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## Psychiatric care of military families in the post-war Far East

Thomas Probert<sup>a</sup>

### ABSTRACT

British military psychiatrists became responsible for the psychiatric care of military dependants in the Far East during the Malayan Emergency. In a survey of service psychiatry, two such military psychiatrists complained that there was no stigma attached to consulting with them and that psychological concerns resulting from the tropical climate were fashionable among women patients. The climate, along with the ongoing counterinsurgency, were instead thought of as precipitating factors that revealed a constitutional vulnerability to psychological ill health. In line with this thinking, the psychiatrists involved diagnosed psychoneurosis in the majority of women patients.

**Key words:** Britain, female, history, Malayan Emergency, military families, military psychiatry, psychiatry, stigma

### RÉSUMÉ

Les psychiatres militaires britanniques sont devenus responsables des soins psychiatriques des personnes à charge des militaires en Extrême-Orient lors de l'insurrection communiste malaise. Dans le cadre d'une enquête sur la psychiatrie militaire, deux de ces psychiatres militaires se sont plaints qu'il n'y avait pas de stigmatisation liée au fait de les consulter et que les préoccupations psychologiques résultant du climat tropical étaient à la mode chez les patientes. Le climat ainsi que la contrinsurrection en cours étaient plutôt considérés comme des facteurs précipitants révélant une vulnérabilité constitutionnelle aux problèmes de santé psychologique. Conformément à ce raisonnement, les psychiatres ont diagnostiqué une psychonévrose à la majorité des patientes.

**Mots clés :** Grande-Bretagne, familles de militaires, femmes, histoire, insurrection communiste malaise, psychiatrie militaire, psychiatrie, stigmatisation

### LAY SUMMARY

There was a growing interest in psychology among British women in the post-war Far East. Military psychiatrists decried what they perceived as a lack of stigma associated with a psychiatric diagnosis and complained that it was the role of medical officers to prevent patients from seeking psychiatric help. Medical officers, however, were overworked and lacked sufficient psychiatric training. Some medical personnel thought this interest was leading to patients diagnosing themselves with psychiatric conditions and was, by extension, causing tension within the doctor-patient relationship.

### INTRODUCTION

Histories of military psychiatry have centred on psychiatric casualties resulting from battle. Ben Shephard's *A War of Nerves* and Edgar Jones and Simon Wessely's *Shell Shock to PTSD* (2005) are two examples that map the evolution of military psychiatry,<sup>1,2</sup> and the changing conceptualization of trauma, from the First World War (1914-18) through the Gulf War (1991). Accordingly, these histories have invariably focused on the soldiers and psychiatrists prosecuting these wars. During the Second World War, for example, the practice of military psychiatry was oriented toward the serviceman. In India, as it came to be recognized that the "psychiatric

needs of the Army were not being met,"<sup>3(p.3)</sup> psychiatrists were brought in, beds were provisioned for psychiatric patients in general hospitals, and a system of psychiatric centres was established. Because the "supply of psychiatrists was always less than the demand,"<sup>3(p.3)</sup> medical officers with civil experience of psychiatry were graded as specialists, and others participated in a program of training under the tutelage of experienced psychiatrists. Although not comprehensive, the training was thought to be sufficient to "carrying out specific tasks in the relatively homogeneous group of Service patients."<sup>3(p.3)</sup> Nevertheless, military psychiatrists were also tasked with caring for the families of service personnel. There are

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little to no histories on the medical care of military families. Focusing on the psychiatric care of military wives in the post-war Far East, this article shows that military psychiatrists decried a lack of stigma associated with consulting a psychiatrist. It goes on to suggest that a growing interest in psychology among British women in the Far East was thought by medical personnel to place a strain on the doctor-patient relationship.

### **Military psychiatry and the psychiatric care of military dependants in the Far East**

After the Second World War, a new wave of servicemen was deployed to the Far East. Unlike during the war, some of these servicemen were joined by their families. The transition from the United Kingdom to the Far East included acclimating to the tropical climate and culture and to military culture. One Royal Army Medical Corps captain, for example, recalled his wife being reprimanded for socializing with another military wife whose husband outranked him.<sup>4</sup> For those stationed in Malaya, where a state of emergency had been declared, travel on the roads took place in armoured convoys, which could be subject to attacks.<sup>5</sup> Once in the Far East, these dependants, often unable to work and separated from their families, could become socially isolated. For some, these stresses resulted in psychiatric symptomatology, and, as a result, they sought help.

