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Psychiatry, Hate Training, and the Second World War

Abstract

During the Second World War, the role of psychiatrists in military training was crucial. The part played by psychiatrists in training young men for combat was of intense interest to the family and friends of service personnel, as well as to men preparing for combat. Fearing that British men would be unable to cope with the rigors of the modern battlefield and heeding the advice of behaviorist psychologists, the military established battle schools. These "schools" or training camps would focus on "battle inoculation" and "hate training." The first battle school was established by the British army in early 1942, and a psychiatrist was appointed to it. The school had two aims: first, to establish a new battle drill to replace older methods of training that had proven unworkable; second, to "condition students to the noise and fog of war" by using live ammunition and high explosives. However, this "hate training" came under sustained attack by psychiatrists and the general public. This article uses the lens of military training to reflect on the uses and abuses of psychiatry in times of national emergency.

November 1945. The war had been over for three months but psychiatrists and the military establishment were still doing battle. What had psychiatrists *really* contributed to the war effort, the commanders asked? Had they been effective in preventing, treating, and managing military personnel, or were they nothing more than a "soft touch" for all the weak, malingering, and slothful remnants in society? Wing Commander Philip H. Perkins' judgment was harsh. He informed readers of the *British Medical Journal* that having been in charge of a large section hospital during the war, he could reliably report that military psychiatrists had become nothing more than "the escape route for Service personnel from anything distasteful." It was "alarming," he wrote, to count the number of servicemen on sick parade who "ask to see the nerve specialist" and had "learnt all the correct answers to the neuropsychiatrist's questionary [sic] well in advance." He concluded his grumbling, however, with a lighter story. One day, he recalled, he came across a Women's Auxiliary Air Force (WAAF) servicewoman wandering about the hallway looking for a specialist. "We have a very nice selection of specialists here," Perkins rather patronizingly informed her, asking "which one did

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you want to see?" She replied, "The specialist in discharges." Assuming that she was referring to a gynecological problem, he noted that

> I directed her to the gynaecologist, but, alas, my intuition was rather like Hitler's, slightly awry; she wanted to see the neuropsychiatrist.

It was a "calamitous folly," he reminded physicians, to "substitut[e] the neuropsychiatrist for the guardroom."[1]

Perkins' anecdote was part of a long series of heated correspondence in the *British Medical Journal* about the role of psychiatry in war. It had been sparked by a withering attack on military psychiatry published a month earlier, on October 13, 1945, by Wing Commander Kenneth G. Bergin. Sending a patient to a psychiatrist, he argued, was not only the "refuge of the diagnostically destitute" physician but also the "first step on the downward path" towards the patient being invalided out of the service. He urged unit medical officers to closely watch psychiatric patients who had been told that they would be discharged from the service. "What a transformation we now behold!" he exclaimed: the

> lame leap for joy, the blind see, and dyspeptics eat large indigestible meals without apparent discomfort. Why this miraculous change? What healing balm has been applied?

The "healing balm" balm was the promise of a safe return to civilian life. The "melancholic result" was the fault of "a system" that

> permits this escape mechanism for those unwilling to bear the heat and burden of the day—a system which lays too much stress on psychological illness and not enough on man's responsibility to his fellows.

Bergin concluded that though he had shown sympathy to such servicemen and women in the past, the war had taught him the lesson that "disciplinary action" was the better response, giving "gratifying results."[2]

The flurry of letters that followed Bergin's intervention revealed real tensions regarding psychiatry in military contexts. Indeed, this article argues, Bergin's concerns were shared by many other groups within British society. There was widespread fear that Britain's manhood was "soft" and conflicting proposals about what should be done about it; debates about how to conduct war in a "civilized" manner raged. Elsewhere, I have analyzed these anxieties in the context of the military establishment, the popular media, and first-person accounts of combatants and their families.[3] In this article, I show that psychiatrists and psychiatric social workers played significant roles in all these deliberations.

One of the problems that commentators like Perkins and Bergin identified was the role of psychiatrists in military training. Yet this issue has received little attention from historians. In recent years, a large historical literature has developed around issues such as psychiatry and war neuroses.[4] There is also a considerable amount of sophisticated research on gender and, in particular, masculinity in the context of war.[5] In addition, many historians have pointed to the importance of the Second World War in the development of the "psy" disciplines. The theories and practices of leading psychoanalysts such as John Bowlby, Donald Winnicott, Melanie Klein, Anna Freud, Susan Isaacs, and

Edward Glover were profoundly affected by the conflict. Historians such as Michal Shapira have explored the role of psychiatrists and psychoanalysts as social actors during the Second World War. In *The War Inside: Psychoanalysis, Total War, and the Making of the Democratic Self in Postwar Britain* (2013), Shapira argues that analysts working within institutional settings such as the children's nursery, juvenile courts, governmental committees, broadcasting, and hospitals "helped make the state increasingly responsible for the mental health and family lives of citizens." In her words, psychoanalysts

> informed new and changing understandings not only of individuals and their health, but also of broader political questions in the age of mass violence and mass anxiety. Psychoanalysts sought to understand the underlying emotional mechanisms that led to violence, so as to advance human well-being, in ways that could secure the furtherance of democracy.[6]

Psychoanalysis both shaped and was shaped by the war and the emergence of the welfare state in Britain.

