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REPORT ON TEMPORARY DUTY IN JAPAN AND KOREA

(14 APRIL to 17 JULY 1953)

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Appendix A

Outlines of Current Research Projects

1. ANALYSIS OF STATISTICAL DATA

PURPOSE:

The purpose of this study is to (a) further test the reliability of certain concepts which are rather widely held (e.g., the NP casualty rate correlates positively with the battle casualty rate, the VD rate correlates negatively with the tactical effectiveness of a unit, etc.); and (b) to explore the possibility of deriving more reliable statistical indicators of stress, strain and fatigue. - see page 40.

METHOD:

The data subject to numerical formulation will be recorded in tabular form, the vertical columns representing days and the horizontal columns the separate items - sample attached. Data not subject to numerical formulation will be compiled in the form of a journal by date.

The data to be tabulated consists of the following:

- Strength - U.S. Personnel
- Approximate length trenches held
- Number of contacts with enemy
- Enemy rounds - artillery and mortar - received
- Battle casualties - KIA, WIA, MIA
- Medical disease
- NP Casualties - psychosis, psychoneurosis, administrative problems (clearance for 368 and court martial)
- Total sick-call
- Non-battle casualties - AI GSW self-inflicted; AI GSW otherwise inflicted; AI: Vehicle/per accident; AI: other
- Cold injury
- Heatstroke
- Courts-martial - summary, special, general - by date of commission of offense
- Complaints to IG
- Congressional letters
- Personal consultations with chaplains - personal or family problems - complaints
- No. of hardship requests or discharges

The material to be recorded in journal form will include the following:

- Command change - Division, Regiment, Battalion
- Battalion Surgeon change

Enemy attacks - size, duration
 Tactical Policy: assaults
 Patrols, ambush, reconnaissance, combat, prisoner capture -
 day, night
 % alert at night
 MLR Outpost Blocking
 Rotation on line - of companies, battalions or regiments
 Duration of time on line
 Nature of training program - while on line - while off line -
 while in blocking position
 Meals - hot, C-rations, missed meals
 Water supply - drinking, shaving
 Digging and reconstruction of trenches and bunkers
 General condition of trenches and bunkers
 R & R - Big and little - policy and regularity of adherence to it
 Procedures used to inform troops of immediate mission in line and
 program and schedule of activity of unit
 Any comments available from inspections of area, of mess, of
 sanitation, etc.
 Any comments available on logistical and artillery support
 Any comments available on coordination of activity with units
 on flanks
 Condition of MSR
 Adequacy of methods for evacuation of wounded
 Weather and % moonlight

It is proposed to subject the data recorded to statistical analysis to determine possible correlations between various items at any one time and also possible correlations of items in sequence. The statistical analysis will be conducted at the Statistical Section, Department of Psychology, NP Division, A.M.S.G.S. Any significant correlations found will be used as the basis of further research protocols for verification, for analysis of the underlying principles and finally for standardization and practical application.

Reports and possible publications will give full credit to units and individuals collaborating in the study for their contribution to the project.

2. CASE HISTORY STUDY OF NP CASUALTIES

PURPOSE:

To determine the sequence of events - tactical, environmental and interpersonal (including intrapsychic) - which lead to the precipitation of neuropsychiatric disorder in one or more members of a unit.

ASSUMPTIONS:

It is assumed that events leading to the precipitation of neuro-

psychiatric symptoms requiring the evacuation or transfer of one or more members of a unit of platoon or company size also represent increased psychological stress on the other members of the unit. It is also assumed that the other members of the unit defend themselves against the stress by more adequate personal or intra-group supportive operations. It is further assumed that the occurrence of NP casualties in a group itself represents a further stress on the group security and hence on the group effectiveness.

METHODS:

It is proposed in this study to utilize interview and case history techniques. Particular attention will be given to cases in which the casualty is evacuated or transferred to another unit. The reason for this policy is that direct or intensive investigation of men returned to duty in the same unit would markedly modify their further course and thus not be representative of the usual sequence of events. A certain number of cases of men returned to duty will be followed up by appropriate tangential interview and observational methods to assess the degree to which they are successfully re-assimilated in the unit and the extent to which they represent an additional problem to their immediate associates and to their officers.

In the case of casualties evacuated or transferred to other units it is proposed to proceed as follows:

(a) Interview with the casualty at the Clearing Company, by the Research Team Psychiatrist in conjunction with the Division Psychiatrist. The objective is to determine the nature of the NP problem, the patient's formulation of the precipitating events and his formulation of his relations with his squad and platoon comrades and officers. Further, to determine conflicts arising from his allegiance to family and other stateside groups, etc. Psychological tests also given here.

(b) Interview conducted by members of the Psychiatric Research Team with individual members of the squad and platoon and with the non-commissioned and commissioned officers in more or less direct contact with the man. These interviews directed at elucidating other views of the sequence of the precipitating events, the stresses the unit has been under, other men's responses to these stresses, and the interpersonal relationships with the casualty, efforts made to support him, resentments and difficulties he has evoked.

(c) Group interviews, one with the squad from which the casualty came and one with another (unaffected) squad from the same platoon. Attention will be paid to the content of these interviews and to their form. The content will provide data on the composition of the squad, its recent actions, its informal organization into sub-groups, its overall experience, etc. The form of the group interview will give information on the freedom of the members to communicate their ideas and

feelings, their mutual regard and respect for each other, their confidence in their weapons, their abilities and their leaders.

Data will be recorded in case history form and will be kept for study. It will be necessary to work up a considerable number of cases in as much detail as feasible - probably 30 to 50. In many cases it will be possible to collect only part of the material desired. These partial cases can be used for comparison of particular points.

Necessarily, the final analysis of the material will be completed after all the case history material has been collected and is available for collation and comparison. At intervals during the study partial analyses of the material will be made in order to direct the further course of the work.

It is anticipated that from this study two types of results will be obtained: (a) delineation of certain common clinical syndromes of pathological individual-group relationships; (b) delineation of common patterns of informal group organization of squads and the relationship to leaders, together with the value of such relationships in resistance to psychological stress and fatigue.

REPORT OF TEMPORARY DUTY IN JAPAN AND KOREA

14 APRIL TO 17 JULY 1953

Introduction

The initial experiences which the Psychiatric Research Team, of the Far East Medical Research Unit, and I have had seem to demonstrate clearly the feasibility of psychiatric research under a wide variety of conditions in the combat zone. Certain limiting factors and difficulties inherent in research which requires participant observation exist and will be discussed later (p. 39). However, the prime requisites, namely the acceptance of the investigators and collaboration in the process of obtaining data, are amply present. In this regard I wish to express my sincere appreciation for the technical and practical help and for the warm hospitality provided by the officers and men of all the units we worked in or visited. Maj. General William E. Shambora, MC and his successor, Maj. General Earle Standlee, MC, Chief Surgeon, and the staff of the Medical Section, Headquarters, AFFE, as also Brig. General L. Holmes Ginn, MC and his successor Brig. General Stuart G. Smith, MC, Eighth Army Surgeon and the staff of the Medical Section, Headquarters, Eighth Army, gave us full cooperation throughout and arranged for the supply of all necessary facilities, field equipment, organic transportation, etc. in the theater. Colonel Richard P. Mason, MC, Commanding Officer of the 406th Medical General Laboratory, (to which the Psychiatric Research Team was attached) and Colonel Donald B. Peterson, MC, Psychiatric Consultant, Medical Section, Headquarters AFFE, provided consistent help with administrative problems and

numerous practical details. Col. Peterson's collaboration in the technical aspects of our work has been invaluable.

