaturity."4 Near the end of the treatment period the marriage partners were seen jointly. They appeared to be happy. Both remarked that they preferred to remain together for the sake of their children. They thought that they had been helped to develop a more satisfactory marital relationship. Services were terminated October 1954.

In the G case the husband was helped to develop new insight into his own behavior and motivation, and how it affected his wife and children. Mrs. G gained more understanding of her contribution to the imbalanced situation and learned more about budgeting and management.

It is well to point out that casework services to each of the fifteen families in this study was planned in a manner that would help the marriage partner to achieve realistic goals in marital integration. Treatment goals consisted of the understanding of socio-psychodynamic factors, which contributed toward conflicts in the marriage relationship. Attention was given to the client's feelings and attitudes around his current problem, insight into both husband and wife's personality structure, in so far as was essential in the treatment process, and their capacities in rela-

tion to past life experiences, along with the social and cultural aspects.

Additional services given to the study group as part of the casework planning were:

1) Referral of two families in which the heads of the household were unemployed to the Township Trustee for temporary financial aid;

2) Help given one family in seeking temporary assistance from a private social agency;

3) Referral of one family head to a private social agency for purchase of his work tools, in order that he could accept employment in his trade;

4) Aid extended one husband to follow through with Alcoholics Anonymous membership.

5) Placement of a mentally retarded child in an institution for handicapped children;

6) Referral of one father-in-law to the Public Assistance Division, Lake County Department of Public Welfare for Old Age Assistance;

7) Referral of a teen age girl to the Placement Division for temporary foster home placement pending rehabilitation of her family;

8) Assistance given a housekeeper with child care while the father of six children was in a hospital for surgery. This situation developed following the separation of
father and stepmother.

9) A supportive working relationship developed with children interested in Cub, Boy scouts, aeroplane modeling, sports, and other recreational activities, as well as, part time paper routes.

It is of significance to mention at this point, that each caseworker in the Family Service Division, Lake County Department of Public Welfare, has a bachelors degree: at least three years of experience in a social agency plus at least two graduate courses in social casework and one in personality development; or a graduate degree. Manifestations of their experience and training are reflected in their skill in alleviating and preventing social problems through the process of helping individuals and families.
CHAPTER IV

CONCLUSIONS AND RECOMMENDATIONS

The findings of this study have brought out that marital difficulties center around the dynamic interaction of a multiplicity of personal and social factors. The writer recognizes that this study has concerned itself with a very limited number of families and that this must be kept in mind in any statement on conclusions and/or recommendations.

It was interesting to learn the following factors about the selected group of marriage partners and their children:

1) The oldest husband and wife were ages sixty five and forty five years old respectively. They had been married longer than any of the other marriage couples in the study;

2) The length of marriage ranged from one to twenty two years. More than half of the white couples and all of the Negro couples had been married over ten years;

3) More than two thirds of the husbands were between thirty one and forty years of age;

4) More than half the wives were between twenty six and thirty five years of age;
5) Size of families consisted of from four to ten members. The medium sized white family consisted of the mother and father and their four children. The medium sized Negro family included six children and their parents;

6) The husband who earned the lowest salary and worked irregularly also had the largest family in the study;

7) The husband who earned the highest salary was self-employed;

8) One third of the wives worked full-time in jobs outside of their homes in order to supplement their husbands' income;

9) Almost one half of the husbands had complete control of their incomes and this arrangement did not contribute to the best interest of their families;

10) Almost two thirds of the husbands had poor health; six husbands were reported to have nervous conditions. According to case data the wives in the study were apparently in good health;

11) Information on education was incomplete on nine of the thirty marriage partners. On the basis of data secured, education ranged from third grade, elementary school with but one high school graduate;

12) Emotional elements reported by husband and wife or both were related to lack of affection, hostility, and fear; and concern about alcoholism, gambling, and sex;

13) Irregular employment or unemployment due to periodic steel
strikes or illness of the husband resulted in varying degrees of deprivation, insecurity, fear and frustration;

14) There was a total of sixty three children (forty boys and twenty three girls) in the study group. Their ages ranged from one to sixteen years;

15) Maladjustments such as emotional, social and physical factors were interwoven within the personality make-up of one or more children in some families;

16) School problems centered around poor grades, retardation, resistance to teachers' authority, fighting, smoking on school grounds and truancy:

17) Two thirds of the families had inadequate dwelling space and approximately one half had substandard living conditions;

18) Families spent little time together in social and recreational activity;

19) Less than one half of the marriage spouses secured psychiatric treatment at the Mental Hygiene clinic in collaboration with the Family Service Division;

It was found that:

1) Family Service Division, Lake County Department of Public Welfare seeks the cooperation of community resources for complete diagnosis and treatment of the total family situation.
2) In casework services with the selected family groups diagnoses and treatment plans centered around supportive therapy.