I agree with her analysis. The extent to which psychoanalysis—and the "psy" professions more generally—influenced wartime and postwar British society is extraordinary. Perhaps the most powerful way they did this was through their emphasis on childhood, youth, and mother-child relationships. Like Shapira, I also take psychiatrists and psychoanalysts "beyond the couch" and into the wider world. In this article, I analyze the part played by psychiatrists in training young men for combat. However, in contrast to the role they played in the institutional settings Shapira focuses on, psychiatrists exerted a far less progressive influence in military camps. In this article, I use the lens of military training to reflect on what Bergin and other men (and they were all men) identified as the uses and abuses of psychiatry in times of national emergency.

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With the advent of war, there was an urgent need to answer one question: what was the most effective way to turn civilian "boys" into martial "men"? Training for the rigors of modern war was crucial. Unlike the First World War, conscription was introduced in Britain immediately with the declaration of war, and by 1942, all male citizens aged eighteen to fifty-one and all female citizens aged twenty to thirty were liable to be called up.

Very quickly, military officers began complaining. Might it be the case that "our young men, after years of peace and pacifist propaganda, need to be mentally fortified by a specially intensive discipline," some commentators asked?[7] One senior officer reported that when he was leading his unit in Belgium in 1940, he asked a soldier why he had set up his machine gun in the open as opposed to behind a thick hedge, to which the Private replied: "Because I didn't want to muck up that nice garden, sir."[8] This simply "wouldn't do."

The malaise was believed to be deep-set. Too many men were "devoid of all sense of duty" and "sickened only by selfish thoughts," claimed the author of a 1945 article entitled "Psychiatry in the Services." He argued that the

> only solution is courage—courage on the part of the medical branch to stand by their convictions; courage among the higher authorities to stand by the

> medical branch and to say so publicly; and, lastly, courage in the hearts of the weak and selfish to face the slings and arrows.[9]

As Richard W. Durand of the London and Counties Medical Protection Society reflected that same year, "the civilization which we have built up" did not promote fearlessness and "pluck." He pointed out that, prior to the war, the mass media had emphasized the "danger of living and the necessity to conserve and preserve life." Groups such as the Safety First Association, as well as advertisements warning against the threats posed by "constipation" and a multitude of "other evils of mankind," meant that "self-preservation" had become "a natural instinct." As a consequence, "courage or the anti-self-preservation factor" had to be forcibly "inculcated."[10] The forms of masculinity required in a time of total war were a world apart from those developed in peacetime.

In a letter to Scottish-born psychiatrist Donald Ewen Cameron on July 18, 1940, C. H. Rogerson put it even more bluntly. He lamented the "moral rot which has permeated European democracy," breeding a fundamental "selfishness" rather than responsibility. Instead of thinking "What can I give," people asked "What do I get?" As a result, they were "afraid of danger and . . . unwilling to do their share in the national effort." The solution, he believed, was to mobilize "aggressive impulses" by encouraging servicemen to think in national terms and by inculcating "pride of country" and of the "country's free institutions," as well as love of one's home under threat. Aggressive sentiments had to be "positively aroused." "To take the crudest form," he continued, "we have not had a single good slogan, or even a good tune to sing since this war began!"[11]

The greatest threat to combat efficiency was guilt in killing. In 1941, distinguished Yale psychologist Irvin L. Child explained that

> In civilian society the deliberate killing of other human beings is fully permitted only to executioners, and for other people in almost all circumstances it is heavily sanctioned.

As a consequence, men required to kill in wartime inevitably reacted with feelings of guilt, which were "detrimental to the individual's morale in carrying out his tasks as a soldier."[12] Writing in *War Medicine* in 1941, Frederick W. Porter made a similar point, arguing that soldiers have to "learn that to kill is commendable." From the first day in training camp,

> he is trained in bayonet drill and in face to face combat; he is taught that to kill is social, commendable, and praiseworthy. This arouses a conflict which psychiatrists meet in many other fields—the conflict between right and wrong, between good and evil, which frequently result in an acute flare-up, catatonic in some cases and psychoneurotic in others.[13]

Psychiatrists were confident that their unique knowledge could help the war project. In the words of psychiatrist H. B. Craigie (who had served in the Middle East),

> The question of morale . . . was of course of fundamental importance: faulty morale, indifferent training, or poor discipline provided a fruitful soil for the

> development of psychiatric breakdown. . . Half-trained, irresolute, incompetent men are useless in modern battle.[14]

Or, as Leonard Sillman put it in *War Medicine*, "even Germany, whose leader carries the distinction of being the most brilliant, although the most malignant, mass psychologist of our time, has employed Jewish psychoanalysis for her war problems." The American and British war effort "cannot afford to ignore the knowledge which psychoanalysts and psychiatrists have about anxiety, panic, aggression, submission, death, fears, etc." To ignore this expertise would be as fatal "to world civilization as was the refusal of the French army to build sufficient planes and antitank defenses."[15]

* * *

The solution that was developed—largely by "zealous" young officers but also with advice from psychologists of the behaviorist inclination—was to establish battle schools. These "schools" or training camps would focus on "battle inoculation" training. The first battle school was established by the British army in early 1942, and very quickly—in February—a psychiatrist was appointed to it.

