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EVERY MAN HAS HIS BREAKING POINT:  
THE ATTITUDES OF AMERICAN INFANTRYMEN TOWARDS COMBAT FATIGUE IN  
WORLD WAR II

Final Paper  
History 489: Research Seminar  
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November 28, 2006

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## Abstract:

My intention with this paper is to reveal both how complicated the combat fatigue problem was and how tempting simplistic views of it were. I seek to show how “average” combat soldiers in World War II perceived it at the individual level and how collectively they paint a complex picture. They developed a framework of understanding psychiatric casualties with certain assumptions in place, developed criteria from which to assess individual cases. These assumptions and criteria emerged from the reality of their experience, especially the situational factors over which they had no control but were crucially influential in their outlook. These criteria included the effort expended to maintain control, the pride which kept them from verbally invoking their reaction and symptoms as an excuse to get out of fighting, and the appearance of loyalty to the primary group, at least a display of reluctance to “abandon” it. There were two kinds of stigma that existed, both of which were limited to the context of wartime realities. Combat veterans had a complex understanding of combat fatigue, even though it was often expressed crudely. Their own “strength” was subject to fluctuations and in some cases a steady decline. That truth blurs the line between the “weak” and the “strong.” One of the underlying factors influencing the attitudes of combat men toward combat fatigue was an intense and widespread resentment toward the Army. The attitudes of combat soldiers were far from simple, but essentially they agreed that every man had his breaking point. In part, due to situational factors over which they had no control, and in part due to small group dynamics, they established criteria with which they could “judge” individual cases of combat fatigue by. They withheld their full approval when certain criteria were not met, even if they were inclined to grant the universal vulnerability.

“The commanders and most of their unit surgeons think we are here to condone cowardice and to get malingerers out of jail.”<sup>1</sup> This observation was made by a psychiatrist in North Africa in 1943 who had been treating combat fatigue cases and finding out some unsuspected things about them. The initial official attitude towards psychiatric breakdown in battle was marked by suspicion, hostility, and the condemnation of weaklings who were either unable or unwilling to stand the pressures of combat. It would surely be a tough war and it was no place for weaklings. It is understandable that they understood very little about psychiatry, for they were generals, not psychiatrists, but their assumptions about the problem are revealing. Those assumptions would eventually be responsible for a very high cost exacted upon the men who actually bore the brunt of the war.

The main thing revealed in the “official” attitude was an element of suspicion. Were the men who allegedly broke down actually overcome by the stress of battle or were they seeking to escape their duty of fighting the enemy? Suspicion of malingering was evident because there was no way of “proving” that the breakdown was real. Soldiers were expected to do their duty, overcome their fear, and come to grips with the possibility of being killed or wounded in action.

Early in World War II, the United States Army adopted the explicit policy of building up a permissive attitude toward fear and anxiety symptoms among the troops. Men were taught, from basic training on, that they need not be ashamed of feeling afraid in danger situations, that fear reactions are normal and are shared by everyone exposed to combat conditions.<sup>2</sup>

It seems that the Army leadership was willing to “allow” soldiers the privilege of admitting they were scared, but the price extracted for that permission was the obligation to

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<sup>1</sup>Elliot Cooke, *All but Me and Thee: Psychiatry at the Foxhole Level* (Washington: Infantry Journal Press, 1946), 151.

<sup>2</sup>Samuel A. Stouffer, et al, *The American Soldier: Combat and its Aftermath, Studies in Social Psychology in World War II*, vol. 2 (Princeton, NJ: Princeton University Press, 1949; Reprint, 1950), 196. Stouffer does point out, however, on his next page, that this permissiveness was less likely in combat situations than before combat. See appendix for an example of the official stance directed at soldiers: “You’ll be scared.” On this fear indoctrination, also see Menninger, 73.

overcome their fear, follow orders, and destroy the enemy. In fact, soldiers were expected to rise above their fear and confront the enemy again and again until victory was achieved. Fear was okay, but fighting was necessary. The only excuses for a combat soldier not to fight were death, a wound, or an incapacitating injury or illness.

Brigadier General Elliot Cooke, working for the General Staff of the Army, described the early response to the combat fatigue problem. At this point, it was still referred to as *psychoneurosis*. The following quotations came from his recollections of a War Department conference [1943] which was trying to determine what to do about the “psychoneurotic problem.” His description of the different types will suffice for the purposes of this paper because it was expressed in layman’s terms for laymen to understand.

There certainly are three classes of psychoneurotics we deal with. The first and the greatest number are those who manifest symptoms of a more or less severe nature between the time they are inducted and before they go overseas. Then there are those who develop disorders after going overseas but either before or without being exposed to the stress of combat. And lastly, those who sooner or later get the battle jitters and cannot carry on any further.<sup>3</sup>

Cooke later met with George C. Marshall, the Chief of Staff of the Army to personally fill him in on what he had found out on his fact-finding mission. He identified the psychoneurotic as someone who:

sort of makes himself sick, without exactly knowing how or why he does it, or even without realizing it at all. He may be compared to a man who is allergic to something without knowing what it is, and breaks out with asthma, dermatitis and things like that . . . [“the allergy”] makes him nervous. After a certain amount of pressure, his nerves upset some function of his body and he is sick. [Cooke continued by explaining an early “remedy” that had already been tried and was a clearly futile gesture.] The most popular one, at first, was to encourage some tough noncom to take each individual psycho out behind a latrine and beat the daylights out of him . . . It soothed the commander’s ego, but it didn’t increase the psycho’s efficiency one little bit.<sup>4</sup>

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<sup>3</sup>Cooke, 199. On page 206, there is further clarification about the difference between four main neuropsychiatric categories: “Psychotics, constitutional psychopaths, psychoneurotics, and just damn deadbeats.”

<sup>4</sup>Ibid., 207 and 208.

In a survey, most soldiers clearly rejected the punishment of those who “cracked up” and became psychiatric casualties. For them, it was absurd to punish men who were obviously unable to continue. Combat men would have been far less certain that the breakdown was feigned. To witness it and be shaken by it was the main thing that separated them from the army officials.

Combat fatigue was to prove a very complicated issue during World War II. At first it was shocking to men in upper leadership positions. Then came denial and disbelief. Finally, those involved had to come to terms with it and find a way to explain it, fitting it into a modified way of interpreting the rest of their experiences. This applied to both the upper leadership level and the ground level of the “average” soldier. The lower level is the dominant focus of this paper. I will clarify that focus, which is to determine the attitudes of *combat infantrymen*.

They were a small minority in relation to the size the entire military.<sup>5</sup> Samuel Stouffer pointed out “a fact that is always surprising to the uninitiated: how small a part of a modern army ever comes into close contact with the enemy.” He explained that during the fighting in Europe during 1944 and 1945, the highest number of Americans actually fighting the enemy on the ground would have been well under 325,000 at any one time, even though the peak strength in that theater was over three million troops.<sup>6</sup> Gerald Linderman, a historian, has set his own comparatively conservative estimate, which also includes the Marine Corps riflemen and Army soldiers in the Pacific theater.

For so indispensable a role in the American accomplishment, their numbers were small. From a population of 132 million, the military drew into service 16.3 million persons; fewer than 1 million, probably no more than 800,000, took any

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<sup>5</sup>William C. Menninger, *Psychiatry in a Troubled World: Yesterday's War and Today's Challenge* (New York: MacMillan Company, 1948), 134. He had what is probably a high estimate (2-3 million) but he wasn't as strict in his calculations as Linderman.