In 1951, a survey of service psychiatry was carried out in Singapore, the site of the main British Medical Hospital in the Far East. In the same year the survey was conducted, the Malayan Emergency, taking place across the causeway, reached its peak. The year 1951 saw more than 6,000 incidents, resulting in more than 1,000 civilian casualties.<sup>6</sup> The highest-profile of these incidents came in October when a road convoy escorting Sir Henry Gurney and his wife was ambushed. Sir Henry was killed, but his wife survived. The survey's lead author, John McGhie, was the senior of three psychiatrists operating across Far East Land Forces at that time. McGhie had served as a medical officer during the Second World War, commanding a field ambulance in Burma. On his return to the United Kingdom, McGhie qualified in psychiatry and, by 1949, now Lt.-Col. McGhie returned to the Far East, where he took up the position of adviser in psychiatry.<sup>7</sup> The second author of the survey, Maj. D.J. McConvell, oversaw the psychiatric block at the base hospital in Singapore. This was the location of the survey and, as the survey noted, was "the only service hospital in the theatre where such

therapeutic facilities are available and cases arrive by air, road, sea and rail almost daily."<sup>8(p. 173)</sup>

McGhie and McConvell complained, "There is no stigma in having been treated by a psychiatrist in this part of the world. In fact it is fashionable — it is the done thing — the mental breakdown is easily attributed to the 'terrible climate.'"<sup>8(p. 228)</sup> McGhie and McConvell thought that newcomers to the tropics came to expect mental and physical illness and that there should be a move away from what they saw as an over-emphasis on mental ill health. They suggested that "perhaps by then the term 'tropical fatigue' will be realized to be an excuse for laziness."<sup>8(p. 229)</sup> Financial worries, an inability to accept the climate, too much leisure time, dislike of the boarding-house life, and separation from husbands because of the ongoing counterinsurgency were instead thought of as precipitating factors that revealed a constitutional vulnerability to psychological ill health. In line with this thinking, the psychiatrists diagnosed many of their female patients with psychoneurosis.<sup>8</sup>

The survey reported that families encountered a psychiatrist much earlier than in the United Kingdom. This assertion was largely a criticism of the regimental medical officer (RMO), who was conceptualized as the military equivalent of a general practitioner and seen as the gatekeeper to psychiatric care. McGhie and McConvell thought, "Such a practitioner, a trusted friend and father confessor, would listen to their tale of woe and then give his reassurance, help and advice, and probably prevent an adventure into mental illness."<sup>8(p. 228)</sup> Instead, they complained that the RMO was generally young, newly qualified, and subject to frequent postings and transfers. These circumstances, thought McGhie and McConvell, inhibited the RMO's ability to develop an effective patient-doctor relationship, and his youth and lack of experience undermined his medical authority.<sup>8</sup>

The diary of one National Service medical officer suggested that overwork and a lack of psychiatric training, rather than an insufficient display of medical paternalism, characterized the doctor-patient interaction. The little psychiatric training the RMO received before departing for Malaya was directed toward the serviceman. Dr. Loosmore recorded being more amused than educated by one of his psychiatry lectures, in which the psychiatrist described "the peculiar things officers have done," and was unimpressed by "a poor film on battle psychiatry."<sup>9</sup> In the Far East, Loosmore complained that the RMO had far more duties than a

general practitioner,<sup>9</sup> and, because of this, he failed to provide adequate cover to those within his jurisdiction. Loosmore's diary entries, which referred to psychiatric symptoms among his female patients, were characterized by indecision, incomprehension, and frustration. On Jun. 21, 1958, for example, a woman was admitted to the hospital under his care with what he suspected was hypochondriac depression.<sup>9</sup> Loosmore wrote, "I don't know what to do with her. Decided to keep her tonight."<sup>9</sup> Then, two days later, on Jun. 23, a further diary entry confessed:

The woman with depression is as bad as ever. I don't understand these cases. They are perfectly logical and know they are being absurd, and yet don't, or cannot do anything about it. I sometimes feel annoyed by them but it must be wrong to do that. I decided to discharge her and we shall see what happens.<sup>9</sup>