The school had two aims. First, to establish a new battle drill to replace older methods of training that had proven unworkable. The "outworn pageantry of the parade ground" was useless.[16] As one commentator bragged, the "old theories, the old methods have at last been swept away."[17] Second, to "condition students to the noise and fog of war" by using live ammunition and high explosives.[18] Recruits were subjected to real gunfire and forced on grueling field exercises. The typical instructor was said to be a "burly subaltern of the London Irish who, his shirt torn to ribbons and brandishing a fighting-knife" screamed "Hate! Hate!" at raw recruits.[19] Other slogans yelled were: "Remember Hong-Kong!" "You are suffering now because Hitler raped Europe!" "On, on on! You must push on!" and "We want leaders, not weaklings!"[20] Recruits were shown "German-issued films of front-line battle scenes from Poland and Russia," including "pictures of rotten corpses and ragged stumps of what had once been men" until such sights and sounds became "part of the daily routine."[21] Instructors also attempted to stimulate "excitement" by issuing "blood-curdling cries" and "throwing blood about the training areas."[22] As an unnamed "fighting general" explained, such training was necessary because "the average British soldier is too placid and easy-going": realistic training was a way to "set him alight."[23] Wasn't it obvious that since "the Germans have developed a ruthless system of warfare," the British forces must "match or be beaten"?[24] "Presumably," a journalist for the *Birmingham Daily Post* explained, the training had been introduced "with the idea that one needs to be even more savage to deal with the Nazi than with the old Imperial Army."[25] Reflecting back on these times after the war, another journalist explained that, at the time, "there was something to be said for a form of training which reproduced up to a point the realism of the battlefield." After all, "We were fighting a tough war and needed to get rid of any naïve squeamishness in dealing with a ruthless foe." It was "thought that men habituated to such 'horrors' might settle down more rapidly to the life of action required of them at the front."[26]

From the start, psychiatry was regarded as crucial to the effective operation of battle schools. According to Cabinet minutes,

> it was realized that adequate preparation of this kind, if conducted along correct lines, might act as a preventative to breakdown under battle conditions . . . The psychiatrist, in his advisory position, exerted considerable influence on the development of techniques towards this end.[27]

The psychiatrists who were sent to the battle schools were far from being convinced, however. As early as June, they began issuing warnings about the effects that the dramatic representations and exposures to violence were having on men in the camps. One psychiatrist, who was asked to observe the program with an eye to devising further measures, was appalled, arguing that such training "might increase incidence of breakdown." Indeed, there were "incidents of fainting and vomiting."[28] A technical memorandum released by the Directorate of Army Psychiatry in June 1942 concluded that

> In the course of most wars, individuals or small groups in training or back areas not infrequently become convinced that we must learn to hate the enemy and that blood lust is an important component of combatant morale. Fascinating as this idea is to officers and men who are chaffing over inactivity or struggling with boredom, experience shows that attempts to rouse primitive passions—even if they are successful in overcoming the British soldier's sense of humour—have not been found useful as a method of increasing combatant efficiency.[29]

The report noted that the psychiatrist's views were resisted at the time.[30] Indeed, instructions were circulated saying that "methods for getting men used to the sight of bloodshed" were still "the subject of experimentation, and should not be employed until further instructions." However, this memorandum went immediately on to say that it was "quite safe to give approval for volunteers to visit hospital accident rooms and operating theatres if they were prepared to do this at least six times in succession."[31]

In a technical memorandum issued by the Directorate of Army Psychiatry, an unnamed psychiatrist warned that recruits were already imbued with "exaggerated" images of the "horrors and dangers of war." These men believed that battle was "so overwhelmingly terrifying" that large numbers might logically realize that their only hope was to escape somehow. The author pointed out the "inherent danger" of all attempts to "condition" men, especially by making battle training a "test of toughness." "To shock him by sudden battle effects does no more than convince him of the truth of his inner picture," he wrote, and therefore produces "the effect exactly the opposite to that intended." Instead, the men must be conditioned to combat in "carefully controlled" ways. Training must be

> carefully graded and timed or more harm than good will be done. It must be clearly realized that advanced training is designed, not to frighten men, but to give them an opportunity to realize the emptiness of much of their fear. Each man's mental picture of war should become one of attack with a reasonable chance of success; and the film-built image of shot and shell to right and left, of

> dead and dying comrades, of gas, flame-throwers and high explosives, of tanks in every coppice and of a sky-dark with dive-bombers, must be debunked.[32]

In the words of the author of an article entitled "Military Psychiatry," published in the *British Medical Journal* in 1943, "toughening" training left many recruits "unable to respond to the demands made upon them, and an anxiety neurosis develops."[33]

