PSYCHOLOGICAL PROBLEM AREAS

OF MILITARY

PERSONNEL

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PSYCHOLOGICAL PROBLEM AREAS
OF MILITARY
PERSONNEL

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By

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CHAPTER I

INTRODUCTION

Problem

The soldiers whose wounds are of the mind are the most harrowing casualties of war. These are the men the world forgets——because they are locked away in Mental Hospitals. ¹

According to mental hygienists and psychologists throughout the country the need for clinical study by well-trained personnel to determine the needs of veterans is most imperative. "He who would straighten the end of a process must commence with making the beginning straight." ²

Statistical findings during and following the recent war in regard to the mental, emotional, and social problems of the veteran give evidence of the nature and scope of the problem which America faces today.

The major problem undertaken in this study involves a presentation of certain information relative to this general

¹ Milton Lehman, "The War’s Not Over For Them," Saturday Evening Post, CCXX (February 28, 1943), 140-141.
³ Paul Federn, "Some Suggestions on the Mental Hygiene of Soldiers," Mental Hygiene, XXVI (October, 1942), 554.
area. The fourfold problem may be stated specifically as follows:

1. To present a brief survey relative to the amount and extent of mental illness evidenced by military personnel of the United States with particular regard to rejectees, inductees, and dischargees.

2. To describe and define certain major problem areas related to the psychological problems of military personnel, and to make some analysis of certain neurotic symptoms observed in those individuals involved in these conflict situations.

3. To consider the psychiatric programs as established and activated through various War Department agencies and to give some attention to educational and rehabilitation programs conducted by schools and colleges.

4. To present some conclusions and recommendations with regard to general rehabilitation problems of returned veterans.

Briefly then it is in the discovery of the veterans' problem areas, his potentialities for adjusting his personality, the consideration of the whole individual, and the adjustment process involved in making successful adaptation to his environment that this paper is concerned. It is the belief of the investigator that through such an approach to the problems of the veterans' adjustment a better understanding
and appreciation of his status may be gained.

Purpose

The threefold purpose of this study may be stated briefly as follows:

1. To reveal some aspects of the immediate crisis concerning the extent of mental illness and psychological problems among those individuals eligible for military service in World War II.

2. To give some assistance in the recognition of the major psychological problems of the veteran by describing and defining these problems. It is the intention here that such information will provide an opportunity for: (a) The individual veteran to become better acquainted with his adjustment problems and if necessary to seek, on a more intelligent basis of understanding, competent guidance from recognized sources, and (b) The presentation of an adequate picture of the situation regarding the veteran's adjustment problems enabling a better understanding by the general public. Obviously such understanding is a "must" if the veteran is to be aided in the discovery and the development of those potentialities necessary for personal good and social usefulness.

3. To indicate the nature of educational and rehabilitation programs which are presently operative.

It is believed that compilation of this material may be
helpful in formulating programs for the psychiatrically disabled veteran in a number of areas.

Definition of Terms

Certain pertinent terms and phrases related to the field of study are used in the presentation of subject material in this paper. Since many of these terms are rather technical in nature, some clarification of the terminology used seems appropriate at this point:

Adjustment - A satisfactory relation of an organism to its environment.  

Aggression - Self-assertiveness, vigorous activity; a striving to gain possession; hostility, attack, and destruction.

Antisocial personality - This term refers to chronically antisocial individuals who, despite a normal moral background, are always in trouble, profiting neither from experience nor punishment, and maintaining no real loyalties to any person, group, or code. They manifest disregard for social codes, and often come in conflict with them by becoming gangsters, vagabonds, racketeers and prostitutes.

Anxiety - In psychoneurotic disorders is a danger signal felt and perceived by the conscious portion of the personality (ego). Its origin may be a threat from within the personality—expressed by the supercharged repressed emotions, including particularly such aggressive impulses as hostility

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6 E. Lerner and L. B. Murphy, Psychology for Individual Education, p. 94.
and resentment — with or without external stimulation, such as loss of love or of prestige, or threat of injury.  

Depressive Reaction — The anxiety in this reaction is allayed and hence partially relieved by self-depreciation through the mental mechanism of introjection. The reaction is often associated with the feeling of guilt for past failures or deeds. This reaction is a non-psychotic response precipitated by a current situation — frequently some loss sustained by the patient — although dynamically the depression is usually related to repressed (unconscious) aggression. The degree of the reaction in such cases is dependent upon the intensity of the patient’s ambivalent feelings towards his loss (love, possessions, etc.), as well as upon the realistic circumstance of the loss.  

Emotional instability reaction — In this reaction the individual reacts with excitability and ineffectiveness when confronted with minor stress. His judgment may be undependable under stress, and his relationship to other people is continuously fraught with fluctuating emotional attitudes, because of strong and poorly controlled hostility, guilt, and anxiety which require quick mobilization of defense for the protection of the ego.  

Frustration — The condition of being thwarted in the satisfaction of a motive. Writers on dynamic psychology tend to stress the thesis that the primitive reaction to frustration is aggressive behavior, usually accompanied by hate towards the person or the situation blamed as the source of frustration or by a generalized hostility. Dollard (1939) developed this frustration-aggression hypothesis.  

Guidance — Personal help given by someone; it is designed to assist a person to decide where he wants to

8 Edith M. Stern, "Don't Let the Big Word Scare You," Readers Digest, XL (May, 1944), 10th. 
9 E. M. Dimchevsky, "Counseling In Emotional Problems," Mental Hygiene, XXXII (October, 1948), 5149. 
go, what he wants to do or how he can best accomplish his purpose; it assists him to solve problems that arise in his life. It does not solve problems for the individual but helps him to solve them. The focus of guidance is the individual not the problem; its purpose is to promote the growth of the individual in self-direction.\textsuperscript{11}

Inadequate Personality - Such individuals are characterized by inadequate response to intellectual, emotional, social, and physical demands. They are neither physically nor mentally grossly deficient on examination, but they do show inadaptability, ineptness, poor judgment and social incompatibility.\textsuperscript{12}

Libido - Mental or psychic energy, the force through which the sexual instinct expresses itself.

Need - As given by the Dictionary of Education by Carter V. Good: Everything necessary to ensure the optimum development of the potential abilities—intellectual, physical, moral, emotional, and social—both in relation to his present interests, abilities, and level of achievement and in relation to the probable future demands of the individual and of society.\textsuperscript{13}

Neuropsychiatric - War casualty with particular problems such as states of anxiety or conversion symptoms.\textsuperscript{14}

Neuroses - Represent regressions to the later stages of the first five years of life and are characterized by a relatively satisfactory contact with

\textsuperscript{11} Arthur J. Jones, Principles of Guidance, p. 61.
\textsuperscript{12} F. A. Magoun, Balanced Personality, p. 204.
\textsuperscript{13} L. F. Shaffer, The Psychology of Adjustment, p. 394.
\textsuperscript{15} Harry L. Freedman, "The Mental Hygiene-Unit Approach to Reconditioning Neuropsychiatric Casualties," Mental Hygiene, XXIX (May, 1945), 576.
reality and by less splitting off and disorganization.

Paranoid personality - Such individuals are characterized by many traits of the schizoid personality, coupled with a conspicuous trend to utilize a projection mechanism, expressed by suspiciousness, envy, extreme jealousy and stubbornness.17

Pathological personality types - Do not usually progress to the stage of a psychosis, nor do they justify a diagnosis of any type of neurosis or psychosis, although they may show some of the characteristics of both. They represent borderline adjustment states.18

Pentothal - A solution used as an intravenous anesthetic and hypnotic.19

Personality - The personality is the expression of the total forces of the individual, it is the product of their integrated activity, it is the man in action as seen by the outsider and known to himself.20

Psychoneurotic Disorders - Refers to psychiatric disorders resulting from the exclusion from consciousness (i.e., repression) of powerful emotional charges, usually attached to certain infantile and childhood developmental experiences.21

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16 Percival V. Symonds, The Dynamics of Human Adjustment, p. 216.


18 Ibid., p. 10.


20 Charles MacFie Campbell, Human Personality and the Environment, p. 3.

Schizoid Personality - React with unsociability, seclusiveness, serious mindedness, nomadism, and often with eccentricity.\textsuperscript{22}

Sexual deviate - These conditions are often a symptom complex, seen in more extensive syndromes as schizophrenic and obsessional reactions.\textsuperscript{23}

Sound - Used to mean a complete, strong, and healthy program, one that is performing its functions vigor and effectiveness and that is not impaired by faulty practices.\textsuperscript{24}

Syndrome - A complex of symptoms that is typical of a given physical or psychological condition but lacks characteristic pathology.\textsuperscript{25}

Sources of Data

A careful study of the published materials in the fields of personality, psychology, and social adjustment has been made. Educational and professional books, journals, magazines, bulletins, reports, and related studies constitute the principal source material utilized. However, particular attention was directed toward Veterans Administration Technical Bulletins and pamphlets.

There are many methods of procedure in the study of educational problems. In this study it is believed expedient to use descriptive data from the various studies

\textsuperscript{22} Veterans Administration Technical Bulletin 10A-78, (October 1, 1947), p. 6.

\textsuperscript{23} Louis M. Terman, Sex and Personality, p. 452.

\textsuperscript{24} Charles MacFie Campbell, Human Personality and the Environment, p. 3.

\textsuperscript{25} Carter V. Good, Dictionary of Education, p. 404.
made by authorities in their respective fields.

It was the original intention in this study to employ supplemental source material in the form of case histories from War Department files. With this approach in mind one hundred and two veterans hospitals and Veterans Administration Centers were contacted by letter requesting such information. It was discovered, however, that the dissemination of such information from War Department files is strictly confidential and is prohibited by existing Army regulations. Some typical replies received by the investigator is shown below:

In regard to your request for information relative to the preparation of your thesis, I regret to inform you that this office is not in a position to comply with your request under the existing regulations governing the operations of this office, particularly regarding the dissemination of information from veterans' files which is confidential.

I would suggest that you might secure sufficient information about your subject from contemporary publications now on the market and in the public libraries. 26

The subject of your thesis is an important one and certainly includes material with which we work in the Veterans Administration.

There are, unfortunately, a number of obstacles which have to be overcome if confidential material is released from our files. You can appreciate, I am sure, that we are under obligation to protect the individual veteran as much as possible.

We are happy indeed that you, among other service-men, are showing interest in studying the personal and psychological problems of the veteran. You have not only chosen a profitable field for study, but one in which you may well accomplish a great deal of good.

26 Letter, File No. 61RM, Veterans Administration, Love Field, Dallas, Texas, April 29, 1943.
I should be happy to have you write again concerning this matter of your Master's research program.27

Your interest in studying the psychological problems of the returned veteran is very commendable. You may not know that the Government is very careful in guarding information about individual veterans, and this cannot be released without the veterans' permission. In instances where the results of research projects are published or presented to scientific meetings, extreme care is taken to guard the confidential nature of information about individuals.