Most of the field work of the Team has been done in the 7th Division and the 3rd Division, and I wish to thank Maj. General Arthur G. Trudeau and Maj. General Eugene W. Ridings and their staffs for their warm cooperation. I also visited for shorter periods the 25th Division and the 45th Division and I received every assistance and courtesy from Maj. General Samuel T. Williams and Brig. General Philip D. Ginder and their staffs.

In Korea the 123rd Medical Holding Company served as a base for the operations of the Team and myself and we are much indebted to Major Ralph Potter, MC, and Captain John Mitrega, MSC, for their support and assistance. Also, I wish particularly to thank Major Paul G. Yessler, MC, and his successor, Major James D. Green, MC, Psychiatric Consultant to the Surgeon, Eighth Army, for their interest and help.

I am personally indebted to Colonel Roy Roberts, MC, Medical Consultant to the Surgeon, Eighth Army, and to Captain Joseph Stockard, MC, and the staff of the 48th SH(MA) for excellent medical attention and care when I was ill for a few days with sinusitis.

The chief purposes for which I went to Japan and Korea were to consult with the Psychiatric Research Team on the initiation of projects in the field; to study the mental state and psychiatric problems of the repatriated American personnel in operation Little Switch; and to investigate further methods and problems in preventive psychiatry.

Itinerary

14-17 April: Travel from Washington, D.C. to Tokyo.

18-21 April: Visit to Eighth Army Headquarters and to Freedom Village, Munsun-Ni, to observe the return of the first repatriates.

22 April-8 May: Study of the psychiatric problems of the repatriated American prisoners-of-war.

9-20 May: Eighth Army Headquarters, consultation with Brig. General L. Holmes Ginn, MC, and Maj. Paul G. Yessler, MC. Visits to 7th Division, 25th Division, 3rd Division, and I Corps Headquarters.

21-27 May: Maj. F. Gentry Harris, MC, arrived with members of Psychiatric Research Team, and research project started at 7th Division area.

28 May-2 June: Trip with Col. Donald B. Peterson, MC and Maj. Paul G. Yessler, MC, to the Neuropsychiatric Sections of the 2nd Division and 25th Division. Monthly Psychiatric Meeting at the 123rd Medical Holding Company. Visit to the 46th SH(MA) and the Neuropsychiatric Section of the 45th Division. Return to 7th Division.

3-10 June: I had a low-grade infection treated at 48th SH(MA), 8-10 June, with complete recovery.

10-14 June: Headquarters, Eighth Army.

14-22 June: Work with the Psychiatric Research Team at the 7th Division.

23-25 June: Visited the Neuropsychiatric Section of the 3rd Division and developed plans there for further extension of research

projects.

26-27 June: Monthly Psychiatric Meeting at the 123rd Medical Holding Company.

28 June-3 July: Returned to the Psychiatric Research Team, 7th Division; visited the 3rd Division and the 25th Division again. Returned to Eighth Army Headquarters. Consultation with Brig. General Stuart G. Smith, MC, Eighth Army Surgeon.

4 July: Returned to Tokyo.

6-8 July: Visited 1st Cavalry Division in Hokkaido. Consultation with Maj. General Armistead D. Meade, Commanding General, and members of his staff with regard to study of preventive psychiatric problems.

9-12 July: In Tokyo. Consultation with Colonel Oral B. Bolibaugh, MC, Acting Chief Surgeon, Headquarters, AFFE.

13-17 July: Return to Washington, D.C.

The Psychiatric Research Team, Far East Medical Research Team.

The Psychiatric Research Team consisted of the following personnel: Maj. F. Gentry Harris, MC, Commanding Officer and psychiatrist, M/Sgt. Herman A. Becker, psychiatric social worker, and Pfc. Joseph Mayer, psychologist. In addition, Pfc. Brown and Pfc. Ankeny were assigned on temporary duty from the 123rd Medical Holding Company to the Team as drivers.

The Team was supplied with three small wall tents, a field office kit, folding chairs and tables and two 1/4 ton trucks with trailers by Eighth Army. Psychological testing material, 2 portable tape recorders, and other technical material were sent out from the A.M.S.G.S. through the 406th Medical General Laboratory.

The organic transportation was found to be essential for the accomplishment of the mission of the Team in the field. Its chief importance was in enabling the investigators to reach points of action without delay. It also permitted collecting of data over a wide area for collation and comparison. The latter was necessary in order to obtain a reasonably complete picture of the background of specific, more limited events under study.

Study of Repatriated American Military Personnel.

During Operation "Little Switch" the Psychiatric Research Team worked with the NP Sections of the U.S. Army Hospital (8167th A.U.) and the Tokyo Army Hospital under the direction of Col. Donald B. Peterson. The work was excellently organized and proceeded effectively in spite of the difficult conditions imposed by the shortness of time

available for its completion. All the returnees were assessed by psychiatric interviews and also received a battery of psychological tests.

Col. Peterson submitted a comprehensive report to the Chief Surgeon, AFPE, on the results of this study, including a discussion of the nature and the results of the indoctrination techniques used in the Chinese prison camps. This report formed the basis for recommendations regarding the psychiatric handling of the returnees put into effect following the truce.

The psychological data are being collated by 1st Lt. Martin, MSC, psychologist at the 8167th A.U. and will be forwarded to the Psychology Department, Neuropsychiatry Division, A.M.S.G.S. for comparison with follow-up studies now in progress. Summaries of the psychiatric interviews and assessment have been sent to the Psychiatry Department, Neuropsychiatry Division, A.M.S.G.S., which is conducting the follow-up studies. It is anticipated that data will be available within the next two months to form the basis for a report on the early course of the returnees following repatriation.

As Col. Peterson's report to the Chief Surgeon, AFPE, comprehensively covers the original psychiatric assessment of the returnees I will not repeat it here. Rather, I wish to discuss certain personal impressions obtained from relatively long interviews with a dozen randomly selected men, and from group interviews (with 8 groups of 4 to 10 men each) directed toward orienting them to the problems they would meet after their long absence from home.

All the returnees had a similar overt appearance, with reduced spontaneous activity, drooping posture, and almost "mask-like" facies. Changes in facial expression were limited to a stereotyped, child-like smile or to an increased tension in the usual blank expression, depending on the nature of questions and remarks addressed to them. Orders and requests were responded to promptly, but with a somewhat slow, compliant automaticity. They asked few questions, occasionally made statements of what they would like, but made no demands. There was complete absence of any reasonable self-assertion. On brief interview or questioning, in most cases the answers also seemed stereotyped and determined by the man's estimate of the interests and purposes of the interviewer, with marked suspiciousness. In a number of cases there was evidence of pronounced confusion, either in the rambling, self-contradictory, almost dreamlike character of the answer, or in a tense, worried response such as "I don't want to talk -- I don't know what to think."