As we shall see, there was also a major *public* outcry against the training. The debate started in earnest in 1942, when the BBC broadcast a program about the new forms of training taking place in the battle schools. As a journalist for the *Birmingham Daily Post* put it, "for once, the much-abused B.B.C." had done the nation a service.[34] The BBC's program led to a storm of protest by a vast range of people, including psychiatrists, throughout the United Kingdom. General Sir Bernard Paget (commander-in-chief, home forces) was forced to respond. After consulting with a number of psychiatrists (a fact that only became public knowledge in 1947),[35] he condemned the "strong and offensive language" used in the battle schools. His main criticism, though, concerned "the attempt to produce a blood lust or hate": it was positively "harmful to discipline." Paget argued that, not only was there a distinction between "building up of this artificial hate and building up of a true offensive spirit" but that hate training was also "foreign to our British temperament."[36]

* * *

The complaints that Paget was responding to can be summarized under five headings. First, was the training really necessary? After all, men had done impressive service at Dunkirk and Burma, well before the training was introduced.[37] Second, what kind of man would the training produce? People worried that the schools would create "an Army of lust-maddened louts."[38] Or, as another journalist reminded readers, the best soldiers are not those who "'see red'" like "primitive savages" or "hooligans."[39] Even the Scottish Commandos—proudly known for "the toughest [training] given to any soldier in the world"—deeply resented any suggestion that they were "thugs," "glamour boys," or "toughs."[40] The allusion here was to the British Union of Fascists' youth movement, NUPA, with their links to European-style fascism. "True" British manliness had no resemblance to the aesthetics of the Blackshirts.

There was a strong religious component to this objection. Dr. James Hutchinson Cockburn, who had only recently stepped down as moderator of the General Assembly of the Church of Scotland, protested "against the inculcating of personal hatred" on spiritual grounds. It was simply not Christian.[41] In the Lower House of Convocation of Canterbury, Canon A. H. King of Norwich was critical for similar reasons, stating that

> Whatever may happen in hot blood, men feel very differently outside the realm of battle. To stimulate artificial excitement of hot blood seems to break up the work of the chaplains and all that the Christian church stands for.

He noted that army chaplains had been distressed with the training but, since they were "only subordinate officers," had found it "difficult to register a

protest."[42] It turned out that psychiatric men of the mind—although their views had been "resisted"—had more clout than men of the cloth.

Third, heightened emotional states might be counterproductive on the modern battlefield. War demanded "coolness with resolution," insisted a report in the *Birmingham Daily Post*, adding: "Your savage on the battlefield, whether his savagery is innate or cultivated, is seldom cool and not always resolute."[43] The *Western Daily Press* agreed, arguing that inculcating "blood-lust" was "degrading to the soldier," especially since "most military commanders would admit that success in the field depends far more on the moral qualities of the soldier than on any artificial stimulation of the will to kill."[44] As another put it, there was "as much need for coolness and quick thinking as for seeing red. The over-excited soldier who acts wildly is often a hindrance [rather] than a help to his comrades."[45] According to Brigadier-General T. N. S. M. Howard writing in *The Times*,

> What is the use of hating one's enemy? Nothing wears one out so much as hate; and it is lasting power that is needed in war. Moreover, hate merely confuses the mind at a critical moment.

He informed readers that it had "been my duty to handle a [rifle] magazine in close fighting on many occasions," and it was "only calm and determination" that enabled him "to pick off leader after leader and do my bit to win these particular fights." He warned, "All this hating and spraying men with blood is a form of neurosis."[46]

Fourth, there were concerns that "hate training" was un-British. Indeed, it was too closely modeled on Nazi discipline. In the words of one journalist, training "designed to send men into action filled with a bloodthirsty hatred of the enemy" was "at variance with the honorable traditions of British soldiering." Might it not "turn our young soldiers into close imitations of Nazi thugs?" he asked, insisting that Britons found "contempt" more effective than hatred.[47] It was "wholly alien to the spirit which should govern the training of the British army of battle," claimed the *Liverpool Daily Post*.[48] The *Birmingham Daily Post* further contended that it was

> bad psychology because the British soldier, even when he was far from the flower of the nation, never could cultivate savagery. His lapses were accidental, the result of serious overstrain; and our best generals, men like Cromwell, Marlborough, and Wellington, discouraged them—severely.[49]

This "form of training is not very congenial to Englishmen," stated Canon A. H. King.[50] Indeed, the idea that hate training was "foreign to British temperament"[51] even led some to speculate that it was being driven by Russian interests.[52]

These debates about "Britishness" and hate training had an interesting inflection when it came to Scottish regiments. Northern commentators insisted that Scottish troops—with their long "martial tradition"—did not need to "Hate Drill." According to one report, their training was just as tough as those south of the border, but they do not need the "blood, hate, death, and spilt guts" doctrine used elsewhere to encourage the process of "psychological hardening and arousing the fighting spirit." Why didn't they need it? Because Scottish instructors could appeal to "the great traditions of the regiments composing the

division, the flash of the tartan, the challenge of the pipes playing the old war tunes." These things would

> stir Scottish blood more than training methods in which blood is thrown at pupils, bayoneted dummies gush blood, and instructors are constantly exhorting pupils to "Remember Hong Kong" and what will happen to themselves, their wives and families if they don't kill that Hun.[53]

