

COMBAT PSYCHIATRY:
THE BATTALION MEDICAL OFFICER

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COMBAT PSYCHIATRY

THE BATTALION MEDICAL OFFICER

NO ACTUAL CASUALTIES ARE SEEN IN THIS FILM:
PROFESSIONAL ACTORS AND MARINE CORPS PERSONNEL PORTRAY PATIENTS.

In the effective handling of men whose wounds are of the mind and spirit, the battalion medical officer's position is unique. He's a part of the outfit, he lives the life. He evidently understands the stresses; he is an officer, and yet a physician. If he establishes a reputation for fairness and consistency, his word will be heeded, his explanations and reassurance accepted. His encouragement of the man in coping with his fears, resentments and griefs can provide stronger psychological support than any other medical officer in the division.

There is not much the individual battalion medical officer can do to keep men from injury in battle. There is much he can do to prevent important loss of manpower from psychiatric causes.

That first day, I wasn't thinking much about my contribution to the prevention of any casualties, except perhaps myself. I was uneasy, I didn't know what to expect.

"Look, doc, there's your battalion!
Here we go."

"I'm chief Segler, sir. I take it you're Dr. Yods?"

- That's right, chief, glad to know you.
- Brother, am I glad to see you!
- I guess I'm your relief, uh?
- You sure are.
- Hope I haven't kept you too long.
- Long enough but that's alright. You're here, that's the important thing.
- Dr. Yods? My name's Peters, and that's Tom Oberlin.
- I figured. Glad to know you.
- Glad to know you. Wish I could show you around here, but I don't want to keep this taxi waiting. Pete here will give you the scoop. I'm going while the going's good.

- In a hurry, isn't he?
- Yeah. Time does move slower for some.
- Just drop your gear here, doctor, I'll have one of the corpsmen take care of it.
- Okay, chief. Come on, let's go meet the old man."

I'd heard about Peters. He was a good battalion medical officer. Though not a psychiatrist, he seemed to have been quite sold on the subject.

"Colonel Abbott? This is Dr. Yods. He reported in the division and just got here.

- Oh, Doc Oberlin's replacement, uh?

- Yes, sir.

- Glad to have you aboard. You're getting into one of the best units on the line. Major Barton, my exec.

- Glad to know you, sir.

- We got a good bunch of men here, doctor."

I guess I thought a CO and an exec in combat would be rather taut and breast-bound. But these men, and in fact most of the officers I was to meet, I learnt to respect for many reasons. They were top professional soldiers, highly competent and assured, but friendly and receptive to any sensible ideas we had to offer.

"Yeah, the other day, we were talking about this combat fatigue problem, and the surge here says to me, without batting an eye: 'Colonel? There's a direct relation between the quality of leadership and the number of NP casualties in any battalion.' Of course, I knew there was nothing personal in it. As a matter of fact, I, I agree with him completely, although I never looked at it in those terms before.

- And what's more, he's been keeping a lot of men we thought had gone psycho on... I mean, NP cases, and returning them to the line.

- Yeah, the old professor showed us that some of these Marines who looked like they couldn't take it were really good stuff.

- It's surprising what a nice sleep, a little encouragement and getting them back pronto will do for most of them. Well, we'll see you, Colonel.

- Right.

- Oh, by the way, surge, Able Company may have some rough going tomorrow. They lead the attack. Jump off at 06.30.

- Thanks, Major. The word's out. We'll probably have a few extra customers at sick call tonight.

- Oh, you know how to handle them, surge.

- Yeah, before Doc Peters joined the battalion, sickbay unloaded too many good men to the rear. He can probably give you some good pointers on this stuff. And we need all the men we can keep. Well, glad to have you with us.

- Thank you, sir.

- Thank you."

"Oh, can the sweet music, Jim. Come on, let's go."

"So this is it, uh?

- Yup.

- Say, why all the emphasis on NP casualties? How about Marines were rugged?

- They are, more than most. But any man can develop symptoms that make them temporarily, or in a few cases even permanently ineffective in combat. The old man knows that. He's pretty much on the ball with this problem, and that helps."

"Hi, Doc.

- Hi, Andrews, how are you?

- Fine, sir."

"Here comes the adjutant. Hi George! Here's Dr. Yods. Lieutenant Easton, our adjutant.

- Doctor.

- How do you do.

- Sergeant-major, Dr. Yods.

- Glad to know you, doctor.