On Oct. 31, 1953, the Singapore-based newspaper, *The Straits Times*, picked up on the psychiatric report and one of its "more remarkable statements ... that there is no stigma to having been treated by a psychiatrist in this part of the world."<sup>10</sup>(p. 6) The opinion piece, published under the pseudonym Cynicus,<sup>10</sup> was true to the author's assumed name because it asked the question "Is this really true?"<sup>10</sup> In August 1950, Dr. Somasundaram gave a paper to the Annual Pan-Malayan Meeting of the Alumni Association of the King Edward VII College of Medicine in Singapore. In it, he observed a growing interest in psychology, stating, "Malaya is no more content to think only in terms of rubber and tin. Mind Culture is the latest addition to the list of its interests."<sup>11</sup> An earlier serialization, which took a condescending tone, suggested this interest was something of a female pursuit. "The Malayan Countryman's Diary,"<sup>12</sup> published in *The Straits Times*, described the happenings on a rubber estate. One of the estate's visitors, wrote its author Tuan Djek, "occupies herself with such delightful sciences as psychiatry, psychology and other logys. She says that it keeps her brain ticking over. There is no accounting for tastes."<sup>12</sup>(p. 6)

One writer suggested that the popularization of psychiatry, generally, was creating a rift between doctors and patients. E.S.R. Alfred raised concerns about what he saw as the declining doctor-patient relationship in *The Medical Journal of Malaya*. He recognized that doctors were sometimes apt to dismiss a patient with nerves, not wanting to address the deeper internal conflict within them, but went on to complain that the physician's medical authority was being questioned, in

part because both medical and popular literature made psychiatric thought more accessible.<sup>13</sup>

A further serialization again produced similar assertions to those made in the psychiatric survey. On Oct. 18, the first installment of a serialization titled the "Malayan Doctor's Notebook"<sup>14</sup> appeared in *The Straits Times*. The narrative centred on a patient presenting herself to the doctor with the diagnosis of tropical neurasthenia. The doctor, doubtful of this, and doubtful about the existence of the condition, thought the best treatment was for his patient to find work. He later found out that she sought a second opinion and returned to the United Kingdom. The narrative ended with his former patient, now returned to Malaya, making the admission that she was wrong to think she had tropical neurasthenia.<sup>14</sup> The apparent moral of the story was that self-diagnosis should be met with medical scepticism on the part of the doctor and that pursuit of the diagnosis, as well as questioning the doctor's advice, revealed immaturity on the part of the patient.

## Conclusion

In his post-war historical research into the care of soldiers' families, Maj. D. Maitland put forward the thesis that, over time, common interests and shared hardships forged military families into a close community whose morale came, in part, from being able to support itself.<sup>15</sup> Later research, however, suggested that there were stresses particular to military dependants. In the United Kingdom, Captain H.L. Freeman, an area psychiatrist with the Royal Army Medical Corps, reported that social isolation led to anxiety and depression among army wives.<sup>16</sup> The earlier problems persisted because overseas deployments were reported to exacerbate normal pressures. In his 1971 study of service families in Singapore, Dr. Blackman suggested the anxiety states seen in army wives were due to their youth and because they were away from their families and had little to do.<sup>17</sup>

After national service ended, with the last national servicemen demobilized in 1963, the armed forces changed in composition from young conscripts to career servicemen, and the percentage of married men increased.<sup>18</sup> One report noted that, in 1954, 68% of the total military population consisted of soldiers, whereas 12% were wives and 20% were children. By 1964, these percentages changed to 46% soldiers, 21% wives, and 33% children.<sup>19</sup> Because of the increasing numbers, Lt.-Col. R.J. Wawman argued for the reorganization of psychiatric services to include better provision for

military families. In the Far East, for example, welfare services enabled more dependants with relatively mild psychiatric conditions to be treated in the community.<sup>20</sup> The British military presence in the area was ending, however, and at midnight on Nov. 30, 1975, the British Medical Hospital in Singapore closed.<sup>21</sup> In the more immediate post-war years, the structure of psychiatric services was largely derived from the requirements of the Second World War and National Service, with psychiatric care oriented toward servicemen.<sup>20</sup>

## AUTHOR INFORMATION

**Thomas Probert**, PhD, completed his PhD at The Open University and The Imperial War Museum in the United Kingdom. He is currently a visiting fellow at The Open University, researching military psychiatry and trauma during Britain's post-war period of decolonization.

## COMPETING INTERESTS

The author has nothing to disclose.

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## PEER REVIEW

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