If you have a library available to you, I would suggest that you use the various periodical and subject indexes to locate published material in the field of your interest.28

This will acknowledge receipt of your letter of April 25 in which you request this office to furnish you with case summaries relating to the thesis subject: "Psychological Problems of the Returned Veteran."

We regret that we are unable to comply with your request as we are prohibited by regulation from revealing information pertinent to veterans records to other than accredited representatives who have been recognized as such by the Veterans Administration. 29

Since material of this kind is unavailable, information for this paper has been gathered from other available sources indicated previously.

Treatment of Problem

In this investigation, interest and study have been centered on those phases of veteran activities which direct them in the basic aspects of readjustment. In this

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27 Letter, File No. 32R7B-9, Veterans Administration, Los Angeles, California, June 25, 1948.
28 Letter, File No. 6009-CN-10E, Veterans Administration Center, Los Angeles, California, June 25, 1943.
29 Letter, File No. 3030-7, Veterans Administration, Lincoln, Nebraska, April 29, 1948.
connection Bender states that the opportunity and responsibility for readjustment guidance probably may be administered best from the sources and through the agencies which seek out the capacities, abilities, and potentialities which the veteran possesses. The intention is to follow this general suggestion and to present information which may be helpful in this light.

Chapter II is concerned with a general survey indicating the extent of mental disabilities, America's number one health problem, as evidenced with respect to those persons eligible for military service in World War II.

Chapter III contains descriptions and definitions of the principal problem areas leading to many of the psychological problems confronting military personnel. An attempt will be made here also to provide illustrations of those neurotic symptoms generally recognized as being resultant of the contacts military personnel have had with these problems.

Considerable emphasis has been given in Chapter IV to the general psychiatric program which is now being carried on in the United States by War Department personnel in Veterans Hospitals. Emphasis has also been given here to the general educational programs presently operated by educational and rehabilitation agencies.
The final chapter is a summary of the pertinent points brought out in this study with certain conclusions drawn and recommendations made for improvement of the veteran's readjustment program.
CHAPTER II

GENERAL SURVEY RELATIVE TO THE AMOUNT
AND EXTENT OF MENTAL ILLNESS

The purpose of this chapter is to make a general survey relative to mental illness evidenced by military personnel in the United States with special emphasis placed upon rejectees, inductees, discharges, and hospitalized veterans.

It is a familiar cry in today's world that man can understand and control the atom but that he finds it all too difficult to understand and control himself. Some of the sharpest crises of present times, domestic as well as international, arise from failure in human relationships. The tensions and the search for apparent solutions too often lead to divorce in the family of individuals and war in the family of nations.¹

Amount and Extent of Mental Illness

That parents find it a puzzling task to rear effective, well-balanced young men is evidenced in the number of rejectees, hospitalized psychiatric veteran patients, and discharges from the armed forces before, during, and after

World War II. Certainly the low state of national physical fitness was one of the deep disappointments of World War II. It came as a distinct shock to the nation to learn that of a total of 15,000,000 men examined for military service only 10,000,000 were accepted for training. Out of these 10,000,000 men accepted for military training only 3,750,000 men were physically and mentally fit to remain in active military service.\(^2\)

Through experience it has been learned that mental stability of the veteran is measured by the veteran’s ability to live with his environment.\(^3\) Therefore it became apparent very early in World War II that tough mental fiber would be required of all men who engaged in active combat. The high degree of mechanization, the extreme destructiveness of modern instruments of war, the blitz-like speed, and the gigantic size and complexity of organization all meant that the individual soldier or sailor at one time or another would be taxed to the limit of his mental and physical endurance.

All men, unfortunately, were not of the tough mental fiber type. Flugel’s report gives clear evidence on this

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\(^2\) Medical Statistics Division, Office of the Surgeon General, 1946.

\(^3\) Ben Zion Liber, *Psychiatry for the Millions*, pp. 7-8.

point. He reports the number of men rejected for psychiatric reasons, popularly referred to as the "psychological 4-F's" was about 1,350,000. This reported number of men represented 12 per cent of the approximate 15,000,000 men examined for armed services and 37 per cent of the approximate 5,000,000 men rejected for armed service duty. Menninger states that neuropsychiatric breakdowns during World War II constituted about thirty per cent of all casualties, the rate varying from one theatre of war and one military organization to another depending upon the severity of environmental conditions.

In this same connection Chisholm declares that the psychiatric rejection rate of 12 per cent in World War II is much higher than the rejection rate in World War I, for in the first World War only 2 per cent of the inductees were rejected. With an additional 3 per cent of World War I men screened out during the early training period, only 5 per cent of the total of World War I men were rejected or screened out for mental or psychiatric reasons during the early training period. It is significant to note here however, that Chisholm declares the difference in number of

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5 W. C. Menninger, *Time*, XLIII (May 29, 1944), 44.
7 Ibid.
rejectees for psychiatric reasons between World War I and World War II may not be taken as an index of relative mental health. In World War I psychiatric examinations were the exception rather than the rule, whereas in World War II every man was given at least a very brief neuropsychiatric examination. During the last two years of the war (1944–45) social and health information in regard to a large number of selectees was made available to the examiners. This information led to the recognition of many difficulties which otherwise could not readily be detected in a brief psychiatric examination.

The psychiatric rejection rate was higher among Navy applicants than among Army applicants. The Navy rejected two men out of every seven applicants on this basis. However, it should be noted here that the detection of the mentally unfit individual was always a very perplexing problem in either the Army or Navy, especially in the recruiting office. With only a narrow cross section of the applicant at the disposal of the examining medical officer, it is evident that he could not hope in the few minutes for examination purposes to detect mental obliquities which would show up plainly in a longitudinal section covering a month or more. The applicant was too often governed

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8 Ibid.
9 Ibid.
by a strong desire to enter the service, and this insistence on his part resulted in the passing of many mentally unfit individuals who would otherwise have been rejected in normal times.

10 Grace, with regard to selective service rejections, gives further enlightenment on this point. The data presented in this report are summarized in table form for purposes of the present study.

From data presented in the following table, it is evident that men were not rejected for the armed services for poor physical fitness primarily, but because of a combination of disqualifying physical, mental, or emotional defects and diseases. The increase in number of disqualifications with increases in age is, therefore, not due simply to decreasing physical fitness, but more particularly to diseases and defects which were preventable. It will be noted, too, that a greater percentage of selectees were rejected because of mental illness than for any other single deficiency. Not only did the mentally ill constitute 12.5 per cent of the total number of rejects, but it was estimated that in twenty years only

# TABLE 1

**CAUSES OF SELECTIVE SERVICE REJECTIONS AND ESTIMATED PREVENTABILITY**

<table>
<thead>
<tr>
<th>Defects and Diseases</th>
<th>Percentage of Rejections</th>
<th>Estimated Possible Improvement within 20 Years under Ideal Conditions (on a scale of 100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental disease,</td>
<td>12.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Syphilis</td>
<td>9.4</td>
<td>90.0</td>
</tr>
<tr>
<td>Musculoskeletal disorders</td>
<td>9.3</td>
<td>15.0</td>
</tr>
<tr>
<td>Cardiovascular defects</td>
<td>8.5</td>
<td>44.0</td>
</tr>
<tr>
<td>Hernia</td>
<td>7.8</td>
<td>90.0</td>
</tr>
<tr>
<td>Eyes</td>
<td>7.8</td>
<td>8.3</td>
</tr>
<tr>
<td>Educational deficiencies</td>
<td>7.7</td>
<td>70.0</td>
</tr>
<tr>
<td>Neurological defects</td>
<td>7.5</td>
<td>8.0</td>
</tr>
<tr>
<td>Ears</td>
<td>5.0</td>
<td>55.0</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>3.7</td>
<td>50.0</td>
</tr>
<tr>
<td>Mental Deficiency</td>
<td>3.0</td>
<td>...</td>
</tr>
<tr>
<td>Weight and height deviations</td>
<td>2.3</td>
<td>48.0</td>
</tr>
<tr>
<td>Lungs (other than TB)</td>
<td>2.2</td>
<td>...</td>
</tr>
<tr>
<td>Teeth</td>
<td>2.1</td>
<td>80.0</td>
</tr>
<tr>
<td>Abdominal viscera</td>
<td>1.7</td>
<td>...</td>
</tr>
<tr>
<td>Genitalia</td>
<td>1.4</td>
<td>6.0</td>
</tr>
<tr>
<td>Kidney and urinary diseases</td>
<td>1.3</td>
<td>9.5</td>
</tr>
<tr>
<td>Varicose veins</td>
<td>1.3</td>
<td>30.0</td>
</tr>
<tr>
<td>Endocrine disturbances</td>
<td>1.3</td>
<td>...</td>
</tr>
<tr>
<td>Feet</td>
<td>1.1</td>
<td>75.0</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Nose</td>
<td>.7</td>
<td>25.0</td>
</tr>
<tr>
<td>Skin</td>
<td>.7</td>
<td>5.0</td>
</tr>
<tr>
<td>Nonmedical defects</td>
<td>.7</td>
<td>...</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>.6</td>
<td>63.0</td>
</tr>
<tr>
<td>Piles</td>
<td>.5</td>
<td>90.0</td>
</tr>
<tr>
<td>Mouth and gums</td>
<td>.4</td>
<td>90.0</td>
</tr>
<tr>
<td>Throat</td>
<td>.1</td>
<td>32.0</td>
</tr>
<tr>
<td>Blood and blood-forming diseases</td>
<td>.1</td>
<td>...</td>
</tr>
<tr>
<td>Infections and parasitic diseases</td>
<td>.1</td>
<td>75.0</td>
</tr>
</tbody>
</table>

| TOTAL                                      | 100.0                    |                                                                                          |
1.5 per cent of the present victims of mental sickness will be improved then under ideal conditions.

Hospitalization of the Veteran

"Do we Forget Our Mentally Ill?" was a question asked by the editors of Platform, and in answering the question the following statements were made:

We all know that in medieval times a person mentally ill was considered "bewitched" or "possessed of the devil," and we confidently tell ourselves that today these foolish misconceptions have been conquered.

Is there more to conquer than misconceptions? How many of us have seriously concerned ourselves with the problem of mental health in this country? Have we pondered the implications of the fact that almost as many people are admitted each year to mental institutions as are graduated from our colleges?

We are told that about nine out of ten mental patients are treated in state mental hospitals—yet how many of us, as taxpayers, are acquainted with the conditions in our own state institutions? Some of us may take temporary refuge in the hope that "it can't happen to me..."

But how long are we to isolate ourselves when it's predicted that one out of five families in the nation are slated to be directly affected by mental upset and illness?

Yes...we've come a long way from the days of relying on magic to cope with this problem. The question Platform asks is: Are we doing all we can?

