

THE ARMY, THE SOLDIER AND THE PSYCHIATRIST

J. THOMAS UNGERLEIDER, M.D.¹

The purpose of this communication is to re-examine some concepts of intensive psychotherapy, particularly as they apply to the military population. Psychotherapy has been defined in many ways although the difficulty in defining it, as well as in learning, understanding and applying its principles, has been noted(1). It has been defined broadly as any emotional contact that makes somebody feel better, and more narrowly as "an interview technic practised purposively by people trained to do it, who aim at getting the patient better and who, in the patient's eyes, are healers"(2). It is this latter definition which is most useful for our purposes. By intensive therapy is meant that which deals primarily with intrapsychic phenomena, has insight into unconscious determinants of behavior as a goal, and is not restricted to providing support and environmental manipulation.

The proposal to be advanced here is that, as defined above, effective intensive psychotherapy among active duty military personnel (and particularly with outpatients) is not feasible and perhaps not even possible. Those factors inherent in the military situation and those operative upon both the military patient and the military psychiatrist which reduce the effectiveness of such therapy will be examined. These observations were made at a large Army basic training center but the principles seem applicable to other military installations as well.

The Military Situation. Szasz has called attention to the psychotherapeutic difficulties which arise whenever the therapist has divided loyalties. He feels these are inherent in the training analyses of candidates in psychoanalytic institutes, in the military service, in prisons and in several other situations(3, 4). In October of 1920 Freud presented a report to the Austrian Medical Commission, investigating alleged harsh-

ness in psychiatric treatment methods among Austrian military doctors in World War I. Freud pointed out the conflict between a doctor's duty to put his patients' interests always first and the demand of the military authorities that the doctor should be chiefly concerned with restoring patients to military duty(5). Thus we hear the oft repeated Medical Corps phrase "You are an [Army] officer first and a doctor second"—and, we might add, a psychiatrist third. It is this split loyalty which, by its very nature, precludes effective intensive psychotherapy.

The motto of the Medical Corps "To Conserve Fighting Strength" is one of the primary guides for the Army psychiatrist. Duty performance, not personal happiness, thus becomes both the criterion for individual and group effectiveness and an index of mental health as well(6). When the soldier does not perform his duty, for whatever reason (including symptoms), several alternatives are possible. He may be counselled or admonished, transferred to another duty assignment, hospitalized, punished or separated from the service. And, this is the crux of the matter, it is the psychiatrist who largely decides what becomes of the soldier who does not perform.

He is guided by a set of regulations, to be sure, and the usual military tribunals still exist but it is the psychiatric certificate that is crucial to the soldier's disposition. How then can we expect the soldier to place enough trust in the Army psychiatrist to voice those very personal and perhaps even antisocial thoughts and feelings so necessary for progress in intensive psychotherapy?

The Patient. And what of the soldier himself? He lives in a world of physical activity where the premium is on strength and duty performance, not on introspection and verbalization of personal problems. It is a world of frequent, and often sudden, temporary or semipermanent changes in duty station.

The soldier is concerned about his career; he is often preoccupied with what information will be placed in his medical

¹ Formerly, Chief, Mental Hygiene Consultation Service, U. S. Army Hospital, Fort Ord, Calif. Presently, Asst. Prof. of Psychiatry, Neuropsychiatric Institute, U.C.L.A. Medical Center, Los Angeles, Calif.

records and how this will affect his next promotion. He is particularly reticent when it comes to revealing intimate information about himself. For example, he knows that army regulations require separation from the service for any homosexual acts (even repeated thoughts will do) should they be revealed. At our post few officers will come to the Mental Hygiene Clinic for help because of this concern about privileged communication. They seem to know just whom the psychiatrist must primarily represent. Some even object to their wives seeking help for the same reasons.

Of course most active duty personnel come to the Mental Hygiene Clinic psychiatrist quite frankly to ask for discharges, compassionate transfers, or changing of overseas orders and not for relief of symptoms. We frequently hear the comment "I heard that this was the place to get my orders changed" (or to get out of the Army). Those few soldiers who initially seek help for symptoms soon focus upon real or imagined injustices on the job or in duty assignments.

So psychotherapy becomes possible only under one of two conditions: 1. If there is some sort of agreement on the part of the psychiatrist not to record or reveal everything which occurs during the interviews (an agreement that makes the psychiatrist negligent in his efforts to represent the military, as well as derelict in his duties as prescribed by Army regulations) or, 2. If the patient withholds these "illegal" thoughts or acts from the psychiatrist. It is not hard to imagine the therapeutic difficulties under either condition. Concerning the former we cite Waelder: "In totalitarian societies of our time . . . every day will the analyst . . . find himself confronted with the alternative of either, through his silence, becoming the accomplice of an illegal act—*qui tacet consentire videtur*²—or setting

himself up as an executive agent of the government . . . the analysis itself will probably be wrecked in either case"(7). And, for the latter condition, one is reminded of Freud's comment on withholding information (in analysis): "It is a most

remarkable thing that the whole undertaking becomes lost labour if a single concession is made to secrecy"(8).

The Psychiatrist. And what of the Army psychiatrist? He, like any soldier, must train for combat and be prepared for sudden transfer to areas of crisis. His training must include overnight field trips, weapons firing on the range, gas chamber exercises, map reading tests, etc. The psychiatrist also has frequent military, medical and psychiatric obligations off the military post. The author made a trip to a prison some 300 miles away to evaluate an inmate and a longer trip to screen applicants for the United States Military Academy. He received a week of schooling in leadership off the military post and served a tour of duty as medical officer at a summer troop training camp (as well as working in post medical dispensaries and emergency room).

The result of these military demands on the psychiatrist's time, as he also functions as soldier, officer and physician, is a continuous cancelling and juggling of appointments from week to week with both patient and psychiatrist uncertain when they will next meet. How then can the military psychiatrist be expected to employ intensive psychotherapeutic technics when one of his most important tools, a regular appointment time, cannot be guaranteed to his patients.

Comment. Thus the active duty soldier cannot be expected to effectively utilize the military psychiatrist in a traditional way. Recent military publications now stress the importance of preventive psychiatry and of working with group characteristics rather than with individual problems in the military population(6, 9, 10). On the job psychiatric evaluation with improved performance of duty is stressed and much enthusiasm has been generated among both medical and line officers for this Mental Hygiene "Field Clinic" type of program.

SUMMARY

Some concepts of psychotherapy in the service have been discussed, considering the military situation, the military patient and the military psychiatrist. The proposal has been advanced that effective, intensive psychotherapy among active duty military

² He who keeps silent gives the impression of agreeing.

personnel is not feasible and perhaps not even possible.

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