

► *Are we making mental cases wholesale through the Army?*

THE ERRORS OF PSYCHIATRY

BY HENRY C. LINK

PSYCHIATRY is an important profession with many victories to its credit. But the doctrinaire assumptions and rule-of-thumb decisions of some of its practitioners are today literally *creating* mental cases, and at an appalling rate. What some psychiatrists have been doing to individual civilians on a voluntary basis, many are now doing wholesale through the military draft machinery and the army medical apparatus. The effects on civilians now and after the war, may, in my opinion, be devastating.

We have been warned that our casualties in this war are going to be very high. The mental and emotional casualties are already immense. Of 3,836,000 draftees classified before induction as unfit, as of April 1, 1944, 1,340,000 or 35 per cent were rejected as mentally unfit or deficient, according to official figures. Of this number, about 802,000 were rejected for mental disease or neurological defects, and about 536,000 for mental deficiency including illiteracy.

In the last war, shell-shock really meant shell-shock. Today this term is loosely applied to almost any neuro-

psychiatric condition. Thus enormous numbers of draftees are rejected for war shock in some form even before they are inducted. They find themselves officially and impressively labelled as neuro-psychiatric 4-F's — N. P.'s for short. They are in effect war casualties even though they have never been in uniform.

The physically disabled veterans of this war will be tragedy enough, but no less tragic will be this great army of mental casualties. The country will be crowded with mental and emotional cripples who have been produced, not by the war, but by the excesses of a psychiatry geared to create or aggravate the very disorders it is supposed to cure. For informally branding a man as an N. P., whether rightly or wrongly, a long step has been taken towards making him one — towards transforming a mild tendency into a more serious condition. What can do more to rob a man of his self-confidence than to tell him he is slightly off mentally? The Army recently dropped the term "psychoneurotic" from the records of registrants rejected and soldiers dis-

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charged for nervous or mental reasons. This is a highly desirable step but does not go to the roots of the problem described here.

In my neighborhood recently a woman haled her discharged soldier-husband into court for non-support. His reply to the charge was that he was "emotionally unstable" and therefore incapable of holding any job more than two weeks. He had an Army psychiatrist's word for this, having been discharged from service on neuro-psychiatric grounds. This man no longer thought of himself as lazy or irresponsible. He had acquired the attitude and terminology of mental disability! The official diagnosis of a person as neuro-psychiatric or psychoneurotic is only part of the story. Even more serious is the prolonged process of indoctrination by which mental disorders are actually created or aggravated. Here is an example:

A husky nineteen-year-old boy who had just been discharged from the Army on neuro-psychiatric grounds, came to ask my advice. His story was that he had an abnormal fear of physical violence. "It amounts at times almost to a phobia," he told me. "I have tried to analyze myself to get at the subconscious causes of the complex, and subconsciously I think it might date back to a severe spanking my father once gave me. But suppressing that fear seems to have induced a projection which now makes me very quarrelsome at certain times and very timid at others. In fact, my moods

have all the symptoms of a manic-depressive."

I interrupted this jargon to ask what happened in the Army. He had enlisted of his own accord, for patriotic reasons, and also because he believed discipline would be good for him. As an only son he had been indulged by his family. But the Army, instead of disciplining him, was easy on him. His moody and quarrelsome spells were humored. After several weeks one of his officers called in a medical officer who sent the boy to a large new psychiatric hospital where he remained for seven weeks. He spent the entire time at ease, reading or talking with other patients. Thus, including a few sessions with a prominent psychiatrist, he spent seven weeks talking about and thinking about mental abnormalities. He obtained a kind of basic training in the theories and technical vocabulary of mental disease! Now, discharged as a neuro-psychiatric, he could talk for hours on end about his condition.

True, he may have been mildly neurotic when he entered the hospital, but he was a confirmed neurotic when he left it! A potentially good soldier was lost and another family is now burdened with adjusting the boy to civilian life under such psychological handicaps. I found it difficult to help him because he had so thoroughly talked himself and worried himself into the linguistic swamps of neuroticism. The best cure for his condition, it seemed to me, would still have been the rigorous and impersonal discipline

of the Army *as it was before it became softened by psychiatric practices.*

The procedure which had victimized this boy is *not* the traditional practice of the Army in developing soldiers. It is the practice of civilian medical psychiatry artificially grafted upon the Army. It is a practice that tends to convert mental and moral softness into mental illness. The mere term *phobia* practically doubles any existing fear, turning it into an obsession. The fears which people generate without medical help are bad enough, but when supported by scientific sanction and psychiatric vocabulary, they may become infinitely worse.