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11 Ibid.
12 "Do We Forget Our Mentally Ill." Platform, p. i.
13 Ibid.
From the foregoing statements it is evident that the big problem is treatment and prevention of mental disease. The various branches of military service and veterans rehabilitation agencies are not unmindful of the problem, nor are they inactive. During the war the Army Air Forces accomplished some surprisingly good results. In 1944, for example, an important result of this group's efforts was realized when 96 per cent of the officer flying personnel that had been incapacitated by psychoneurosis was prepared to return from hospitals to military service. Of this number, 60 per cent returned to full flying duty, 8 per cent to limited flying duty and 27 per cent of the flying officer personnel returned to ground duty. Furthermore, a study of about 6,000 Air Corps men discharged with the diagnosis of psychoneurosis showed that more than 60 per cent of those formerly ill were gainfully employed while their work record with respect to absenteeism, turnover, and productivity was slightly better than personnel without mental or physical disability.

The foregoing facts speak well for the Air Forces' discharges, but Maisel reports there were more than 55,000 survivors of World War I and World War II in United States!

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15 Ibid., p. 156.
Veterans Mental Hospitals in July, 1943. The appalling outlook, as pointed out by Maisel, is that this number of 55,000 mental patients of veterans' hospitals is expected to increase to well over 1000,000 mentally disabled veterans of World War I and World War II by 1953. Furthermore, it is noted that the Medical Statistical Division report shows hospital admissions for Army personnel with psychiatric disorders to be approximately 1,000,000 veterans or 6 per cent of all hospital admissions from the Army. The number of different individuals involved here is estimated at 750,000 to 800,000 men. 17

For psychiatric disorders among Navy personnel, Brace- land reports 150,000 admissions to Navy hospitals; this number only adds to the total of 2,478,000 physically active men indicated in this same report to be lost from military service because of neuropsychiatric disorders. 18

Meanwhile, outside the Veterans' hospitals, a vast army of nearly half a million World War II veterans have been suffering from war-caused mental difficulties and diseases. 19 There is not room for these mentally ill service veterans in

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17 Medical Statistical Division, Office of the Surgeon General, 1946.
19 David Hinshaw, Take Up Thy Bed and Walk, pp. 105-130.
veterans' hospitals, and yet at the beginning of the 1948 fiscal year there were 123 Veteran Administration hospitals with an available capacity of 101,300 beds, and at the close of the fiscal year there were 125 hospitals with 102,200 beds.  

It is not only hospital space for mentally ill which is badly needed but also a competent staff to operate the veterans institutions treating such diseases. The frightening statistics showing the extent of mental illness among veterans of World War I and World War II becomes even more shocking when lined up against the figures representing potential mental-disease care. Of the 185,905 doctors in the United States, (January, 1948), only about 5,000 are psychiatrists. Perhaps better than 50 per cent of these psychiatrists are connected with institutions, and thus give their time to the 800,000 patients in hospital beds.  

It is believed that the foregoing figures highlight some aspects of the immediate crisis, and in view of the facts presented, it is not surprising that authorities have called mental disease America's number one health problem and, perhaps, her chief sociological problem as well. Certainly the facts involved do not give assurance for a mentally sound United States.

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20 Administrator of Veterans Affairs, Annual Report for Fiscal Year Ending June 30, 1948, p. 3.
CHAPTER III

CERTAIN NEUROTIC SYMPTOMS INDICATIVE OF PSYCHOLOGICAL PROBLEM AREAS OF MILITARY PERSONNEL

Certain areas of human behavior seem most likely to be affected by those experiences encountered by the young men who were subject to military draft in World War II. It is quite evident that entering into military service under war conditions creates mental tension in even the most normal person and, for the most part it definitely increases the difficulty of adjustment. Problems are sure to arise as a result of separation from loved ones, isolation from wives and the discomfort of loneliness.

War does different things to different men as is evidenced when war disables one veteran, unbalances the mind of a second veteran, pauperizes a third veteran, and makes a fourth write great literature to ease his tortured soul. However, the real tortured soul is the disabled veteran for whom the war never comes to an end. He is the bitterest veteran, because he feels hurt and it is this type of veteran whose claim upon society is the greatest.

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2 Willard Waller, The Veteran Comes Back, p. 159.
3 Ibid.
Four major conflict areas have been selected for consideration in this chapter and will be presented in the following order: (1) Personality (2) Home (3) Love, marital and sex relationship, and (4) Hate and fear.

**Personality**

Taylor suggests that when a man entered the army he was thrown into an entirely new environment and lost contact with many of the influences which had been controlling factors of his behavior and personality. The soldier no longer came in close contact with any of the social institutions familiar to him in civilian life. His attitudes, habits, and values during civilian life had been built largely on his day-to-day associations with certain familiar social institutions. In the army he no longer came in close contact with those social institutions, and, therefore, he was forced because of factors in his new environment to adopt a new set of attitudes, values, and habits, thus developing a new personality pattern. When he left this country to enter a theater of operations, his contacts with any stabilizing factors became even less, and as a result his attitudes, values, and habits were altered by the folkways and mores of his even more restricted fields of interests.

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The difficulty, states Jones, was for a man to regain those lost emotions which enabled him to take his place in normal life. While he was regaining his lost emotions, adds Jones, many times his attitudes became warped. Attitudes, whether normal or abnormal, are important chiefly because they determine the range of specific responses that a person gives in any stimulating situation. Many men since their discharge have become restless and rather hostile in their attitudes as a result of the failure of the service to render assistance to them before separation.

A character of Remains phrases it well:

I sometimes find myself wondering, in a sudden panic, whether I'm not in the way of developing great numb patches in my sensibility of which I shall never be cured—even if I do come through this war. Delicacy of feeling. What a wonderful expression! Shall I ever again know what delicacy of feeling is? I may be nervous, irritable, exasperated by trifles, but shall I ever recover that sensitiveness which is the mark of the civilized man? I sometimes see myself in the future transformed into a sort of invalid who has suffered an amputation of all his delicate sentiments, like a man who has lost all his fingers and can only feel things with a couple of stumps. And there will be millions of us like that.

One of Remains' characters becomes a schoolteacher and

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7 Jules Remains, Men of Good Will, p. 430.
has a moment of vivid awareness of his maladjustment to society because of his attitude created by the disparity between what he knows and what he is supposed to teach:

Morning comes. I go to my class. There sit the little ones with folded arms. In their eyes is still all the shy astonishment of the childish years. They look up at me so trustingly.

What should I teach you then you little creatures, who alone have remained unspotted by the terrible years? What am I able to teach you then? Should I tell you how to pull the string of a hand-grenade, how best to throw it at a human being? Should I show you how to stab a man with a bayonet, how to fell him with a club, how to slaughter him with a spade? Should I demonstrate how best to aim a rifle at such an incomprehensible miracle as a breathing breast, a living heart? Should I explain to you what tetanus is, what a broken spine is, and what a shattered skull? Should I describe to you how brains look when they pour out? What crushed bones are like—and intestines when they pour out? Should I mimic how a man with a stomach wound will groan, how one with a lung wound gurgles and one with a head wound whistles? More I do not know. More I have not learned.

Should I take you to the brown and green map there, move my finger across it and tell you that here love was murdered? . . .

About your brows still blows the breath of innocence. How then should I presume to teach you? Behind me, still pursuing, are the bloody years. . . How then can I venture among you. Must I not first become a man again myself? 8

The chasm between the army and society deepens as war proceeds. Attitudes and opinions of the army personnel develop in one direction in accordance with the men's own imperatives and the laws of their being. Attitudes of the civilian population pursue a different course of development.

8 Erich Maria Remarque, The Road Back, p. 252.
in accordance with the laws of civilians' being. As war continues, the divergence becomes sharper. Even in early 1943, the Germans of Konstanz, Germany, were concerned about the attitudes of German soldiers. Their newspaper, the Rundschau, remarked that the men on leave seemed like foreigners, and many of them did not speak a word but spent the whole three weeks alone, avoiding everyone.  

Walker points out that an illness which has been brought about by emotional disturbance in the veteran often in itself makes the patient want to remain under hospital care. In most neurotic veterans the wish to be taken care of is one of the most prominent symptoms, and in nervous states most symptoms tend more and more to remain fixed the longer they are allowed to exist.

Under battle conditions, according to Young, many transitory symptoms and long-forgotten childhood traits return to adult service men. Those childish emotions which it took years to understand and to curb may be expected to return now under these conditions. Some of the so-called shell shock cases, for example, became so childlike that they needed care in all details of dress, food, and sleep. Almost all

\[\text{Ibid.}\]

\[\text{K. Walker, "Raven," Recreation, XLI (August, 1947), 226-229.}\]

\[\text{F. M. Young, "Incidence of Nervous Habits Observed in College Students," Journal of Personality, XV (June, 1947), 309-320.}\]
veterans under dire stress who did not actually break down were nevertheless emotionally upset and irritable, and many suffered from the recurrence of such childhood habits as biting their fingernails, wetting the bed, being afraid of the dark, and going into tantrums of temper.

For instance, one young man who had withstood the hell of the Salerno landing noticed some few days after the assault that he was stuttering. In addition, he felt tense, had nightmares, and was in a general nervous condition. When he was sent to a hospital, and his case investigated, it was found that he had gone through brief periods of stuttering when he was about five years old. This faulty speech mannerism had come upon him when he became angry and had neither the words nor the courage to express his childish wrath. For twenty-odd years he had not been troubled with this visitation, until he was once again in a state of powerless rage. Now that it was impossible for him to fight back against incessant artillery barrage on the beach at Salerno the soldier regressed to infantile habit of stuttering. 12

Another veteran showing evidences of marked regression to an infantile state is presented by Grinker and Speigel in the following case:

A 20 year old Sergeant was a tail gunner on a B-17 and completed forty-nine combat missions. He was a physically small individual with an immature but appealing manner, and the capacity of stimulating protective and almost maternal attitudes in his associates. He had relatively few friends in his combat outfit, but was very close to his own crew, who in turn took very good care of him. He had never been too eager for combat. On the other hand, he was willing to do his share, whatever that was said to be, and to follow his crew into what fate had in store for him. This turned out to be worse than he had ever anticipated. All his combat missions were extremely difficult and toward the end were nightmare adventures for him. Although he could never become accustomed to the atmosphere of danger, his anxiety and tension sufficiently to give the outward appearance of calm. At the take-off for his twenty-first mission, his plane had just become airborne when a motor failed, resulting in a crash at the far end of the runway. Through unbelievable good fortune, no one on his crew was seriously injured. After this, however, he had no confidence in his pilot or in the plane and felt that every mission would be his last. Although he encountered no particularly hazardous experiences thereafter, and no one in his crew was ever hurt, he felt so threatened by a host of concrete and nameless horrors that he was in a constant state of severe anxiety. In the plane he could not control the tremors caused by his fear of flak or a crash, and at night he was so scared by the weird figures he imagined to be inhabiting the darkness that he could scarcely go to sleep. He knew these were only a product of his imagination but this was small comfort. Yet, if he went to sleep, it was only to dream of crashes in burning planes. In spite of the increasing nightmare quality of his waking and sleeping life, he never asked to be removed from combat. Aware of his growing shakiness, his crewmates attempted continually to comfort and support him, while his Flight Surgeon fed him sedatives. Because of a severe shortage of combat crew replacements, every effort was made to maintain him in combat. From the point of view of maintaining him as a passenger on a combat aircraft, these efforts were successful, although he was not able to contribute much as a combat crew member. At one point he became so excited and confused when under attack by enemy aircraft that he accidentally shot himself in the foot. The injury was not serious. After his forty-ninth mission he appeared to be so close to outright panic that he was relieved from the obligation of making his final mission by his commanding officer and was returned home.