- How do you do.
- Bet Dr. Oberlin was glad to see you. He's been waiting for that rotation for a long time.
- I expect waiting for me was beginning to get him down.
- I guess so. By the way, sergeant-major took care of that kid you sent in, the one who was all shook up.
- Yeah, thanks a lot, just saw him scooting out of here.
- We can always use an extra hand around the CP, as you sort of convinced us.
- Well, so long."

That's all it took for most of them. I didn't realize it at first, but the sergeant-major and the adjutant gave us some wonderful help. Sometimes, I couldn't decide what to do with a man. A couple of days around the CP gave me a chance to keep my eye on him. Most of them went back to duty on their own, when they were rested. Some needed a little encouragement, many men were kept at duty who would have been lost to the rear. We had to be careful not to clog up the CP or have sickbay known as an easy way out from duty.

"You've got to have cooperation from the line officers. I never miss a chance to keep them informed of medical problems concerning their men, and getting their angle on them, particularly NP cases, it pays off.

- Incidentally, what's all this about Dr. Oberlin?
- He was a hard charger and a damn good doctor. But lately, the job seemed to be getting him down. He was getting a bit moody and let it influence the handling of his patients.
- What do you mean?
- Sometimes, he'd evacuate everybody and sometimes, he wouldn't evacuate anyone.
- I don't get you.
- Well, sometimes, it almost seemed to be 'If I can't get out, nobody will' attitude. At other times, it was: 'If I can't get out, at least you can.' I'm sure he didn't think it out that way, but it's one of those things you got to watch in yourself.

- You get used to it after a while. Nobody likes this stuff but it does become tolerable. How about some chow?
- Uh? Oh, yeah."

I wasn't very hungry, and I didn't understand yet that it was one of those opportunities Peters had spoken of. I was meeting some of the company officers for the first time. A few of them were down from briefing and had stopped by the mess area before going back to their men.

"Any Marine officers come out with you, doc? I'm expecting my relief any minute, now.

- No, sorry.
- Quit kidding yourself, Mill. Your relief just graduated from grade school.
- How're the women making out in the States these days? Do they miss me?
- Oh, they sure do.
- Hey surge, you still got one of my boys. The one with the sprained ankle. How's he doing?
- We've had him sitting around the supply tent, making out forms. Another few days and he'll be good as new.
- What about that fellow I sent down, with the drizzly runs?
- We corked him up. It's probably more of an emotional thing than infectious. Let him 48 h around the CP and he'll be okay. You better keep your eye on him, though. I'm not sure he can take much more.
- Who, why not evacuate him? We've got fighting to do up here.
- Stay cool, Jack. Everybody can get a bellyful, some sooner than others.
- So what? He won't be any good to you, even if you do get him back on the line.

- Now wait a minute, Pete sent us back plenty of men I never thought we'd see again. They perform too. That sold me. The equivalent of a couple of platoons, the CO said. Makes a hell of a lot of difference.

- I haven't noticed too many of these characters returning to my platoon.

- Maybe there's a reason.

Say, Pete, what percentage, would you say, of all our casualties are sent back to your division psychiatrist?

- Depends on the situation. In heavy prolonged combat then, when we're getting crowded or have to move out quick, maybe one out of six or seven wounded.

- Now, suppose you have the time and space.

- Depends. Practically all of the men who were shook even before getting into battle were sent back to duty promptly. Those men who do break in battle and need a little more time, we hold for a day or two. Most of these men get back on the lines too.

- What about the division psychiatrist?

- They send back well over half of the men we do have to evacuate.

- Yeah, but how many of them will crap out again?

- Believe it or not, only a very small percentage.

- See what I mean?

- Look out for competition, doctor. Seems like we're all turning into a bunch of psychiatrists.

- You know, that's very interesting. Because whether you realize it or not, you hit it right on the head. Platoon leaders can be our biggest help in this whole problem.

- Hell, I'm not trying to be a charter-head about this thing. I'm open-minded.

- And only slightly spastic.

- Well, anybody who's been out here long enough is likely to notice some changes in himself. Goes off his feet a bit. Gets a little sour, irritable.

- How long have you been out here, Jack?

- Okay, okay, get off my back.

- Time for sick call. Look, why don't you get squared away and I'll see you there? Finish your coffee, though.

- OK.

- Oh, doc! What about that ammo carrier I sent down with the weeps? The others said he got pooped out carrying ammo on the hills. He looked kind of shook.

- Oh, Murphy? Yeah, I thought he was genuine enough. Not a very rugged type, a bit immature. We gave him a little rest and a pep talk. Told him you might be able to make him a rifleman.

- Okay, doc, thanks for the referral."

