

"ILL HEALTH" AS AN EXPRESSION OF ANXIETY IN A COMBAT UNIT *

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Troops that had been in combat in the Pacific Area were, whenever possible, sent to an island base with a temperate climate for rest and physical rehabilitation in preparation for future combat. One of the primary aims of this rehabilitation period was to toughen the troops physically so that they should be in top condition during subsequent missions. It was naturally assumed that at the end of such a rest and retraining period the majority of the troops would feel physically fit. It was therefore somewhat startling when an attitude survey based on an anonymous questionnaire made in a veteran Pacific Infantry Division revealed the rather disconcerting fact that only 7 per cent of all the veterans and only 6 per cent of the Infantry veterans stated that they were in good physical condition. This meant that 93 to 94 per cent of the troops, as represented in the sample, felt that their physical health at the time of the survey was either "poor" or "bad." In other words they felt that they were in "ill health" and, therefore, not fit for combat.

This attitude is the more remarkable since this study was conducted after the Division had been through a three-month period of rest and rehabilitation in a temperate climate. At the time of the survey the troops were in the process of training and being readied for further combat.

The fact that the troops knew that they were being readied for further combat may have had some influence on their answers. However, as indicated above, the questionnaire was anonymous and it was clear that the individual soldier was certain that he could not be identified, which gave the majority of the answers a fair validity.

The question which indicated this attitude was part of a general anonymous questionnaire given to the troops by the Research Officer of G-1. The answers to selected questions were abstracted from the general questionnaire in order to study this subject in greater detail. There has, to my knowledge, been no study made to indicate exactly what an individual means when he states that he feels in poor or ill health. Frequently his complaints refer to a general feeling of being let down. In many instances there are complaints referable to one or the other systems. In this situation the soldiers were in the midst of a

physical reconditioning program and were presumably in excellent form, carrying out the tasks of a fairly stiff program. An attempt was made, therefore, to break down the type of complaints on which the soldiers based their concept of poor physical condition. There was an *a priori* suspicion that many of these complaints would be in the sphere of psychosomatic manifestations. This was borne out in the study and will be discussed in detail below. In order to clarify the underlying concept which led to this study it is essential to discuss some aspects of psychosomatic syndromes, particularly the somatic reverberations of anxiety.

Anxiety is a subjective experience with definite somatic expressions. These accompaniments are frequently misinterpreted by the anxious individual as somatic illness.

As is well known, the somatic expressions of anxiety center most frequently around the cardiovascular, gastrointestinal and respiratory systems. Thus various sensations around the heart, such as palpitation, extrasystoles, consciousness of heart function, amongst others, are frequent findings in the anxiety state. A "sinking feeling" in the epigastrium, increased peristaltic sensations in the intestines, diarrhea, a feeling of emptiness are frequently experienced. In addition, the respiratory system may be involved, feelings of choking, inability to catch one's breath, rapid respirations, lump in the throat, are often present. Other somatic manifestations of anxiety, such as urinary urgency, incontinence, pallor, cold sweats, trembling, tremors, incoordination, are seen. These expressions are multiform and may involve any or all somatic functions of the vegetative nervous system. The subjective experience may vary from a complete repression of the psychic experience to feelings of tension and a sense of impending catastrophe.

The understanding of these manifestations is especially important in the military service, since there is an overlapping between fear and anxiety. During combat and other dangerous situations the feeling of fear is normal. Various misunderstandings occur as to the biological function of fear in the face of danger. The fear reaction is to a real danger in the external world which is evaluated relatively realistically. It should lead to the proper actions, such as preparations to counter the danger, to seek cover, to take defensive measures, or to attack. Anxiety, on the other hand, is the reaction to repressed and

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unconscious phantasies that threaten the individual. There is a tendency of these phantasies to be linked up regressively with more primitive childhood situations of a threatening nature. The closer the actual danger comes to being identified with such earlier situations, the greater the anxiety potential. In all combat situations there is a combination of real fear (external danger) and anxiety (internal danger) reactions. However, the necessity for aggressive action in spite of the impulse to flight, the need to counter the paralyzing effects of fear, sometimes results in the fear of fear, or the idea that a soldier who is afraid is a coward. The usual tendency is to deny to one's self and one's fellows the presence of any fear reactions.

Modern psychological thinking, which has been formally accepted in the military service, holds that the recognition of such reactions tends to minimize the paralyzing effects on the individual. A soldier's knowledge beforehand that he will, in all likelihood, have such feelings, and that they are normal, serve the purpose of detoxifying them. This concept is of importance in relation to training and preparation for combat.