Indeed, one senior officer of the division (described as "tall, fair-headed, with a determined jaw and a parade voice like the crack of a grenade") claimed that there were major "difference[s] in temperament between the Scot and other fighting men. . . . Our aim is fighting leaders, inspired not so much by blinding hate of all things German, Italian, or Japanese, as by a high pride in the great traditions of their country and regiment."[54]

Fifth, this was not the first time that hate training had been tried. As I have discussed elsewhere, similar training had been introduced during the First World War and had also been deemed a failure.[55] Had nothing been learned from that earlier conflict?[56] Indeed, as in the debate about Scottish regiments, "hate instructors" in the 1940s even called the enemy the "Hun," and their emphasis on the threat of rape of "wives and families" also harkened back to First World War propaganda and the "rape of Belgium."[57]

Nevertheless, despite structural similarities between the "hate training" employed during the two world wars, the psychological rationale for these programs was very different. During the earlier war, blood training arose out of implicit notions about human evolution, sometimes updated with the theories of social psychologists William McDougall, Gustave Le Bon, and Wilfred Trotter. This was why Captain H. Meredith Logan, writing immediately after the First World War, argued that instructors who "taught a lust for blood" during bayonet practice were "trying to awaken savage instincts and encourage the strongest emotions of violence."[58] War was an atavistic survival from humanity's primordial history. The "Beast Within" needed awakening.

In contrast, during the 1939–45 war, the rationale for the training was influenced either by the "conditioning" premises of behaviorism or by the (vulgarized) Freudian notion of drives. Major Jules V. Coleman explained the more Freudian rationale. He argued that

> As civilians, it was "thou shalt not kill"; as soldiers they were told to move in on the enemy and destroy him. Such reorientation didn't take place spontaneously; it follows a plan and a pattern.

First, "the mobilization of free-floating aggression" was necessary, and second, anxiety and guilt needed to be controlled. These were distinct but inter-related processes since the "dominance of anxiety and guilt" would inhibit "the appropriate release of aggression" while, at the same time, the "factors which tend to free the channels of aggression" also helped the soldier "control his inner turmoil."[59]

Finally, many were concerned about the potential postwar legacy of such training. This worried the distinguished psychiatrist John Frederick Wilde, who served with the RAMC during the war and had been involved in early attempts to inoculate men to battle. In 1943, he noted that in time of war there were "plenty of outlets for aggressive instincts, either in fact or fantasy." But what

would happen once peace broke out? Everyone possessed an "instinctive aggression," and "that energy must find an outlet, either creative or destructive." He drew analogies from both theology and technology, stating:

> Theologians talk of original sin, meaning, I suppose, that if our potential energy does not direct itself into useful channels, it is bound to find an outlet in what they call evil. An internal combustion engine can be employed usefully in a tractor to produce crops, or destructively in a bomber to exterminate folk.

It was therefore imperative that "peace must also have its normal outlet for aggression."[60] Another commentator was more blunt: "What will happen," he asked, "when thousands of young men, trained to glory in hatred and ruthlessness, return to civilian life after the war?"[61]

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It should not be assumed that everyone disapproved of the more realistic training regimes. Indeed, when the new battle drill was first introduced, journalists in *The Times* as well as other papers wrote about it with breathless wonder. Once criticisms arose, however, the proponents of the new battle drill increasingly made a distinction between the "hate" and the "inoculation" parts of the training. Harry Ashbrook, writing in the *Sunday Mirror* in May 1942, was one fan. He admitted that some "over-enthusiastic young officer instructors" had "allowed their feelings to run away with them." These "manifestations of hate or blood lust" in army training had been eradicated, however. Nevertheless, it was important that soldiers were trained to be "tough, aggressive, formidable in battle." "Let us be frank about the problem," he lectured:

> Think for a moment of the type of fighter our boys will one day face—the Nazi. . . . The sight of a bullet-riddled corpse means nothing to him. Too long has the Nazi been on intimate terms with death. . . . To beat him our men must learn how to fight ruthlessly, fiercely, and scientific ally. The battle schools are going that job. They are teaching the art of killing without hate.[62]

The training was tough—but that was necessary. After a while, Ashbrooke continued,

> SOMETHING IN YOUR BRAIN SNAPS. YOU BECOME PART OF THE WAR MACHINE. THE MUD AND FILTH MEAN NOTHING TO YOU. THE NOISE OF GUNS AND EXPLOSIVES ARE FORGOTTEN. You swing round with your tommy-gun to fire at moving targets. Fire and water cannot stop you. Nothing can stop you. . . . THIS THEN, IS THE TIME TO LEARN THE LESSONS. THE POSTMAN WILL NOT RING TWICE.[63]

In 1944, a Scottish journalist agreed, noting that "battle inoculation" was particularly important when training "the more imaginative" soldier. The "fresher he is to his job and the less inured to any discipline, the more he will benefit," he reminded readers. After all,

> the first glimpse of a tank attack may strike fear into the stoutest heart, but once a man has learnt to take cover in a slit trench in the company of someone

> who "knows the ropes," he no longer feels any paralyzing fear when confronted with this particular weapon.