On admission to the hospital after his overseas
furlough, he presented a pitiful figure. Tremulous, agitated and depressed, he paced the hospital floors day and night, unable to relieve himself of his constant anxiety or to find any rest. In the interviews with his doctors, he told of his difficulties with the lump-in-the-throat effect of a small, completely defeated, completely lost child. "I can't stand it here," he complained. "I can't stay in this hospital any more. I can't eat the food. My stomach won't take anything but milk. If I didn't drink milk, I'd die here. And I can't get any rest anywhere because I'm afraid of people. Maybe I'm a coward, I don't know. If there's a loud noise or someone claps me on the back, I get so scared I shake for hours. I'm afraid I may hit one of these loud-mouthed G. I.'s when they scare me like that. I'm afraid of water. I used to be able to swim, but now I can't go near it. And why am I so scared of windows?—I guess I may jump out of one some day. I don't know what to do. I can't help myself— I just don't know what's the matter with me. I try, I try to do what you tell me, to pull myself together. I don't want to be like this. I try to get better, but I just keep on getting worse." 14

Further reporting on this patient, Grinker and Spiegel report that during his stay in the hospital, he actually became progressively more disturbed, until finally his phobic response to practically everything in his environment reached an almost psychotic intensity. He was unable to tolerate any group activity. Although he was always polite, cooperative, even submissively respectful, individual psychotherapy was limited by his uncontrollable dependent need. With the utmost earnestness, he begged to be returned to his home. 15 Grinker and Spiegel further point out:

This unashamed longing to return to his mother was the intensification of a trend which could be seen in

14 Ibid., pp. 227-230.
15 Ibid.
his past history. The patient had always remained a little boy emotionally, never really severing himself from his mother. His pre-army school and work record indicated that he had tried hard but had never been able to achieve independence.

These needs in the veteran to return to his mother were intensified by combat and could be expected to continue until he was back in his mother's arms. By some miracle, he had escaped a psychosis; perhaps in reality there still remained with him the hope of reunion with his mother. He was discharged from the army.

With the foregoing brief facts and cases in mind, it is obvious that the veteran's mental and emotional ill health is often a reaction of his personality to the multiple stresses of the total environment, whether the stresses are in the external environment or in his own complicated emotional imbalances. The point at which any veteran becomes sick depends upon his constitutional stability and toughness to withstand stress, upon the severity of his internal and external conflicts, or upon a combination of these factors.

Home Environment

Davis presents the idea that the dislocation of home life among veterans was a more potent factor in the production of war neuroses than the actual combat experiences. Doubts and questions punctuated the veteran's thoughts about home

when he had time to let them enter his consciousness, in those lulls in training, on shipboard, in staging areas, and even in battle. Many a soldier weaved a web of dreams about home and family and job that gave an aura to actualities.17

Finally, when hostilities did cease, the end of the war increased greatly the anxiety in the veteran to get home. The veteran could see little reason for anyone to remain overseas. "Let the Allied Armies be the policemen of Europe," was his attitude. However, General Bradley stated that as the neurotic and regressive desires or wishes to get home increased, the concept of home became more unrealistic. As a haven from the dangers of combat with the enemy and from the threats of discipline on the part of superior officers in case of failure, home assumed the characteristics of a magical fairyland. All the faults and difficulties in the economic and social structure of the veteran's home environment seemed to fade away.

At last the soldier was home but in a peculiarly dissatisfied and often disturbed state of mind. This disturbance, of course, should have been expected because his desires were unrealistic. No person nor place in reality can reproduce his


19 Ibid.
fantasies. At first the veteran centered all his attention and interest on his loved ones at home, and this attention was fully reciprocated. However, his people had their own jobs and numerous duties, and life did not stand still because a boy had returned home. He had to familiarize himself with his old possessions alone and with his remaining friends at their convenience. In Newsweek, it was written that the veteran many times found his home smaller, dingier, more sordid than he had ever imagined it to be, and his life within it was flavorless. Something had gone out of him that once gave zest to the old life, and there was nothing to take its place. The parents whom the veteran had idealized seemed strange to him; he could not find words to talk with them; he could not tolerate their well-meant ministrations. He was unwilling to accept his place in the economic world, not yet ready to tie himself to the drudgery of detail, not prepared at all to take up the sort of status for which his experience qualified.

Appel and Strecker revealed there were many youngsters of eighteen and nineteen coming home from the service whose

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21 Ibid.
problems were many. They went away school boys and returned men. They did not want to go back to high school with the "kids"; they wanted accelerated courses. One fifteen-year-old sergeant exhibited a major behavior problem when he returned home and enrolled in high school. This veteran persisted in wearing his uniform. He swaggered up and down the corridors, ridiculed the teachers who were "F", and informed them forcefully that they could not tell him what to do. Obviously he was a mixed-up, disturbed youngster who had tried to meet his personal problems at the ripe age of fourteen by running away to join the army and who as was obvious on his return, had met with little success.\(^{23}\)

All veterans upon returning home were not behavior problems, and it should not be understood that there were no gratifications at home. There were far more than enough for a normal person, but the hungers and needs of many men were so tremendous that they seemed insatiable and impossible to satisfy. Furthermore, many soldiers had left homes in which the interpersonal relations long before combat were conflictual and were responsible for discomfort and disturbances to their peace of mind, as evidenced in the following case of anxiety due to rejection on return home:

A 25 year old First Lieutenant, who was a B-17

\(^{23}\)Ibid.
pilot, completed fifty missions in a period of eleven months. At about the time of his forty-second mission, the patient became aware of nervousness, anxiety, sleeplessness and battle dreams. He was sent to a rest home but could not relax. He returned to combat to finish his missions and was then sent home. While at home, the patient noticed that his symptoms had increased considerably in intensity. He did not enjoy himself and was anxious to get on the move again.

The patient's father was a navy man so that, as a child, the patient could only see him on week ends. His recollections of his father were good ones—a kind man who was good to the patient's mother and who could be relied upon to help solve the patient's problems. The patient's mother was gentle and considerate and showed a normal amount of love and interest in her elder son. There was one other child in the family, a brother, who was born when the patient was 7 years old. The patient stated that there were always older people in the home. He remembered his grandfather as a nice old man who could tell interesting stories. But the grandfather had worked at night and slept during the day, and the children had been constantly urged to be quiet so that he could sleep. The patient stated without resentment, "We were not given a chance to be children." He also had been restricted by having to take care of the younger brother. His grandmother he remembered as a fussy old woman with whom he was able to get along by doing what she asked. The patient received a high school education. His first sexual experience came at the age of 13, to which he had a normal response. Three years ago the patient had married, and he stated that his sex life was normal.

In discussing his overseas experiences, the patient stated that during a mission, when he could "let off steam," he felt fine. It was while on the ground with the ground officers that his symptoms became marked. He revealed severe hostility to the army and particularly to ground officers, whom he thought to be incompetent and inefficient. Between missions, in order to steady his nerves, he would take a plane into the air and teach a bombardier or navigator how to fly. The patient had particular dislike for one of his Colonels, who, he thought, was responsible for many lost lives. He stated that he made no close friends because he did not want to feel their loss too keenly.

During a pentothal abreaction, the patient indicated
marked aggressiveness and hostility toward the army, the Colonel and the ground officers, and spoke of some of the hazardous missions. The patient talked of how he would make his home different from the way his parents had theirs. He would have no older person around to be a wet blanket on his mood. Here the patient made an interesting analogy: "You know, doctor, it's like being in combat. When I was on the ground with the ground officer, it was like being at home with the old people. I felt that they were wet blankets on my mood. When I got up in air combat, it was like being and playing with children when I went out of the house. They got me all excited and I felt free and I liked the feeling."

The patient then stated that he had something to tell the examiner—something he had told no one. "When I lived at home, I had a room that was all mine. I played and slept in this room and kept all my trophies there. Well, when I was gone, my father rented this room, and, when I came back, I had no home to go to— I resent this." The patient then went on, "I resented having people around who were wet blankets on my life. I resented my brother because I could not be a kid. I had to be a father to him." The whole thing is depressing. Don't have enough confusion in the army—get home and find the same darned thing there. I didn't go home. I was a misfit. No place for me to stay at home, unless I wanted to sleep on the floor. They treated me like I was something that wasn't supposed to be around. I got home and they asked me how I liked my room and I felt like throwing all the furniture out of the window. My family—they are just as counterfeit as all the rest of them."

At this point, the patient was well out of the pentothal. An explanation was offered to the patient on the relationship of figures in authority. The first authority, his father, had never let him down but had protected him, and the patient had found comfort in his father's protection. By explanation he was shown how the second authority, the army, had failed him miserably. The army had exposed the veteran to severe dangers.

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and made him afraid; this authority had even neglected the
small things that would have helped him protect himself.
The effect of combat was explained: its ravages had fright-
ened him and hence given him a tendency to go back to an
earlier stage of life, to a time when he was protected and
his fears were allayed by his parents. So, having reverted
to that stage and dreaming of the protection and never
failing authority at home, he returned home to find that
his mother had aged and his father, his last support, had
also failed him completely. All the old resentments which
he had felt in the past were added to his present disap-
pointments. It was explained that it was not his parent's
fault; they could not know that combat, instead of making
soldiers hardened heroes and men, has a tendency to make
them like children coming to their parents for comfort.
The patient was told as time went on and combat fears were
further and further away, he would gradually build up to the
point where he had been before combat. It was stressed that
he would have to react to all this conflict on a grown-up
level and begin to assume an independent attitude.

The next day the patient stated that he had slept well
the previous night, that he had been thinking of the problem
and that it sounded reasonable. He had sent for his wife to
come. He began to eat and sleep well and lost his restlessness.

Ibid.
A week later the patient was smiling and happy. His wife had arrived and noticed the change.

The dynamics of this case were clearly indicated and insight by the patient was shown by his responses. With subsequent good handling in duty, the veteran should have done well. He returned home like a child attempting to sleep again in his baby crib. The inevitable frustration revived the old resentments of previous rejections. His wish to be taken care of again like the boy he had been when he left home was a regressive symptom caused by his stress.

