

The Contribution of Army Psychiatry to Morale and Leadership in World War 2

H Thomas de Burgh

Department of Community Mental Health Aldershot, Aldershot Centre for Health,
Hospital Hill, Aldershot, Hants GU11 1AY, UK.
Email: hugo.deburgh946@mod.gov.uk

Abstract

Army psychiatry in the World War 2 contributed to military operations in a range of ways which did not involve the treatment of psychiatric casualties. Army psychiatrists were part of the maintenance of morale at strategic and tactical levels as well as the selection and training of officers and specialist personnel. Little has been written about these activities and many of the sources have not been examined before.

This article focuses on the contribution of army psychiatrists to leadership and morale, how psychiatrists became involved in these activities, and what contribution they made to military operations. It argues that psychiatrists, many of them associated with the Tavistock Clinic in London, came to operate within the army because of their ability to relate pragmatic social psychiatry to the army's needs and because many were highly motivated individuals who recruited influential supporters. Army psychiatry in this period was a vibrant area of military medicine which furthered the extension of scientific and psychological ideas into everyday life.

The British Army experienced crises of manpower, leadership and morale; army psychiatry pioneered the solutions. Ultimately, psychiatrists contributed to military operations by building the moral component of fighting power: the ability of an army to get people to fight, which is based on good morale and leadership.

Keywords

Army, Psychiatry, Military, Morale, Leadership, Selection

Introduction

Most study of military psychiatry in World War 2 (WW2) has focussed on psychiatric treatments with the work of psychiatrists in other spheres receiving scant scholarly attention. British Army psychiatry in the WW2 is an important part of the story of how military medicine contributed to increasing military efficiency in industrialised societies in the twentieth century.

Psychiatrists working in the army, and with the services more widely, were elements of the civilian-military-industrial complex described by David Edgerton.¹ The emergence of army psychiatry is an example of the extension of medical authority into new spheres of military discipline and administration.² The involvement of psychiatrists prompted organisational changes within the army that were contested and the debates reveal attitudes towards modernity, medical professionals and social class.

Although the military application of psychology and psychiatry was undertaken at far greater scale during WW2 than previously, World War 1 (WW1) and shell shock dominate the history of military psychiatry. For many years, the only published accounts of army psychiatry in WW2 were those of doctors who had served in it. More recently, historians have focussed on clinical aspects or treated WW2 military psychiatry only as part of larger histories of psychiatry or of the development of concepts of psychological trauma in war across the nineteenth and twentieth centuries.³

Jones and Wessely's work, which spanned the period from 1900 to the First Gulf War (1990-91), questioned the claims of successful treatment made by army psychiatrists during and immediately after WW2, considering the importance of positive reports in justifying the activities of this emergent specialty to army commanders who viewed it with scepticism.⁴ Ben Shephard considered the work of army psychiatrists of WW2 in the context of changing attitudes to soldiers and mental illness over a century.⁵ Beyond the army, Michal Shapira, exploring psychoanalytical psychiatrists' increasing involvement in state institutions, has argued that military psychiatrists contributed to the emergence of the welfare state.⁶ Military psychiatry is an important part of the history of the emerging medical specialty of psychiatry and,

¹ Edgerton D. *Britain's War Machine*. London: Penguin; 2012.

² French D. *Raising Churchill's Army: The British Army and the War against Germany 1919-1945*. Oxford: Oxford University Press; 2000.

³ Jones E. Historical approaches to post-combat disorders. *Philosophical Transactions of the Royal Society of London B: Biological Sciences*. 2006; 361(1468): 533-542.

⁴ Jones E, Wessely S. *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*. New York, NY: Psychology Press; 2005.

⁵ Shephard B. *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*. Cambridge, Mass: Harvard University Press; 2003. p.234.

⁶ Shapira M. *The War Inside: Psychoanalysis, Total War, and the Making of the Democratic Self in Postwar Britain*. Cambridge: Cambridge University Press; 2013.

more widely, to the extension of scientific ideas and of psychological concepts into everyday life.⁷

The present study draws on government records, little used private papers and films, published first-hand accounts and official histories to elucidate the contribution of army psychiatrists to leadership and morale, how they came to be involved, and the impact of their work. This article argues that psychiatrists, many from the Tavistock Clinic in Hampstead, London came to operate within the army structure because of their ability to relate pragmatic social psychiatry to the army's needs and because many were highly motivated individuals who recruited influential supporters within the army.

The British Army experienced crises of manpower, leadership and morale; army psychiatry pioneered the solutions. Ultimately, psychiatrists contributed to military operations by building the moral component of fighting power: the ability of an army to get people to fight, which is based on good morale and leadership.⁸

How psychiatry came to be part of the army

While many discussions had been had in the interwar years about how best to avoid the calamitous number of cases of, and pensions for, shell shock which WW1 had generated, the army had little in the way of psychiatric provision in 1939.⁹ Interest in the application of psychiatry and psychology to industry had emerged in the 1930s with psychiatrists increasingly claiming expertise over the workings of the mind as the essential equipment for an efficient workforce.

There were several psychiatric screening programmes in the USA ranging from immigrants entering at Ellis Island to children at Child Guidance Clinics based on IQ-testing. Building on this, US military psychiatrists conducted a huge screening programme in WW2, which involved 3,000 psychiatrists, examined fifteen million men and rejected two and a half million of them for service.¹⁰ The programme was based on brief interviews to determine personality and a subjective assessment of tendency towards combat breakdown.¹¹ By 1943 it transpired that those which the scheme had sent to war had an unacceptably high rate of combat breakdown and, once supplies of manpower were exhausted and those whom the scheme had rejected were drafted, eighty per cent were demonstrated to have given satisfactory service.¹²

⁷ Harrison M. *Medicine and Management of Modern Warfare: An Introduction*. In: Cooter R, Harrison M, Sturdy S (eds). *Medicine and Modern Warfare*. Amsterdam: Rodopi; 1999. p.2.

⁸ Ministry of Defence. *Land Operations. Army Doctrine Publication AC 71940*. Warminster: Land Warfare Development Centre; 2010.

⁹ Shephard. *A War of Nerves*, 2003 (Note 5). p.166-168.

¹⁰ Greene R. *The role of the psychiatrist in World War II*. Unpublished doctoral thesis. Columbia University; 1977. p.32-37 & 69-78.

¹¹ Shephard. *A War of Nerves*, 2003 (Note 5). p.198-201.

¹² Egan JR, Jackson L, Eanes RH. A Study of Neuropsychiatric Rejectees. *Journal of the American Medical Association*. 1951; 145: 466-469.

Consequently, the programme was abandoned amid severe criticism.¹³ While the British Army psychiatrists' approach to manpower allocation was based largely on intelligence testing, and was therefore different, they were influenced by this new approach to social medicine, preventative psychiatry and mental hygiene.

Certain psychiatrists, many from the Tavistock Clinic, saw themselves as the answer to emerging criticisms of the army's reactionary and undemocratic leadership culture.¹⁴ The Tavistock Clinic had been founded in Tavistock Square, London in 1920 by Hugh Crichton-Miller (1877-1959), a physician who had treated shell shock in WW1. It still exists today, but in Hampstead, having expanded its clinical work when it joined the NHS in 1948 and later combining with the adjacent Portman Clinic in 1994. These psychiatrists formulated the challenges for the army as being in the realm of interpersonal relations and their approach was an unconventional blend of psychoanalytic schools of thought drawing on Sigmund Freud (1856-1939), Carl Jung (1875-1961), Alfred Adler (1870-1937) and the French Schools.¹⁵ Beyond the expertise of psychologists who could contribute intelligence testing, psychiatrists promoted their ability to assess an individual's personality. They initially proposed themselves as having a pragmatic approach widely applicable to selection for employment which would remove irrationality and give the army the right person for the job.