<sup>6</sup>Stouffer, 61 and 62. For other estimates, see Adams, 11; Ginzberg, 186; Mauldin, 10.

part in extended combat. In numerous theaters, fighting men comprised 10 percent, or less, of the full military complement. Infantrymen, constituting 14 percent of American troops overseas, suffered 70 percent of the casualties.<sup>7</sup>

My focus will ignore the Army Air Corps, the Marine Corps, and many others who served during World War II. The paper is “infantry-centric” and I will refer to the above-mentioned combat troops as “combat men” or even “old men,” in some cases. That was the language of the time used by members of that minority and I will grant myself the privilege of using it.<sup>8</sup> Stouffer’s work used this disclaimer, which may be useful.

For practical purposes, it will be assumed here that when combat troops are mentioned the reference will be to line infantry, tank and tank destroyer units, and to medical and engineer troops serving along with these units.<sup>9</sup>

Combat duty can be thought of in terms of continuous exposure to potential danger, rather than occasional risks, like supply columns being hit by strafing enemy planes.

The first order of business may be to sketch out exactly how big of a problem combat fatigue was during World War II for the American Army. There is no lack of statistics that may shock the reader because of both the sheer magnitude and their relative obscurity at least in comparison to the things we like to remember about World War II, arguably our “best war ever.”<sup>10</sup> Strecker tells us that were 500,000 “draft-dodgers,” 1,825,000 rejected at induction for psychological reasons, and about 600,000 discharged for similar reasons by the end of the war.<sup>11</sup>

Then there are various statistics concerning the relative ratio of psychiatric casualties for every

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<sup>7</sup>Gerald F. Linderman, *The World within War: America’s Combat Experience in World War II* (New York: Free Press, 1997), 1.

<sup>8</sup>Bill Mauldin and Ernie Pyle were two of the widely accepted “spokesmen” for the infantry viewpoint during World War II.

<sup>9</sup>Stouffer, 64. On page 62, he stated, “Most soldiers in a forward combat zone considered any duty to the rear of battalion headquarters as practically noncombat.”

<sup>10</sup>Michael C. C. Adams, *The Best War Ever: America and World War II* (Baltimore and London: Johns Hopkins University Press, 1994). Observe the book’s title.

<sup>11</sup>Edward A. Strecker, *Their Mothers’ Sons: The Psychiatrist Examines an American Problem* (Philadelphia and New York: J. B. Lippincott Company, 1946), 19.

Note on “draft-dodgers.” Cooke noted that twenty-four of the members of Tulsa’s undefeated football team were classified 4-F, rejected at induction. The New York Times reported that many congressional assistants were also rejected for alleged psychoneurosis. *New York Times*, February 15<sup>th</sup>, 1944.

battle casualty. “Psychiatric casualties winnowed the ranks at an alarming rate.” In the European Theater of Operations (ETO) there were 151,920 hospital evacuations in 1944 and 1945 and “combat units discovered that on average, for every three men killed or wounded, one other soldier became a psychiatric casualty.”<sup>12</sup>

There are some serious shortcomings with the statistics, though. “It was recognized in World War II that the formal neuropsychiatric rate did not include all psychiatric casualties.”<sup>13</sup> Glass notes that there were many cases of “covert” casualties as well as record keeping problems. “Covert” combat fatigue casualties could include those who were killed or wounded while functioning sloppily because of the condition as well as some who were evacuated to the rear for things like trench foot, when in fact they were incapacitated by combat fatigue. The other major problem is that most battalion aid stations did not keep adequate records. Many NPs [neuropsychiatric cases] would have never been included in the statistics if they were responded even minimally well enough to the forward treatment at this level (basically consisting of rest, shelter, and relative safety) to be returned to the fighting within a few days. Therefore, the hospital admission statistics are probably fairly accurate, but hardly reflect the actual incidence of combat fatigue.

As indicated before, as the war progressed, more data came in and people were forced to integrate it with their assumptions. One good example of this is noted in the Official History. A passage from a preliminary report, dated October 14<sup>th</sup>, 1943 indicated:

The Sicilian campaign also exploded the idea that the rates of occurrence of psychiatric disabilities are lessened among experienced troops. In the two

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<sup>12</sup>Michael D. Doubler, *Closing with the Enemy: How the GIs fought the War in Europe, 1944-1945* (Lawrence, KS: University Press of Kansas, 1994), 243.

This ratio is probably much too high. Bartemeier, 372, sets the ratio more modestly: “Roughly speaking, for every 5 men wounded, one is killed and one becomes psychiatrically disabled.”

<sup>13</sup>Albert J. Glass, et al. (eds.) *Overseas Theaters. Neuropsychiatry in World War II*, vol. 2, Medical Department, United States Army in World War II: Clinical Series (Washington, D.C.: Government Printing Office, 1973), 997 and 998. I will refer to this source from now on as OHv2 [Official History, Volume 2] or Glass, v2.



“veteran” divisions, used, 66 percent and 88 percent respectively of the NP cases were among veterans of the Tunisian campaign who had not been previously hospitalized for NP disabilities . . . it is apparent the rate of occurrence is actually higher among seasoned troops than among unseasoned.<sup>14</sup>

One fairly reliable indicator of the frequency of combat fatigue is revealed by a survey taken in April 1945. Eighty-three percent of a cross section of front-line troops reported having seen “a man’s nerves crack up” at the front.<sup>15</sup> The scope of this problem was certainly large, despite many statistical problems.

My intention with this paper is to reveal both how complicated the problem was and how tempting simplistic views of it were. I seek to show how “average” combat soldiers in World War II perceived it at the individual level and how collectively they paint a complex picture. I also seek to coherently sketch the more subtle undercurrents of the situation, which contributed to what soldiers thought and why they thought it. These undercurrents were rarely pointed out as directly connected with soldiers’ attitudes toward the combat fatigue “riddle” by the “witnesses” on whose testimony I will rely. After extensive research, though, they can be very illustrative of both the “how” and the “why” of soldier attitudes.

I must add a word of caution to the reader. In my attempt to both maintain focus and give this treatment the depth it deserves, it is impossible to include much of what may be very pertinent background information concerning *what* combat fatigue was, *what* it was like (e.g., the often startling symptoms), and what was done about in terms of treatment or discharge policy.

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<sup>14</sup>Glass, v2, 22. I have mentioned that there are many contradictions within this topic. One of the most glaringly obvious is a direct contradiction with the findings quoted here, that “seasoned” men had higher rates than new men. On pages 995 and 996, it is concluded that “World War II experiences indicated that psychiatric casualties were most frequent and their manifestations most severe in units new to battle, which were committed to their first prolonged major combat action. Thereafter, both the incidence and severity of psychiatric breakdown were diminished, despite repeated exposure to intense battle and presence of many replacements in combat . . . these phenomena of decreasing rates of psychiatric casualties as combat units became battle hardened occurred.”

<sup>15</sup>Stouffer, 80. This was a cross section survey of 1,766 men from four divisions in Italy. 54 % of the men reported having seen 6 months of combat or more. Also, 87 % of the men in this survey reported having seen a close friend killed or wounded in action.