"Thanks for the referral"? Blyne seemed to have picked up the lingo. But I had begun to see that it went a good deal deeper than that. Peters was getting cooperation by proving that there could be an unnoticed and unnecessary leakage of manpower, if company officers didn't understand the problem of combat anxiety, in its many and varied forms.

"Oh, there they are."

The many and varied forms. I didn't know then that combat anxiety might show up as a sprained ankle that stayed lame; a well-healed wound; a pair of broken glasses; toothache. Peters got right at the core of things.

"I told you business would be up tonight. The truth is, many, if not most of these men, wouldn't be here if we weren't attacking in the morning. Their symptoms are real, but they're scared, just plain scared, and most of them don't connect their symptoms with being scared. It's normal. Look, I'll lead off and you can take over when you feel like it, uh?"

- Will do."

“Doctor?

- Yeah!

- Lieutenant Nye sent this man, says he wants to see you. His name’s Johnson.

- Oh, yeah. What’s the trouble, Johnson?

- Doc, my stomach’s all fouled up.

- How does it bother you?

- It feels lousy all the time.

- All the time?

- On and off for a couple of weeks. I feel sick when I wake up. Off my feet. I’m belching rotten eggs, quivery feeling all the time.

- Any pain?

- No.

- Hell, man, everyone out here starts belching rotten eggs after a while, it’s the sign of an old soul. Put your head back.”

With that first sick call, I started to understand the various signs and symptoms of anxiety that are common to all men who have been in combat for any length of time. I was to find that there were many men and officers whose stomachs acted up, or had headaches, palpitations, loose bowels, frequent hearing ability, traumas and whatnot, yet who were completely effective in their jobs. It’s not the symptom, it’s the man: his capacity for adapting to the stress of combat, despite his anxiety.

“Nothing unusual, fella. Most of the men get the same feeling from time to time. You ever played football?

- Yeah.

- Well, you know the feeling you get just before the game?

- Huh, huh.

- This is the same thing, only a hell of a lot more so. The corpsman will give you something to ease the belching. You’ll be okay.

- I hope so, doc.”

“What’s his temperature?

- Normal, doctor.

- Doctor? Would you take a look at Jasper down here? Had a headache the last few weeks, he says.

- I’ll go.

- This is the man, doctor.

- Jasper?

- You want me to get you a stethoscope, sir?

- Yeah.”

And then, Jasper. There was one Marine that seemed to know he was scared, and hoped his headache would somehow get him off the lines. I didn’t realize that at the time because, in the beginning, I was inclined to spend too much time trying to rule out unlikely organic causes. That’s a luxury of civilian practice. Later, I’m afraid I may have become a little too casual in the diagnostic sense. The best approach, of course, is to take the man and his complain seriously, whether psychogenic or not, and to conduct as sufficient physical examination as time permits, even if some unconscious elaboration is suspected. It’s not only good medical practice, but to do otherwise provides the man with a convenient basis for his resentments, and a rationalization for any reluctance to carry on.

“Now, you stand by, I’ll be back in a minute.”

“There, that should fix it up.

- Thanks, doc.

- Say, I’ve got a man here, he says he’s had headaches for a couple of weeks. I can’t find anything, except a little nasal congestion. Think we ought to send him back for some ENT study?

- What’s his name?

- Doctor.

- Jasper again, uh? Able company. Let’s see if we can get some more dope on him. We’ll give them a ring.

- Able 6, please.

Able 6? Let me talk to your company commander.

Hello, Jack, this is Peters. Look, Jack, I got one of your men down here, name’s Jasper, do you have any scoop on him?

- Yeah, I know him, Pete. Err... Rabbity sort of character, but kind of surly. Keeps to himself, sloppy with the details. I think he’s a foul ball.

- How long has he been with you?

- Oh, about ten days.

- Say, look Jack, I’ve talked with this guy before, and he’s not the bad sort basically. Among other things, he’s been worrying about home matters. He’s new, and he’s not the sort to adjust to a new crowd very quickly. Give him a chance. How about getting sergeant Grader to show a little interest in him? A word from you would help too.

- Oh, brother. What’s the Marine Corps coming to? Okay, okay. Send him back. We’ll do what we can.

- They’ll cooperate.

- Will it work?

- As before in similar cases. Once a new man starts feeling he’s a welcomed member of the organization, he doesn’t feel so scared and unhappy, but you have to act before the thing jells.

- What do we do now?

- Give him some explanation about his headaches, a few APCs to take with him, and send him back to duty. Kindly but firmly. And don’t get involved in any arguments.

- What’s up, man?

- Think I got the piles, doc.