As evidenced by the foregoing discussion, many men have never found themselves "at home" in the military services. They have felt almost as if they were "damned if they did and damned if they didn't." No matter what they did or did not do it seemed the wrong thing.

Upon returning home, soldiers especially need one thing—friendship. They need that confidence in self which comes only when they know that there are substantial people about who have confidence in them—people who will trust them without too much questioning or prodding, people who just take it for granted they can do what is expected of them.

Ibid.
Therefore, the veteran upon return home hungered for sympathy and understanding which cost so little and mean so much. The home should help the veteran to live in the present and not to relive the hardships of the past. Home folks should show an attitude of appreciation and encouragement but not a display of excess emotion. Curiosity should be suppressed and words of sympathy that will keep awake memories of suffering and that will add to self pity should be avoided. The most important thing is to treat the veterans naturally. People should not shudder at their afflictions—and they should not be gushed over. Veterans wish to feel like normal people.

Love, Marital and Sex Relationships

Among the emotional lacks which candid introspection so often revealed to the veteran was an incapacity to love, at least to love in the ordinary sense of the word. Love as Americans use the term, love between the sexes, implies a fusion of the spiritual and the physical.27 A derangement of the capacity for this kind of love often involves a split between the physical and spiritual elements of that highly complex sentiment. The soldier understood lust, and the deprivations of army life intensified his understanding of

it. The veteran also understood idealized love, and that understanding too, was probably intensified by war. For the soldier to express love and lust for the same person in a balanced way, therefore, was a difficult problem.

Benedek in her chapter on "The Struggle Between the Sexes" relates that war-time separation mobilized man's fear and his need to be dependent; through this relative regression, he became the weaker and woman—at least for a time—the emotionally stronger one. From this initial change of the interpersonal balance, a man's attitude toward his wife, or toward love in general underwent quite a typical process during his army life. In the first period he was dependent on his wife, family, and home. This dependence enriched his fantasy, and he idealized his wife. Benedek further reveals that suspense is a necessary prerequisite for love; however, suspense has to be released, or it grows into frustration, leaving the soldier with a sense of emptiness. Frustration that was the outgrowth of unreleased suspense, often characterized the veteran during times of hardships and deprivations, and consequently he felt emotionally impoverished. Unable to span the distance in his fantasy, he had to satisfy himself with such small gratifications as he could achieve within his immediate environment. He gambled, drank, and played cards, but he did not love.

28 Ibid.
29 Ibid.
30 Ibid.
The Army Air Forces Aviation Psychology Program Research reports that the service man's need for love was often manifested in the personal feeling he might have developed for his plane or his ship. He endowed this inanimate mass with human emotions of the most idealistic sort.

Lieutenant Colonel Grinker, who was in the North African campaign, writes:

Planes received an almost libidinal investment of interest. They are loved for their beauty, their performance, and their strength. . . . The mechanic, engineer, radio-man, prop man navigator, bombardier, and pilot all take an intense interest in their plane. It becomes an extension of their own egos, so that they are affected by things that happen to the plane as if they had happened to themselves. The veterans react to various types of aircraft as they would to individuals they meet, forming love, hatred, and jealousy out of all proportion to the reality of the situation.

Benedek strengthens the above idea by saying the need in the veteran to be loved was urgent. Deprivation and strain, the fear of killing and of being killed developed the combat personality, which represented a regression, a degradation of the personality. If the development of a

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33 Ibid.
34 Therese Benedek, Insight and Personality Adjustment, pp. 286-301.
combat personality was to be at all avoided in the midst of battle, the support of love was needed. Even the memory of love helped. The veteran who in awareness of his individualism was anxious to restore his emotional balance and his personal dignity, looked out for love. He noticed the hungry dogs and fed them in order to feel his attachment to living creatures. He detected in every child, even in one who looked at him with greed and hostility, a willingness to accept him. He watched for the bitterness and pain of even an old woman, and he became almost eager to help her, for he wanted to receive her gratefulness as a token of love, as a substitute for his mother's satisfaction and praise.

Grinker and Spiegel relate that re-establishment of sexual life is not easy or rapid in the returning veteran, especially if nervous reactions from combat have affected the veteran's libido. Often he found his wife, unused to a husband, difficult to adjust to his sexual activities, which often were excessive. On the other hand, psychological factors and physical disturbance may have made him temporarily impotent, and this condition became a source of anxiety to both the veteran and his wife. In many cases he married just before his departure for overseas, and he knew his wife only slightly. Much trouble, as is evidenced in

the following case, came about with veterans and their wives when the veteran attempted to confirm suspicions of his wife's unfaithfulness:

A 23 year old Sergeant was admitted to the hospital from a Continental base, where he had been assigned after his return from overseas several months previously. He completed twenty-five missions in B-17 planes as armorer gunner. Prior to military service this soldier lived in a small Northeast community, where his basic social adjustment was poor. He found it very difficult to engage in many of the ordinary social amenities and devoted much of his time to working on the farm or to hunting and fishing. Since late adolescence he had used alcoholic intoxicants rather steadily and occasionally to excess. With this personality background he returned from combat with minimal symptoms of "operational fatigue" and was given an assignment as ground armorer. Upon his return he discovered that his wife, to whom he had been married for several months prior to overseas duty, was living with another man. This distressed him and aroused his aggressiveness to a point where he wondered why he didn't kill both of them. However, he regained control of his feelings but developed tension, irritability and hostility toward the army. When he felt that he was again losing control of his feelings, he reported himself to the Flight Surgeon and arranged to be transferred to the hospital; after a lapse of time he was returned for a trial of duty. 36

Hostility that was directed toward, but unexpressed to his wife, was then expressed for the army. The army came to represent the means by which he had been separated from his wife and hence had lost her.

There were many such cases as the above one, and to add to the veteran's idealistic way of thinking about loved

36 Ibid., p. 312.
ones, the clever aid of enemy propaganda went all out to induce the veteran to believe that his wife or sweetheart was consorting with a 4-F or some other luckily exempt civilian at home. Latent jealousies were therefore aroused in a great many veterans. Israels, in addition, adds that the mechanism of projection, the attributing to someone else the feeling which rightfully belongs within oneself, was used in this connection. The story by Tenenbaum of a veteran who may be known as Bill provides a good example:

Bill came home from the European theater of war after having taken part in the invasions of Sicily, Italy, and France. During his spare moments on overseas service, he had heard the enemy propagandists depicting the peace of his home surroundings and cunningly suggesting that the women at home were being escorted about and given a good time generally by slackers. In his group at the front there were several men, too, who boasted about their own conquests among women. It was all upsetting, and then from time to time he would get from his wife a letter which was blue and despondent or which seemed to him to show no interest in his life and what was happening to him; and it occasionally occurred to him that she might be unfaithful.

37 E. Albert, "German Propaganda," Contemporary, OLVII (January, 1940), 84-88.
38 J. Israels, "Wehrmacht's Yankee Girl Friend, Music With Margaret," Collier's, CXV (March 3, 1945), 68.
39 S. Tenenbaum, "Fate of Wartime Marriages," American Mercury, LXI (November, 1945), 530-536.
Then Bill came home, and that thought of her possible unfaithfulness during his absence obsessed him. It haunted him more and more, and when he at last questioned her, she admitted to several social engagements which were absolutely harmless but which sufficed to add fuel to his jealousy. He was experiencing a rather common type of transient sexual difficulty, and in his disturbed condition he became convinced that some misbehavior on his wife's part was the cause of his trouble. His preoccupation and general state of being upset increased to the point where his work at a shore station suffered, and he went to the hospital where he told his story as given. When his case was investigated further, it was found that it was he who had been unfaithful to the marriage vows; there was no evidence at all that she had ever been untrue to him in any way. It is to be assumed, naturally, that he had projected upon his wife his own feeling of guilt and inadequacy. 40

With relation to the foregoing cases it is likely that hundreds of thousands of married and engaged couples have problems today because of the veteran's return from the armed forces. The war has made them strangers. It is noted that if they are to start again as working partners they must patiently re-establish bonds, and even then the task is complicated by the fact that while apart couples lost the

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Ibid.
knack of adjusting themselves to each other, and the man's mood may further complicate the adjustment. During the veteran's first weeks at home he may feel restless, inadequate, apprehensive, and depressed. Every couple owes it to themselves to work for a happy renewal of their lives together. First they should accept the fact that a dangerous problem does exist and face it honestly and cheerfully. Some of the specific problems couples should consider are: finding their real selves again, talking over good humorously how each has changed, and getting readjusted to each other. Well-married couples have their own private languages and know each others thoughts. Couples should learn anew to compromise, to cooperate, to sacrifice and to share, and to find common goals. Specific difficulties should be handled frankly and promptly by jointly apportioning money and responsibilities. Couples should go slow in their intimacies, because they will not achieve full physical harmony until they have developed harmony in their whole relationship. The wife should help the veteran husband recapture his self-confidence, let him know she is tired of living alone, and let him take charge. By helping the veteran gain a sense of well-being, the wife, as well as he, will find happiness sooner and of a more lasting kind.\textsuperscript{41}

\textsuperscript{41} Ibid.
Hate and Fear

The United States, according to Chisholm, has brought up a generation specifically trained to repress aggression and hate, and unable to fight. Waller assumes another view and describes the veteran as being angry and having hatred in his mind, because the veteran was the one singled out to fight, die, suffer, and see horrors. He felt akin to everyone, even the enemy, who had suffered as he had; he hated everyone who had not. In a famous speech in What Price Glory? for instance, one soldier bluntly tells another his opinion of men who have not fought. He says:

Show him Kiper. Damn headquarters! It's some more of that world-safe-for-democracy slush! Every time they come around here I've got to ask myself is this an army or is it a stinking theosophical society for ethical culture and the Bible-backing uplift! I don't want that brand of Gideons from headquarters. Now you watch that door. Watch it! In ten minutes we're going to have another of these round-headed gentlemen of the old school here giving us a prepared lecture on what we're fighting the war for and how we're to do it—one of these billposter chocolate soldiers with decorations running clear around to his backbone and a thrilling speech on army morale and the last drop of fighting blood that puts your drive over to glorious victory! . . . The side-whiskered butter-eaters! I'd like to rub their noses in a few of the latrines I've slept in keeping up army morale and losing men because some screaming

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43 Willard Waller, The Veteran Comes Back, pp. 23-42.

fool back in the New Jersey sector thinks he's playing with paper dolls. 45

If this hatred had stopped with the veteran, it would not have been so difficult, but all his relatives and friends took up the burden of such feelings of hostility. There is no resentment deeper than that of the mother whose son has been taken when some other mother's son has been left behind. And if a son dies, the mother is likely to carry hatred to her grave.