This information is available, although admittedly obscure, through both a vast body of primary sources (the professional psychiatric literature of the time) and somewhat more rarely in secondary sources that outline the details and the main trends in treatment and the corresponding disagreements and debates. Eventually this mountain of information becomes more confusing because there are conflicting perspectives and much contradiction in what seemed to be fairly straightforward facts. I found myself more and more confused when seeking to accept the fundamental “facts” because there is nearly always some other source of equal authority that contradicts it. Much of that information will not be included for several reasons.<sup>16</sup> It would also bog down this paper at the expense of what is ultimately more fascinating and, I feel, in more need of attention. The most reassuring rationalization I can come up with is that most of these details would be virtually unknown to the soldiers who fought in World War II.

Their views would have been formed with very little background information or knowledge of the nuances. What is very fascinating is how, despite having so little information, they came up with (collectively at least) a fairly sophisticated understanding of combat fatigue which would have been formed through their own observations and experiences. My conclusion in this respect is that they developed a framework of understanding psychiatric casualties with certain assumptions in place (some of which had to be adjusted), developed criteria from which to assess individual cases, and that these assumptions and criteria emerged from the reality (the “what was,” not the “what it should have been”) of their experience, especially the situational factors over which they had no control but were crucially influential in their outlook.

Wartime psychiatric studies revealed two closely related trends. The first is the discovery that virtually any “normal” individual will break down if placed under enough situational stress

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<sup>16</sup>As Elliot Cooke observed, “the farther we advanced into the realm of psychiatry, the more difficult became the answers.” *All but Me and Thee*, 70.

on a long enough timeline. The second trend is more specific. The revelation of an “Old Sergeant Syndrome” indicates the dilemma of many proud, effective soldiers who gradually become more and more useless after extended combat.

Major Raymond Sobel described what he came to refer as the “old sergeant syndrome,” which he noticed in his duties as a psychiatrist during the Italian campaign. It occurred in “well motivated, previously efficient soldiers as a result of the chronic and progressive breakdown of their normal defenses against anxiety in long periods of combat,” some in continuous combat for “periods up to 79 days.” Most had excellent records in their previous combat experience in Tunisia and Italy. “They constituted the nucleus of their elements and were considered by their officers to be the backbone of the Infantry . . . These men were among the best and most effective of the trained and disciplined combat infantry soldiers . . . [but] they became useless to their unit and had to be removed from the battle zone . . . the men themselves could not adequately explain the cause of their behavior.”<sup>17</sup>

Frequently these men were sent to the rear with letters from their officers vouching for their reputations. One such letter from a battalion commander stated: “It is my opinion, through observation, that he has reached the end of endurance as a combat soldier. Therefore, in recognition of a job well done I recommend that this soldier be released from combat duty and be reclassified in another capacity.” Sobel noted, “this battalion commander, incidentally, was noted for his unyielding attitude toward psychiatric casualties.”<sup>18</sup> As Sobel pointed out, “The question these men presented was not ‘Why did they break?,’ but ‘Why did they continue to

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<sup>17</sup>Raymond Sobel, “Anxiety-Depressive Reactions After Prolonged Combat Experience—the “Old Sergeant Syndrome,” 137 and 138. In Frederick R. Hanson, ed., *Combat Psychiatry, Special Supplement, The Bulletin of the U.S. Army Medical Department*, Vol. IX, November 1949.

Can be accessed at: <http://history.amedd.army.mil/booksdocs/wwii/combatpsych/default.htm>.

<sup>18</sup>Ibid, 141.

endure?”<sup>19</sup> Pride was a crucial factor, as was loyalty to the group, “the last and most important line of defense against anxiety.” This “group” was at a very small level. “It rarely extended beyond the platoon – the group with which the soldier had shared joint survival.”<sup>20</sup> For these men, “leaving the group is tantamount to desertion. The only honorable way out is by way of a wound or death.”<sup>21</sup>

Their situation<sup>22</sup> was in marked contrast to that of the many who “broke” after a very limited amount of time in combat and an even more marked contrast with the very many who “broke” long before exposure to combat, in completely safe positions in the rear echelon, or even the many who “broke” after problems adjusting to the military in the United States. By the time men had reached the front line, the great majority of “weaklings” or neurotically predisposed men would have been weeded out.<sup>23</sup>

For the “old sergeants,” their life was war.<sup>24</sup> It was hell, but was probably a source of morbid pride in both their ability to cope with it (in comparison to others who never lasted for even a fraction of the sergeants’ experience) and their effectiveness as warriors.<sup>25</sup> The grim task was to endure that hell and perform their function of confronting and destroying the enemy with as much skill as they could muster. The problem was that it was a long war. If it is granted that

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<sup>19</sup>Ibid, 142.

<sup>20</sup>Ibid, 144 and 145. My other references to the “primary group” or “the group” in this paper are to be understood as meaning the same thing: the loyalty to others in a small-unit outfit.

<sup>21</sup>Ibid, 145.

<sup>22</sup>Just to keep things complicated it will be noted from Glass, v2, 996, that a “larger incidence of psychiatric casualties always occurred from “new” men, owing to the marked attrition from battle and nonbattle losses which resulted inevitably in a high proportion of replacements in combat units. Psychiatric casualties from the smaller numbers of “old” men, known to have developed the “old sergeant syndrome,” were few but represented a high proportion of the decreasing number of combat veterans.”

<sup>23</sup>Glass, Ohv1, 394

<sup>24</sup>Ernie Pyle made a similar statement about “his old-timers” from a particular company in *Brave Men*, 184. “Their life consisted wholly and solely of war, for they were and always had been front-line infantrymen. They survived ... also because they had become hard and immensely wise in animallike [sic] ways of self-preservation ... Around a little group like them every company was built.” James Jones wrote of the winter of 1943-1944 in *WWII*, page 127, “More and more, for everybody, the war was becoming a permanent way of life, a condition that would just go on and on, for Americans now as well as Europeans.”

<sup>25</sup>Stouffer, 140. In this case, the pride is referred to as “bitter pride” in many extended combat veterans.

the overwhelming majority of combat men had a breaking point, then it became a matter of *when*, not *if*, they broke down, if they were kept in the line long enough.<sup>26</sup> The gradual breakdown process was probably a frightening and humiliating one. Most of these men had a definite prestige with their peers that may only exist in war. They were revered with a certain element of awe by new arrivals in the outfits.

As they gradually broke down, their actual effectiveness often declined and they had a harder time coping with the stress and, presumably, in upholding their reputations. Eventually, many of these extended combat men “broke” if not otherwise eliminated by the conventional threats to any individual existing in war. These individuals may be the most fascinating individuals within the study of psychiatric breakdown in combat.

The experiences of the men on whose memoirs I rely show a fairly complex awareness of psychiatric breakdown. They were not only often witnesses to this. They were in some respects also “judges” in their explanations. It was their opinion that actually mattered the most to those who broke. They were aware of the difference between what I will simply divide as “early” and “late” psychiatric breakdowns.<sup>27</sup> This distinction would affect their attitudes to the individual cases of combat fatigue. There are other factors involved which I will go into in more depth later in this paper which appear equally, if not more, important than the basic difference of accumulated combat experience over time.

The widespread notion, “every man has his breaking point,” has become an axiom expressed in both semantic variation and from a variety of sources. It has become a truism stated

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<sup>26</sup>Menninger, 54 and 55. He put it slightly differently. “It became obvious that the question was not *who* would break down, but *when*.”