The Division, A, studied had experienced combat, participating in a Pacific campaign, and during this period reported relatively few neuropsychiatric casualties. As compared to another Division, B, during the same campaign, it reported only approximately one-tenth as many psychiatric casualties. In the first Division A, medical officers evolved the following technique with soldiers who broke down. The men were returned to duty after some hours rest, usually in the battalion aid station. The main emphasis was to return the soldier to duty at the earliest possible moment; as one medical officer put it, "You can make a soldier fight by sticking a bayonet up his —," not literally, of course. There seemed to be no other type of therapy attempted.

This Division A successfully accomplished its mission. The other Division B, in the same campaign, reported some ten times the number of psychiatric patients, practically all of whom were evacuated and lost to the Division (B). It is of interest that a similar attitude study in this other Division B revealed that some 18 per cent of those veterans felt that they were in good health, as compared to the 7 per cent in the unit under discussion. This difference is statistically significant.

The soldiers answered Question number 2 as to physical toughness before the first battle as follows:

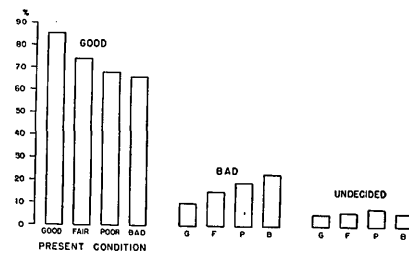
"Do you think you were in tough enough physical condition at the time you went into your first battle?"

	All men, per cent
Yes (good)	70
No (bad)	18
Undecided	12

Those who answered that they were in the following physical condition at the time of the survey, rated themselves as to physical condition before the first combat thus (each group as 100%):

	Good, per cent	Fair, per cent	Poor, per cent	Bad, per cent
Yes (good)	85	74	68	66
No (bad)	10	15	19	23
Undecided	5	11	13	11

It seems that the majority of all soldiers considered themselves in retrospect to have been in good physical condition before engaging in combat. (Graph 1.)



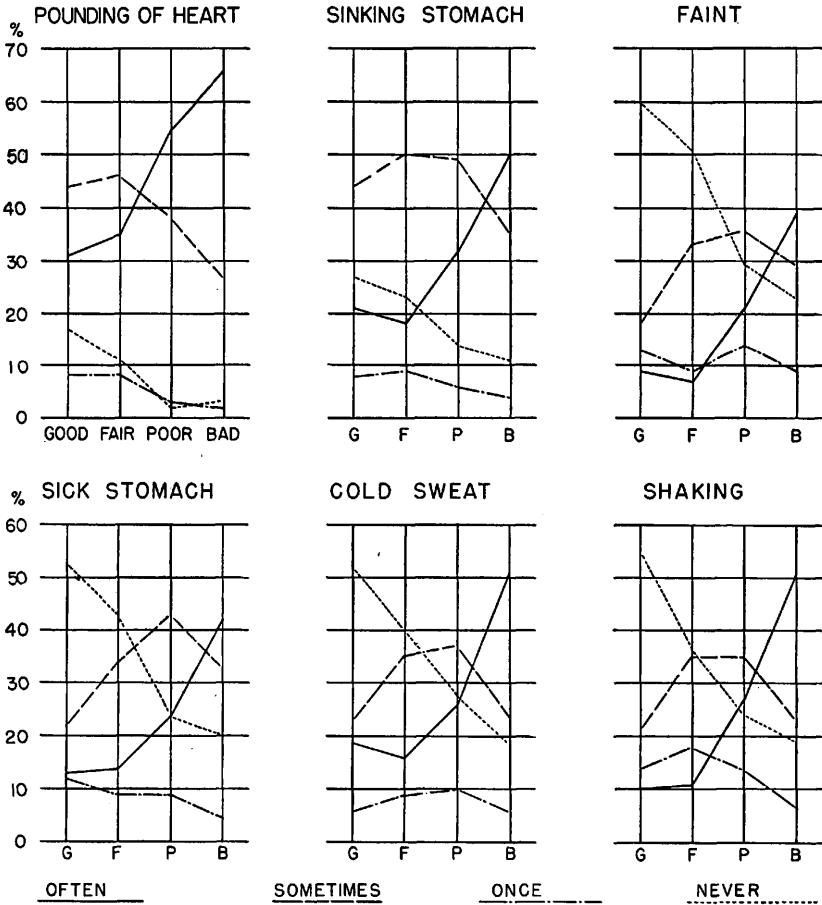
GRAPH 1. Self evaluation of pre-battle health.