Another factor contributing to hatred in the veteran is evidenced by Gibbs when he tells of the experience of a soldier who says:

My mental attitude towards the war had changed. Whatever romance and glamour there may have been had worn off. It was just one long, bitter waste of time, --our youth killed like "flies" by "dugouts" at the front so that old men and sick might carry on the race, while profiteers drew bloated profits and politicians exuded noxious gas in the House. . . .

How dared they have valets while we were lousy and unshaved, with rotting corpses round our gun wheels? How dared they have wives while we "unmarried and without ties" were either driven in our weakness to licensed women, or clung to our chastity because of the one woman with us every hour in our hearts whom we meant to marry if ever we came whole out of that hell? 46

The soldier knew that when the nation fought for freedom and for the justice in far-flung areas of the world, 47

45 Ibid.
46 A. H. Gibbs, Gun Fodder, The Diary of Four Years of War, pp. 141-144.
he must lose his freedom, his comfort and even his identity for the duration of the conflict. The ideals for which he was fighting could have little meaning for any soldier so long as the war lasted; for soldiers who died and for many of the wounded these ideals could never have any meaning at all.

Bugental relates that in a very large number of the nervous illnesses at the war front, hatred of a superior was the predominant element, although hatred was generally not recognized by the hostile individual himself. There have been many manifestations of such illnesses as hives, peptic ulcer, headache, and backache for which no obvious cause could be found. Investigation of such patients revealed that their inner tension and their resentment of some superior, or the service itself, or the situation, may have been so great that the tension broke out within the body. Even today many transitory phenomena which were common in wartime psychiatry, unexplained body pains and fast pulse beats are often due to the repression of an emotion which the individual dare not express.\footnote{F. F. T. Bugental, "Some Factors in Veteran Adjustment," \textit{Phi Delta Kappan}, XXVII (January, 1946), 147-151.}

Such conditions as these are illustrated in the illness of the young airman Fred:
Fred is twenty-five years old and he has always been in good physical and mental health. He came from a secure home, and in his early life no remarkably abnormal traits could be ascertained. Sound patriotic feelings led to his enlistment in the air corps in 1942. But since he was a carefree and mettlesome boy who delighted in his independence, and had indeed found it fairly hard to take orders in civilian life, he had considerable difficulty in adapting himself to the service training. He did succeed, however, in adapting himself to his immediate superiors, and he tried to accept their occasional abuse of their authority. When those superior officers gave an order which he, in his independent habit of thinking, considered foolish, he would have periods of resentment and would have to restrain his natural reactions by sheer self-control. He was assigned to an amphibious transport which took an active part in all the European invasions. He suffered the average amount of fear and tenseness, but such feelings never lasted long. Aboard ship, however, he was browbeaten by a chief petty officer; and when he showed that he disliked this man he was given the most difficult tasks to perform. He obeyed orders, did whatever duty was assigned to him; but inwardly he raged.

Then he was sent to the Pacific. And later he explained that in this war theater he had found his chief pleasure in firing a gun. It was plain that the boy experienced an emotional release in this activity. He served in several of the Pacific invasions, and then after his tour of duty had been completed he was sent back to the United States. He was given rehabilitation leave, and finally was assigned to a shore station. And there he began to resent and despise the other men on shore duty who had never been to sea. He found that the mere matter of taking orders was more difficult than it had ever been before.

On one occasion, when he was ordered by his superior to perform some task, his skin began to itch and he noticed that large red blotches had suddenly appeared all over his body and on his hands and feet. After that, he broke out regularly when he was ordered to do something by his superior officer, or when he became preoccupied with his resentment against authority.

Fred was finally sent to his station's sick bay, and was referred to a hospital for medical attention and examination. No allergy to any substance was
discovered; but the doctor easily discerned the connection between the seaman's feelings and his illness. The young man was therefore referred to a psychiatric unit where an attempt could be made to ascertain the specific cause of his trouble. And now Fred suffered an attack of hives after every interview with the psychiatrist! It was obvious that his resentment against authority had now been transferred to his physician.

He was given a drug named Sodium Amytal which has the property of bringing hidden feelings to the surface, and he virtually exploded. He began to swear violently. He tried to break up the doctor's examining table. He was difficult to restrain.

His stored-up rage was so fierce, and so diffuse, that he began to voice it against practically every individual with whom he had come in contact over a period of several years. It was plain that he had been holding these feelings back for all that time. They had, actually, come out on his skin rather than through his mouth. ..

Men with these symptoms have unconscious hatred while on the surface they manifest devotion. This behavior does not mean that they are false or hypocritical. They are a good deal like the unconsciously rebellious boy who idolizes his father but nevertheless sets out to surpass him. There may be both respect and love in such an attitude, but there is resentment too.

A veteran's fear in battle depended directly on the number and closeness of casualties previously witnessed by him, according to a survey made by Grinker and Spiegel.

\[48\]
Herbert I. Kupper, Back To Life, pp. 36-39.

\[49\]
Percival M. Symonds, The Dynamics Of Human Adjustment, pp. 429-430.
among combat veterans in an Infantry Division in the South Pacific. The extreme reaction of the psychoneurotic soldiers to such incidents certainly had its basis in the previous experience of a poorly balanced organism, according to the survey mentioned. There is every evidence that normal men react in the same way to a lesser degree. For this reason, in spite of the powerful pull of the group toward cohesion of all its members, some veterans made a deeper attempt to avoid all close identifications and fight against the compulsion to recreate the family setting in combat. The veterans frankly stated they were afraid to make friends because of the terrific reaction if one of them were to be killed.

Morton L. Wadsworth lists fear as one of the major stresses operating at all times to distort and disorder the personalities of combat men. According to Wadsworth, fear presented itself in a unique manner, because flak, gun fire and explosions were in themselves great dangers and were capable of producing fear reactions; however, in a great number of instances, anticipatory fears of situations produced more marked reactions than did the actualities.

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50 Ibid.
Kahn gives a clear picture of the clinical syndrome of anxiety and fear, and in it he points out severe anxiety states result in an intensely striking, unforgettable picture. Terror-stricken, mute, and tremulous, the patients closely resembled those suffering from an acute psychosis. Their facial expressions may have been vacuous or fearful apprehensive. Speech was usually impossible except for a few stuttering attempts to frame an occasional word. Sudden fits of crying or laughing sometimes occurred without reason. 52

Greving states it is important to realize that a majority of these soldiers wished to get well, or, in casework terms, were eager to regain confidence in themselves, but they were fearful of the consequences of getting well. Their symptoms did not spell weakness but were a defense against danger to themselves and thus had a utility value for them as individuals. These ideas are shown more clearly in the following case:

When first interviewed at Company . . . this soldier presented an extremely well-poised appearance, although obviously controlling a great deal of tension. He recounted his foreign service in a matter-

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of-fact manner, with general understatement. In an off hand way, he briefly mentioned the "strategic retreats" at Narvik, Norway, and Dunkirk, and subsequent operations in Africa in which he had seen action.

Every move, every noise or sound he heard this veteran associated it with his combat experience. He would become extremely tense and could not control himself. It was at these times that crying afforded some release.

He stated that he ate very little and usually could not retain anything but coffee in his stomach. He usually vomited after eating solid foods. He stated further that he slept very little because of his sensitivity to sound and his inability to relax. He smoked almost continuously and had difficulty in sleeping more than an hour at a time.

The veteran was very much concerned over the possibility of being hospitalized because of the length of time he had spent in hospitals abroad. He felt that hospitalization might result in his "going crazy." He was generally worried about his mental condition and was very fearful of a breakdown. He commented that his fear of mental illness was related to an attitude that he had heard expressed abroad toward neuropsychiatric casualties, who were said to "lack moral fiber."

Throughout the discussion there were many indications of his real doubt about himself and his abilities and of his drive to prove that he was "as good as the next." At the same time he gave every indication of being seriously disturbed and not able to meet the everyday demands being made upon him. In this condition it was obvious that he could not meet the requirements for further military service. 55

Psychiatric examination indicated that the soldier was preoccupied with his combat experience to such an extent that his entire civilian experience was practically blotted out. There was evidence of overwhelming anxiety, extreme

55 Ibid., pp. 482-483.
fears, and tension related to battle experience. It was felt that he was unable to react normally to his present environment in the light of these preoccupations. As he was able to accept the fact that he was ill, his subsequent discharge was effected with the knowledge that his contribution to the war effort was recognized and that his continued role could take a form other than that of a soldier. 56

It is noted that any person has within him abilities for hatred and crime and bestial cruelty. But in most persons the forces are constantly strong which make men want to build, not destroy, have friends, not enemies, save life and not kill. It is believed when a man, or a nation through mental disease or what is believed to be the exigencies of war, sets out to give free rein to all the worst that is in him and suppress all his better impulses, it is very difficult ever to restore the balance again. This warning has been voiced repeatedly by psychiatrists.

The situation of hate and fear may be made worse by repression, restrictions of liberty, regimentation and harsh military discipline to which all military personnel have been subjected. It is known definitely that in human minds such frustration leads always to either aggression or to a dangerous apathy. The human mind is also constituted so that

if the aggression cannot be expressed as it properly should be on the oppressors, it easily turns on almost any other object.
CHAPTER IV

GENERAL PSYCHIATRIC AND EDUCATIONAL PROGRAMS

PRESENTLY OPERATIVE FOR VETERANS

The purpose of this chapter is to present information relative to the general psychiatric program which is presently operative in the United States by War Department agencies, schools and colleges.

In a letter to the Secretary of War, dated December 4, 1944, President Roosevelt called for a broad and well-rounded educational program for hospital patients who would return to civilian life. He stated that the ultimate ought to be done for them (the disabled men) to return them as useful citizens, useful not only to themselves but to their communities. And he placed upon the military authorities the responsibility of seeing that the maximum benefits of hospitalization and convalescent facilities be provided. These benefits were to include physical and psychological rehabilitation, vocational guidance, prevocational training, and resocialization.

Rehabilitation of the mentally and emotionally disabled in 1944 was essentially a new trend in public health

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1 "Your Answers about Education and Training," VA Pamphlet 7-1, Veterans Administration, June 1, 1948.
and in general social action. Since that year rehabilitation has been largely stimulated by the influence of World War II, and the public has been challenged to not overlook the prominent part played by the whole mental hygiene movement in improving the lot of the mentally and emotionally disabled. From the early days of 1843, when "mental hygiene" was coined by Sweetser as a kind of polite advice to potentially nervous people, to the modern concept of constructive help advanced by Clifford Beers, the phrase has gone through an evolution of constant though halting advances.²

As evidenced in Chapter II, viewed from the standpoint of numbers alone, the problem of mental disease in this country is enormous, but whatever the explanation of this constantly increasing burden, the problem is so important that the federal government is spending millions and plans to spend millions more for research into the causes, diagnosis and treatment of mental disease. Furthermore, the program contemplates financial help to individuals, hospitals, and schools working in the field, and to states interested in mental hygiene programs.