3) Treatment goals, generally, in working with each unit were to:

   a) Help each marriage partner develop insight into himself and his psycho-social contribution to the imbalanced marital situation.

   b) Mobilize and strengthen the total family to prevent and protect the children from the damaging effects toward their personality development.

4) This social agency did a considerable amount of aggressive casework with families with marital conflicts. By aggressive casework is meant the reaching out to offer assistance on the basis of referrals made by interested persons and community resources.

5) A separate caseworker was not assigned to each marriage partner for intensive casework therapy.

6) Thirteen of the selected marriage partners were helped to explore the complex interaction of socio-psycho-dynamic factors in their marital conflict situation. They were enabled to redefine, redirect (modify) their behavior and environmental circumstances in a rehabilitative manner.

7) Two couples decided to terminate their marital relation-
ship.

8) Pertinent material was obtained from each partner in such a way as to assist both to obtain their goals without betraying the confidence of either one.

9) Professional understanding, planning, timing, and selection of aim and technique, played a part in the helping process. Each client progressed (regressed) at his own pace, within his capacities from the point where he was on the initial contact to termination of agency activity.

10) Treatment methods included direct interviews, utilization of the interpretation of experiences, and also a modification of environmental factors.

11) Treatment goals depended upon how much modification of his own attitudes the client needed, wanted, and could use in view of his reality situation. The most familiar defense mechanism used by marriage partners was projection. It was usually based on ambivalence, anxiety, fear, greed, hostility and rivalry. It was essential to see both sides of the marital problem, in order to know whom to treat, when to treat, and which partner was most in need of casework service. As the client gained security in the relationship and his anxiety lessened, his defenses were gradually lowered.

The child was worked with as a part of the family. Casework with children with problems was family oriented
and continued counseling including collaboration through guidance was necessary.

12) Family Service Division, Lake County Department of Public Welfare, has demonstrated the significant role a public social agency can play:

a) In rehabilitation and in strengthening the family in general:

b) In helping the family unit confronted with marital conflicts, develop new insight into psycho-social factors contributing to the maladjustment;

c) In protecting children and adolescence who are a part of imbalanced family situations; and

d) In assisting the family toward more harmonious community living, through family planning and education.

It was stated earlier that more than one half of the couples had been married over ten years. Unfortunately, case records did not discuss causal factors and onset of tensions and how they gradually, over a period of years, developed into conflicts which caused husband, wife, interested persons or community resources to contact or refer the family to Family Service Division. It was significant that these families were enabled to work through marital difficulties, and modification of parent-child relationships, thereby preventing separation or divorce. This seems to indicate that the longer the marriage exists "the more true family life
develops and with it the security of the marriage state."

Cecile Goulet Reisch states that Judge Miner of the Circuit Court of Cook County (Illinois), believes "that the differences between husband and wife were far more susceptible to adjustment prior to, rather than after, a public record of charges has been made, the children forced to divide loyalties, the home actually broken, and both husband and wife embarrassed by the public knowledge of their failure to maintain family unity." 2

Manifestations were that husband and wife or both felt that lack of affection, hostility, and fear and concern about alcoholism, gambling and sex were chief factors in their marital difficulties. These findings were similar to those mentioned by the Honorable Edwin A. Robson, Justice of the Illinois Appellate Court, as being "the true cause of the trouble" which has led many unhappy marriages to end in divorce. 3

The two couples who had been married one and five years respectively terminated their marriage. Honorable Robson points out that "thirty four percent of the divorces are of couples married.

1 The Honorable Edwin A. Robson, "Divorce Disillusionment, Dependency, and Delinquency", Public Aid in Illinois, XX (July 1953), 10-14


3 The Honorable Edwin A. Robson, "Divorce, Disillusionment, Dependency, and Delinquency," Public Aid in Illinois, XX (July 1953), 10-14.
less than five and more than one year's duration."4 This possibly indicates the need of better preparation and education for marriage so as to help toward wiser choice of mates.