Tavistock psychiatrists effectively infiltrated the British Army because they were a cohesive group, found influential supporters and had some highly resourceful members. While psychiatrists from the Tavistock were not in the majority across the army, they were disproportionately represented in the leadership and exerted the major influence on army psychiatry in the realms of morale and leadership. Psychiatrists from the Maudsley Hospital in London, which had originally opened as a military hospital for war neurosis in WW1, were more involved in clinical care and generally entered the Emergency Medical Service, a wartime network of hospitals run by the Ministry of Health to provide care for persons injured by enemy action. Distrusted by true psychoanalysts as well as the mainstream medical or psychiatric establishment, the Tavistock psychiatrists were a close-knit group.

At the beginning of the war the Tavistock Clinic was evacuated from its central London location to Hampstead, occupying a hall of residence of Westfield Women's College. John Rawlings Rees (1890-1969), medical director of the Tavistock until he joined the army, lived there throughout the war as did psychiatrists Henry Dicks (1900-77), who later wrote a history of the clinic, Steven MacKeith (1906-95) and Ferguson Rodger (1907-78) when posted to London.¹⁶ They were sufficiently close that in 1939 the doctors decided to pool the incomes from their Tavistock practices to support those who were on meagre service pay.¹⁷

¹³ Jones E, Hyams KC, Wessely S. Screening for Vulnerability to Psychological Disorders in the Military: An Historical Survey. *Journal of Medical Screening*. 2003; 10: 40-46.

¹⁴ Crang J. *The British Army and the People's War, 1939-1945*. Manchester: Manchester University Press; 2000. p.1 & 21-23.

¹⁵ Dicks HV. *Fifty Years of the Tavistock Clinic*. London: Routledge & Kegan Paul; 1970.

¹⁶ Dicks HV, John Rawlings Rees, *Munk's Roll*, 1969; 6: 387.

¹⁷ Dicks. *Fifty Years of the Tavistock Clinic*, 1970 (Note 15). p.96.

When, in early 1939, Rees was invited to become the Consulting Psychiatrist to the Army at Home, he harnessed his allies to make the case for a new system of manpower allocation based on psychological ideas. An aspect of his approach was to highlight how much more advanced the German adversary was in this regard; Sir Francis Freemantle (1872-1943), a physician and MP, suggested during a House of Commons debate in February 1942 that psychiatric advice on selection at entry and at high levels of command enabled the German army to be commanded by ‘young, promising, active able heads and chiefs’.¹⁸ Rees forged connections with General Sir Andrew Thorne (1885-1970), General Officer Commanding (GOC) XII Corps and Scottish Command, who had suggested improving selection procedures after observing the German schemes while military attaché in Berlin before the war but had been dismissed as the ‘bloody Freud of the British Army’.¹⁹

Rees also forged connections at more junior levels, including sometimes with guile. He arranged for Eric Wittkower (1899-1983), another Tavistock colleague, to have a document on German selection procedures when he ‘bumped into’ the Assistant Adjutant General Colonel Frederick Vinden (1895-1977), a professional soldier with reforming tendencies who was returning from a disappointing visit to the Command Interview Boards which, at that point, selected officer candidates.²⁰ Vinden went on to support several of the psychiatrists’ trials of novel methods of officer selection that paved the way for the new War Office Selection Board (WOSB).²¹ Becoming a firm advocate of these, Vinden later introduced them in the Indian Army where he was appointed Director of Selection and Personnel.

To some extent, Rees sought out officers with intellectual interests, left-wing leanings or reforming zeal, such as Colonel Rowan Rait-Kerr (1891-1961) and Colonel Dick Rendel (1887-1986). Rait-Kerr, who was president of a WOSB and later commanded the Research and Training Centre, was known as one of the ‘red colonels’ for his passion for army welfare and joined the Council of the Tavistock Clinic after the war. Rendel, a nephew of Lytton Strachey (1880-1932) and connected with the Bloomsbury group, worked with psychiatrists on selection boards at the Civil Resettlement Unit headquarters and later in the Control Commission for Germany as commandant of the centre for selecting future German leaders at Bad Oeynhausen.

Rees’s most important connection was forged with General Sir Ronald Adam (1885-1982) who later became Adjutant General (AG). Adam’s interests in education and improving living standards represented what his biographer called a radical strain of British liberalism.²² Adam, believing that education was central to morale, formed the Army Bureau of Current Affairs (ABCA) and an organised programme of

¹⁸ HC Deb 19 February 1942, vol. 377, col. 1958-64.

¹⁹ Rees JR. *The Shaping of Psychiatry by War*. London: Chapman & Hall; 1944. p.67.

²⁰ Vinden FH. The Introduction of War Office Selection Boards in the British Army: A Personal Recollection. In: Bond B, Roy I (eds). *War and Society: A Yearbook of Military History*. London: Routledge; 1977. p.119-218.

²¹ White A. *From the Science of Selection to Psychologising Civvy Street: The Tavistock Group, 1939-1948*. Unpublished doctoral thesis. University of Kent, 2016. p.54-55.

²² Broad R. *The Radical General: Sir Ronald Adam and Britain's New Model Army 1941-46*. Stroud: The History Press; 2013. p.167 & 203.

education delivered by the Army Education Corps. The later gibe that this corps' only battle honour was the 1945 election epitomised concerns held by some ministers about left-wing views in the army's educational programme.²³ It was, therefore, these shared interests and a degree of political alignment which brought together certain professional soldiers and Tavistock psychiatrists.

The early team of psychiatrists also had attributes which endeared them to military commanders: Ronald Hargreaves (1908-62), for example, was exceptionally able and educated himself in 'all army matters from the history of regiments to King's Regulations, from staff structure to weapons training'. Hargreaves succeeded in impressing Adam while the latter was GOC Northern Command and, together with Rees, persuaded Adam to create the Directorate of Selection of Personnel. Dicks and Wittkower were fluent German speakers, the latter having trained and practised in Germany until 1933.²⁴ Major Wilfred Bion DSO (1897-1979), who had been a tank commander in WW1, was able to bring authority and shared experience to discussions with sceptical regimental officers. Dicks believed that 'it was the impressiveness of this first group of Tavistock men' who made up a significant proportion of the army's psychiatrists working in this area, which "sold" the idea of respectability of dynamic psychiatry'.²⁵

At the instigation of Rees, with the support of General Sir Alexander Hood (1888-1980), Director General Army Medical Services (DGAMS) 1941-48, a Command Psychiatrist was attached to the medical headquarters of each command in the UK by April 1940. By the end of the year each command increased its establishment to between three and fifteen Area Psychiatrists. Command Psychiatrists were also appointed to overseas theatres including the Middle East, India, Gibraltar, North Africa, Malta, West Africa, and East Africa by 1943. Rees convinced the War Office while his allies asked challenging questions in parliament to set the conditions for an enlarged psychiatric department throughout 1941.²⁶

The increased interest in the prevention of disease after WW1 had led to the formation of directorates of hygiene and pathology within the Army Medical Service. The formation of Army Medical Directorate 11 (AMD11) as an independent directorate in 1942 demonstrated the perceived potential impact of psychiatry in the prevention of illness. Of its three branches, AMD11(A) would oversee psychiatric aspects of 'morale, discipline, training and equipment' and AMD11(B) would deal with psychiatric aspects of recruiting, selection, grading, allocation and transfer or

²³ Field G. "Civilians in Uniform": Class and Politics in the British Armed Forces, 1939-1945. *International Labor and Working-Class History*, 2011; 80(1): 121-147.