Taking the clinical picture as a whole, it corresponded closely with previous descriptions of the POW syndrome. This syndrome is of considerable theoretical interest as it seems not to be related to particular personality types, nor to the early life experiences of the subjects, nor to physical maltreatment during incarceration. The chief common characteristics of the situations inducing this syndrome seem to consist of deprivation of freedom of activity, deprivation of freedom to develop a variety of more or less reliable interpersonal relations, together with anticipation of further isolation and

deprivation, or of death, in case one fails to comply.

The evidence available from personal and group interviews indicated that the treatment of prisoners had been rugged indeed during the first 6 to 8 months of the war, but that since the spring of 1951 the Chinese Communists had employed what was known as the "lenient policy." As this has been carefully described by Col. Peterson, I will not review it here. However, I would like to emphasize certain aspects of the treatment. These aspects were directed toward destroying personal loyalties and group cohesiveness amongst the prisoners. The chief methods to this end included:-

1. A personalized approach to the men by the use of interpreters who virtually lived with the prisoners and talked to any who could be drawn into discussions of personal problems and sensitivities, always emphasizing that the Communists stood for the "highest ideals" and aspirations the individual man might indicate.

2. Public confessions by individual prisoners of their infringement of the camp rules which were known to have occurred and, later, similar confessions of infringements which the Chinese accused the individuals of but which might not have been so. The means of evoking these confessions varied, but it is not clear how the widespread system was started. Once under way, however, it proceeded actively.

3. The step from personal confession to reporting

on one's associates seems not to have been a particularly difficult one. "You could not trust anyone" was a frequent comment made by the returnees to me.

4. The Chinese methods of handling the very few (only 3 reported) episodes of demands made by groups of prisoners (30 to 50 men) was to acquiesce just enough to remove only the most obvious basis for the demands. There was some direct evidence from the returnees' statements and a good deal of inferential evidence that following these episodes certain of the leaders in the group action would then be dealt with. Some would "be sent to other camps" and the prisoners later told "that they (i.e. the former leaders who were sent away) were now much happier and not dissatisfied." It would seem that "leaders" would thus disappear without becoming martyrs and without leaving a ripple of resentment to form the nucleus for further group cohesion.

5. The one area in which free communication was not only permitted, but encouraged, amongst the prisoners and between them and their captors, was the area of Communist ideology. The human need for reliable continuity of communication with one's fellows is so great that a large number of the prisoners found their ideas changing without logically ascertainable reasons.

It may be noted here that none of the methods enumerated above is new. Also, it may be noted that none of them will work in a society in which there are reliable relationships established and operating among the members composing the society. The effectiveness of the Communist methods depends on:-

1. The fanatic attitude of the Chinese in the early stages and, later, their careful doctrinaire institutionalization of a consistent, well-developed approach.
2. The pre-existing presence in the group to which the method is applied of group anxiety in the form of a sense of unreliability in interpersonal relationships.

Both of these factors were present in the case of the prisoners. Chinese Communism still has the characteristics of fanaticism in that "they have something to fight for" (a comment that several soldiers who have been in personal combat with the Chinese have made). On the other hand, the background of the prisoner group included the following disturbing factors:-

1. The Korean war was unpopular and men sent overseas were thought to be "unlucky."
2. The Korean war was used as a political football, both by prominent individuals and by political parties.
3. The Korean war was relegated to the back pages of the newspapers for considerable periods.
4. There is a background of considerable social change in the United States, starting before World War I,

with attendant uncertainty, anxiety and consequent threat to reliable group cohesiveness. Indeed, we run the danger of fighting not "for freedom", but against Communism." Every effort should be made to counteract a widespread adoption of the negative attitude evidenced by the latter expression.

The extent to which the reception accorded the returnees reflects the seriousness of our current cultural status remains to be determined. I should like to call attention, however, to the pathetically discrepant attitudes evidenced in the reception of the returnees. On the one hand there was the hysterically, over-dramatic spectacle at Freedom Village of hundreds of reporters, Klieg lights, flash-bulbs, and what not. On the other hand there was a fantastic fear that the assumed "Communist indoctrination" of these unfortunates represented a serious threat to the stability of our culture, and they were kept under lock and key. A psychiatrically worse situation than this can hardly be imagined, with its apparently warm welcome and simultaneous suspicion and rejection. Fortunately, enough was learned from this experience to form the basis for a much sounder plan put into effect at operation "Big Switch."

A number of factors combined to reduce the freedom of the returnees to communicate their thoughts and attitudes freely in the interview situation. Some of these factors were inherent in the current situation, such as anxiety due to the sudden transition to a new situation; the fact that the returnees were confined to their wards under

guard; the concurrent intelligence interrogation and medical examination; the interest of the press. Emotional factors which some of the men expressed and which could be inferred in other cases were of importance in a number of the men; not in others. These emotional factors included the following:- guilt and more or less apprehension of retribution for not having sufficiently resisted capture, for not having resisted and not having made serious attempts to escape after imprisonment, for having "collaborated" with their captors to a greater or lesser degree, for having engaged in the dog-eat-dog maltreatment of fellow prisoners during the rugged early period under the North Koreans. There was also a certain amount of fear that the Chinese would maltreat the prisoners still held if the returnees expressed themselves freely. (This latter fear seems to have been used as an overt rationalization for avoiding discussion in many instances when the real reasons were mental confusion and threat of emotional breakdown.)

In spite of the aberrations thus produced in the interviews it was quite possible to obtain data on the current mental status of the men. Indeed, the degree to which the factors noted above seemed to play a part in modifying the interviews was positively correlated with the severity of the mental disturbance of the interviewee.

Only two of the men I saw in personal or group interviews impressed me as having come through the prison experience without considerable persistent traumatic effect. Both of these gave life histories indicating a relatively normal and secure family relationship

at home. The others I saw showed moderate or severe symptoms. The men of this group whom I interviewed individually gave evidence that they had personality problems before capture. The two clearest nosological categories were the frank constitutional psychopathic inferiority group and the immature, latent schizophrenic group (one of the latter became frankly psychotic at the 8167th A.U.). Most of the men did not fit into a clear-cut nosological group, but immaturity and schizoid trends were predominant.

The constitutional psychopathic inferiority reaction was typical. These men talked volubly, always being alert to follow any cues indicated by the interviewer. The latent schizophrenic reaction showed in several forms. The commonest form was one of confusion, either directly formulated (as one man said, in a strained, tense voice, "I don't want to talk -- I don't know what to think"), or evidenced by rambling stories of prison experiences which sounded almost dreamlike in their internal temporal and spatial discrepancies. One Negro soldier of this group asked me for a second interview and poured out a long history for an hour and a half, starting with his childhood. At the end he said, "Now I have told you everything -- I feel better." It was clear on the basis of his responses to occasional questions I interjected that he expected me to understand a great deal more than he was actually saying in his fleeting, tangential references to matters such as homosexuality, maltreatment of fellow prisoners, and so forth. Other latent schizophrenic reactions showed in men who were very quiet and aloof, but who gave behavioral evidence or (rarely) actually verbalized their acute

anxiety that they "would blow their tops" if they were faced with a situation in which they felt they were being humiliated.