It was obvious that the children in the selected families were affected by the maladjusted interpersonal relationships which existed between their parents. In helping parents resolve some of their marital problems Family Service Division was playing an important role "toward stemming the ominous trend of moral disintegration of home life when children are involved."5

It is recommended that:

1) Marital difficulties be recognized early. This should be followed by referral to a Family Service Division of a Public Welfare Department or a voluntary Family Service social agency.

Treatment goals of a supportive nature should be centered around the reality situation working toward rehabilitation of the marriage partners in order to prevent a complete breakdown of the marital and family relationships.

2) Since marital conflicts consist of complex and multiple factors, casework therapeutic measures should be handled by professionally trained, psychiatrically oriented case-

4Ibid.

5Judge Julius M. Miner, "Causal Relationship Between Divorce and Child Delinquency," Public Aid in Illinois, XX (July 1953), 8-9-17.
workers. One of the limitations of the Public Welfare social agency is its shortage or lack of caseworkers with professional training.

3) Intensive individual treatment for husband and wife should be given by a separate caseworker for each.

4) Follow up study be conducted, periodically, with families confronted with marital conflicts. This would provide a means of checking recurrent manifestations of marital disturbances.
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### APPENDIX I

**SCHEDULE**

**HUSBAND AND WIFE**  
(Identifying Information)

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<th>1. Case Code</th>
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<td>4. Date of death of previous spouse</td>
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<td>12. Employment of husband:</td>
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<tr>
<td>a. occupation</td>
<td>d. full time</td>
</tr>
<tr>
<td>b. income</td>
<td>e. self employed</td>
</tr>
<tr>
<td>f. part time</td>
<td></td>
</tr>
<tr>
<td>13. Employment of wife:</td>
<td></td>
</tr>
<tr>
<td>a. occupation</td>
<td>d. full time</td>
</tr>
<tr>
<td>b. income</td>
<td>e. housewife</td>
</tr>
<tr>
<td>f. part time</td>
<td>g. irregular</td>
</tr>
<tr>
<td>14. Areas of conflict:</td>
<td></td>
</tr>
<tr>
<td>a. husband</td>
<td>2. Psychological</td>
</tr>
<tr>
<td>15. Areas of conflict:</td>
<td></td>
</tr>
<tr>
<td>a. wife</td>
<td></td>
</tr>
<tr>
<td>1. Emotional</td>
<td>2. Psychological</td>
</tr>
<tr>
<td>3. Cultural-socio-economic-somatic</td>
<td></td>
</tr>
<tr>
<td>16. Health</td>
<td></td>
</tr>
<tr>
<td>a. husband</td>
<td></td>
</tr>
<tr>
<td>1. Physical illness</td>
<td>b. wife</td>
</tr>
<tr>
<td>2. Mental illness</td>
<td>1. Physical illness</td>
</tr>
<tr>
<td>2. Mental illness</td>
<td></td>
</tr>
</tbody>
</table>

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CHILDREN IN FAMILY
(Identifying Information)

1. Children:
   a. Sex
   b. Birth dates
   c. Education
      1. grade
      2. school
      3. attendance

2. Religion:
   a. faith
   b. church attendance

3. Employment of children:
   a. occupation
   b. income
   c. full time
   d. part time

4. Problems of children:
   a. Mental
      1. name
      a. sex
      3. age
      4. problem
   b. Physical
      1. name
      2. sex
      3. age
      4. problem
   c. Dental
      1. name
      2. sex
      3. age
      4. problem
   d. Social
      1. name
      2. sex
      3. age
      4. problem
1. Living arrangements:
   a. Dwelling space
   b. Condition
   c. Home
   d. Rooms
   e. Others in household
   f. Employment status

CASE DATA

1. Date opened
2. Date closed
3. Source of application
4. Problem as presented by client:
5. Problem as seen by worker:
6. Agency contacts with clients:
   a. Home visits
   a. Office visits
      1. Husband
      2. Wife
7. No. of interviews:
   a. With husband
   b. With wife
   c. With both
8. Collaterals
9. Appointments failed

CASE SERVICES PROVIDED

1. Environmental manipulation
2. Clarification
3. Supportive
4. Insight

CONCLUSIONS