²⁴ Sutherland JD. Henry Dicks. *Bulletin of the Royal College of Psychiatrists*, 1977; 1: 6-7.

²⁵ Dynamic psychiatry is based on the study of emotional processes, their origins, and the mental mechanisms underlying them. Unlike descriptive psychiatry, which is based on the study of observable symptoms and behavioural phenomena, it is based in psychodynamic theory; Dicks. *Fifty Years of the Tavistock Clinic*, 1970 (Note 15). p.106 & 118.

²⁶ Ahrenfeldt R. *Psychiatry in the British Army in the Second World War*. London: Routledge; 1958. p.19.

officers and other ranks.²⁷ The primacy of preventive measures to foster mental health and efficiency was clear.²⁸

The DGAMS appointed as first Director of Army Psychiatry and head of AMD11 Colonel, later Brigadier, Hugh Sandiford MC (1892-1958), a regular officer with qualifications in hygiene who, while not a psychiatrist, was better placed than temporary officers to integrate the directorate with the medical services and the War Office.²⁹ DGAMS was supportive of the work of Tavistock psychiatrists and was likely influenced by Rees in appointing AMD11's deputy assistant directors from the Tavistock Clinic, Tommy Wilson (1906-78), Hargreaves and Rodger.

As well as being employed at AMD11 and at area, corps and army group formations, psychiatrists were also employed within the Directorate of Biological Research, the Directorate of Selection of Personnel, and assigned to the Judge Advocate General, the Director General of Welfare and Education, the Directorate of Prisoners of War, and to training or intelligence units.³⁰

Morale and leadership

From the outset psychiatrists were employed in a role which went beyond the treatment of psychiatric casualties. At higher formations, Army and Army Corps levels psychiatrists advised on morale. The Director of Army Psychiatry had a permanent place on the AG's Morale Committee. The committee consisted of representatives from the Vice Chief of Imperial General Staff and Quartermaster General, the DGAMS, the Director Auxiliary Territorial Service and the Chaplain General, together with representatives of all the home commands.³¹

Psychiatrists were involved in decisions regarding the frequency of mail sent overseas, the type of news transmitted to troops overseas, welfare problems relating to familial separation, and morale matters arising from the sometimes-fractious relationship between British and allied or dominion armies. From the Morale Committee, the senior army psychiatrist came to be involved in the Anglo-American Relations Committee, the Army Broadcasting Committee and the Army-BBC Liaison Committee. He also acted as adviser to ABCA which supplied a programme of general education to service personnel including current affairs, citizenship and post-war reconstruction.

²⁷ Crew FAE (ed). *The Army Medical Services: Administration, Vol. II*. London: HMSO; 1955. p.469; AMD11(C) dealt with clinical policy and research, psychiatric clinics and hospitals, liaison with the relevant Ministries and the Emergency Medical Service, and psychiatric aspects of medical boards.

²⁸ Committee on the work of Psychologists and Psychiatrists in the Services. The National Archives (TNA). CAB 21/914. A note by the Joint Secretaries of the Expert Committee, undated.

²⁹ Anon. H.A. Sandiford MC, *British Medical Journal*. 1958; 2(5094): 513-514.

³⁰ War Office. Memorandum on A.M.D., D.S.P. Psychiatrists. TNA. WO 222/219.

³¹ Adam RF. The Papers of Gen Sir Ronald Forbes Adam, 2nd Bt (1885-1982). The Liddell Hart Military Archive, King's College London. Adam 3/13. Ch 6, GB0099 KCLMA Adam.

AMD11(A), initially run by Wilson and then taken over by Hargreaves in November 1942, had a role in commenting on films being prepared by the Directorate of Army Kinematography (DAK). Psychiatrists were principally involved in the scripts but did not hesitate from advising on details such as the effects of camera angles on the viewer. One recommendation was that scenes shot with the viewers at the operator-end of a gun or tank, rather than having weaponry pointing or firing at them, would be better for the morale of a military audience.³²

In response to poor morale in army recruits, apparent to the Morale Committee and reported in the press, army psychiatrists commissioned a film in September 1942 to contribute to the emotional training of recruits and promote 'mental hygiene'.³³ *The New Lot* was made by DAK and directed by Carol Reed (1906-76) from a script by Eric Ambler (1909-98) and Peter Ustinov (1921-2004). It showed some of the challenges of military life, such as separation from family, and how these might be dealt with, as well as how repetitive and dull aspects of training could lead to professional pride, camaraderie and a sense of purpose.³⁴

Brigadier GWB James (d1968), consulting psychiatrist to the Middle East, used the film to illustrate group dynamics when lecturing medical students, showing how a group of recruits could be welded into a team in which 'individual members are often able to submerge their fears and come triumphantly through the trials of battle'. Good training meant reducing 'the problem of neurotic breakdown' and so the film was 'an example of new work [of social medicine] in which the army is showing the way to a wider conception of medicine'.³⁵

Adam was supportive of the film and saw it as going some way to address the problem of transforming huge numbers of young men into a citizen army. The film was not entirely well received: The Director of Military Training (DMT) thought the grumbling of the recruits unsoldierly and a discussion between the recruits on how Britain should be rebuilt after the war carried the whiff of socialism.³⁶ Here the views of the psychiatrists Hargreaves and Wilson aligned more with those of the filmmakers than of most senior professional soldiers. It is not clear whether much use was made of the film in training as Ambler and Ustinov's memoirs present different views.³⁷

At the suggestion of Hargreaves and Wilson, however, the themes of *The New Lot* were expanded in a commercial film *The Way Ahead* which aired on D-Day and starred David Niven (1910-83).³⁸ For this film the psychiatrists outlined the themes and collaborated closely with the scriptwriter. In showing an officer displaying kindness and fairness to his men as well as consideration for their personal problems,

³² Committee on the work of Psychologists and Psychiatrists in the Services. The Work of Army Psychiatrists in relation to Morale, Jan 1944. TNA. CAB 21/914; Ahrenfeldt. *Psychiatry in the British Army*, 1958 (Note 26). p. 222.

³³ War Office. A.M.D. 11. War Diary. TNA. WO 165/129. 25 Apr 1945.

³⁴ *The New Lot*. [Film]. Director: Carol Reed. Army Kinematograph Service; 1943.

³⁵ James GWB, "The New Lot": a military mental hygiene film for recruits, undated. Wellcome Collection Archives (WCA). GC/135/B.1/3.

³⁶ Smither R. The New Lot Renewed. *Journal of Film Preservation*. 1997; 26: 21-26.

³⁷ Mackenzie SP. *British War Films, 1939-1945*. London: Bloomsbury; 2003. p.115.