One more case history: A fond mother whose son I had advised on certain emotional and personality problems was naturally fearful of his induction. He had been definitely below average in social adjustments. However, he had made great progress despite the excessive protection of his widowed and well-to-do mother. The Army, I assured her, was just what her son needed to give him the final touches in self-reliance and independence. In spite of his mother's misgivings, he was eager to go. I assured him that he could make the grade, even if only in some non-combatant unit, since he wears glasses.

I never saw a boy more set up than he was upon being passed. His first four weeks in the Army were normal and exciting. His mother, however, got in touch with a civilian psychiatrist who had some military contacts

and told him her son's history. This psychiatrist telephoned to a psychiatrist on the medical staff of the boy's camp. The boy was asked to report at the hospital where, after a brief interview, he was placed in a psychiatric ward. The let-down to his morale was terrific. After six weeks of idling and wondering in this ominous retreat he was discharged from the Army on neuro-psychiatric grounds, though without any definite diagnosis. Another boy had been officially branded "mentally unfit" at the very crossroad between mental health and uncertainty.

Only where the military authorities shake off the pressures of bandwagon psychiatry—or where realistic psychiatrists themselves resist the general trend—are potential neurotics cured instead of being made permanent invalids. Here is a case in point:

A twenty-one-year-old draftee, a thoroughly spoiled tantrum child of an over-indulgent mother, came up for his medical examination in fear and trembling. He told the medical officer about the fainting spells and heart attacks to which he was subject. "So what?" was the comment of the medical officer after examining the physical data, and the boy was passed.

A week later, after only a few days of Army life, the boy had what looked like a complete nervous breakdown and was put in a hospital. Here, without delay, an understanding psychiatrist took up his case. In a week the boy was out of the hospital and in two

more he was writing home enthusiastically. He had been given a detail! It was the first time that this spoiled, dependent child had ever been given the responsibility of supervising others. In a month he put on fifteen pounds. In six months he was admitted to Officers' Candidate School and he is now an officer in a battle zone.

II

That the extremists do not yet have a total stranglehold on the Army is suggested by one bright exception to the general trend recently reported by some psychiatrists at the front. These psychiatrists have apparently developed signal improvements in their handling of shell-shock. They have reversed the common practice of sending the victims out of the battle zone for complete rest in peaceful surroundings, where life is so soft that many do not recover for months, some not at all. Instead they keep the patients as near to their unit as possible, so that, though they are being rested and well fed, their comrades can visit them. This treatment, especially the contacts with their old associates, keeps them from sinking deeper and deeper into the morass of mental terror and snaps them out of the shocked condition, often in days instead of months.

But the exceptions only underline the evils of the general practice. In the last war there were 110,137 neuro-psychiatric casualties in the Army from April 1, 1917 to December 31,

1919 — a rate of 26 per thousand. It has been estimated that had it not been for the psychiatric examination before induction, 40,000 more casualties of this type might have occurred. Such casualties cost the government from \$30,000 to \$35,000 each. And yet, with a psychiatric screening process in the present war, which has already rejected 1,340,000 men before induction, the Army had discharged 216,000 neuro-psychiatric casualties as of Feb. 1, 1944. This is more than 40 per cent of all Army casualties and so far only a small fraction of the Army has seen action.

Does this mean that the youth of America is so much worse mentally and morally than during the last war? Possibly, but not necessarily. It does mean that the theories, terminology and practice of psychiatry have become so much more extensive and influential. Psychiatry is today more expert in seeking out the tender shoots of mental illness and nurturing them into full bloom. It shows a strange tendency, in handling draft-ees and soldiers, to translate moral values into pathological terms.

No one can read psychiatric literature today without coming across a statement substantially as follows:

We must do everything possible to help the public rid itself of the old-fashioned notion that mental troubles are something to be ashamed of. Alcoholism, phobias, tantrums, melancholia, extreme timidity, nervous breakdowns, etc. should be regarded and treated as mental illness which the patients can no more help nor control than an attack of measles. Life has become

too much for them. They are the victims not the authors.

That is the thesis which runs through much of our psychiatry in all its phases. It is a thesis which, when applied to millions of men still partly in their formative years, works havoc; and one that is wholly out of line with the conception of a tough, disciplined military establishment. It is no less at odds with experience, common sense and religion, insofar as these have agreed that man must be the master not the helpless object of his mental and emotional life.

There was a time when certain men could be described as having a weak character, as lacking in self-control, as sissies, poor sports, hypochondriacs, malingerers, etc. Today they are classified as schizophrenics, manic-depressives, paranoiacs, neurotics, psychopaths. Under these names the individual is no longer considered responsible for his weakness or softness, neither is his family nor school nor church. And now the Army has been added to the list.