I got the impression that the typical "zombie" reaction of the returnees had developed not only as a defense against their environment and captors, but that it also served, at least for some men, as a defense against the danger of the onset of a fear-escape or of a rage-destructive panic. The danger of panic did not show as long as the situation was highly structured, either by commands, specific questioning, or other similarly directed forms of interaction. It became apparent, however, when the man was given freedom of choice in situations in which he felt his personal status would be judged on the basis of his response.

The course of the men in the hospital was of interest. There was a very slow expansion of activity. For example, Colonel Gibson, Chief of Medicine, noted that it was three to four days before any of the first men to arrive even asked for the simplest things such as hair oil, etc., from the PX. At the beginning there were very few indications of sub-group formation for conversation, games and what-not amongst the returnees. By the end of the first week such sub-groups became relatively common. On the 4th or 5th days after arrival at the 8167th A.U. several men (of the immature, schizoid-reaction type) suddenly began verably expressing feelings of marked hostility. These hostile feelings were directed against either their Communist captors, the Communists in the United States, or the officers they were under at the time of their capture. The verbal expressions had the

characteristics of juvenile melodrama. These reactions lasted for about a day and then subsided and could not be re-invoked. There was some increase in freedom of behavior following such an episode.

About one-third of the men I spoke to said they wanted more time to adjust before returning home, particularly time to go around on their own, outside of the hospital control. Several complained about the lack of such opportunity. Some two-thirds said they wanted to "go home" right away. None made any clear, overt complaints regarding the delay, and on further questioning it developed that the concept of "going home" was being used as a magical formula to relieve the immediate anxiety. Very few of these men had reasonably realistic anticipations of what "going home" signified. In all cases it represented security from threat on the one hand, and seclusion from interference by other people on the other.

In the group interviews an attempt was made to present a number of the problems they would inevitably meet on return to the United States for consideration and discussion. These included such items as the changes which they and their families had undergone in the period of their absence, the problem of the "returning hero" who is actually very much of a stranger and is likely soon to be forgotten, the problem of handling the comparatively large amount of back pay to be received in a lump sum, and so forth. In the first group of interviews held there was no discussion whatever. At most, only the briefest answers to direct questions to individuals were obtained. With groups in the latter part of the period, discussion became somewhat more free,

but remained limited to the interviewer and one or two members of the group at a time. Very rarely a question was batted around between three or four members of the group together.

The men coming into the hospital during the last third of the period of the operation showed -- with occasional individual exceptions -- less tension and more initiative than those returned during the first third of the period. Since there was no evidence that there were pronounced differences in personality types or in their previous experiences it seems probable the change was due to change in the spirit of the reception. The first group of returnees faced the most flagrant excitement of the reception. As the operation proceeded it rapidly became more routinized and efficient, and the curiosity of the press and the general yen for drama decreased, together with the anxieties of the receptionists. The emotional impact of the transition from the status of prisoner to the status of repatriate was thus markedly reduced for the later returnees, apparently to their considerable advantage.

A follow-up study on the returnees from operation "Little Switch" is under way in the Department of Psychiatry, and the Psychiatric Research Team in Korea has collected data on a random sample of returnees from operation "Big Switch" for comparison. This material will be collated and will form the subject of a future report.

I should like to make two general comments with regard to the examination of the repatriated American military personnel. The first of these concerns the problem of communication. It is quite obvious that the content of a great number of statements made by the returnees

could not be taken at its face value. Many times the spontaneous productions, and at other times the answers to questions, were related to the immediate mood and to anticipated dangers of rejection, retribution, etc. more than they were to the presumed facts described in the contents of the communication. A dramatic example is the selection of particular people and their actions as a content for the expression of rage by certain of the returnees on the fourth or fifth day following repatriation, described above. The particular people and actions had, no doubt, certain symbolic value for the respective returnee, but the statements did not represent references to facts -- rather, the statements were being used as a vehicle for the expression and concurrent rationalization of the immediate mood.

Such distortion of communication does not mean that it is impossible to get accurate information from people who have undergone or are undergoing emotional stress. It does mean, however, that both for purposes of psychiatric examinations and for purposes of collecting historical data, it is necessary to interpret verbal communications in the light of inferences, implications, and tangential references contained in the communications themselves, as well as those inherent in the situation of the examination. Further, it is necessary for the interviewer to have as much collateral information and historical information from other sources as may be available. Also, it is important to have a series of interviews over a period of time in order to demonstrate the direction in which discrepancies point, and so to elucidate the probable nature of distortions. Finally, it is

important in a situation such as that of repatriation for the definitive interviewer to see the subject as soon as possible. The reason for this is that every time a person makes a statement about a situation in which he has been confused (as almost all returnees were with regard to their incarceration) he commits himself to a proposition which may or may not be factual and introduces further psychological factors in the form of a need to maintain in future interviews the previously expressed opinion. This psychological mechanism makes it even more important that initial interviews with men under stress be conducted by interviewers who themselves are as unbiased as may be.

The second general comment I should like to make with regard to the data obtained from the examination of the returnees concerns the effect of isolation upon the human. My interest in this aspect is in part due to a relatively recent development of experimental studies in comparative and human psychology on the effects of isolation, unaccompanied by other trauma such as dietary deficiency, pain, threat, and so forth. In all the experimental work, pronounced modifications of "normal" performance have been produced. In animals, isolation during early life results in the failure of certain so-called instinctive functions to mature. Recent studies by Dr. Donald O. Hebb, McGill University, on humans indicate that within a very short time (1-2 days) complete isolation, together with restriction of sensory input (such as by having the subject wear translucent glasses) results in marked emotional disturbance and certain changes in attitude. These changes in attitude include decrease in critical judgment, decrease

in reasonable self-assertiveness, and decrease in the average normal sense of the reliability of personal relationships. In all prison situations a greater or lesser degree of isolation is necessarily present. Under the Chinese policy the sense of isolation is markedly increased by depriving the prisoners of safe relationships among one another.

This area of the fields of psychiatry and psychology -- which may be referred to as the pathological effects of isolation -- is very important as it represents one of the most potent methods for manipulating attitudes. It seems clear that isolation may be effectuated either by physical factors such as walls, distance, etc., or by human interactions such as threats, or by cultural ideologies with the implied threat of rejection (excommunication) of an individual if he acts, speaks, or indicates that he thinks in a manner not dictated by the particular ideology. Although under particular conditions a person's performances, manipulated by isolation techniques, are more suitable to an immediate, given situation, it is always necessary to recognize that the isolation technique results in an over-all decrease in adequacy of the individual.

Research Projects in Korea

I returned to Korea on 9 May and consulted with a number of medical and line officers with regard to the investigation of psychiatric problems and the feasibility of various possible projects. I am particularly indebted to the Division Psychiatrists -- Capt. Lavin of the 7th, Capt. Wardell of the 45th, Capt. White of the 3rd, and

Lt. Nowak of the 25th -- for reviewing with me a number of their observations. These included not only observations on types of NP casualties, but also observations on fatigue, on certain responses to stress such as self-inflicted wounds, on the varieties of attitudes of commanders of rifle companies to NP casualties returned to duty, and so forth. Capt. Lavin had made a survey of a series of patients with accidental gunshot injuries (none proved, although several were suspected of having been inflicted purposefully). He came to the tentative conclusion that continuous duty of more than 28 days on the Main Line of Resistance in sections where 100% alert at night was frequent was a factor predisposing to fatigue and carelessness resulting in accidental gunshot injuries.