Along with the federal government, medical and psychiatric authorities realized the imperative need of

treating the mentally ill, and according to Flugel, in February, 1945, a group of these authorities drawn from civilian and military life met at Hershey, Pennsylvania, to discuss the broad problem of psychiatric care for veterans. The one outstanding fact that emerged from those three days of discussion was that the need for psychiatric care of the mentally ill is not met by the limited number of psychiatrists available.

Hospital Program

In any veterans' hospital a prime requirement, it has been learned, is an atmosphere of physical and emotional security, for this atmosphere goes to make a wholesome and well-integrated, self-developed, self-developed on the bedrock of security feeling. Within the veterans' hospital program a minimum of situations that result in physical and emotional deprivation, that frighten or threaten the veteran or rob him of his self-respect, is in effect. A general attitude of acceptance prevails, and the veteran patient is shown that he has rights and needs that can and will be met with fairness and tolerance.

It is noted that the Surgeon General of the Army,


4 Thomas A. C. Rennie and Luther E. Woodward, Mental Health in Modern Society, pp. 94-130.
who is directly in charge of medical training, is meeting the educational needs of patients through reconditioning service now in operation in all army hospitals. This program has a dual function: it re-educates patients who are to return to some form of military duty, and it readjusts men who are going back to civilian life, sending them home with a satisfactory attitude toward family and job and a better understanding of the basic ideals of American life.

For purposes of administration in the reconditioning program, according to Mersand and Mueller, every patient in an army hospital is placed in one of four classes. Patients in bed or wheel-chairs are in Class IV, and those who are up but need regular medical care are in Class III. Patients who are well enough to require no more than weekly medical attention and can exercise three to six hours a day are in Class II, and the ones who will soon be discharged, either to military duty or to civilian life, are in Class I. These categories apply to neuropsychiatric patients as well as to those that are physically disabled. It is noted that most of the Class IV and Class III patients are in general hospitals where specialized surgery and

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medical attention are available, and Class I and Class II patients are now in convalescent facilities.

As evidenced this plan of recovery marks a fundamental change from previous medical practice. In the old days, a hospital patient was kept quiet, required to remain in bed, and, after his convalescence, was treated with great consideration by all around him. Often this treatment caused him to develop an unfortunate hospital psychology, or chronic invalidism, which exhibited itself in unreasonable demands upon nurses and other attendants. The doctors now feel that this technique of handling sick people is in error. Not only does it frequently harm the personality of the individual but also it hinders his physical recovery, according to Stover. With the new reconditioning program now in operation in army hospitals the old program has been discarded.

Consequently, the medical officers regard a patient as sick only in certain respects or in certain areas of his anatomy. Healthy areas of his body, though, as well as diseased ones must be considered, and therefore appropriate physical exercise and stimulating mental and manual

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activity must be provided. Suffice it to say that anyone who has been made available for the reconditioning program has been carefully checked and approved by the medical officers, and this procedure releases approximately 80 per cent of patients in army hospitals for some type of physical or mental training.

Therefore, the program takes on the aspects of a school, but the projects are less formal, more individualized and cover a wider variety of activities than is characteristic of the modern educational institution. The guidance staff\(^9\) attempts to find out what the patients need and then set to work to meet these needs through either the reconditioning service or some related agency, such as the Red Cross, the library, or the personal affairs office. There is nothing rigid about the programs, and no pressure is exerted on the soldier to follow any one path. This is not to say that the veteran patient does entirely as he pleases.

Schneider\(^10\) relates that educational counselors interview each patient and, in the light of his native abilities, school background, and possible needs, suggest a number of

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\(^10\) Gwendolen Schneider, "Opportunities in the Veterans' Administration for Professional Counselors," *Occupations*, XXIV (May 19, 1946), 491-497.
desirable activities. However, this work requires not only skill in dealing with individuals who are not too cooperative but also specialized training and knowledge as well. Furthermore, it makes necessary the development of a guidance bureau or resource library where reading materials from civilian as well as military sources is available.

The patient is interviewed as soon as he is well enough to have visitors. If he needs some personal service, he is referred to the personal affairs officer or the Red Cross. Then the medical officer makes out his exercise chart at the same time that he writes his medical history. It is important that every bed and ambulatory patient exercise those parts of his body that are well and too, the general exercises, which have been especially devised for hospital patients by physical educators and medical officers, are given in the morning and afternoon for periods of thirty minutes. It will be noted that qualified physical reconditioning officers and enlisted men direct the programs in the wards (along with civilian employees). These exercises are supplemented by special remedial exercises that the medical officer has prescribed and that vary with the specific needs of the men.11

Also the medical officer prescribes exercise as a part of therapy. For the patients, competitive games and sports lend an informality and spirit to the activities in the gymnasium and on the playing fields. Furthermore, physical and occupational therapy are concerned with the remedial phases of physical reconditioning. Physical therapy is under direct control of the medical officers and technicians, and involves heat treatments, massage, whirlpool baths and fever therapy. Occupational therapy, one of the branches of the reconditioning service, is, on the other hand, medical treatment which uses arts and crafts, games, educational and industrial activities, such as printing and woodworking, as a means of restoring injured minds. In this phase of the program the trained therapist directs the patient under the supervision of the doctor.

While the activities already described are educational in a broad sense, the projects that fall in the special province of the educational reconditioning officers of the hospitals are the guidance program, the prevocational shops, general classes, individual study, discussion groups, and educational movies. Vocational rehabilitation is the function of the Veterans Administration, but vocational

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13 Ibid.
guidance is an important activity of the educational pro-
gram in army hospitals. It is only natural for a patient
during the weeks that he is in bed or is convalescing in
the wards to begin to think of jobs, and when he does
counseling experts, fortunately, are on hand to advise
him. True, he will have a pension based on the amount of
his disability, but that recompense is not satisfying al-
together to his mind; he wants a salary that he himself
has capably earned.

As evidenced by Nesbitt, in addition to the formal
guidance resources, the reconditioning service has actual
prevocational shops, and in some of the hospitals the re-
conditioning service includes a wood-working laboratory,
a print shop, a sculpturing class, a welding shop, a
ceramics project, a radio class, and a series of general
mechanical shops. Furthermore, there is also work in
leather, plastics, and aluminum. These manual activities
perform the double function of providing occupational
therapy for muscles that need exercise and of keeping the
minds and the bodies of the patients busy. In order that
all the able patients may participate in this program,

Mary E. Nesbitt, "Physical Therapy: A Profession
with a Future," Journal of Health and Physical Education,
VI (January, 1945), 12-13.
the prevocational shop work and occupational therapy activities are carried to the bed patients in the wards. Not only this service is rendered, but also carburetors and radio code sets are cleaned and put in boxes for use in beds, and in one hospital a gas engine has been mounted on a stand with scooter wheels and is pulled into the hospital wards; in this same hospital occupational therapy aides take looms, leather, and yarn to the wards and teach the patients to make many decorative and useful objects.  

Not only is the prevocational and occupational service helpful in restoring normality to the broken minds of the veterans but the discussion groups which take place on the wards and the forums and panels which occur in the assembly halls are among the most valuable of all activities. In these discussions patients are urged to express themselves not only for the therapeutic value of talk but also for the sake of widening their education. It is here these activities are employed as a method of group therapy for the neuropsychiatric cases and is a means of resocialization for the general patients.  

Now it will be noted as the patient progresses in his convalescence from Class IV to Class I (patients from wheel chair or bed to convalescent facilities) the program in

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15 Ibid.
16 Ibid.
physical training and remedial exercise takes more of his time. When the veteran completes Class I, he is either ready for military duty or return to civilian life.\textsuperscript{17}

Every trainee who arrives at a convalescent facility will be interviewed and evaluated by the medical staff and a guidance team of officers who are experts in their respective fields, and who will recommend, in conference with the veteran, a program of physical and educational reconditioning.

In order for these officers to administer this program, definite schedules must be set up, with close coordination between the surgical and medical services and the various administrative units of the hospital, as well as the non-military organizations that are making the stay of patients in the hospital more pleasant.

**Educational Program**

Public Law 16 for the Rehabilitation of disabled veterans and Public Law 346 known as the Serviceman's Re-adjustment Act of 1944, provide the most extensive educational opportunity on an adult level ever sponsored by any

government. It will be noted the purpose of this legislation is to readjust service men and women occupationally and to enable them to recapture educational advantages lost by reason of entrance into the armed services. The following laws affecting education or training under the Servicemen's Readjustment Act and/or vocational rehabilitation under the Vocational Rehabilitation Act were enacted by the Eightieth Congress during the fiscal year 1948:

Public Law 239, established July 25, 1947, as the termination date of World War II, insofar as training benefits are concerned. This means that all vocational training under Public Law 16 must be completed by July 25, 1956, and that all education or training under Public Law 346 (except for individuals who enlisted or reenlisted under the provisions of the Armed Forces Voluntary Recruitment Act of 1945, Public Law 190, 79th Cong.) must be completed by July 25, 1956, and in most instances commenced by July 25, 1951.

Public Law 330, effective September 1, 1947, which amended Law 16, provided for increases in minimum payment of subsistence allowance plus disability compensation to veterans whose service-connected disability is rated 30 per cent or more and who are enrolled in and pursuing vocational rehabilitation courses under Public Law 16. The law provided that minimum payment of subsistence allowance plus disability compensation would be (A) where the service-connected disability is rated less than 30 per cent: for a person without a dependent, $105 per month; and for a person with a dependent, $115 plus the following amounts for additional dependents:

(1) $10 for one child and $7 additional for each additional child and (2) $15 for a dependent parent; 
(B) where the service-connected disability is rated 30 per cent or more: for a person without a depen-
dent, $115 per month; and for a person with a depen-
dent, $135 plus the following amounts for additional dependents: (1) $20 for one child and $15 additional for each additional child and (2) $15 for a dependent parent.