Just as a soldier "learns to steel himself against the noise of battle," the "familiarity that breeds contempt is inculcated by accustomising himself to explosive charges set off by an expert just, but only just, out of harm's way." He claimed that the training had "wonderful results. . . . it has been found to take the edge off the greatest fear of all, the fear of the unknown."[64] Neither firecrackers nor being fired at with blanks were as helpful in preparing new soldiers as the real thing.[65]

Still other defenders mocked those who proposed "combat lite."[66] In the *Liverpool Evening Express* on May 26, 1942, the editor issued a rallying cry:

> For some time now there appears to have been a revival of the old cry: "Don't shoot the Germans, they're not responsible for Hitler," which is, of course, the sheerest nonsense. Every Luftwaffe bomber crew over Britain, scattering bombs indiscriminately in a rain of hate, are just ordinary Germans who have swallowed the Nazi dope about Hitler and the Germans conquering the world by reason of their own racial superiority.

He acknowledged that those Britons who had suffered under the bombs

> rightly hate all that is German, and will demand when the time comes that these barbarians get their deserts. We hope that one result of General Paget's ban on forms of "hate training"... will not be softening of the offensive spirit.

He sneered at those Britons who "do not understand [the war's] grim and tragic realities" and who suggest that "we should not hate the German people, but rather pity them." He begged Paget and other senior military personnel to "make sure that the Army does not become the chief propagandist of this dangerous policy. . . . There is no room for sentimentality. . . . The army . . . must be hard and tough and it must hate the Germans as the Germans hate everything that is British."[67]

As we have seen, these more hawkish commentators failed to convince Paget, who banned hate training in training camps. This did not stop psychologists from experimenting with forms of "hate conditioning" in treatment regimes for men who had broken down in combat. Films that were "more terrible than any we have seen and far exceed . . . anything the men will encounter in news reels" were employed to "desensitize soldiers" suffering from "combat fatigue." It was said to be effective: it only took twelve showings of a film of Marines invading Tarawa to desensitize the men. All the patients, save one, were described as having "greatly benefited" from the process.[68] J. F. Wilde recalled similar experiments in conditioning men to "the horrors of dive-bombing." He admitted that

> the apparatus was at its first somewhat crude. The patient relaxed on a bed in a darkened room. A model dive-bomber was suspended over his head, and raised and lowered by a string over a pulley, and the appropriate side-effects were produced by violent kicks on a tin bath under the bed. [69]

Later devices were more realistic.

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In the end, however, *all* soldiers needed to be hardened and, in the words of the author of a 1947 article entitled "Training in Hate," combatants could not afford to be "deterred by mawkish sentiment from administering rough treatment to the enemy."[70] However, not everyone believed that psychiatrists could help change a soldier's mind-set. Some criticisms took a defensive tone: psychiatrists in the military hadn't been given an opportunity to shine. What serious psychiatric screening could be done if doctors were only allocated between three and five minutes to examine each recruit?[71] It was even claimed that psychiatric screening often degenerated into simply asking four questions: How do you feel? Have you ever been sick? Are you nervous? How do you think you will get along in the Army? It is probably apocryphal, but some recruits even claimed that they were only asked one question: Do you like girls?[72] There were also problems of information-gathering since "early symptoms" that might have warned a psychiatrist of a potential problem with a soldier were routinely labeled "problems of discipline or ineptness" until too late.[73] The number of psychiatrists was inadequate anyway. Worse: many had "little acquaintance with milder psychiatric cases that are not seen in hospitals."[74]

In addition, psychiatry held an ambiguous status in society at the time, and was never fully accepted by the generals. As the secretary of state for war noted in a private letter in 1942, it was unwise to publish a report on the use of psychiatry in the military since such an announcement "might not only mislead the general public but also cause some alarm and despondency in the Army itself by giving undue emphasis to psychiatric and psychological methods."[75] Many people—military and civilian—had only a very vague understanding of the distinction between psychologists, psychiatrists, and psychoanalysts. In a Cabinet paper in 1942, the author even had to explain what psychoanalysis *was*, and at least one newspaper report felt that it was necessary to teach readers how to pronounce "psychiatry" ("sy-ky-atry") correctly.[76]

Other commentators were more critical, disputing the effectiveness of psychiatric methods in selecting, training, or curing recruits. In 1943, Leonard Sillman attacked fellow-psychiatrists for assuming that all people were "intellectuals" like themselves. Because physicians tended to have "a strong sense of moral duty," reacted "emotionally to facts and data," and were "morally decent and peace loving," they were therefore "unable to visualize the necessities of war." As a consequence, they were "blocked regarding the psychological necessities of war" and inevitably failed to realize that "to affect the emotional life of most persons and thus rouse them to the desire of killing the enemy demands skillful, coordinated presentation of the scenes, raw and gory, behind 'the facts and figures.'"[77]

Sillman was attacking "from within" the profession. Outsiders wondered whether psychiatrists were simply "trick cyclists": might watching the way recruits played a game using dominoes be just as accurate in judging whether they would make good airmen as more complex—and time consuming—psychiatric methods, they asked?[78] Colonel Amos R. Koontz in "Psychiatry in the Next War" (1948) was also scathing about the ability of psychiatrists to help screen combatants. He argued that even the most highly trained psychiatrist could not predict a man's conduct in battle. He reminded readers that

> We have all seen quiet, timid, almost mousey little men behave like lions in combat. On the other hand, we have all seen swaggering braggarts turn out to be miserable cowards when the crucial test came.