The Psychiatric Research Team came to Korea 20 May and, after a brief period of orientation at the 123rd Medical Holding Company, joined me at the 7th Division. We were based on the Clearing Company. I would like to express my appreciation for the assistance given us in all practical problems by Major Mallory, MC, Division Surgeon, Captain LeGrand, MC, Commanding Officer, and Lt. Jackson, MSC, Executive Officer, of the Clearing Company. Lt. Fred Rosenberg, MC, Division Psychiatrist (who succeeded Capt. Lavin) and his staff collaborated with us most effectively.

General Trudeau introduced Maj. Harris and myself to his staff and to the Regimental Commanders at the weekly conference and I made a brief statement of the major objectives of the Research Team.

The initial project started was a follow-up study of the NP

casualties returned to duty during the preceding five months. It is known that some 10% of such men are returned (and for the most part later evacuated) through the Division Psychiatrist. In order better to evaluate the effectiveness of current therapeutic methods it was considered desirable to know how the remainder performed. As a control group an equivalent number of men from the same companies who suffered minor wounds received in action and were treated at the Clearing Company were also followed. At the same time information was obtained on the course of men who had had one or more courts-martial in the Z.I. Every third man with such a record was picked for follow-up from the alphabetically arranged records which were held at Division Rear. This was done for the 17th and 31st Infantry Regiments. There were 300 such men in each regiment, approximately 10% of the current average strength. A sample of 100 men in each regiment was followed. The duration of time in the regiment varied from several months to a few weeks. Two other control groups were picked from company rosters which were:- men recently returned from Japan R&R, and men who had been continuously with their units since the Division came back on the line (5 months).

Information was obtained on the effectiveness of the subjects followed by M/Sgt. Becker and Pfc. Mayer through interviews with Company or Platoon Sergeants or other non-commissioned officers in direct contact with the men concerned. Where opinions were obtained from more than one non-commissioned officer there were occasional marked discrepancies. However, for the most part the over-all

impressions as to effectiveness coincided quite well. The last two categories of men used as control groups noted in the preceding paragraph were useful in this study only in terms of providing a means for checking on the reliability of the estimates made by the interviewees. A great number of the men in these two categories, particularly in the last, had been promoted (some to Sergeant) since joining the unit due to the extraordinarily rapid turnover of personnel -- caused by rotation in conjunction with the usual attrition factors.

This study was only partially completed at the time of my departure from Korea. The data indicated that at least half of the NP casualties returned to duty and at least half of the men with court-martial records were average to better than average in their effectiveness under the conditions of static warfare prevailing at this period. Of the remainder, varying degrees of poor performance were noted, most of which was tolerated by the majority of units.

In the course of this work, and from other information received from the Division Psychiatrists, it was found that men were relatively seldom separated from the Army under the provisions of AR 615-368 in the combat zone, even when such was recommended by the psychiatrist. This is probably due to the pressure of events as over against the time required for the paper work and administrative procedures necessary for a survey board. Simplification of such administrative problems for officers in the combat zone may be likened to taking ten pounds of rarely used items off the standard equipment of the rifleman in combat.

While the follow-up studies noted above were getting under way, Maj. Harris and I reviewed several possible major research projects in terms of their feasibility, taking into account the composition and size of the Research Team as well as the tactical situation. After careful consideration, two projects were decided on and research protocols were developed. Outlines of the protocols of these two projects are attached as Appendix A.

The "Analysis of Statistical Data" was developed for two main purposes. Firstly, in order to make data from studies of limited events in particular locations comparable it was deemed necessary to have a concise formulation of the general activity and status of the whole Division. Secondly, it would be very desirable to develop statistical indices for comparison with and critique of subjective impressions of fatigue, group mental health, and so forth. An attempt is therefore being made in this study to determine any consistencies, and also the range of inconsistencies, in correlations of indicators of external stress (such as enemy attacks, enemy rounds received, undue length of M.L.R. manned by a unit, etc.), with indicators of the mental health of the troops (such as NP casualties of various types, accidental gunshot wounds, A.W.O.L., etc.). It is obvious that any conclusions arrived at from this study would be valid only for the conditions of warfare prevailing in Korea. It is also obvious that a number of factors which cannot be stated numerically -- such as weather; changes in command; movement of units to areas new, and therefore strange, to them; changes in tactical policy, etc. -- have

to be taken into account. However, it is hoped that, by developing a method which may be more or less standardized and applied in a variety of conditions, comparably objective data may be obtained for purposes of further study. In addition, the finding of marked discrepancies in the numerical indices calls attention to situations in which further study of collateral factors are required. For example, in one instance found in the present study a marked increase in accidental gunshot wounds occurred over a three-week period (January, February, 1953) under conditions in which there was no significant change in weather, enemy action, logistical support, etc. On further investigation of the records it was found that this epidemic of accidental injuries followed within a week a change in our own tactical policies which involved increased danger for the soldiers and, to a considerable extent, deprived line officers of freedom for exercise of personal judgment. The identification of episodes of this type will permit studies of considerable importance on the problems of psychopathological breakdown in personal relationships with consequent deterioration in group cohesiveness and efficiency.

It is to be noted that the data to be numerically recorded in this project are, with the exception of a few items such as interviews with Chaplains, already being collected in different parts of the Division organization. Hence, the only additional work consists of bringing the data together into a unified tabular form for analysis. Immediate graphic presentation of certain critical items will call the attention of the field investigators to episodes deserving more

detailed attention.

In a detailed discussion of this project with Lt. Col. C. J. Dickinson, AG, and Lt. Col. McClure, G-1, of the 3rd Division, they pointed out that the collection of the requisite data would require the full attention of an officer but that such officer would not need to be a psychiatrist. By using two or three officers with training, for example, in T.I.&E., data could be collected from two or three divisions and funnelled to a central unit for analysis. Obviously, the central unit should be under the direction of a psychiatrist primarily concerned with problems of group mental hygiene and preventive psychiatry. At Lt. Col. Dickinson's suggestion, I contacted the G-1 section, Eighth Army, on my return to Eighth Army Headquarters. I found a very considerable interest in the development of this project and acute realization of the value of the information to be directly derived, as well as the value of identifying situations and episodes which need attention and study. Amongst other things, it was noted that better understanding of certain types of epidemic episodes would not only relieve unnecessary command concern, but in many instances would obviate institution of restrictive policies. On the other hand, such understanding would also permit in other instances the initiation of restrictive policies early enough to prevent development of an epidemic which might otherwise have serious and prolonged consequences.