- Well, let’s take a look. Just a few tags. We can fix that up for you, for the time being, anyway, unless you’d rather go to the hospital.

- Hell no, sir. It ain’t that bad. I can’t leave the outfit now. We’re jumping off in the morning. Can’t you just put something up there?

- Okay. The corpsman will give you something to ease it.”

That group spirit is the most powerful support the doctor has in keeping men at duty. Some men you just can’t evacuate, even though you know it’s medically sound, and some won’t even turn in when they should, as long as the fighting’s going on.

“Well, I guess that’s all of them for sick call this evening. The corpsmen will take care of anything else that comes up. If they can’t, the chief will let us know.

- Okay. We sure have a good bunch of corpsmen.

- We do. For that matter, the aidmen out with the companies take care of most of sick call right on the spot.

- I expect they know how to help with organic troubles but are they of any value with these combat fatigue cases?

- They sure are. Now, you take those corpsmen over there: when they report for duty, I always give them a briefing on the NP problem, the necessity for preventing the leakage of manpower and at the same time, spotting the occasional anxiety case who's becoming useless and a danger to his outfit, but who won't just call it quit. Above all, I emphasize the company aidmen's great value in providing observant information on all the referred cases, to help us make a fair decision about disposition. You'll see what I mean in the morning when the real show starts!"

"06:30. They're softening up the position before jump off.

- Position, hell, they're softening me up.
- Where is that coffee? Damn thing don't wanna light.
- Boy, they're sure going at it this morning. Hurricane 30 (...)
- What are we having for chow this morning?
- Same old stuff. Charlie-rations. Help yourself.
- (...) sometime"

"We've got about an hour before the casualties start coming in. We have the time to wash and get some breakfast. The chief will have things set up in a few minutes.

- Okay."

"Nothing serious, fella. Have to send you to the rear for a while, though.

- Okay, sir."

"It'll need two sutures."

"You can go back to your outfit, now.

- Thanks, doc."

"What's up, fella?

- One of 'em grenade landed right next to me.
- Didn't get you, though.
- No, but it winged my platoon sarge. I started hollering. I guess I got excited for a while. Good God, doc, I don't know, I... I guess I can't take it.
- Corpsman! Serve that coffee here."

The man was alert, responsive, not unduly exhausted. The reaction was relatively superficial and transient. To evacuate him to the rear might have set up a guilt reaction that he would have had to justify by the development of further symptoms. He'd been thrown off balance by a sudden shaking experience. We gave him a chance to get his bearings, offered him some firm reassurance, and sent him right back.

"How about some water, uh? Smoke?

- Thanks. I just crapped out. Going up the hill on attack. Been up all night. Spent all day on patrol yesterday. I was pooped. Scared like I've never been before. Couldn't even get my breath. Guess I just passed out. If I could just sleep... but I can't. I doze off light... and I jerk awake.
- Take it easy, fella. How about racking this man out near sickbay? I don't expect we're moving in the next 12 hours.
- What if he doesn't snap out of it by then?
- Well, we can always send him back to regimental aid, and have them hold him for another 24 hours. We send a note along indicating we expect the man back shortly. We've got a good working relationship with the regiment on these cases. They know how to handle the occasional man we send them.
- Why a regiment? Why not back to the division psychiatrist?

- Well, if you think there's a chance for a fairly quick recovery, you should use the regimental aid station, or you can hold the man here. He gets back on the job quicker, still a part of the fighting element of the division, and he doesn't get the feeling of being a hospital case.
- I see."

Peters was hitting upon the basic principles of combat psychiatry: treat as far-forward as reasonable and return to duty as quickly as possible. In that way, you don't lose the great advantage of the man's identification and pride in his own fighting group, and you minimize the opportunity for symptoms to develop and persist as unconscious justification for escape.

"Now, you take that boy: looks much worse than the others, yet most of this is due to physical exhaustion and lack of sleep. Two factors which can often mislead you into a bad prognosis. He's from Able company, they've really been kept jumping lately. We'll give him just enough sedation to knock out the anxiety and permit him to sleep. That may do the trick.

- Dr. Yods!
- It's only a flesh wound, fella.

- What happened to you, son?
- Grenade bounced off my helmet. Went off. Knocked me dizzy.
- Do you remember the sound of the explosion? The flash?
- Yeah. Never forget it. I must've passed out right after.
- Headache? Dizzy?
- Some.
- Let's have an otoscope, mh?
- Blast concussion, uh?
- I don't think so, but we'll see. That hurts too, fella?
- Little."