³⁸ *The Way Ahead*. [Film]. Director: Carol Reed. Two Cities Films; 1944.

concern for the treatment of civilians and physical courage, it demonstrated how a citizen army could coalesce and be led, as it had been in WW1.³⁹ One of its main themes was to illustrate a 'proper officer-man relationship' and the emotional rewards of serving and leading as an officer.⁴⁰

Overseas, where Tom Main (1911-90) was psychiatric adviser to the DMT Middle East between September 1942 and May 1943, psychiatrists' work was valued.⁴¹ He promoted the importance of welfare and highlighted the challenges of prolonged separation.⁴² Main produced a report on objectives for and methods of radio broadcasts to troops overseas, noting the importance of friendly, likeable voices similar to those of the soldiers rather than the 'formal impersonal voice of the BBC announcer'. It was important, he concluded, that the broadcaster show an understanding and concern for the soldier's envy of domestic comfort and was able to reassure him of 'the permanence of his own place in Britain'.⁴³

The connections and activities of AMD11 were extensive: On Main's return to the UK he was involved in army broadcasts and discussions with the BBC about the morale of troops overseas.⁴⁴ He was also involved in questions of morale in airborne forces, briefed the Morale Committee on the problems of the soldier abroad, and worked with the ABCA on educational programmes and with DAK on films for troops overseas.⁴⁵ He also continued to be involved in infantry training, attending conferences and lecturing to the School of Infantry on morale.⁴⁶

What did these committees make of psychiatry? MacKeith made efforts to justify the recently developed methods of psychiatry and social psychology to the Morale Committee. He explained unusual patterns of illness in Indian troops of the 8th Army such as 'nervous dyspepsia', 'self-inflicted conjunctivitis' and possibly malingered deafness as manifestations of low morale, arguing that failing to recognise these as psychiatric problems had led to unnecessarily high levels of evacuation and combat ineffectiveness. While it may be debated to what extent culture and discrimination are relevant in these assessments, the extent to which MacKeith's recommendations were taken up illustrates the growing impact of military psychiatry. Some of his recommendations which were more threatening to military tradition were not accepted, such as those for improving morale in the infantry by instituting a special trade badge, better pay, or a 'Royal' corps of infantry. More general welfare suggestions such as

³⁹ Sheffield GD. Officer-man relations, morale and discipline in the British Army, 1902-22. Unpublished doctoral thesis. King's College London, 1994.

⁴⁰ Committee. The Work of Army Psychiatrists, 1944 (Note 32).

⁴¹ Committee. The Work of Army Psychiatrists, 1944 (Note 32).

⁴² War Office. A.M.D. 11. Some Psychological Problems of the Soldier Abroad, Sept 1943. TNA. WO 165/129.

⁴³ War Office. A.M.D. 11. War Diary (Note 33). Sep 1943.

⁴⁴ War Office. A.M.D. 11. War Diary (Note 33). Jul 1943.

⁴⁵ War Office. A.M.D. 11. War Diary (Note 33). 26, 27 & 30 Aug 1943.

⁴⁶ War Office. A.M.D. 11. War Diary (Note 33). 9 Aug 1943; see also papers by Main TF. Service Psychiatry Monographs. WCA. GC/135/B.1/1.

mobile canteens, cinema projectors, small concert parties and army newspapers were well received.⁴⁷

Army psychiatrists were considered sufficiently useful for at least one to be assigned on loan service to Britain's allies: Major Pierre Turquet (1913-75) was seconded to the French War Department to advise on morale problems in the French army in April 1945.⁴⁸ The duties of a Corps Psychiatrist extended to 'maladjustments to military service in normal individuals' and advising on psychiatric aspects of discipline, morale and training, including by lectures and informal discussions.⁴⁹ As Major RJ Philips (dates unknown), the psychiatrist to VIII Corps noted in 1944, senior commanders were receptive to advice and many MOs showed an increasing interest in psychiatric matters as they spent more time in combat operations.⁵⁰ While it was natural that the army psychiatrists should argue that morale was fundamentally a matter of psychology, increasingly their recommendations had traction at several levels of the army.

Psychiatrists and manpower

By the end of 1943 psychiatrists were involved in numerous aspects of selection of recruits and officers and by the war's end they had been involved in the selection of airborne and Special Operations Executive (SOE) personnel, several aspects of training as well as the re-employment of military offenders and repatriated Prisoners of War. Some of the roles of psychiatrists in the selection and allocation of personnel have been researched, mainly as part of wider studies of the changes in army organisation and attitudes towards professionalisation, but several have not.⁵¹

As early as October 1940 Adam suggested to the War Office that the army should make use of the psychological testing being used in industry and used evidence gleaned from experiments conducted by Hargreaves to argue for a new testing regime to prevent wastage of manpower.⁵² Later in the year, when Adam became AG, responsible for personnel matters in the army, he established a role for psychiatrists in selection. He formed the Directorate of Selection of Personnel to contain several psychiatrists from AMD11. By August 1941 matrix tests of general intelligence were introduced at recruiting centres and by November a battery of tests was being conducted at corps training units.

In July 1942 the General Service Selection Scheme was introduced in which soldiers, rather than being recruited directly to regiments and corps, were enlisted in the General Service Corps where they would undergo basic training and aptitude and intelligence testing and then be allocated to specific roles. The psychiatrists devised

⁴⁷ MacKeith SA. Psychiatric comments on some current issues affecting morale, 19 Sep 1944. WCA. GC/135/B.1/1.

⁴⁸ War Office. A.M.D. 11. War Diary (Note 33). 5 May 1945.

⁴⁹ War Office. A.M.D. 11. Duties of a Corps Psychiatrist, 16 Feb 1944. TNA. WO 165/129.

⁵⁰ Phillips RJ. Psychiatry at corps level, 1944. WCA. GC/135/B.1/4.

⁵¹ See for example: Crang. *The British Army and the People's War*, 2000 (Note 14).

⁵² Adam. The Papers (Note 31). Adam 3/13.

the screening tests, mainly measures of intelligence, and were referred those who scored poorly for interview. They had the power to recommend changes of employment and direct assignments or discharges for those considered mentally unsuitable for any form of service. More efficient use of manpower satisfied Adam, and morale improved when soldiers were placed in a job which they knew how to do.

The dynamism of Sir Ronald Adam and the experiments of psychiatrists led to a radical transformation of officer selection during WW2 to improve the number and quality of officers. As insufficient numbers of candidates were being recommended by Commanding Officers (COs), Adam proposed an initiative based on psychological theories of group dynamics to the Executive Committee of the Army Council in October 1942. Based on the idea that each group possessed the knowledge of the strengths of its members, COs would collect nominations from all ranks by secret ballot. The Army Council was appalled by this scheme which General Sir Bernard Paget (1887-1961), Commander-in-Chief Home Forces, dubbed 'Bolshevik' and it was not pursued but the episode suggested Adam's receptiveness to the group dynamic theories of the Tavistock psychiatrists. In the spring of 1943, psychiatrists conducted a study demonstrating that involving Personnel Selection Officers (PSOs), who were by then part of the new recruit allocation system, was better than COs' judgements alone at identifying potential officers to send to selection boards. Thereafter any recruit designated as having officer potential by PSOs at primary training centres was sent on for officer selection.

Once candidates had been recommended for officer training, there were further problems: Alarmingly high failure rates at Officer Cadet Training Units (OCTUs), complaints about officer quality and high rates of psychiatric breakdown allowed Adam to convince the Select Committee on National Expenditure of the need for reform in the summer of 1941.⁵³ Preliminary experiments to ascertain the validity of psychological methods for assessing officer qualities had been conducted by Rodger and Wittkower in Scottish Command supported by Thorne, and had involved officer candidates spending up to three days at a selection centre undergoing psychological testing.⁵⁴

The first WOSB was formed in January 1942 and included Bion and Jock Sutherland (1905-91), both psychiatrists with interests in group dynamics, and Eric Trist (1909-93). On 4 April 1942, four days after commencing as Director of Army Psychiatry, Sandiford visited No. 1 WOSB in Edinburgh with the AG and agreed to provide a further ten psychiatrists. By the end of the month an increase to 78 psychiatrists had been agreed.⁵⁵ Canadian Military Headquarters (HQ) was briefed on the new boards and discussions were even held about similar programme being applied to Canadian Forces. By the spring of 1942 WOSBs had replaced the old system of Command Interview Boards and there were sixteen in operation by the autumn. All had psychiatrists, and there was a Research Training Centre under the command of

⁵³ Adam. The Papers (Note 31). Adam 3/13. Ch 12, Introduction.