Giving psychiatrists the power to eliminate men from service was leading to a "waste of manpower," he insisted.[79] In an article in *Psychiatry* in 1946, Meyer Maskin (who had served as a major in the war) was similarly unflattering. Psychiatry, he wrote,

> cannot surcharge men to fight or to persist indefinitely in the stress of modern war; it has developed no effective field method to ameliorate disabling anxiety; nor will it reduce the sum of pension debentures [sic] after this war. Psychiatry is a medical specialism whose only valid claim is its capacity to improve certain mental illnesses by a more or less long method of personality re-education.

His conclusion was witty, if damning: "Military psychiatry must distinguish between its accomplishments and its pretensions."[80]

Other critics drew attention to the intrinsic tension between peacetime psychiatry and its wartime counterpart. The latter's "first duty" was "to consider the efficiency of the Service," noted Squadron Leader P. R. Kemp.[81] The role of psychiatrists in war was to cure men of the "delusion" that the enemy was a person who "probably had a wife and children, a mother and sisters and brothers, just like himself"—an idea alien to civilian psychiatric practice.[82] Lieutenant General Neil Cantlie of the Royal Army Medical Corps was blunt about the need for Army psychiatrists to not only have a "good knowledge of human nature" but also to have "a grounding of the military responsibilities of his job. He must remember that when one man is allowed out of the front line, his place has got to be filled by another man who must go to be killed." The most important role of psychiatrists was to "maintain the fighting strength, and not to justify his existence by the number of cases disposed of to the base."[83] As Philip S. Wagner reminded readers of *Psychiatry* in 1946, military psychiatrists

> had to be concerned primarily with whether additional combat usefulness remained in a man, not with "cure" nor with solicitude for the psychic pain he would have to endure to serve a few more combat days, not even with speculations on the eventual consequences to his personality.[84]

Wartime psychiatry had little time for introspection and the encouragement of self-awareness. It was resolutely focused on practical concerns defined by military needs. In the words of Eli Ginzberg, psychiatrists in the military needed to "recognize that they had to temper their humanitarian approach to the individual patient" with concern for the larger unit.[85]

This point may be further illustrated by returning to the debates I discussed earlier about battle training. As mentioned, psychiatrists believed it was their duty to facilitate a restructuring of the individual's psyche in order to legitimate aggression and minimize the psychic conflicts that went with it: in other words, to enable men to kill. With this aim in mind, in 1943, John Thomson MacCurdy (who was famous for his work on shell-shock during the First World War), presented a case study of a young recruit who did well in military training but became extremely upset and sick when told to stick a bayonet into a straw

dummy's guts. For MacCurdy, the difficulty could probably be traced back to his childhood. In childhood fights, he was humiliated and was called a "cry-baby." As a result, he developed a "horror of violence, particularly of bloodshed." As an adult, he was self-confident and, MacCurdy approvingly noted, neither neurotic nor pacifistic. But he could not fight. MacCurdy advised the military authorities that threatening, punishing, or otherwise coercing the soldier would only increase his anxiety. Rather, the best thing to do was to interview the "culprit" [sic], ask him about similar difficulties he had experienced and attempt to make the "association . . . fully conscious, thus enabling the patient to deal with it in a human, rather than an animal, way." He then had to be taught

> that a bayonet will not punch him in the nose, which was what he was unconsciously afraid of. He should practise jabbing his bayonet at an archery target or something similar which does not resemble a human body. A sympathetic instructor should teach him the parries and thrusts with wooden implements that manifestly could not make penetrating wounds. Above all, the instructor should allow himself to be defeated in such mock combats, putting up just enough resistance to prevent the unreality from becoming ridiculous. If the pupil can learn to make the various movements automatically and without fear, he can be brought gradually to use the real weapon confidently. But—and here was the problem—MacCurdy admitted that such re-education was time-consuming.[86]

The final criticism of military psychiatry in wartime was the most antagonistic of all: might psychiatry be part of the *problem*, rather than a solution? This argument took many forms, the most prominent of which focused on the stance taken by many military psychiatrists toward malingering and cowardice. Psychiatrists during the Second World War routinely argued that men who were unwilling or unable to fight were suffering from a psychiatric condition. In the words of psychiatrist George S. Stevenson in 1943, malingering was not a matter of "faking disability by an otherwise sound and potentially good soldier" but was rather evidence that the man was "psychopathic."[87] Although arguing from a more Freudian position, A. Balfour Sclare, psychiatrist in the RAF Volunteer Reserve, agreed. A physician didn't have to know much about Freudian principles to recognize how psychoneurotic symptoms developed. He concluded that it was "high time we realized that emotional illness can be just as severely incapacitating as organic illness."[88] For many senior military officers, the problem with pathologizing malingering was that psychiatrists were providing a way for cowards to escape responsibility. Had psychiatrists become "the porter at the back door," asked the secretary of the Medical Protection Society?[89]