There were 10 sub-sections to Question number 3. "How often have you had these reactions under fire?" They rated themselves as follows at the time of questionnaire, (see next page).

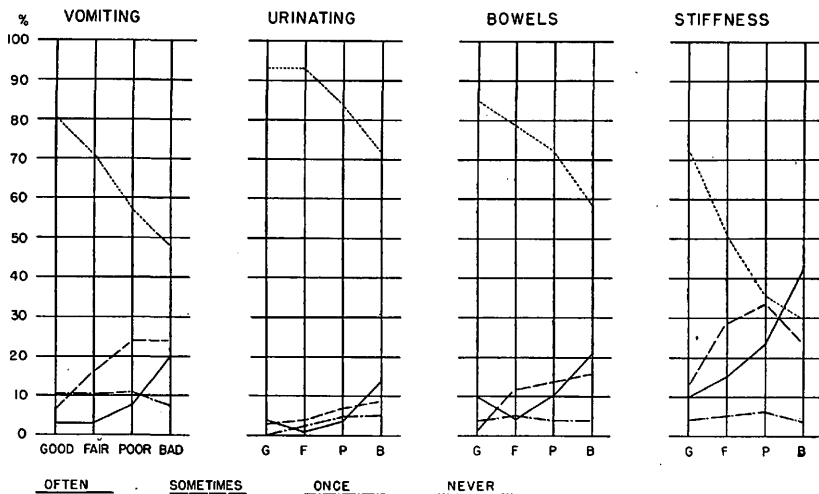
An analysis of the answers reveals that under fire the two groups that answered "poor" and "bad" to the first question presented the largest percentage of symptoms that might be attributed to fear or anxiety. The contrasts between the "good" group and the "poor" and "bad" groups were startling. The latter group predominated in all categories of the second question. (Graphs 2 and 3.) The conclusion to be drawn from the answers is that those soldiers who now felt in poor health had exhibited, under combat conditions, a preponderance of psychosomatic manifestations characteristic of fear and anxiety.

A group of questions which dealt with the present feelings of the men as contrasted to feelings under fire is revealing.

	All men, per cent	Good, per cent	Fair, per cent	Poor, per cent	Bad, per cent
a. Violent pounding of the heart?					
Often	48	31	35	55	66
Sometimes	39	44	46	38	26
Once	5	8	8	3	2
Never	8	17	11	4	6
b. Sinking feeling in the stomach?					
Often	30	21	18	31	50
Sometimes	46	44	50	49	35
Once	7	8	9	6	4
Never	17	27	23	14	11
c. Feeling of weakness or feeling faint?					
Often	19	9	7	21	39
Sometimes	33	18	33	36	29
Once	11	13	9	14	9
Never	37	60	51	29	23
d. Feeling sick at the stomach?					
Often	23	13	14	24	42
Sometimes	37	22	34	43	33
Once	9	12	9	9	5
Never	31	53	43	24	20
e. Cold sweat?					
Often	27	19	16	26	51
Sometimes	33	23	35	37	24
Once	9	6	9	10	6
Never	31	52	40	27	19
f. Vomiting?					
Often	8	3	3	8	20
Sometimes	20	6	16	24	24
Once	10	10	10	11	8
Never	62	81	71	57	48
g. Shaking or trembling all over?					
Often	26	10	11	27	51
Sometimes	32	21	35	35	23
Once	14	14	18	14	7
Never	28	55	36	24	19
h. Urinating in pants?					
Often	5	4	1	4	14
Sometimes	6	3	4	7	9
Once	4	..	2	5	5
Never	85	93	93	84	72
i. Losing control of bowels?					
Often	10	10	4	10	21
Sometimes	13	1	12	14	16
Once	5	4	5	4	4
Never	72	85	79	72	59
j. Feeling of stiffness?					
Often	23	10	15	24	42
Sometimes	29	13	29	34	24
Once	5	4	5	6	4
Never	43	73	51	36	30



GRAPH 2. Reactions under fire 1.



GRAPH 3. Reactions under fire 2.

“Are you ever bothered by nervousness?”

	All men, per cent	Good, per cent	Fair, per cent	Poor, per cent	Bad, per cent
Yes, often	44	20	30	50	67
Yes, sometimes	49	52	61	46	30
No, never	7	28	9	4	3

“Do you often have trouble getting to sleep?”