⁵⁴ Ahrenfeldt. *Psychiatry in the British Army*, 1958 (Note 26). p.56-57; Adam. The Papers (Note 31). Ch 2.

⁵⁵ War Office. A.M.D. 11. War Diary (Note 33). Apr 1942.

Colonel Rait-Kerr. Sandiford was in regular contact with Adam and, together with Rees, was even involved in selecting senior officers as Presidents of the boards.⁵⁶

Inadequate officer leadership was identified as having a significant impact on morale and psychiatrists were drafted in.⁵⁷ A 'human problem' session was introduced in officer selection in which candidates took turns to role-play interactions between officers and other ranks concerning personal or disciplinary problems. Psychiatrists felt that selecting officers with better interpersonal skills had a significant impact on morale. Although psychiatrists had lectured at officer training establishments since their emergence in the army, officer training methods were revised in the summer of 1942 by the DMT (at Adam's request) and the role of psychiatrists lecturing on man management at OCTUs was formally established. Wilson produced a memorandum for any psychiatrist who might be asked to lecture on morale, suggesting that psychiatrists were often being asked to do so.⁵⁸

Psychiatrists were also involved in the selection of personnel for specialist roles including airborne forces and the SOE. Some of the work of psychiatrists and psychologists in the latter has been examined elsewhere.⁵⁹ Two psychiatrists were sent to undertake airborne selection so as to then be employed in the airborne division depot and training school in February 1943.⁶⁰ AMD11 maintained a keen interest in aspects of the selection of parachutists with several visits made to the parachute training school.⁶¹ As well as devising the selection procedures based on personality, attempts were made to validate these and in September 1943 Major Donald Watterson (dates unknown), senior psychiatrist to airborne forces, visited North Africa to obtain follow up reports in order to evaluate the predictive gradings which had been given by psychiatrists.⁶²

Rees also had input into the type of propaganda necessary to overcome resistance to volunteering for airborne forces. Refusal to jump was a serious problem which affected trained parachutists, and which the psychiatrists thought connected to unit morale. As preparations for airborne operations were intensified in 1944, airborne HQ determined that every parachutist who refused to jump be interviewed by a parachute-trained psychiatrist in the first instance.⁶³ By late 1944 the psychiatrist at the airborne depot at Hardwick was able to report the success of these measures in recruiting 'numerous volunteers' to airborne forces.⁶⁴ Major Alexander Kennedy (1909-60), a Maudsley-trained psychiatrist who was stationed in Cairo with military intelligence,

⁵⁶ War Office. A.M.D. 11. War Diary (Note 33). 9 Jan & 6 Apr 1943.

⁵⁷ War Office. Report of the Morale Committee for the period Feb to May 1942. TNA. WO163/51.

⁵⁸ Ahrenfeldt. *Psychiatry in the British Army*, 1958 (Note 26). p.197-198.

⁵⁹ Bailey R. Psychiatrists and Secret Agents. *Lancet*. 2016; 388(10062): 2864-65.

⁶⁰ War Office. A.M.D. 11. War Diary (Note 33). 16 Feb 1943.

⁶¹ War Office. A.M.D. 11. War Diary (Note 33). Jul & Sep 1943.

⁶² War Office. A.M.D. 11. War Diary (Note 33). Sep 1943; Anon. A preliminary note on the predictive psychiatric grading of volunteers for parachute training, Oct 1943. WCA. GC/135/B.1/3.

⁶³ Ahrenfeldt. *Psychiatry in the British Army*, 1958 (Note 26). p.223-224.

⁶⁴ War Office. A.M.D. 11. War Diary (Note 33). 6 Nov 1944.

also underwent parachute training and advised on the selection and training of airborne forces in Middle East Command.⁶⁵

In early 1942, Paget established a General Headquarters (GHQ) Home Forces Battle School to train instructors for the divisional 'battle drill' schools which he envisaged would replace older methods of tactical training. Some officers disapproved of battle schools believing that teaching tactics would discourage initiative, but the War Office was convinced of their efficacy in part by the Morale Committee, on which Sandiford sat, which reported that battle drill greatly improved morale.⁶⁶ Main and Wilson were involved in honing techniques for 'noise training' or battle simulation.⁶⁷

Main was attached to the GHQ Battle School in February 1942 and in his initial two months delivered training to the commandants and instructors of the divisional battle schools concerning aspects of infantry training, man-management and morale.⁶⁸ He gave lectures on maintaining the mental health of a unit, fostering *esprit de corps* and the place of discipline and of leadership in morale. He also discussed getting rid of unsuitable men and handling breakdowns during a campaign, the effect of weaponry on morale and how to uphold mental health under strain. Although his advice was not always heeded, Sandiford later concluded that Main had 'exerted considerable influence on the development of techniques'.⁶⁹

'Hate training', a specific aspect of 'battle drill', has been discussed elsewhere and was a matter of disagreement between Main and the instructors at GHQ Battle School.⁷⁰ It involved the use of photographs of atrocities, visits to slaughter houses and the use of blood on training exercises to condition the troops to bloodshed and base their reactions in hatred of the enemy. Due to Main's intervention, but also to public opinion, the practice was stopped in March 1942. Main's contribution to infantry training methods was considered sufficiently useful for him to be requested by the DMT Middle East and to advise on improving morale in base depots and areas, which he did from September 1942 to May 1943.

On his return from the Middle East, Main was involved in a further initiative to enhance the quality of officers. The Highland Fieldcraft Training Centre (HFTC) was formed in 1943 in response to large numbers of candidates being rejected at selection as being insufficiently mature. Unwilling to waste manpower or reduce morale in

⁶⁵ Psychological Observations on Selection and Training of Parachute Troops. Report by Major Alexander Kennedy. Copy provided by Dr Roderick Bailey, University of Oxford.

⁶⁶ Harrison-Place T. *Military Training in the British Army: 1940-1944: From Dunkirk to D-Day*. London: Routledge; 2000; War Office. Report of the Morale Committee, 1942 (Note 57).

⁶⁷ War Office. General Headquarters. Psychological Experiments. Correspondence between Lt Col CV Britten and AMD11. TNA. WO 199/799.

⁶⁸ Committee on the work of Psychologists and Psychiatrists in the Services. Battle Inoculation, 1942. TNA. CAB 21/914.

⁶⁹ Committee on the work of Psychologists and Psychiatrists in the Services. The Work of Army Psychiatrists in relation to Morale, Jan 1944 TNA. CAB 21/914.