It was not blast concussion. I gradually discovered that the familiar symptoms of headache, transient dizziness and various acute anxiety manifestations, after a man had been shaken up by a nearby explosion, were usually best understood and treated in psychological terms. In most cases, brain injury due to concussion was minor or absent. There was no true retrograde amnesia, no hemorrhages, no tympanic perforation, no neurological findings.

"That hurts?

- No.
- We'll give him a mild sedative stat and get regiment to keep him for a few days before sending him back to his outfit. We can't keep him here because we might have to move out. Nothing at all serious, fella. Nothing wrong with your head. You'll be okay in a few days, but you do need and deserve a couple of days of rest and sleep. Corpsman? This is an evac to regiment only."

"Boy, are you lucky going to the rear, hitting the sack all day, someone bring your chow to you.

- Boy, that's (...) I won't even have to do my own laundry.
- Yeah, you folks get all the breaks."

"What is your last name?

- Decker.
- First name?
- Joseph Abe."

"Any splinter?

- No, sir.”

“What’s the story, corporal?

Corporal, you hear me? What’s the story?

COMBAT FATIGUE:

A LOT OF COMBAT DID

GOOD UNTIL NOW –

WAS SQUAD LEADER.

G. FULSTEN

- Fulsten’s a damn good corpsman; we always get some useful information from him.

Have some coffee, corporal.

- I left! Oh God!

- You need a rest, corporal. You’ll go back, but you need a rest.

- I crapped out. Send me back. Send me back! I don’t belong here, I’m not sick! They need me up there! They need me!

- You’ll go back with them in a few days, son. Corpsman, get this man a med battalion.

- Yes, sir.

- Not much left.

- More than you might think. I know that man. Been out here for a long time, had just about all he can take. For a while. Funny. I always thought a man would be glad to get out of this mess.

- Not that one, apparently.

- That’s just it. When they can’t keep up any longer, why, they feel guilty of letting their buddies down.

- Well, we can tell them what good guys they are, but... what do we do to treat them?

- Well, we reassure them as best as we can. Most of the men we see have these feelings to some degree, but in an extreme case like that one, why, the guilt-relief business has to wait until he calms down. Back at the medical company with the division psychiatrist.

- Oh, doctor! We need some help!

- Better do a cut-down. I don’t want to waste time.

- It looks pretty clean. Ship him out.

- Alright, doctor.

- Say, doc, my feet are killing me.

- That so? How long?

- Since I’ve been here. Four months now.

- I see you got a new pair of boots. They give you any support?

- They did, at first. Then the pain came back.

- Let’s have a look.

- Pretty good-looking pair of dogs, hey, chief?

- But they hurt, doc.

- Uh-oh.

SHAKEN BAD BY

EXPLOSION WHICH KILLED A BUDDY –

WOULD NOT GIVE

UP WEAPON –

HARD CHARGER
BEFORE –
JAMES GANNS

- Hi, fella. What happened? Let me have your weapon.
- It's... okay?
- Sure, it is. Come on, let me have your weapon. We're going to send you to the rear, fella. You need a rest, and you'll be okay. Come on."

Certainly, this man looked bad. Yet, not all such cases are irretrievably lost, even for further combat duty. Although he had to be evacuated to division, there were some favorable indications. He had performed well before. His disturbed behavior was precipitated by a sudden shocking experience. He still had a good fighting grip on his weapon. Most shaken men are sent for duty by the BMO or the division psychiatrist, but there are a few who, for the safety and welfare of the group, should never be returned to a frontline unit: the panic prone; the grossly immature; the profoundly apathetic; the faltering non-com who has lost the confidence of his men... and severe hysterical reactions when not precipitated by some sudden trauma.

"Hey, doctor!

- Hi, Tony, you still here? The best bazooka man of his outfit, so his pal was telling me last night.
- A bazooka man, uh?
- Yes, sir.
- Good bazooka men are hard to get.
- Look, I know your feet bother you, but you can carry on, can't you?
- I don't know.
- Look, why don't you come and see me when we're in reserve? Then we can get a specialist to look at you. I don't think there's anything serious. Stay loose, uh?
- Okay, sir.

- Okay, son, we'll take that stitch out tomorrow.
- Doctor Peters?
- Yeah?
- Three just called: we're moving up at 18:00, sir.
- Thanks, chief.

- If you hurry, you can catch your buddies. They need a man up there who can handle a bazooka.

- We're moving up at 18:00.
- Yeah, I know.

- Hey, Tony, come on!
- Hi, buddy. Let's go."

THE END

"Sea Power for Security"

Transcript: Nicolas Guechi