<sup>27</sup>An “early” breakdown can be understood as one which occurred either immediately *prior* to the individual’s first experience of combat, *during* that experience, or *within the first week* of the initial combat experience. A “late” breakdown can be understood more in terms of an individual becoming “used up” and eventually useless. Grossman expresses it with the analogy of one’s “Well of Fortitude” eventually becoming dry after being drawn from too many times. See Grossman, pages 84 and 85. I will also refer to “late” breakdown as *progressive breakdown*.

by soldiers, psychiatrists, correspondent-observers, and many secondary works. It is not my intention necessarily to trace this phrase and its underlying meaning from its inception to its use today. That would be very interesting, and I have tried to keep track of the multiple occurrences with reference to chronology, but that is really beside the point. The main point is that this notion has been accepted in a widespread way and it has been attributed as a major attitude assumption/indicator of the men who actually fought World War II.

### What Do the Secondary Sources Tell Us About the Attitude Question?<sup>28</sup>

Lee Kennett, a historian, wrote:

In ascribing a medical condition to men who broke down or became ineffective in battle, and sending them to a rest area rather than to a stockade, the Army's leadership was in a sense redefining the concepts of bravery and cowardice. But as the evidence mounted, it could hardly do otherwise. [studies mentioned about breaking points] ... Not everyone accepted this interpretation. The Army's leaders were themselves divided. General Omar Bradley subscribed to the view that every man did indeed have his breaking point. General Patton, on the other hand, issued a memorandum branding the men in his command who were "nervously incapable of combat" as "cowards." General Eichelberger spoke of getting rid of the "weaklings," and the commander of the Americal Division, then fighting on Guadalcanal, told his chief surgeon he wanted every neuropsychiatric case court-martialed (the surgeon was able to talk him out of it) ... There were persistent complaints in the Army's command structure about such facilities [treatment centers] and about the "coddling" and "catering to malingers" they supposedly represented. *But the American soldier continued to be told in battle indoctrination lectures* [my emphasis] he had a breaking point, that he might reach it, and such a breakdown was not cowardly or disgraceful ... And the stress the G.I. knew in combat tended to be a passing thing. Nine out of

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<sup>28</sup>I must acknowledge that the following section is full of excessive over-quoting. It may have been more appropriate to omit it entirely or to send it to the back as an appendix. My rationale for inserting it here in the first place and keeping it here is fairly straightforward. Primarily, I discovered that my research goal of determining attitudes to combat fatigue was not as original as I had originally believed. By including what may be excessive over-quotation, I am really just trying to carefully illustrate the overlap and the divergence between what other authors have written and what I have concluded in my research. My second reason to keep it here in the main body is that it helps me in explaining more of the background information that is relevant to understanding this topic, but it is really secondary to the focus of this paper.

ten came through battles without any serious mental damage. If the trauma was temporary, it was no less real....<sup>29</sup>

Michael Doubler outlines the attitude question in one paragraph:

Attitudes toward men suffering from combat exhaustion varied widely. Even the army's senior leaders had mixed opinions. Bradley believed that every soldier had his breaking point. The infamous Patton slapping incident during the Sicilian campaign personified the attitudes of many others who contended that combat exhaustion casualties really suffered from cowardice, poor motivation, or weakness of character. *Soldiers in fighting units were much more understanding.* [my emphasis] Most officers in leadership positions believed that combat exhaustion and extreme reactions to fear were medical, not disciplinary, problems and required treatment rather than punishment. In 1944 as many as 77 percent of the officers assigned to two infantry divisions in the ETO indicated that combat exhaustion casualties should be treated as sick men, and *a clear majority of enlisted men held the same view.* But there was little tolerance toward those trying to use combat exhaustion or extreme fear reactions to avoid combat. *Troops expected everyone to make an effort to overcome fear and exhaustion.* Soldiers visibly shaken by danger, who trembled and cried openly, were not considered cowards if they made an effort to regain their composure and go back to their duties. If a man showed exhaustion symptoms and simply declared that he could not go any further and required evacuation, other soldiers branded him a coward and expressed their contempt and scorn.<sup>30</sup>

Eric Bergerud makes a very interesting assertion, pertaining to the Pacific theater:

“Although in retrospect most veterans look back with compassion on their comrades who broke down, at the time the reaction was very different.” He quotes a medic from the Pacific theater.

Men on line didn't like guys who cracked. It was an easy way out. Understand that a lot of guys talked about the “million dollar wound,” one that wouldn't cripple them but would be bad enough to get them out of combat. *No question that a lot of guys wanted out* [emphasis mine]. Sometimes it seemed that nobody thought they were going to live. *But every less person on the line meant more*

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<sup>29</sup>Lee Kennett, *G.I.: The American Soldier in World War II* (New York: Scribner, 1987; Norman: University of Oklahoma Press, 1997), 145 and 146.

He is most concerned with the official point of view and the issues important to leaders. He hesitates to attribute directly any attitude to the soldiers themselves. He mentions that every soldier was told he had a breaking point. Quite frankly, I am skeptical of his assertion. It is true that a lot of soldiers used the language, “breaking point” or expressions similar to it. But, I think that he might be confusing a permissive indoctrination of “breaking points” with the clearly documented permissiveness of fear and the display of fear symptoms. I did not come across any evidence that men were told they all had a breaking point, except that many were told this *after* they broke and were in some form of treatment or rest. Perhaps those soldiers who returned to the fighting spread the message. Perhaps the most important reason I am skeptical is that he cites no sources for that particular point.

<sup>30</sup>Doubler, 244.

*danger and more risk for those left. It wasn't like later where you got a steady stream of replacements during a campaign. On Buna, you just watched the units dwindle.*

Bergerud then states, “Many of the men who broke down were *aware of the feelings held by their comrades.*” He describes an MP at Buna who recalls the “unhappy duty” of escorting a man who broke down to the rear.<sup>31</sup>

Michael Adams wrote:

The cruelest myth about combat stress is that cowards break down and heroes don't. In World War II, psychiatric casualties were often seen as “mommies' boys,” spoiled brats without manliness. This was the view of General Patton, who notoriously twice hit men in army hospitals suffering from stress. He held the popular but mistaken view, that, while all people feel fear, cowards are those who give in to it. Heroes overcome their fear ... Those who let down this magnificent ethic were ridiculed and punished. The problem with this concept is shown by the fact that the second man Patton hit had fought with distinction in North Africa and Sicily, but his nerves began to give way after his wife had a baby that he feared he would not live to see. When a friend was badly wounded, his resolve caved.” This example exposes the Hollywood myth that men who survived their first exposure to fire became battle-seasoned veterans who would be fine from then on if they were of sound character. But there was no such thing as getting used to combat, and the more you saw of it the more likely you were to break ... Sometimes, heroics came from exhaustion and hopelessness. It is probable that, when Audie Murphy performed the deeds of killing enemy soldiers that made him America's most decorated man, he had passed into a stage of battle fatigue where he despaired of surviving and had a reckless desire to get his death over with. Ironically, in seeking an end to his anguish, he became a hero.<sup>32</sup>

The point Michael Adams is indicating in the case of Audie Murphy without making it explicitly clear is that many soldiers who were on the path toward “cracking up” did not actually break.

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<sup>31</sup>Eric Bergerud, *Touched with Fire: The Land War in the South Pacific* (New York: Viking Penguin, 1996; Penguin Books, 1997), Bergerud, 452 and 453.