* * *

One response to criticisms about their role in providing cowards and malingerers with a way to evade service was to become tougher. Indeed, in the course of the war, many psychiatrists returned to moral treatments and behaviorism, a position emphasized time and again in reflections about military psychiatry in the immediate postwar period. For example, in one military hospital, all neuropsychiatric patients were sent to the "closed ward for disturbed and suicidal patients" simply as "a chastening experience." In another hospital, "hysterical

paralyses were treated by electric stimulation gradually increased to the point of pain." One patient even threatened to kill the officer in charge of the "torture."[90] Colonel Amos R. Koontz represented another extreme. In "Psychiatry in the Next War" (1948), he defended sterilizing men whose psychiatric conditions meant that they were unable to serve in the war. "If such men found that they were to be sterilized, would not the cases of 'nervous fatigue' and 'anxiety state' markedly diminish?" he asked. He continued:

> Why should such people be allowed to procreate another race of the same ilk while their neighbors are away fighting for their country?. . . Some might argue that one might just as well say that men with physical defects, such as amputated limbs, should also be sterilized because they cannot go to war. Such an argument is insupportable because we all know that amputated limbs are not inherited, while mental characteristics are. Is it not time that our country stopped being soft and abandoned its program of mollycoddling no-goods?[91]

The "new authoritarianism" of some psychiatrists led to an equally strong defense of psychiatry in war. Indeed, responses to Bergin's letter of 1945—with which I began this article—often claimed that Bergin was being too negative about the war record of psychiatry. Squadron Leader (RAF) A. Harris, for example, accused Bergin of having a "disarmingly naïve outlook." He cited evidence of the "unfortunate consequences" of treating psychiatrically unwell patients as malingerers and stated that it was factually incorrect to claim that they were cured upon returning to civilian life. Bergin, he argued, was letting his "judgement . . . be influenced by his moral indignation at the gain that the neurotic may derive from his illness."[92] Writing from Cambridge, W. E. Hick also urged psychiatrists to be both kindly and sensible. Hick admitted that psychiatrists were liable to "feel annoyed" when they suspected that their patients were attempting to trick them, which is why they often responded with "a more or less indiscriminant outburst of severity." This was only natural, but it was "better to be fooled occasionally than to be unjust to an honest man." When addressing the question of how should a psychiatrist separate "the wheat from the tares," Hick made three suggestions, wittily labeled "The Sign from Heaven," "The Geographical," and "The Police Method." The first of these was simply "clinical intuition or diagnostic acumen." The second was based on his view that "certain parts of the British Isles seem to maintain steady streams of 'bad eggs' to the Services." He most probably meant Ireland. Finally, "The Police Method" relied on "information received" and "catching the accused out in contradictory statements." "Moral superiority" was "not an attitude that becomes us," he observed. It was better, he counseled, "to take what the man will give rather than break him because he will not give you what you want"[93]

The most powerfully argued repudiation of the "new authoritarianism" in psychiatry came from William Needles. In an article in the 1946 volume of *Psychiatry*, Needles lambasted the cult of "return to duty" statistics, quotas for getting men back to the front lines, and the failure to follow-up on what happened to patients after evacuation. He reflected on the cruelty of one "dynamic, chest-thumping psychiatrist, who had never been exposed to anything more than a toy pistol" embarking on "pep talk number three" as he "harangued a

combat-ridden soldier about the necessity of 'standing up like a man.'" The title of his article told it all: "The Regression of Psychiatry in the Army."[94]

* * *

This dismal story of "hate training" is primarily a British one. Although American psychiatrists and psychologists weighed in with their views and assessments, they never introduced such emotion-driven practices in preparing their recruits for battle. In large part, this was because of the late entry of the United States into the war and, especially, into battle. By the time American troops were preparing for combat, the failures of the British experiment were clear. There was also a lesser strain of "hate" in the American war context, despite Pearl Harbor. American psychiatrists watched the British descent into "hate and blood training" from a safe distance. At the time of the training discussed here, 43,000 British civilians had been killed: American losses were small by comparison. The American armed forces adopted some elements of "realism" training while jettisoning the more extreme and emotionally damaging aspects.

In contrast, while British psychiatrists were conscripted into the war effort like every other fit and sane citizen, they struggled to define their role outside of the treatment of clearly mentally-ill service personnel. Even in that field, they were criticized for confusing the mentally ill with cowards and malingerers. Their role in military training was equally ambivalent: they promoted it and then became its chief critics. Robert Henry Ahrenfeldt, author of the classic text *Psychiatry in the British Army During the Second World War* (1958), summarized the failure of hate training by noting that it encouraged "uninhibited primitive instinctual and sadistic trends and blood-lust." These emotions were "as 'unnatural' as they [were] undesirable manifestations in emotionally mature citizens of contemporary societies in Western civilisation." It was also "foreign to our national character."[95] As another commentator put it, the "old fashioned" view of regarding the soldier as "a bundle of conditioned reflexes, a belly, genitalia, and a pair of feet" had to be discarded.[96] Only a sense of duty, spurred on by fears about what would happen if the Axis powers triumphed, would enable British men to put aside their emotional aversion to killing.

Endnotes

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