⁷⁰ Bourke J. Psychiatry, Hate Training, and the Second World War. *Journal of Social History*. 2018; 52: 101-120.

those who had been identified as having some leadership qualities but not ready for commissions, the project sought to develop and prepare potential officers. Adam consulted with Kurt Hahn (1886-1974), the founder of Gordonstoun School, and persuaded the DMT to establish a training centre to develop character and leadership under the command of Lord Rowallan (1895-1977). Main, as the unit's psychiatrist, reported that the young soldiers had 'more facilities for self-expression and individual responsibility' and thrived.⁷¹ Between August 1943 and November 1944, 70 per cent of the candidates from the ten courses run at the HFTC passed officer selection.⁷²

Throughout the war, psychiatrists taught non-specialist and junior Medical Officers (MOs) and medical students on the prevention of combat breakdown and maintenance of morale. As well as lectures during their training, AMD11 produced pamphlets on morale, discipline and mental fitness for MOs.⁷³ AMD11 also produced a film, *Field Psychiatry for the Medical Officer*, which was to be shown to all MOs going through military training, and later to nursing officers and Royal Army Medical Corps other ranks, to 'evoke a certain attitude of mind' and to demonstrate their 'responsibilities in prophylaxis and first aid treatment of psychiatric battle casualties'.⁷⁴

Opening with a scene familiar to medical officers showing students displaying anxiety over medical school examinations, the film went on to show how anxiety might mount with factors such as worries about loved ones at home, seeing friends killed, protracted bombardment and lack of sleep. It promoted the idea that under difficult conditions, any man might develop exhaustion – 'these bloody mortars [would] chew anybody up' – and that the attitude of commanders and MOs was the principal determinant of whether the soldier received the necessary rest and support early which would enable him to return to the fighting. The film features normal-sounding conversations between regimental personnel and a discussion between an MO and his assistant about anxiety being common, not indicative of weakness or cowardice and easily treatable. While the characters were amusingly named after prominent members of AMD11, the film featured no lecturing psychiatrists and represented a major effort to destigmatise combat breakdown and exhaustion.⁷⁵

Absence without leave (AWOL) and desertion were prevalent military offences which brought periods of detention and removed men from available manpower. Army psychiatrists who studied offenders demonstrated that those who went AWOL were often of low intellectual capacity and Main and Wilson conducted a study in 1941

⁷¹ War Office. A.M.D. 11. Minutes of the Twentieth Meeting of Command Psychiatrists. TNA. WO 165/129.

⁷² Adam. The Papers (Note 31). Adam 3/13.

⁷³ War Office. Morale, discipline and mental fitness, circular for Medical Officers from A.M.D.11. TNA. WO 222/218.

⁷⁴ War Office. A.M.D. 11. Minutes of the 26th Meeting of Command Psychiatrists, 28 Jul 1944, and Minutes of the 30th Meeting of Command Psychiatrists, 6 Apr 1945. TNA. WO 165/129.

⁷⁵ *Field Psychiatry for the Medical Officer*. [Film]. Director: unknown. Directorate of Army Kinematography, War Office; 1944.

which showed that low individual or unit morale was often implicated.⁷⁶ Adam attributed the high numbers of mentally unsuitable soldiers serving sentences to inadequate personnel selection in the early part of the war before psychological testing was introduced.⁷⁷

Adam also accepted that morale was connected to offending and adopted the recommendation of the Morale Committee to roll out the 'Request Hour' to all units. This was a regular time at which any soldier had the right to see his officer without having to go through his NCO and could therefore raise worries which if not addressed might exert the kind of pressure which would lead servicemen to go AWOL. One film into which AMD11 had input showed a young soldier with worries about his family contemplating going AWOL but not doing so after he was able to see his officer and get help.⁷⁸

As advisor in psychiatry to 21st Army Group between February and November 1944, Main proposed the psychiatric examination of all soldiers under sentence to examine whether they could be returned to duty given the strains on manpower. After a successful pilot study, a Review of Sentences Board was set up in the 2nd Army consisting of two staff officers and a psychiatrist interviewing detainees at field punishment camps three months into their sentences. Nearly three quarters of the cases reviewed were able to 'get back to their units and prove their worth'.⁷⁹ The board was later extended to all soldiers under sentence in the British Army of the Rhine.

Criticism

The expanded remit of psychiatrists had mixed reactions in the army and beyond. Psychiatrists were criticised for their widespread involvement in military affairs, their methods, and for aiding those shirking duty. Adam found it difficult to persuade much of the army, in particular its more senior regular officers, that 'trick cyclists' as the army psychiatrists were irreverently dubbed were not new inventions 'being tried out on the unfortunate army' or hangers-on who enabled men to escape 'their duties in the fighting line'.⁸⁰ Winston Churchill (1874-1965), who was concerned about the numbers of non-fighting troops and berated Adam for what he called the 'length of the tail', expressed all three concerns when he commented that psychiatrists were 'capable of doing an immense amount of harm with what may very easily degenerate into charlatanry'.⁸¹

When it came to selecting and allocating other ranks, some regular officers were concerned that the new process involved psychiatrists and psychologists and

⁷⁶ Ahrenfeldt. *Psychiatry in the British Army*, 1958 (Note 26). p.78 & 117.

⁷⁷ Adam. *The Papers* (Note 31). Adam 3/13. Ch 6, Morale and Discipline.

⁷⁸ *The New Lot*, 1943 (Note 34).

⁷⁹ Adam. *The Papers* (Note 31). Adam 3/13. Ch 6, Morale and Discipline; Anon. Report on 'Soldiers under sentence'. WCA. PP/CMW/H.19/3.

⁸⁰ Adam. *The Papers* (Note 31). Adam 3/13. Ch. 12.

⁸¹ Adam. *The Papers* (Note 31). Adam 3/13. Introduction; Churchill WS. *The Second World War, Vol. IV*. London: Cassell and Co; 1951. p.815.

undermined the regimental system. They felt that psychiatrists would aid malingerers to evade service, that dull men would be selected into non-combat roles when in fact they might make good soldiers, that *esprit de corps* was lacking at the new primary training centres, and that recruits were not being allocated to regiments with which they had geographical connections.⁸²

At the heart of the criticism of psychiatrists was their role in selecting officers. The Marquess of Reading (1889-1960), who had sat on WOSBs, expressed his concern in the House of Lords that often too much importance was attributed to the opinion of psychiatrists and that ‘if he is allowed to wander at large I am inclined to think there is some danger of his becoming a menace’.⁸³ Many within the army did not like to see psychiatrists involved in the selection of regular officers, thought to be the domain of experienced regimental officers and as early as 1943 psychiatrists were withdrawn from the Regular Commissions Boards.⁸⁴ Low pass rates in WOSBs operating in India for the Indian Army and Indian Civil Service were also blamed on psychiatrists and group testing officers.⁸⁵ Having received complaints, the War Cabinet appointed the Lord Privy Seal, Sir Stafford Cripps (1889-1952), to investigate the psychiatrists’ work in 1942. Cripps concluded, as Adam had hoped, that there was ‘no substance in the criticisms’ but did recommend an expert committee to co-ordinate their work.⁸⁶

Many criticisms, some of which emanated from Paget, whose son went through the new process, included that officer candidates were upset by ‘unfamiliar words’ and being asked personal questions.⁸⁷ Following complaints about intimate questions, an instruction was issued in 1943 banning psychiatrists from asking questions about sex and religion.⁸⁸ Underlying this was a general suspicion about psychoanalysis and Rees, in his evidence to the Expert Committee, was at pains to stress that psychoanalysis was not used in the army.⁸⁹ Although it is true that psychoanalysis was not a treatment in the army, psychoanalytic ideas were a large element in the Tavistock approach and in their work on morale, intelligence, training and selection. There was sufficient concern

⁸² Crang. *The British Army and the People's War*, 2000 (Note 14). p.16-17.

⁸³ HL Deb 20 March 1946, vol.140, col. 245-300.

⁸⁴ Expert Committee on the Work of Psychologists and Psychiatrist in the Services. Note by joint secretaries PP(43)45, 4 Nov 43. TNA. CAB 98/26.

⁸⁵ The Consulting Psychiatrist to the Army Report to the Director-General of Army Medical Services, 1945. WCA. GC/135/B.1/2.