Bergerud's example may be specific to the Southwest Pacific fighting, but it raises a compelling point that may apply to the stated attitudes of most soldiers, wherever they might have fought. This point is that combat veterans may have mellowed their opinions after the crises were over. I have tried to show in this paper evidence that soldiers were not always so tolerant in their memories, at least in specific circumstances. Also, I have tried to use at least some evidence that would show attitudes as closely chronologically to the time of the events that Bergerud's objection may be overruled.

<sup>32</sup>Adams, 95 and 96.



Thus, the gulf between the statistics of incidence and the actual vulnerability to breakdown is very wide.

“The combat situation was permeated with conflicts of values and obligations. Most clearly evident was the struggle between the individual’s impulses toward personal safety and the social compulsions which drove him into danger and discomfort.”<sup>33</sup> Stouffer wrote that this conflict was sometimes at the root of breakdowns. My perspective says the value conflict would be at work in the determination of attitudes toward men who broke. Most soldiers who survived their initial combat period and were faced with the trial of an “endless tour-of-duty”<sup>34</sup> would have understand this conflict. It would have been an important underlying factor in the way they explained or understood those who did break.

After acknowledging the value conflict and the logical implication that they could be stuck fighting seemingly *forever*, combat men would have had a hard time condemning anyone who broke without at least setting up some criteria on which to judge the situation. These criteria included the effort expended to maintain control, the pride which kept them from verbally invoking their reaction and symptoms as an excuse to get out of fighting, and the appearance of loyalty to the primary group, at least a display of reluctance to “abandon” it. Another criterion would be the perceived legitimacy of a claim of being unable to take it. Replacements were vulnerable, but when they sought permission to go to the rear after a minimum amount of time under the strain, they apparently insulted those who were silently coping with their own sense of vulnerability. The replacements’ ignorance of how much strain

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<sup>33</sup>Stouffer, 84. One soldier put it this way: “Sometimes a guy would say, ‘How do I keep going?’ You have to fight with yourself. You don’t want to be a quitter.” This soldier was a wounded veteran of North Africa, Sicily, and Italy. The conflict of values is also put in a different way on page 139. “The real ambivalence centered in the conflict between loyalty to one’s outfit and buddies and the desire to escape from combat.”

<sup>34</sup>Remember that even in the Civil War, soldiers signed up for a definite limit of service, after which it was the government’s burden to convince them to sign up for another “tour.” Also, after World War II, limited tours of duty were used in both Korea and Vietnam.

the veterans had already coped with and how *hard* that was to accomplish sometimes provoked the veterans into outbursts of frustrated anger. This is not so much to be understood as scorn for the weak, but perhaps as a frustrated sign of their own wish to be exempted from such a stressful existence. Extended combat veterans understood very well that everyone had a breaking point and they resented being put in the position of facing their own.

So, what is the crucial difference between the early official suspicion perspective and the average soldiers'? It is, ultimately, the abandonment of that suspicious attitude and an acknowledgement that the problem was real. The soldiers granted that the inability to continue is more of a "can't" than a "won't." For their own reasons, distinct from those of their military leaders, they demanded sincere effort before they would "tolerate" a breakdown. Combat veterans would sometimes withhold their fullest approval if there was a clear lack of effort involved to continue. They generally invoked sickness over punishment because they *knew* how adverse the situation was for anyone coping with such intense stress.<sup>35</sup> Most importantly, the men surveyed would have known or at least found out that such strength appraisals were subject to fluctuation and change. They knew how vulnerable anyone could become however evidently strong they had proven themselves to be in past situations.

This vulnerability awareness resulted after honest acknowledgement of the powerful influence of situational stress on themselves and the accompanying progressive breakdown symptoms. The distinctions between themselves and the obviously "weak" then became blurred. This is something that most higher commanders, civilians, and men in the distant rear were unable to really "know" about in terms of an unavoidable conclusion based on personal

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<sup>35</sup>See appendix, "Attitudes Toward Men Who "Crack" in Battle," *What the Soldier Thinks* 5. 79% of officers in an Infantry division which saw action in the Mediterranean theater, rejected the punishment option for men who "crack up" in battle. Stouffer adds that most of the 15% of the "other way" option were in some way a rejection of punishment. Stouffer, 198.

experience and honesty. These others may have granted such things intellectually, indicating a generally more empathetic position to begin with. In other cases, they were pragmatically readjusting to the truth based upon acknowledgment of hard data coming in from the sheer magnitude of this problem. But, outside observers would never understand personally how “thin the line was” between breaking and enduring the way that combat men did.

Many observers, including green replacements, journalists, and visiting psychiatrists noted how common some of the startling reactions were in many combat vets and they were usually a little bit unnerved. This “up front” unnerving was less a revelation of bias against the mentally ill than an implicit acknowledgment of the reality of this problem, its “mysterious” qualities, and its evident power over “normal” men. Also, the “hard” view commanders and policy makers in the rear are more guided by wishful thinking influencing their institutional role of “exploiting manpower” to achieve goals.

The “average” extended combat veteran view was somewhere between the two extremes of full empathy and sympathy on one end and scorn and contempt on the other. They would not tend to ridicule those who broke, but they did not waste emotion, either. Ridicule or true scorn was absent if the “judge” was honest enough. Sometimes actions spoke louder than words, though, and the tough lingo of Patton was more than outdone by severe actions, which indicated a minimum of “softness” or sympathy.<sup>36</sup> Perhaps these severe actions were sometimes for the individual’s own good (to get them out of danger).<sup>37</sup> On other occasions it was strictly for others’ sake (threatening to shoot medic to shoot the “cracked-up medic who was needed to help the wounded”).<sup>38</sup> In at least one instance, it was for the sake of those who still had a chance to

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<sup>36</sup>For Patton’s proposed solution, see *War as I Knew It*, page 340, included in the appendix section.

<sup>37</sup>Raymond Gantter, *Roll Me Over: An Infantryman’s World War II* (New York: Ivy Books, 1997), 234.

<sup>38</sup>Patrick K. O’Donnell, *Beyond Valor: World War II’s Ranger and Airborne Veterans Reveal the Heart of Combat* (New York: Simon & Schuster, 2001), 65.

survive (the “cracked up” machine-gunner shot by his own men at the Bulge after he was unwilling to stop firing and would have gotten the whole group killed).<sup>39</sup>

The evidence points to a far more complicated situation than any one witness to combat fatigue can demonstrate. Although there may likely be an element of the trends of dominant attitudes changing over time, I attribute this to individuals acknowledging the actual incidence of the problem in combat (which was never uniformly static) and the wide experience and acknowledgment of alarming symptoms in many individuals. The officials *and* the psychiatrists were constantly trying to “catch up” with what was actually happening on the ground.

Basically, it boils down to this: combat experience changed the pool of assumptions from which all attitudes towards combat fatigue were drawn. The alleged scorn toward men who broke would come largely from those who *just didn't know what they're talking about*. To be more precise, the scorn occasionally expressed by combat men came out of perceived failures on the part of the individual breakdown cases. In most cases, the stigma of mental illness that operates in the civilian world was stronger in situations that were closer to a civilian existence (as compared to combat). This would apply to situations in the rear echelon or the Zone of the Interior [troops still within the United States]. In other cases, it is likely that the stigma, in the civilian sense of the word, survived into the combat environment. But that stigma would become somewhat outdated after the prevalence of symptoms became clear to many individuals in the combat environment.