Instead of facing and working out their own worries or mental troubles, people have increasingly flocked to the psychiatrists for diagnosis and psychotherapy. Only the cost has prevented the flow from becoming a flood. But millions of young men, already familiar with the vocabulary of mental disorders, who could not afford the luxury of converting some mild quirk into a fancy mental illness, are now able to do so. The military psychiatrists are on hand.

In the last war there were few psychiatrists, and consequently relatively few psychiatric 4-F's and casualties. Now psychiatrists, and doctors turned psychiatrists, are plentiful and the cases of "mentally unfit" are almost in direct proportion. The war is giving medical standing to a process of mental and moral softening the like of which the world has never seen.

"But," say the civilians who approve this softening, "the Army cannot risk the lives of many on one soldier who might blow up in a crisis." True, but beside the point. In the first place, for every front line job there are several behind-the-lines tasks in which doubtful men can serve usefully. More important, the year to two of training which our soldiers could be getting is an infinitely better test of a man's character and capacity than the verdict of any psychiatrist or any board of psychiatrists on all but the most obvious misfits. But naturally, so long as men are educated in psychiatric theories and encouraged to have recourse to psychiatric relief, the foundations for their military training are undermined in advance.

Mamma's boy, who used to run back to mamma, is now encouraged to fall back on the psychiatrist instead.

How psychiatry helps to create mental cases is peculiarly well illustrated in connection with malingering. In the last war we heard a good deal about the malingerer who tried to avoid service by faking some mental or physical disability. *Strenuous* means were taken to detect and disci-

pline these moral escapist. Many weaklings were rehabilitated. Even more important, many other men who might have been tempted to use the same means of escape were discouraged from the attempt. In this war we hear very little about malingering. It has been elevated from the level of plain and fancy lying to an intellectual, pseudo-scientific pursuit. The fellow who can talk to his examining psychiatrists in terms of his complexes, homosexual urges, phobias, anxiety neuroses, etc. stands an excellent chance of being rejected or discharged.

Real or imagined, the symptoms of many mental disturbances are extremely vague and uncertain. They cannot be diagnosed like the symptoms of physical illness. Even the psychological tests which psychiatrists are increasingly using are open to wide differences of interpretation. Yet hundreds of thousands of young men are being casually screened out or invalidated for life by Army psychiatry.

III

In a public address on April 24, General Hershey was reported in the *New York Times* as saying:

The two causes for rejection which have been most controversial are mental disease and educational deficiency. In the case of mental disease there is a feeling on the part of many of our citizens that the rejections are not justified in a large number of cases.

My point goes much further. It is

that in the very process of making these diagnoses, mental casualties are being created.

What applies to the diagnosis applies to the treatment. The two are indivisible. When psychiatrists brand a person's mental or emotional difficulty as an illness, and give it some technical name, that person becomes "a patient;" he has to be treated as a sick man. His not unnatural anxieties now become an anxiety neurosis; his fear, a phobia; his suspiciousness, a paranoia. He now expects and even demands consideration as a patient. He has been absolved from complete responsibility for his own behavior.

The result has been the substitution of psychiatric treatment for self-discipline, physical rest for physical exertion, medical sedatives for mental and moral stimuli. The use of sedatives has become one of the most common and immediate steps in treatment — the "psychic cocktail," as some have called it. The theory is that mental disorders are often due to an over-active mind, which is to a large extent true, and that the artificial slowing of the mind through sedative will be beneficial. Complete rest and isolation from the hard facts of life are, of course, only a step removed from medical sedatives. The fallacy, I believe, lies in the over-reliance on easy, artificial treatment, a form of escapism, in place of natural remedies of a more positive kind.

Widely publicized recently is the case of a man who was fired from his

job as a subway patrolman following his classification by the Army as a neuro-psychiatric 4-F and who was now "seeking to erase this mental stigma." Though diagnosed as emotionally unstable and unsuited to carry a gun, this man did not allow the heavy guns of psychiatric terminology to get him down. He obtained a new job as an aviation mechanic and has now engaged legal counsel to help him obtain a clean bill of health.

He is the exception, I fear. The great majority will carry the stigma on their minds and hearts forever, a hazard for their mental peace and an alibi for self-indulgence. The large-scale creation of mental invalids can and must be stopped. The imposition of a set of questionable psychiatric theories on our manhood of military age should not be ignored. It seems to me a far-reaching threat both to the military and civilian population.



THROUGH THE DAY

By WILBERT SNOW

THE waking smile of your sweet face
Becomes to me a morning grace.

The rolls and coffee at your side
Are bread and wine at Eastertide.

Your steady glance and firm farewell
Sustain me like a matin bell;

And thoughts of you, at my desk all day,
Are hyacinths in early May.

Exhausting burdens grow more light
As I anticipate the night

With you beside the kitchen fire
To feed my innermost desire;

And sleeping by your side I feel
The Force that makes the planets wheel.