	All men, per cent	Good, per cent	Fair, per cent	Poor, per cent	Bad, per cent
Very often	40	24	27	43	62
Sometimes	49	51	57	51	31
Almost never	11	25	16	6	7

“Are you ever troubled by your hands sweating so that they feel damp and clammy?”

	All men, per cent	Good, per cent	Fair, per cent	Poor, per cent	Bad, per cent
Yes, often	45	27	34	49	61
Yes, sometimes	40	45	45	40	31
No, never	15	28	21	11	8

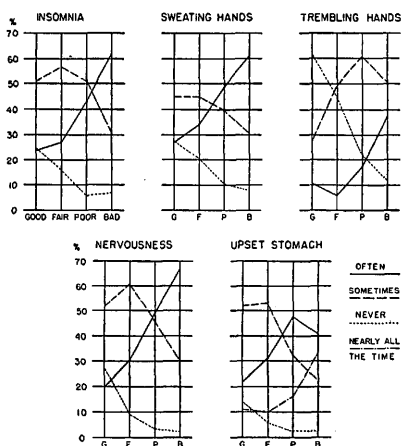
“How often are you bothered by having an upset stomach?”

	All men, per cent	Good, per cent	Fair, per cent	Poor, per cent	Bad, per cent
Nearly all the time	17	12	10	16	33
Pretty often	40	22	31	48	41
Not very often	38	52	53	33	23
Never	5	14	6	3	3

“Do your hands tremble enough to bother you?”

	All men, per cent	Good, per cent	Fair, per cent	Poor, per cent	Bad, per cent
Yes, often	17	11	6	17	37
Yes, sometimes	53	27	49	61	51
No, never	30	62	45	22	12

Of special interest are the answers to the question regarding nervousness. Fifty per cent of the "poor" and 67 per cent of the "bad," as contrasted to only 20 per cent of the "good" group, state that they are bothered by nervousness. The same relative ratio holds for sleeplessness, damp and clammy hands and, to a lesser degree, upset stomach and trembling hands. (Graph 4.) The percentages in



GRAPH 4. Present feelings.

these answers are rather strikingly like the ones obtained in similar areas in a survey of 613 psychiatric patients as compared to 3729 normals studied in the United States as quoted below.

"Do you have any particular physical or health problem?"

N.P., per cent	Normal, per cent
82	35 Yes
8	57 No
7	6 Undecided
3	2 No answer

"Have you ever been bothered by shortness of breath when you were not exercising or working hard?"

N.P., per cent	Normal, per cent
39	12 Yes, often
41	30 Yes, sometimes
19	57 No, never
1	1 No answer

"Are you ever troubled by your hands sweating so that they feel damp and clammy?"

N.P., per cent	Normal, per cent
56	18 Yes, often
33	43 Yes, sometimes
10	39 No, never
1	No answer

"How often are you bothered by having an upset stomach?"

N.P., per cent	Normal, per cent
20	4 Nearly all the time
37	13 Pretty often
37	59 Not very often
5	22 Never
1	1 No answer

"Have you ever been troubled by cold sweats?"

N.P., per cent	Normal, per cent
25	5 Yes, often
53	37 Yes, a few times
20	58 No, never
2	2 No answer

(Graph 3.)

This indicates that the symptoms presented by the "poor" and "bad" groups are more or less identical with the ones experienced by neuropsychiatric patients. The percentages are almost the same.

COMMENTS

It would seem that some of the factors underlying the startling finding that only 7 per cent of the veterans felt that they were in good health after a period of rest and rehabilitation can be related to the presence of many psychosomatic manifestations of anxiety or psychoneurotic difficulties. The contrast with another division in the same campaign that suffered a great many neuropsychiatric casualties which were evacuated and lost to the division is statistically striking. It appears as if the attrition of evacuation during combat acted as an informal screening process.

In the Division A under study, the soldiers were returned to duty under pressure of combat conditions with little or no treatment. The result has been that the failure to recognize the neuropsychiatric problem had left this division heavily seeded with soldiers presenting anxiety symptoms which were masked under various feelings of ill health.

It may be of interest to speculate as to whether recognition of the psychiatric problem and an adequate treatment program during combat would not have served the purpose of minimizing the subsequent attitudes of the soldiers. There are some indications from subsequent campaigns where fairly adequate treatment programs, built on sound therapeutic principles and a frank facing of the psychiatric problems, achieved this result.

There is further significance in the findings for the civilian physician in that they emphasize again that psychosomatic manifestations of anxiety and neurotic tension may be clinically presented by the individual as somatic complaints of "ill health."