A new, more immediately relevant, kind of stigma emerged after combat experience. This was the stigma of evacuation to the rear without a legitimate excuse. If war is hell, but men are obligated to continue existing in that situation until they become useless, then it is hard to

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Adams, 103.

measure the legitimacy of someone's inability to function if it is in the sphere of mental health. It is far harder to confirm because it is unquantifiable. As the psychiatrist, Marvin Plesset observed,

psychiatry [is] not so *exact* a science as some other branches of medicine ... There is no reliable *measuring stick* upon which to base rejection for this or that duty or even any duty at all ... in the army ... a soldier is either a psychoneurotic or he isn't ... either mildly, moderately or severely so ... It is indeed unfortunate that neurosis is *not black or white*, and that there are *innumerable shades of gray*. In these shades of gray lies the army psychiatrist's dilemma.<sup>40</sup>

Consider this hypothetical situation. If a soldier was wounded by shell fragments, a medic was able to assess the severity of the wound based on some rather concrete criteria. Are there any appendages missing? No. Will the man bleed to death? Are there any major arteries hit? No. How many entrance and exit wounds are there? Can the man walk? Yes. Will he live? Yes. Does this wound require attention that I am unable to give with my limited first-aid materials? No.

In many cases, the lightly wounded would not be evacuated to the rear. In rarer situations, they would refuse evacuation because they felt obligated to stay and help their buddies survive a crisis situation. There are parallels between the attitudes toward actual physical wounds and the factors that were underlying the combat fatigue problem and how it was perceived.

It may be obvious that it is much harder to objectively assess one's ability to continue if the problem is mental, psychiatric, or psychological. There are no concrete causes to establish the actuality of the problem - no shell fragments, no blood, no physical cause. There were often very unnerving visible symptoms, though. These usually made the problem seem "actual" rather

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<sup>40</sup>Marvin R. Plesset, "Psychoneurotics in Combat," *American Journal of Psychiatry* 103 (July 1946): 87-89.

than feigned, but the most crucial element in determining “legitimacy” was the appearance of the effort to continue, the effort to overcome the problem and fulfill one’s obligations.

Stouffer wrote the following, published in 1949:

Interviews with officers and enlisted men who had had extensive combat experience reveal that a distinction was made between men who were yellow and those who were genuine psychiatric casualties. One important factor in making a judgment about another man’s fear reaction was the extent to which he was physically incapacitated by his symptoms. A soldier whose symptoms persisted long after the objective danger subsided was generally regarded by his fellows as a sick man. But often distinctions were made between men who were cowards and men who were ill even though both might show the same fear symptoms. The key factor which was stressed by the interviewees was *effort to overcome the withdrawal tendencies engendered by intense fear*. [my emphasis] The man who was visibly shaken by exposure to danger, who trembled violently and who burst out weeping like a baby, was not regarded as a coward unless he made no apparent effort to stick out his job. If, despite trying hard, the man could not perform his combat job adequately, he was regarded as a legitimate casualty and was not blamed for being unable to take it. But if a man showed exactly the same fear symptoms except that he made the claim that he was unable to go on and asked to be sent to the battalion aid station without having shown any previous attempt to disregard his symptoms in trying to do his share of the job at hand, he was labeled a coward and subject to the scorn of the other men in his unit. Thus men were not blamed for being afraid or emotionally upset by the threat of danger, but they were expected to put up a struggle to carry on despite their fear.<sup>41</sup>

In one instance, Private Blunt demonstrated how important personal pride was in enabling him to overcome a crisis. He was in a forced march off the beaches of Normandy during which many others were dropping from sheer physical exhaustion. Blunt’s boots were allegedly filled with blood from large, painful blisters. An officer challenged his manhood and Blunt stubbornly sought to keep his self-respect. The officer yelled at him, “there’s no place for babies in this man’s army!” After passing out a few times, he woke up in an ambulance and decided he would rather walk on his own feet in total agonizing weariness than to accept the mark of inferiority. “I had something to prove, both to myself and that bastard lieutenant who had yelled at me. I was no baby. And no one was going to make me out to be one. I couldn’t let

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<sup>41</sup>Stouffer, 200.

the name Blunt be sullied by weakness in any form ... I could never face myself again, I felt, if I quit now.”<sup>42</sup>

One Ranger who served in Italy described how pride, obligation, and fear can interact:

There’s a certain amount of *pride* of having the *respect* of the guys that you’re serving with. They have a demand that’s unwritten that is put on you: that you do your utmost. You’ll be there regardless of what happens or you’ll lay your life down. You might be scared to death. If you’re not scared, you’re a damn fool. But you might be scared to the point that you can’t function and you shake all over.<sup>43</sup>

### Direct Attitude Evidence

So what are the direct statements by World War II veterans on the attitude question?

More often than not, soldiers fell on the tolerance side of the “tolerance vs intolerance” attitude scale. Roscoe Blunt, a combat infantryman of the 84<sup>th</sup> Division wrote, “Battle fatigue hit men in many different ways. *No one ridiculed battle fatigue victims. We all knew it could happen to anyone at any time, and we realized they needed sympathy and understanding.* [my emphasis] The mind and body could be tortured only so much before they sometimes snapped.”<sup>44</sup>

Raymond Gantter recounted an incident in which an “old man” broke down:

When the first shell landed, he went to pieces, weeping hysterically and cowering in a dugout until a soldier led him to the haven of the C.P. This might sound like cowardice, but it wasn’t: the man was one of the old veterans of the outfit, with a good record in Africa and Sicily. But he’d been wounded three times – he

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<sup>42</sup>Roscoe Blunt, Jr., *Foot Soldier: A Combat Infantryman’s War in Europe* (New York: Da Capo Press, 2002), 34-40.

<sup>43</sup>O’Donnel, 64 and 65. This particular Ranger’s name was Lester Kness. Admittedly, the Army Rangers were an elite unit. They probably had a higher expectation placed upon each other than in the average Army outfit. But the general thrust rings true with other examples from more “typical” soldiers. Stouffer, 206 tells us that the paratroopers “have a group attitude that does not permit free expressions of anxiety and fear. In an atmosphere where everyone was tough, rough and ready for the worst, anxiety cannot be verbalized or socially accepted.” This led to more “conversion symptoms,” like being unable to walk.

<sup>44</sup>Blunt, 85. The memoir evidence I cite is admittedly a small sample from the huge amount available. There are probably thousands of them. The memoirs I cite are the ones I found which contain evidence pertaining to my research. Presumably, there are many memoirs that omit the subject of combat fatigue entirely. To end this cautionary note, it might be important to point out that the direct quotes about attitudes are generally subjective. Unfortunately, that magic representative and objective measurement tool does not exist. I have sought out what I feel are probably the closest “second-bests,” though.

returned from the hospital only a few days ago – and had reached the saturation point. *He couldn't take it anymore, that's all, and no one blamed him.*"<sup>45</sup>

A few days later, Gantter updated the situation. "Today we heard that he's to be court-martialed, and we're in a fine rage."<sup>46</sup> Although some officers may have wished to court-martial all combat fatigue cases, in this case the punishment was to be the result of a self-inflicted wound. The same "old man" who had broken days earlier was not evacuated to the rear. He stayed with the unit in a state of total unnerving uselessness. When they were to move out again to the line, the man, in desperation, had used the only option he felt was available. He shot himself in the hand. Yet, as Gantter assures us, his comrades sided with him against the Army. They knew he was useless for further fighting. "Here in the front lines a man in that condition not only is unable to guard his own life, but is a *threat* to the lives of the men around him ... Why not send a man in his condition to the rear? ... Why use him, or any man already so pitifully used?"<sup>47</sup>

Although in some cases men with self-inflicted wounds were treated with total contempt, in this instance, Gantter sides with the "victim." No, the victim is not the Army, who has been subjected to yet another manpower loss. The victim in this case is the man whose hand has been forced into such a drastic response.