The second major project of the Psychiatric Research Team, namely, Case History Study of NP Casualties, represents an attempt

to define and classify the situations which precipitate psychiatric breakdown. It is expected that study of these situations and of the interpersonal (including the intrapsychic) events leading up to them will provide useful data on the nature of psychological stress and on the defenses against stress which may be used by individuals and by groups. The study therefore includes both a psychiatric evaluation of the casualty himself and also provides socio-psychiatric data on the unit and sub-units (company, platoon, squad) in which his break occurred.

In addition to the clinical and preventive psychiatric information collected in this project, other data bearing on the informal structure of military units (including the range of variation which they show, and the areas in which these varieties of informal structure are effective or ineffective) will be obtained. Preliminary observations indicate that the informal structure of units varies over a considerable range. For example, command channels are rigidly (almost obsessively) adhered to in some instances, are used flexibly in others, and in still others are to a considerable extent by-passed. All of these patterns are workable, their relative effectiveness depending on personalities and situations. These phenomena need further investigation not only from the point of view of socio-psychological studies and communication theory, but also from the point of view of psychiatric investigations on the nature of the distortion of information during transmission through the medium of particular types of interpersonal relationships.

The psychiatric investigation of the role of interpersonal transactions in group structure and group effectiveness is particularly important from the standpoint of therapeutic measures. A sound discipline in preventive psychiatry can only be built on adequate knowledge of interpersonal processes and their interaction with group processes.

It is necessary to study these phenomena in the field during the course of combat operations. The mission to be accomplished plays such an important function both in group structure and in the concomitant interpersonal relations that comparable situations cannot be set up under training maneuvers or experimental conditions. Although, for a number of reasons to be discussed later (under the heading of Problems of Psychiatric Field Research), it is not feasible to study these problems in the course of combat itself, our own experience in this project confirms that of Brig. General S.L.A. Marshall (Reserve) to the effect that a great deal of useful information can be obtained by group and individual interviews conducted within a short period (hours to a few days) after a unit has come out of combat into a reserve or blocking position.

One of the initial findings in the course of this project may be mentioned here. All of the NP casualties -- ca. 12 -- evacuated to the rear from the 7th Division area during the month of June suffered psychotic reactions. The front was relatively quiet throughout this period, but there was evidence that the enemy was preparing an attack. Study of the background of these psychotic

breaks demonstrated that none of these men had become an accepted part of the units to which they were assigned during the period -- 4 days to about 6 weeks -- between their arrival in the unit and their breakdown. An occasional man was rejected by the squad and company (e.g., as being "yellow") from the day of arrival. In occasional other cases the squad and company had made every conceivable effort to support the man, by personal discussion and by trying him out in various jobs from rifleman to kitchen helper. In all cases the lack of assimilation of the new man was expensive for the unit as well as for the man in terms of morale and efficiency. It would appear that the stress was not that of combat and immediate danger, but was due to the transition to the cultural patterns of the combat zone. Further, with the stress of transition there was sufficient anxiety and consequent disorganization to prevent the man from developing those group relationships, (often called identification, loyalty, courage, etc.), which are necessary for adequate functioning on the M.L.R.

This evidence corroborates much other evidence and general opinion that transition from one set of patterns of interpersonal transactions to another constitutes a severe stress in and of itself, apart from the stresses of physical discomfort, danger and so forth. It would therefore be important to run a series of experiments to determine whether such "transition" stress can be reduced by inducting, training and moving units instead of individuals. Further, the experiments should be designed to

determine the optimal range of the size of the group which should be dealt with administratively and tactically as a unit. On the basis of theoretical considerations I would expect that the minimal size which would be useful would be 4 men -- i.e., half a squad -- and that little would be gained from the standpoint of preventive psychiatry by increasing the size of the unit beyond 15 to 20 men -- i.e., two squads.

I should like to record as a sort of footnote at this point some personal impressions on the general problem of unit rotation. The great majority of officers I spoke to about this matter were strongly in favor of rotating units of battalion or regiment size. They particularly emphasized that they wanted men and officers round them whom they "knew." There was usually a certain degree of internal inconsistency in their arguments in so far as they did not take combat attrition rates into account. It seemed to me that much of the demand for large unit rotation represented a way of expressing the inevitable loneliness every man feels in the combat zone. In part the concept of large unit rotation is, I think, to be understood as a wish for a cure for this loneliness. Another factor, however, must be taken into account in warfare of the static type as in Korea. In such situations a unit's and an officer's reputations are not determined preponderantly by their tactical effectiveness. Army has time to inspect Battalion areas, Corps gets down at least to companies, and Division commanders can inspect the policing of outpost trenches. Static warfare is thus an acute administrative

problem. At the same time, as General S.L.A. Marshall has so well described, small unit actions in this static setting are just as intense and vicious as any of the fighting in a fluid type of warfare.

In summary, it may be stated that the two major research projects undertaken by the Psychiatric Research Team were:-

- (1) Investigation of the possibility of developing a more-or-less automatic method for keeping a running survey of the general mental hygiene of units of Division size.
- (2) The study of NP casualties in terms of the precipitating events. The preceding interpersonal (including intrapsychic) relationships and the utilization of these data on the broader problem of group mental health and preventive psychiatry.

At the same time that these projects were initiated, plans were laid for the change in the activities of the Psychiatric Research Team in case the impending truce were consummated. These plans included a psychiatric evaluation of a random sample of repatriated American military personnel during the operation "Big Switch" in order to determine whether the fairly obvious selection by the Chinese of the returnees at "Little Switch" was a significant factor which modified the clinical picture seen in this group. Plans were also made for the research team to study the psychiatric and mental hygiene problems of men in the divisions with which the Team was acquainted during the transition from active warfare to occupation duty. It is generally known that such transition periods are accompanied by

exacerbations of character and behavior disorders and are also occasionally accompanied by psychotic reactions. This plan was designed, therefore, to attain more complete data for the purpose of evaluating the personality dynamics involved. It may be noted here that both of these projects have received the attention of the Team since the signing of the truce. Dr. Frederick Redlich, Professor of Psychiatry at Yale University Medical School, has collaborated in the latter studies during his tour as Psychiatric Consultant to the Team, 7 August to 20 September 1953.

Research Projects in Preventive Psychiatry Proposed for Future Study.

A large number of problems which acutely need attention in the field of preventive psychiatry are quite apparent. Techniques for investigating these problems and investigators with adequate technical training combined with the necessary personality characteristics are not so obviously available. On the basis of observations made in August and September 1952 and in May and June 1953, it has seemed to me that a number of useful investigations would be feasible and that adequately trained personnel could probably be found to carry them out. Amongst these, the following may be stated here:

(1) The nature of psychological stress in combat.

I was fortunately able to attend several sessions in which Brig. General S.L.A. Marshall (Reserve) debriefed small units a short time after they had engaged in action. General Marshall has developed a very superior technique of group interviewing, and it was obvious that

the data obtained by his methods were considerably different from data on combat situations obtained from men after they had returned to the security of routine life in rear areas. These discrepancies can be accounted for by mechanisms which affect memory, which have been rather extensively studied psychiatrically. However, it seemed obvious that the combination of a psychiatric debriefing, together with the system of tactical debriefing (which was being established through several Divisions in the Eighth Army) would provide much better information than is now available on psychological stress in combat. Such studies are important in that correct information in this area is necessary for adequate planning of pre-combat training and also for other preventive psychiatric measures.