⁸⁶ Use of psychologists and psychiatrists in the Service – enquiry by Lord Privy Seal. Extract from the conclusions of the 103rd Meeting of the War Cabinet, 4 Aug 1942. TNA. WO 32/11972.

⁸⁷ Ministerial Committee on work of Psychologists and Psychiatrists in the Services. Brief for the Secretary of State prepared by the Army Council Secretariat, 23 Feb 1944. TNA. WO 32/11973.

⁸⁸ White A. Silence and selection: the ‘trick cyclist’ at the War Office Selection Boards. In: Mellor F, Webster S (eds). *The Silences of Science*. London: Routledge; 2016. p.10.

⁸⁹ Committee on the work of Psychologists and Psychiatrists in the Services. Evidence on the use of psychiatrists in the Forces, 10 Jul 1942. TNA. CAB 21/914.

about psychoanalysis for the final report of the Expert Committee to devote a paragraph explaining the distinction between it and psychiatry.⁹⁰

After the war, some criticisms of the boards were made by psychologists who questioned the scientific value of the psychiatrists' methods of elucidating the leadership ability of candidates, given that little validation of selection techniques had been possible. Some argued that psychiatric influence had not gone far enough as the President could run the board as he wished, and this brought the risk of subjective judgement from a single individual and variation between boards.⁹¹

The third main criticism, that psychiatrists allowed men to shirk duty, was even made by some MOs.⁹² Rather than encourage malingering, however, Adam thought that psychiatrists cured it. One aspect of this was, as the DGAMS claimed in his evidence to the Expert Committee, that psychiatrists' involvement was good for discipline because men believed they were getting fairer treatment.⁹³

The criticisms of psychiatrists, therefore, concerned their encroachment into specifically military spheres of activity, their connection to the psychoanalytic method, and worries about the loss of manpower resulting from their new systems. Army psychiatrists were acutely aware of the criticisms of their work and took any opportunity to dispel common myths: A film about the selection of officers, with which AMD11 was involved, demonstrated that the final decision about a candidate for a commission was made by the President, an experienced regimental officer, and the psychiatrist's role was advisory.⁹⁴ The film showed a real board in action and the psychiatrist John Rickman (1891-1951) conducting an interview in an attempt to dispel the myth that psychiatrists just asked about sex and religion. Adam attributed the criticisms of psychiatry to ignorance, fear of new ideas and 'superstition about mental sickness'.⁹⁵ In his explanatory papers to commanders, he wrote emphatically that psychiatry was not 'black magic but indispensable to selection and of great utility to commanding officers in dealing with problem soldiers'.⁹⁶

It was not only Adam who felt that the selection boards were a success: Their scientific nature was extolled in *Picture Post*, where it was suggested that they would end 'class favouritism' and improve efficiency.⁹⁷ Adam considered the leaderless group task devised by Bion was fair and one of the most important innovations.⁹⁸ Fairness was also a theme in the complementary writings by candidates who had gone

⁹⁰ Privy Council Office. *Report of an Expert Committee on the work of Psychologists and Psychiatrists in the Services*. London: HMSO; 1947. p.12.

⁹¹ Vernon PE, Parry JB. *Personnel Selection in the British Forces*. London: University of London Press; 1949. p.52-66.

⁹² Perkins PH. Psychiatry in the Services. *British Medical Journal*. 1945; 2(4428): 706.

⁹³ Committee. Evidence on the use of psychiatrists, 1942 (Note 89).

⁹⁴ *Personnel Selection in the British Army: Officers*. [Film]. Directed by: Geoffrey Bell. Shell Film Unit, Ministry of Information; 1944.

⁹⁵ Adam. The Papers (Note 31). Adam 3/13. Ch 12, Lessons from the War.

⁹⁶ Adam. The Papers (Note 31). Adam 3/4/6.

⁹⁷ Hastings M. A new way to choose army officers. *Picture Post*. 19 Sep 1942. p.16.

⁹⁸ Adam. The Papers (Note 31). Adam 3/13. Selection of men and leaders. p.8.

through the boards.⁹⁹ For some younger officers, the new procedures represented progress towards a modern and democratic army without ‘Colonel Blimp’.¹⁰⁰ Writing shortly after the war, psychiatrist Robert Ahrenfeldt (1918-88) claimed that the work of psychiatrists in all aspects of selection had been a success.¹⁰¹

The Expert Committee on the Work of Psychologists and Psychiatrists in the Services concluded in 1945 that that psychiatrists were valuable to ‘selection, classification, training, mental hygiene and morale in the Services’.¹⁰² Regardless, Sir James Grigg (1890-1964), Secretary of State for War, was not in favour of psychiatrists’ involvement in the ‘personnel selection machinery’.¹⁰³ In 1946 the War Office committee headed by General Sir John Crocker (1896-1963) recommended that psychiatrists and psychologists be withdrawn as permanent members of selection boards and the old process of candidates being proposed by commanding officers be restored.¹⁰⁴ Psychiatrists and psychologists were removed from all boards in August 1946, although a few were retained in the Research and Training Centre. There were objections from Sandiford and the DGAMS but the new AG, Lieutenant General Sir Richard O'Connor (1889-1981) supported the change in policy citing the strength of feeling in the army against psychologists and psychiatrists. Their removal, after they had apparently ‘won the confidence of the serving men’, was questioned in the House of Commons.¹⁰⁵ As the Royal Navy, Royal Air Force and civil service, which had originally modelled their procedures on the army, retained psychologically trained personnel on selection boards, this rather fed a narrative of an unenlightened army officer class.¹⁰⁶

While the role of the psychiatrist on selection boards was discarded, the system they had devised was not. The selection boards were considered an improvement on the previous systems and Adam noted that the selection of managerial, professional and other high-grade workers after the war was modelled on the boards with longer interviews, psychological tests, group discussions and exercises. More recent historical scholarship on the British Army has suggested that the work of psychiatrists led to improved efficiency and morale which, in some units, reduced rates of combat

⁹⁹ Fleming U. Men into Officers. *The Spectator*. 6 Jul 1944. p.9.

¹⁰⁰ Ambrose F. The Trick-cyclist. *The Fighting Services*. 1942; 19: 156-158.

¹⁰¹ Ahrenfeldt. *Psychiatry in the British Army*, 1958 (Note 26).

¹⁰² Privy Council Office. *Report of an Expert Committee*, 1947 (Note 90).

¹⁰³ Use of psychologists and psychiatrists in the Service – enquiry by Lord Privy Seal. Extract from the minutes of the 108th meeting of the Executive Committee of the Army Council, 30 Apr 1943. TNA. WO 32/11972; Minute by AG to Secretary of State, 25 June 1942, WO 32/1192, TNA.

¹⁰⁴ Report by Committee of Enquiry on the system of selection of officers for emergency commissions, 23 Sep 46. TNA. WO 32/12134.

¹⁰⁵ Geoffrey Cooper, Labour MP for Middlesbrough West, Hansard, 10 Dec 1946, Vol 431 cc 959-61. (Note 18).

¹⁰⁶ Parry JB, Wilson NAB, Ungerson B. Discussion on Psychological Selection of Commissioned Officers and Other Ranks. *Proceedings of the Royal Society of Medicine*. 1950; 43: 857-866.

breakdown.¹⁰⁷ Methods of officer selection were hotly debated, underpinned by different views on leadership, class, masculinity and character. But psychiatrists forced a reappraisal of the philosophy of leadership and acceptance of their work in selection represented an abandonment of the idea that leadership was inherited and a matter of class and public-school education.¹⁰⁸ Bion's leaderless group exercise remains a part of officer selection boards in all three services today. The concept of a board on which candidates were observed trying different tasks and working together continued and the old system of a twenty-minute interview with a staff colonel was firmly cast aside as inadequate.