If real justice were done, his court-martial would be conducted not by officers and before officers, but by doggies [enlisted infantryman] and before doggies like himself; by men and before men who have known the same small agonies of... [miseries, discomfort] by men and before men who have lived the slow terror of always the unknown, the score rarely revealed and the odds always against them. Officers, no matter how worthy, cannot fully comprehend the cumulative weight

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<sup>45</sup>Raymond Gantter, 96. This is a great piece of evidence because the author says that this quote was taken directly from the journal he was keeping at the time. So, in this case, it is not really a matter of veterans mellowing out their attitude years after the war, when things were less immediate, as Bergerud suggests with his quotation of the Buna medic.

<sup>46</sup>Ibid., 101.

<sup>47</sup>Ibid.



of the small miseries. But small miseries will break a man quite as thoroughly as a surfeit of battles, guns in the head.<sup>48</sup>

Gantter wrote the passages in his journal within days of the incidents. He comments upon the entry later in the form of a note, “The passage above was quoted from my journal as I wrote it at the time. That’s the way I felt, and I was an enlisted man. It’s the way we all felt, and as such it can stand.”<sup>49</sup>

William Foley, an infantry replacement in the 94<sup>th</sup> Division whose combat experience began in Germany in late 1945, later wrote,

There were men who could not be trusted, who complained about everything. Yet, the fact that so many were enduring day after miserable day of horrendous conditions led me to understand the few who broke or ran away. Over time I was less judgmental and more understanding of those few who cracked or ran. I had learned that there was an extremely thin line between staying and running, and between complaining or keeping your mouth shut.<sup>50</sup>

George Wilson, an infantry lieutenant [junior officer rank] who joined the 4<sup>th</sup> Division as a replacement platoon leader in July, 1944, did not try to answer for his peers but he did point out his assumption about combat fatigue. “I was convinced that all soldiers have a physical and emotional limit.”<sup>51</sup> On one occasion near the Siegfried Line in mid September, 1944, one of his most experienced men reached his limit.

We were all told to get a good night’s rest because we would be jumping off in the attack early in the morning ... [the next morning] I called my sergeants together, brought them up-to-date, and had them get their men ready to move out. Then one of my most experienced men crawled out of his foxhole, got to his feet, and fell in a heap. His body shook with convulsions; he was a total wreck and had to be evacuated. Apparently the stress and worry of our attack, after witnessing the terrifying slaughter the day before, was too much for him.<sup>52</sup>

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<sup>48</sup>Ibid, 101-2.

<sup>49</sup>Ibid, 102.

<sup>50</sup>William Foley, Jr., *Visions From a Foxhole: A Rifleman in Patton’s Ghost Corps* (New York: Ballantine Books, 2003), 129.

<sup>51</sup>George Wilson, *If You Survive: From Normandy to the Battle of the Bulge to the end of World War II, One Officer’s Riveting True Story* (New York: Ivy Books; published by Ballantine Books, 1987), 41.

<sup>52</sup>Ibid., 91. Wilson’s later experience with two deliberate malingerers is a rare convergence between the suspicions of some generals and the things that combat men knew or at least thought they knew about their peers.

One of the crucial differences between combat men at the ground level and those who were higher up in the chain of command and further in the rear was a different perspective toward the authenticity of combat fatigue. Few combat men suspected that it was intentionally feigned to get out of fighting. In contrast, some leaders fixated about potential malingerers. The accepted definition of malingering was “the intentional, calculated attempt to produce or simulate illness or injury for the purpose of evading duty or responsibility.”<sup>53</sup> In reference to two malingerers he had unintentionally detected, Wilson stated, “Oh, I knew that everyone had a breaking point, but I had just assumed that everyone naturally was doing his best up to that point. This may seem a bit naive, but I do think it was the way most of us felt.”<sup>54</sup>

Therefore, one significant characteristic of soldier attitudes is clear – less suspicion about the authenticity of breakdowns. The interesting thing about the Wilson incident is that, although the malingering conspiracy was detected, he was still so quick to grant the authenticity of one of their breakdowns later on. As the story goes, *the boy who cries wolf*... This would have been a very good reason for him to withhold acceptance of this new outburst, but he accepted the breakdown as authentic with apparently minimal deduction. That it was genuine was obvious, to start an inquisition a waste of time.

### The Breaking Point

Psychiatrists made various estimates made during the war about how much the average person could endure under the strain of combat. The phrase, “every man has his breaking point,” goes back at least as far as December 1943, when it was used in a rare article in the civilian

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<sup>53</sup>Menninger, 211. He describes the concept as *not* a medical diagnosis; “it is rather a social-legal status, an accusation, and an epithet all in one.” [page 212.]

<sup>54</sup>Wilson, 157.

media about combat fatigue.<sup>55</sup> It was written, it seems, in direct response to the alarming information of psychoneurosis crises in North Africa and the Southwest Pacific. It clearly reflects the findings of psychiatrists around the same time. “Even the ‘normal’ man is not immune to the often intolerable strain of modern warfare. Each man has his breaking point, the threshold of endurance beyond which no man can pass.”<sup>56</sup> According to Menninger, “many combat soldiers were reassured by a belief in the existence of variable vulnerability to combat strain.”<sup>57</sup> By this, he meant that soldiers were relieved that there was no exact limit of endurance that applied to all men uniformly, for example, 180 aggregate combat days. This variability would have both acknowledged their integrity as individuals (as opposed to expendable, predictable, and replaceable cogs in the military machine) as well as given them hope that they might not inevitably break down if kept in the line long enough. As Ellis describes it, the breakdown “was the final surrender to weeks or months of extreme tension and suffering.”<sup>58</sup> Breaking down in battle may have increased the chances of physical survival, but it was not something that anyone would look forward to except as the extreme last resort. It would have been considered by many to be a slightly more appealing alternative than personal extinction.

If the differences in attitude are to be explained by chronology of the war (i.e. that GIs became more tolerant as the war went on as psychiatric studies revealed more information about the nature of combat fatigue, which was then conveyed down to the “ignorant masses” of the GIs) then one might assume that the earlier GI attitude would be closer to that of uninformed Generals who were so adamantly contemptuous of the combat fatigue-stricken soldiers, or

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<sup>55</sup>Note about articles in civilian media: There were many instances in which it was mentioned in newspapers, but there was a lack of in-depth discussion. The *Fortune* article was one the very few that discussed the problem in any depth.

<sup>56</sup>*Anonymous author, Fortune*, December 1943, “The Psychiatric Toll of Warfare,” 143.

<sup>57</sup>Menninger, 52.

<sup>58</sup>John Ellis, *The Sharp End: The Fighting Man in World War II* (New York: Charles Scribner’s Sons, 1980), 214.

“psychoneurotics” as they were officially termed at the time. This is a possible background explanation for the Pacific example from Buna, where the medic stated, “Men on line didn’t like the guys who cracked.” I use this Pacific example because it is so directly to the point I am trying to determine, whether this attitude (like the Generals’ attitude) was in any way more representative of the average GI than some of the “softer” views expressed at times.