(2) Study of the informal structure of military units and the related personality factors.

The formal structure of Military units is specifically determined by the T.O.&E. However, as with all human groups, the informal structure varies over a considerable range and so both modifies the individual member's concept of the formal structure, and also affects the effectiveness of the unit in various ways. Although definition and classification of commonly occurring informal group structures require social-psychological techniques, the investigation of the personality dynamics which both modify and are modified by such structures requires psychiatric methods. Of particular interest is the observation that some types of informal structures are self-perpetuating. (It is generally recognized, for example, that certain regiments over a

considerable period of time may make, and other regiments may break, officers assigned to them.) This cultural inheritance and cultural evolution can be studied by an interdisciplinary approach. It is recognized that the area to be investigated is extremely broad, but it may be noted that both psychiatric and social science investigators are now available and have techniques sufficiently refined to at least be able to define the major subdivisions of the over-all problem which may then be separately investigated.

It seemed to me that a pilot study in the general area of personality factors in group structure stated above would be usefully started in the more limited situation of the investigation of a series of squads. I was particularly impressed by the extraordinarily short time it required for individual replacements coming into squads to be regarded as "old" members. In some instances a man was recognized as an "old" member four or five days after his arrival. Within the squads there was a very strong taboo against any pattern of interaction or communication which aroused tensions. Sensitivities with regard to race, color, creed, economic status, etc. which were quite apparent in the rear areas were, both consciously and unconsciously repressed in the forward areas. Any suggestion on my part of raising questions about these problems during an interview were obviously threatening and were resented. It seemed to me that the intense squad loyalties and cohesiveness were defenses against anxiety and were probably necessary under the conditions. However, I suspect that these defenses are commonly not sufficient to stand the psychological stress of combat

and that when they break down in acute situations it results in men performing as individuals rather than as teams. A great deal more information is required to develop rational preventive psychiatric procedures in order to obviate the more serious deficiencies of our present systems.

The feasibility of conducting studies in the combat zone on group structure and personality dynamics has been demonstrated during the past year by the work of Capt. Roger Little. Capt. Little was sent out to Korea by the Neuropsychiatry Division, Army Medical Service Graduate School, to study a Rifle Company. He stayed for two months on the M.R.L. with Love Company, 27th Infantry, 25th Division, and then studied a Headquarters Company in the 25th Division and a Rifle Company in the 31st Infantry, 7th Division, for shorter periods. Capt. Little received excellent collaboration in his work and was able to accumulate a large amount of useful data. He is now at Michigan State College analyzing his material, which will be used as the basis for a thesis for a Ph.D. Degree in sociology. Capt. Little's work is the first project of this type carried out, and his success indicates that further studies will provide material of great practical significance to the Army.

(3) Study of personality factors in leadership and methods for their favorable modification.

The problem of leadership has received much attention in recent years, but remains more obscure than is probably necessary. One direct approach to its scientific analysis is the study of the formal and

informal leader-group relations, which is part of the study of group structure stated in subparagraph (2) above. Another approach, which is more descriptive than analytic, is to investigate and describe the way a number of men in particular leader positions -- e.g. commanding officers of companies, regiments, and divisions -- actually conduct their work. Methods of investigation would include both direct observation and personal interviews. The feasibility of such studies has been demonstrated in considerable psychiatric and psychological work in industry. These industrial studies have resulted in better understanding of the jobs investigated and increased efficiency of the organization.

On the basis of my own observations in Korea -- which I cannot claim are more than casual -- and on the basis of interviews by Dr. Stanley Eldred with officers who were patients on the surgical and medical wards of the Walter Reed Army Hospital, it is clear that the problems of leadership are quite different in the echelons below battalion level from those in the echelons above that level. It is also clear that the standard concepts of leadership which are formulated in textbooks and are widely taught are well known. Most officers, however, have personal concepts of their individual roles and also have methods and patterns of fulfilling their roles which vary widely. The variation is due in part to differences in personality, differences in previous military experience, and differences in the functional organization of the units to which they are or have recently been attached. It seemed to me that some of the

more effective patterns of fulfilling leadership roles could be fairly successfully inculcated in the young officer by assignment to the proper unit for an apprenticeship period. However, the officers who seemed to me to be, and who were also widely regarded as, superior in command ability used methods of leadership to a large extent dependent on their own personal maturity, which has to be "developed" and cannot be "taught". It is to be emphasized, nevertheless, that personal maturation proceeds in every man, if it is not interfered with, and that a good deal of information is available as to the means by which it may be fostered.

I was quite surprised to find, in discussions with a considerable proportion of officers, a marked discrepancy between their ease and freedom in telling me about what they did, and their difficulty and occasional defensiveness when I asked what and how they learned about the mental hygiene, attitudes, etc. of the men under them. Everyone agreed that communication channels from the ranks to command should be kept open, but I routinely found that this is an area to which less attention and study is consciously given than to the area of command channels down. Inclusive statements -- such as, "An officer should know his men and the men should know their officers" -- often prove to be little more than tangential expressions of the wish that all military units were more or less ideally effective. We have to ask very seriously, "What are the crucial, relevant things which need to be known, and how does one reduce the difficulties of learning about them, particularly in the field?" My feeling that this is one of the most important areas to which attention needs to be directed at the present

time comes largely from the impression I received that the "best" officers I met were more interested in and had more capacity for receiving information about their units than the "good" or the "poor" officers.

I wish to note here that the spread of variation between "best" and "poor" is not as great as the words may sound. For example, I looked into the feasibility of setting up a project for a psychologic screening device to differentiate the potentialities of officer replacements in the lower echelons. I came to the conclusion that the frequency of serious ineffectiveness in combat leadership was so low that a sample of sufficient size to develop a satisfactory testing system would not be obtained. Nevertheless, the study of psychopathological blocks in the lines of communication and of psychopathological difficulties in the quick assessment of the relevance of the information transmitted remains one of the most important fields for research in preventive psychiatry.

Research on Problems of Preventive Psychiatry Amongst Troops Stationed in Foreign Countries.

On my return to Japan from Korea I accompanied Col. Donald B. Peterson, MC to Camp Crawford, Sapporo. I was very kindly received by Maj. Gen. Armistead D. Meade, C.G., 1st Cavalry Division, and his Staff. I had the opportunity for discussing in considerable detail the need for and problems associated with the investigation of the ecology of mental disorders and of communicable diseases (including V.D.) of troops

stationed in Hokkaido. I am particularly indebted to Lt.Col. John Taylor, S.J.A., for his interest in the problem and his assistance. It was generally agreed that development of preventive psychiatric methods would be desirable and that research in this area would be feasible. Certain difficulties could be foreseen but these were in no way prohibitive. General Meade assured me that if a project were initiated it would receive every cooperation.