Public Law 411, effective April 1, 1948, which amended Public Law 16 and Public Law 346, increased the rates of subsistence allowance payable to veterans enrolled in and pursuing courses of full-time institutional training under Public Law 16 or Public Law 346 to $75 a month for trainees without a dependent, to $105 a month for trainees with one dependent, and to $120 a month for trainees with more than one dependent.19

The effect the above laws have on veterans' education is easily seen when considering that during the fiscal year of 1948, 1,555,535 veterans entered training for the first time; 110,679 under Public Law 16, and 1,444,856 under Public Law 346, and the number of veterans in training under both laws reached a peak of 2,801,687 on December 31, 1947.20

According to the Annual United States Government Report for 1948:

Approximately 25,000 schools of all types are providing training to veterans under both laws for which they are being paid by the Veterans' Administration. Under Public Law 16 a contract is required with each institution, while under Public Law 346 a

20 Ibid., p. 56.
contract is required with educational institutions only under certain circumstances. As of June 30, 1948, there were 13,791 contracts in force with educational institutions providing vocational rehabilitation or education and training to veterans. In addition, there were 162 contracts with educational institutions offering instruction by correspondence, 80 of which were institutions of higher learning and 82 below college level.21

As evidenced further in the Annual Report during the fiscal year 1948, the Veterans' Administration continued to provide vocational guidance to assist disabled veterans in schools and colleges in the selection of occupational objectives suitable to their interests, aptitudes, and abilities and in the selection of training courses to prepare them for employment in such occupations. Counseling services are given to each veteran on an individual basis in accordance with modern and approved techniques in vocational guidance and applied psychology.22

With such an enormous educational program it is felt of importance to present expenditures as evidenced in the Annual Report:

Expenditures during the fiscal year for benefits under the vocational rehabilitation and education and training programs approximated $2,800,000,000. Benefit payments under Public Law 346, including subsistence, tuition, equipment, supplies, and materials for trainees, and fee basis counseling, accounted for

21 Ibid.
22 Ibid., p. 64.
$2,500,000,000 of the total expenditures. Benefits and materials for trainees, beneficiaries' travel, and fee basis for counseling accounted for $335,400,000.\textsuperscript{23}

Johnson supports the fact that veterans desiring high school education may enroll in any high school, but one of the outstanding high schools is that of a Chicago public school, which is committed to an educational program sufficiently adaptable to meet the needs of the returning veteran.\textsuperscript{24} The schools are recognizing the fact that many veterans have obtained sufficient educational experience to warrant the adoption of a policy which breaks down many traditional practices but at the same time maintain high educational standards.

Furthermore, for those veterans who return to the high schools to make up credit for their diploma or to the college to earn credit, a careful analysis is made of the veteran's Army Service Record, and advanced standing is given in accordance with accepted standards. Individuality, in all cases, is a keyword and an attempt is made to give intelligent counsel to the individual veteran with respect to his future educational plans.\textsuperscript{25}

New York City's schools add to the interest of the veterans' educational program by making available for

\textsuperscript{23} Ibid.


\textsuperscript{25} Ibid.
returning servicemen all of the school facilities which includes the day academic and vocational high schools and the evening academic and trade schools. Included in this program in New York City's schools are the accelerated courses such as machine shop practice, auto mechanics, electric wiring, refrigeration, and welding.26

College personnel are working harmoniously with the veteran to make it possible for him to get the right kind of training, and one phase of this is through the testing and counseling programs, part-time courses, evening sessions, pre-college courses for review purposes and other means. With this cooperation several million veterans will eventually be able to complete their education.27

McDaniel evidences the goal of the college guidance worker as being one to aid the veteran in achieving a happy adjustment in his world and in his work. The college counsellor recognizes that individual veterans vary and in this age of increasing social, political, economic, and vocational complexity, many veterans need help in establishing appropriate goals, and to serve this purpose guidance services have been initiated and developed in schools.28

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In providing education and educational services for the thousands of veterans who have flocked to the campuses of the United States during the past few years, colleges and universities have been forced to accept the principle that personnel services to veterans through counseling, advising, professional guidance, and other allied facilities and services on the campus can have as much educational value as instructional services in the classroom and laboratory. It has been learned there is no educational method more effective in producing improved attitudes and emotional adjustment than in intimate, face-to-face contact with the individual student.

Stanley C. Benz, at Purdue University, has studied the knowledge, beliefs and techniques which good high school and college counselors are using in the modern colleges to meet the veterans' individual needs, and these are presented here:

- Capitalize on a student's success. Praise is a better incentive for achievement than blame.
- Understand the role of emotions in human behavior. In many instances emotion overrules intelligence and dictates behavior. Permit the free expression of emotions during an interview.
- Don't pass judgment on a student's behavior. Be interested. Listen. Evaluate in your own mind what he says, but don't label him "good" or "bad."
- Understand the mechanisms of abnormal behavior.

There is a reason underlying everything one does. If a person is able to satisfy his needs the way most people do, he is considered normal. If he is unable to do this, he will quite naturally try to satisfy his needs, but may do it in an exaggerated manner. He is then considered as 'different' or an abnormal person.

Consider the effects of environment on one's behavior.

Remember that nearly all students benefit by good counsel. It is just as important to stimulate the intellectually gifted and the well-adjusted students to perform at their optimum capacities as it is to help the less talented and poorly adjusted students.

Strive to be personally well-adjusted.

Consider a student as a whole person. A good counselor remembers that the child or student brings to school with him all the experiences he had at home that morning and the day before. He brings with him all the fears, joys, anxieties, hopes, successes, and failures which have accumulated during his entire past. A particular behavior pattern may be only a symptom of the real problem.

Counseling is the process which helps the student incorporate into his life that which he has learned so that it will help him to meet his needs.

Be straightforward and objective.

Center the interview around the problem expressed by the student. If the student says he has a problem, then he has one. He should solve it. A counselor should talk the student's language, and believe that the student can solve his own problem. The counselor's job is to set up the proper environment and keep the conversation going along the line that will help the student bring his problem to the foreground and eventually discover the meaning of his own behavior. 30

With the foregoing facts in mind it is clearly evidenced that to promote positive mental health among the veterans, the cooperation and help of many individuals

30 Stanley C. Benz, "An Investigation of the Attributes and Techniques of High-School Counselors," Purdue University Series.
and groups will be required, for mental health can be achieved only in an environment which provides opportunities for self-expression, social usefulness, and the attainment of human satisfactions.
CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The stated purposes of this investigation have been magnified through discussion and data, and in general it may be seen that there are definite mental problems facing the veteran because of both pre-war and war-time situations, that the veteran needs aid in solving these problems and that the aid available to him at present is inadequate. At this point it seems appropriate to provide a brief summary with respect to the findings in the areas designated as problem areas for veterans. Following the summary certain conclusions and recommendations will be made.

Summary

Briefly in the paragraphs which follow certain pertinent data is seen in regard to the veteran's (1) Personality, (2) Home, (3) Love, marital and sex relationship and (4) Hate and fear.

Personality.—As for the findings in the area of the veteran's personality it has been seen that Campbell

reaches the conclusion the personality is the expression

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Charles MacFie Campbell, Human Personality and the Environment, p. 3.

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of the total forces of the individual, the product of his integrated activity, and the man in action as seen by the outsider and known to himself. In this study the term has been used to mean the effect the veteran has upon others and also the veteran's own ideas regarding himself in relation to others.

An individual veteran evidences desirable personality traits to the extent that he gets along harmoniously with other people within his group and makes favorable impressions on them. A genuinely desirable personality is possessed by the veteran who feels right about the way he is living and who receives favorable recognition from people because of the way he shares his interests.

The veteran, who has been everywhere and has been constantly on the move, is frequently cramped and retarded when placed in a situation in which, if he moves at all, he must move according to prescribed directions and must engage in explorations only at the behest and under the guidance of those in authority. It is noted that in such a rigid atmosphere the veteran's personality cannot experience normal and healthful growth and development.

The Home.--In the study of the home, as evidenced in Chapter III, it has been found that through the interrelations of parents and children and brothers and sisters, constructive social attitudes are developed in the early
life of the veteran, and insecurity, dependence, emotional instability and faulty habits of thinking often emerge. So great has been the influence of the home upon the early life of the veteran that military examiners and the armed forces in general must not assume full responsibility for the mentally unbalanced mind in the United States today.

It may be concluded that to the best interest of the veteran the first great essentials of the ideal home and the ideal family for him to return to are constant love, confidence, devotion, unselfishness and willingness to spend and be spent in the service of others. Furthermore, the ideal home for the veteran's return is one in which the atmosphere of love and kindness is so all-pervading that it softens every privation which he has undergone, ennobles every humble duty and stimulates constantly all noble and unselfish aims.

**Love, Marital and Sex Relationship.**--To summarize, love may be thought of in a more general sense as the veteran's affirmation of value. It is the recognition of whatever the veteran considers to be good, valuable, and worthy. Upon return he found it very difficult at first to show love in the way he had previously shown it. Also, re-establishment of sexual life was not easy or rapid, especially if nervous reactions from combat had affected the soldier's libido. Often the veteran found his
wife, unused to a husband, difficult to adjust to his sexual activities, which often were excessive.

**Fear and Hate.**—Fear, too, had many aspects and many degrees in the soldier's life. The unpredictability of the future, the inescapable submission to orders and the fear of the superiors represent chronic insecurities which made it difficult for the veteran. It is evidenced that all veterans had within them abilities for hatred and crime and bestial cruelty. But in most veterans there were constantly strong forces which made them want to build, not destroy, have friends and not enemies. However the situation might have been made worse by repression, restrictions of liberty, regimentation and the harsh military discipline to which all military personnel had been subjected.

**Conclusions**

The data presented in this study seem to support the following conclusions in relation to the problem:

1. The demand for psychiatric service in veteran hospitals and the vastly increased recognition of the psychiatrists' contribution to the treatment of mentally ill veterans have created needs that far outrace the available personnel.

2. The emotional and mental disorders among veterans
constitute by far the biggest medical problem in America today.

3. Even the most dramatic and acute neurotic breakdown is not a sudden development.

4. With the veteran the central problem in acquiring or rebuilding social maturity in a civilian context is that of self-direction and establishment of appropriate goals.

5. Mental health among veterans can be achieved only in an environment which provides opportunities for self-expression, social usefulness and the attainment of human satisfactions.

6. Army psychiatrists have been attempting to utilize techniques for the prevention of poor mental health and provide early treatment for minor difficulties which might become major.

7. The mental-hygiene unit, composed of the clinical team of military psychiatric social workers and military clinical psychologists functioning under the direction and supervision of a military psychiatrist, has been found to be the most effective means of qualitatively evaluating and treating the total personality of the soldier, physically, emotionally and intellectually.

8. The schools and colleges are effective in the
development of wholesome personalities to the extent that they recognize each veteran as an individual who cannot successfully be subjected to a mechanized, stereotyped form of instruction.

Recommendations

In setting up the recommendations for an improved plan of administering psychiatric and rehabilitation service for mentally ill veterans in the United States, the only consideration is the welfare of the veterans. It is hoped through this study that a better opportunity to develop mentally and socially will be offered to mentally ill veterans and that consequently veterans may become better adjusted and able to fit into society as normal, useful citizens.

The recommendations are as follows:

1. That psychiatrists, under government supervision and aid, be increased in number to meet the services needed as evidenced by immediate demands of the veterans.

2. That the immediate pressing need for the correction of the veteran's mental problem be given wider publicity through the use of the motion picture industries, professional magazines, journals, other magazines and newspapers.

Much progress will have been made when every veteran
with problems has been given the opportunity to develop to the fullest those abilities that he possesses and has been administered to in terms of his individual needs.
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