In the activities outside the treatment of individuals with mental illness, army psychiatrists clearly contributed to the retention of manpower rather than its depletion: Between 1942 and 1944, the WOSBs addressed an acute shortfall in officers and were the catalyst for a discussion about the qualities needed to be an officer in the British Army. In specialist groups such as airborne forces, SOE and indeed within infantry training, psychiatrists were welcomed for their contribution to psychological aspects of leadership. Although it came late in the war, transforming delinquents into manpower was a significant achievement which has received little scholarly attention. Therefore, the involvement of psychiatrists in selection of military personnel represented part of a shift from psychiatry being the study of the minority, deviant or insane to claiming expertise in central matters of everyday life such as employment and leadership.

Aftermath

As years of war passed, army psychiatrists became interested in the psychological problems of repatriated prisoners of war or displaced persons. Discussion of these problems took place within AMD11 and with the AG as early as 1943.¹⁰⁹ Wilson ran an experimental programme to rehabilitate 1,200 repatriated Prisoners of War (POWs) from the medical corps which the AG considered very valuable.¹¹⁰ The success of the work of army psychiatrists in the Civil Resettlement Units (CRUs), a scheme to help repatriated POWs and return them to duty, has been researched.¹¹¹ Colonel Rendel was the effective Commanding Officer of CRU HQ until he circumvented his orders in order to maximise the number of POWs attending, and was dismissed. By the end of March 1947 more than 19,000 European POWs and 4,500 Far East POWs had

¹⁰⁷ French. *Raising Churchill's Army*, 2000 (Note 2). p.68; see also: Crang JA. *The British Army as a Social Institution, 1939-45*. In: Szejnmann CC (ed). *Rethinking History, Dictatorship and War: New Approaches and Interpretations*. London: A&C Black; 2011.

¹⁰⁸ Bidwell S. *Modern Warfare: A Study of Men, Weapons and Theories*. London: Allen Lane; 1973. p.121.

¹⁰⁹ War Office. A.M.D. 11. War Diary (Note 33). 23 Aug & 13 Oct 1943.

¹¹⁰ War Office. A.M.D. 11. Technical Memorandum No 13. TNA. WO 165/129; Adam. *The Papers* (Note 31). Adam 3/13. Ch 9.

¹¹¹ White. *From the Science of Selection*, 2016 (Note 21).

attended a CRU. The psychiatrists masterminding this project called themselves the 'invisible college' and also formed the Tavistock Institute after the war.^{112 113}

Dicks, Hargreaves, Wilson and Main collaborated on a report with the Welfare Division of the United Nations Relief and Rehabilitation Administration on the psychological problems of displaced persons.¹¹⁴ Of the six men and two women of the Inter Allied Psychological Study Group, all four of the UK contributors were army psychiatrists. They drew on their studies of returning POWs and the investigations carried out with enemy prisoners to understand the enemy psyche and morale. The contribution of army psychiatrists to this work has also received some study.¹¹⁵ Investigation of the psychological dimension of displacement formed part of the trajectory of expansion of psychiatry into international public health arenas. Hargreaves and Wilson went on to work with Unilever and the World Health Organisation after the war. Apart from his involvement with the World Federation of Mental Health presided over by Rees, Dicks undertook several projects on culture and personality for United Nations Educational, Scientific and Cultural Organisation.¹¹⁶

Much of the work of AMD11 ended shortly after the end of the war. Sandiford was concerned that army psychiatrists' duties in selection and training and 'desirable mental hygiene activities' was more important than seeing outpatients and required greater manpower.¹¹⁷ He was troubled that only a handful of regular army psychiatrists remained and many 'distinguished medical men' returned to civilian life, meaning that their functions could no longer be carried out.¹¹⁸ But to some extent, the niches psychiatrists had found to occupy during a total war with a citizen army no longer existed once WW2 came to an end. Some of the psychiatrists' wartime activities in selection and morale therefore fit into the paradigm outlined by Roger Cooter of activities relevant only to wartime medicine.¹¹⁹ However, some of their work on leadership, development, officer selection and improving morale to mitigate the risks of mental illness to military operations remains of lasting relevance.

¹¹² The Tavistock and Portman NHS Foundation Trust. Our history through the years. <https://tavistockandportman.nhs.uk/about-us/our-history/> (accessed 20 December 2023).

¹¹³ The Tavistock Institute of Human Relations. <https://www.tavinstitute.org/> (accessed 20 December 2023).

¹¹⁴ Psychological problems of Displaced Persons: A Report prepared for the Welfare Division of the European Regional Office of UNRRA by an Inter-Allied Psychological Study Group, June 1945, WCA. GC/135/B/1/1.

¹¹⁵ Ibrahim B. *Uprooting, Trauma, and Confinement: Psychiatry in Refugee Camps, 1945-1993*. Unpublished doctoral thesis. University of Glasgow; 2021.

¹¹⁶ Anon. G.R. Hargreaves, O.B.E. *British Medical Journal*. 1963; 1(5322): 62-63.

¹¹⁷ War Office. A.M.D. 11. War Diary (Note 33). Memorandum to all directors of medical services India, 17 Sep 45.

¹¹⁸ Army Psychiatry Advisory Committee meetings. Correspondence between Sandiford and DGAMS, 5 July 45. TNA. WO 32/13462.

¹¹⁹ Cooter R. Medicine and the Goodness of War. *Canadian Bulletin of the History of Medicine*. 1990; 7(2): 147-159.

Conclusion

In conclusion, army psychiatry between 1941 and 1945 had a wide sphere of activity. AMD11 was principally set up to contribute to the promotion of mental wellbeing and efficiency of the fighting forces. It was conceived as a branch of hygiene, of preventive medicine, but largely through the dynamism of a group of Tavistock psychiatrists and the support of their allies, became involved in a plethora of projects expanding the remit of psychiatry from mental illness to selection, training, man-management, morale, reconstruction work and even the difficulties of refugees.

Army psychiatrists had the most impact on military operations in the promotion and maintenance of morale, that is the will of the individual and the force to fight. Selecting out inappropriate recruits and contributing to a better system of matching skills to army role ensured more efficient use of manpower and benefitted morale. Although not always popular with regular officers, army psychiatrists' work on WOSBs and selection promoted confidence of citizen soldiers in the fairness of new procedures and initiated a debate about the qualities required of an officer in the British Army.

The third element of the moral component of fighting power is that a force must have an ethical foundation to its actions. Army psychiatrists promoted the ethical superiority of the allied war effort in broadcasts, and the honourable conduct of soldiers and officers in films. A new type of understanding and compassionate officer was presented for the citizen army. By contributing to ABCA educational content, soldiers were shown how serving in the army would contribute to building a better post-war Britain.

This paper has focussed on the contribution of psychiatrists to British Army morale and leadership, but they also worked on eroding enemy morale through psychological warfare operations and intelligence work. It highlighted a core group of psychiatrists who led these activities and mainly emanated from the Tavistock Clinic. Further study will allow a more complete survey of army psychiatry in this important period.

Army psychiatrists in WW2 had several roles beyond the treatment of mentally ill soldiers which used their skills and contributed to success in military operations. As command advisors, army psychiatrists strengthened the moral component of fighting power and their work remains relevant to military psychiatry today.

Biographical details

Lt Col HT de Burgh RAMC is a British Army psychiatrist.

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