In August 1952 I visited Okinawa with Col. Peterson, with a view to similarly surveying the possibilities for preventive psychiatric research in that area. Besides the cultural and climatic differences between the Ryukyus and Northern Japan, it is to be noted that there are fewer troops in Okinawa and that they are more isolated. In addition, there was a much larger "camp follower" culture at the village of Chitose in Hokkaido, Japan, than was anywhere apparent in Okinawa. It seemed to me that each situation has its desirable and undesirable aspects as a site for investigation of preventive psychiatric methods. It would be preferable to conduct a comparative study to determine common features of difficulties encountered in the relations of American troops with indigenous populations. In case personnel could not be recruited for a comparative study, the selection for the site of the investigation should probably be made on the basis of the training of the cultural anthropologists available. The composition of the Psychiatric Research Team for work in this area should include, in addition to a psychiatrist and a psychologist, one or two cultural anthropologists. It would be necessary to investigate common

denominators in the local culture and the American military culture in order to develop methods for fostering useful interaction and for reducing much of the socially disruptive interaction which now occurs.

I have asked Dr. Frederick Redlich also to look into the problems of research in preventive psychiatry amongst troops stationed in the Far East during his tour. It is expected that shortly after his return a definitive proposal for this project may be drawn up and submitted.

Problems of Field Research in the Combat Zone.

I wish to record certain personal reactions which I found were also reflected in the experiences of other investigators in the combat zone, and which I think probably need to be taken into account in most plans for field research.

On the other hand I experienced a very warm welcome throughout the combat zone, which, if anything, became more frankly outspoken the closer I approached the M.L.R. On the other hand, the attention of men and officers to the job of fighting the war and personal involvement in this job similarly increased in intensity. The result was increasing incentive to participate in the interests of the group and decreasing opportunity for relaxed attention to methods and ideas not currently used. I found in myself that this inevitable constriction of freedom of communication resulted in sharply increased difficulties in planning and critically evaluating research methods and data. I further found it very important to return at intervals to rear areas and to use some

of my friends -- particularly at the 123rd Medical Holding Company -- for "hashing over" and thereby clarifying my thoughts and impressions. I further found that association with other investigators, as for example, the Surgical Research Team at the 46th SH(MA) and the Entomological Team and the clinical staff at the Epidemic Hemorrhagic Fever Center, 48th SH(MA), served essentially the same purpose, although we discussed problems not directly related to my own work.

It seems to me that field research should be planned in such a way that the investigators have more frequent contact with other investigators than is ordinarily thought necessary in laboratories in the Z.I. A group the size of that at the E.H.F. Center, together with the support of consultants and workers engaged in short-term projects sent out from the Z.I., is relatively self-sufficient. Smaller research units, however, would be markedly benefited by mutual support such as by a Medical Research Society with monthly meetings. It seems to me doubtful that an isolated investigator could, on the average, function satisfactorily for more than two or three months, particularly in the fields of psychiatry and social science in which the acquisition of data requires personal participation in a great part of the situations studied.

Miscellaneous Notes.

The establishment of a previously proposed investigation of "fatigue" (boredom, low morale, excessive energy output, sleep deprivation, continuous anxiety) by a multidisciplinary approach was considered,

but the cessation of fighting necessitated postponement. In the meantime, methods are under development in the laboratories of the Neuropsychiatry Division, AMSGS, for application should the occasion arise.

Data which have been collected by the Psychiatric Research Team contain considerable information on the problem of utilization of foreign personnel in Rifle Companies. In my own discussions I found that officers at battalion level and above felt that there were no fundamental problems with the KATUSA's. Platoon leaders, squad leaders, and men felt that there were problems. When I asked for descriptions they all revolved around episodes requiring quick maneuvers during fire-fights in patrol actions. The problems concerned the difficulty of communication. The most probable implication of these reports seems to me to be that although the KATUSA personnel have learned a little English, in the tension and excitement of action engaged in by patrols, communication breaks down and the language barrier becomes significant (commands are less clearly and completely given and idiomatic expressions less well understood). The identical problem arose with regard to Puerto Rican soldiers who had limited facility with English. These problems did not arise on the M.L.R. With regard to other minority groups, I may note that I never heard the word "Jew" mentioned in front of Division level and that "Negroes" was only mentioned in terms of particularly able or unusually poor (practically psychotic) men.

It seemed to me that the perennial, protean problem of "fighting two wars" -- the one against the enemy and the other for

making a good impression on superiors or on the press -- was probably more pronounced in the Korean war than it has been in other wars. Examples of the phenomenon of "fighting two wars" vary over a wide range. They include such behavior as an officer's who needlessly risks high casualty rates in combat in order to present himself as a daring fighter, and also such conflicting policies as coincidental arbitrary rules to suppress vice on the one hand and reduce V.D. rates on the other, while making no improvements in the cultural relations of the troops. The effect of divergent motivations and purposes is one of the most destructive for good mental hygiene. Difficulties due to dichotomies of interest inevitably arise in large organizations. Recent psychiatric studies, particularly those of Dr. Alfred H. Stanton, indicate that such difficulties can be markedly reduced and at times removed by free discussion between the particular significant people involved. Dr. Stanton has summarized these studies in his article "Situations evoking stress in human groups and the group behavioral changes denoting strain" in the Symposium on Stress, Army Medical Service Graduate School, Washington, D.C., 1953, pp. 165-173. It would be desirable to set up studies directed toward further examination of this area, with particular reference to developing methods for quick identification of the locus of the difficulty in particular situations.

Concluding Remarks.

In concluding this report I should like to express my admiration for the high morale and efficiency of the Medical Service. It seemed to

me to be better than when I visited the Far East in 1952. The improvement was apparently related to increased attention to the professional interests of medical officers. The medical research projects in the Army had not only contributed to improved handling of casualties but had also stimulated a healthy competition for further advance. Shifting the mobile surgical hospitals further forward and increasing the amount of surgery performed at the Clearing Company level was realistic in terms of the tactical situation and provided additional professional incentive to the officers concerned.

When I visited the 46th SH(MA) I found the X-ray facilities markedly improved over last year, with consequent better operative handling of head wounds. The use of Stryker frames for the care and transportation of paraplegic patients was proceeding smoothly, and consequently with improved results. The excellent laboratory facilities at the 48th SH(MA) were impressive, and an active program of investigation both of the pathophysiology and of the treatment of epidemic hemorrhagic fever was under way. I should like to note that the professional atmosphere at both the 46th and the 48th impressed me as resembling that of a well-run university hospital. The coordination of the work with the attached research units and the collaboration of the hospital staffs with the research staffs was excellent.

The Neuropsychiatric Section of the Medical Service has maintained the high interest, efficiency and morale I was impressed by in 1952. Methods for treating and handling neuropsychiatric

casualties have been better defined and are being extended into new areas. The relationships of the psychiatrists with the Medical Service and the Line are firmer. This is most important, as the effectiveness of the psychiatrist can be virtually destroyed by poor relations with the rest of the group. I was much impressed by the practical adequacy of the present system of training men for serving as Division psychiatrists. The men with previous psychiatric residency and/or psychiatric experience were personally more comfortable in their work than the group who had only the course at the Medical Field Service School, together with the indoctrination period at the U.S. Army Hospital (8167th A.U.) and the 123rd Medical Holding Company. The latter group, however, performed adequately in the field, and it seems clear that the current training program would be sufficient in case of manpower shortage. Neither part of the present training system could be safely by-passed.