There is some evidence that this hostile attitude was abandoned earlier in the war during the North African fighting, which lasted for Americans roughly from November 1942 to the following May. Elliot Cooke, a high ranking officer, was sent on a fact-finding mission by the U.S. Army to determine just what was happening at the ground level, underlying the manpower crises of early 1943. His encounter with a Corporal Greene was revealing of attitudes at the “foxhole level.” The first thing demonstrated was the permissiveness of fear. The corporal said, “I was scared all right! Anybody tells you he isn’t scared up front is just a plain liar.” Cooke probed for evidence of cowardice. “Some of them get so scared they pull out, don’t they?”

The corporal shifted uncomfortably in his seat, “Well, the fellows talk about that a lot, but it’s mostly hot air. *Not many of them could run out on the gang, even if they wanted to. Their pride wouldn’t let them* [my emphasis].” [Cooke inquired,] “Some of them do, though, a lot of them never even get up to the front line.” [Greene replies,] “Oh, *them!*” The corporal dismissed such personnel *disdainfully*. “They never get anywhere. Always bitchin’ about everything. They don’t belong to anything! They’re just out for themselves ...

“Lookie... *some of the other fellows crack up too.* [the “good” ones]

“Yeah, that’s right,” Corporal Green acknowledged. “*Some of them do. But you can see it comin’ on, and sometimes the other guys can help out.*”

“How do you mean, you can see it coming on?” I asked.

“Well, first they get trigger happy ... They go running all over the place lookin’ for something to shoot at. Then, the next thing you know they got the battle jitters. They jump if you light a match and go diving for cover if someone bounces a tin hat off a rock. Any kind of sudden noise and you can just about see them let out a mental scream to themselves. When they get that way, you might just as well cross them off the roster because they aren’t going to be any more use to the outfit.”

“How can the other fellows help out in a case like that?”

‘The corporal looked down at his hands a little sheepishly. “Aw, you can kind of *cover up for a guy like that before he’s completely gone*. He can be sent back to get ammo or something. You know and he knows that he’s gonna stay out of sight for a while, but you don’t let on see? Then, he can pretend to himself that he’s got a reason for being back there and he’s still got his pride. Maybe he even gets his nerve back for the next time. But if he ever admits openly that he’s runnin’ away, he’s through! After that, he’s not ashamed anymore, and he won’t ever go back!’”<sup>59</sup>

When men were eliminated from the fighting, much of the time it was mentioned with little comment.<sup>60</sup> This shows that it was a legitimate reason for being unable to continue. Mentioning it in such a brief way reveals that it was an “ordinary” occurrence, something that didn’t always need to be explained. It was just another way that men were overcome by the situation and eliminated from outfits, as was the case with conventional wounds. It was accepted as such. Gantter feels no need to explain that Luecke was an “old man,” therefore one of the “good” combat fatigue victims. It is accepted matter-of-factly and the memoir continues.

### Combat Fatigue Was Often Unnerving To Witness

In this example on July 12<sup>th</sup>, 1944, newly arrived George Wilson, an officer replacement, was being sent to join his new platoon, which had taken heavy losses since D-Day. Only five men of the original forty were still assigned to the unit. “Our guide was a corporal who was tired, hollow-eyed, and jittery. He acted like a cornered animal. Just watching his actions gave one the creeps.”<sup>61</sup> On the third day of the Saint-Lo breakthrough in Normandy, July 27<sup>th</sup>, 1944, Wilson had his “first psychiatric case” in the platoon.

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<sup>59</sup>Cooke, 148-151.

<sup>60</sup>Gantter, 282. He states matter-of-factly that “Luecke was gone (combat fatigue).” Luecke was also a veteran, not just a new replacement.

<sup>61</sup>Wilson, 9-11.

This was a genuine medical emergency and I just did not know how to cope with it, but realizing its frightening effect on the rest of the men, I had to do something quickly. So I simply turned the man over to the medic and told him to evacuate him immediately. It was too late, however, to keep the fear from spreading. My men looked sick, and they wouldn't look me in the eye.<sup>62</sup>

One of the most significant things about combat fatigue is that many symptoms, which would have caught the attention of psychiatrists as indicators of a disrupted mental state, were, in fact, quite common reactions in men who were reacting “normally” to an abnormal situation. In most cases, these temporary reactions would be acknowledged by participants with some sense of alarm, but were not considered to be debilitating enough to justify an exit from the battlefield. These reactions can be understood as transient fear reaction symptoms. This meant that they were significant enough to affect a soldier's performance, at least mildly, but were temporary in duration, which sets them apart from the concept of progressive breakdown, which was more of a long-term process of gradually becoming more and more useless in combat. “To become a casualty as a result of psychic inability to continue endure further, one had to collapse completely, be of absolutely no use, in the way, or dangerous. To a degree everyone on the line had premonitory symptoms – and episodes indeed of anxiety and panic.”<sup>63</sup>

For example, many men experienced significant trembling of the hands immediately before, during, or after an experience of stressful danger. This stood distinctly apart from other instances in which a man who was becoming “used up” after months of combat experience would show the same symptom in or after situations not characterized as actually dangerous. The transient fear reaction symptoms were extremely common, but they were often somewhat upsetting to the many soldiers who had not expected to experience them personally. To put it simply, only experience would demonstrate to soldiers that these “abnormal” reactions were

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<sup>62</sup>Ibid., 38 and 39.

<sup>63</sup>Philip S. Wagner, “Psychiatric Activities During the Normandy Offensive, June 20 – August 20, 1944,” *Psychiatry* 9 (November 1946): 350.

actually normal and very common. Many who had not yet realized how normal those reactions were found themselves very alarmed or upset after they first experienced symptoms like hand tremors.

On July 26<sup>th</sup>, Wilson was involved in a major attack, the Saint-Lo breakthrough, in which the Americans used 3,000 bombers essentially as close tactical air support to punch a hole in the German defenses. This was his first attack. After shooting a German and experiencing other stress before that, “I was still trembling a few seconds later and would have been unable even to defend myself. My first hour in combat had been enough for my lifetime, and I was wondering if I’d last the day.”<sup>64</sup> A survey of 277 wounded combat veterans from the ETO, made in August of 1944, revealed a very interesting finding. “65 percent of the men admitted having had at least one experience in combat in which they were unable to perform adequately because of intense fear.”<sup>65</sup> Sixty-five percent of men in this particular survey admitting such an experience demonstrates how absurd it was for some individuals to be singled out by men like General Patton as “cowards” or “weaklings” when the reactions of “cowards” and the honorably wounded were so blurred.

At other times, the symptoms weren’t merely unexpected, but were profoundly powerful and frightening to the individual experiencing them. Foley observed the carnage after a demonstration of the power of concentrated artillery.

The awe I had felt moments before nose-dived into a descending vortex of depression such as I had never experienced: It frightened me worse than the physical fear of a flesh wound. Mentally, it was so powerful that I felt it could rip away my sanity.<sup>66</sup>

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<sup>64</sup>Ibid., 16,17, 20, 21.

<sup>65</sup>Stouffer, 201 and 202. From S-126. The wording of the question was, “How many times in your combat experience have you been so frightened that you couldn’t do what you knew you should?”

<sup>66</sup>Foley, 191.

In this case, it is clear that there is something more going on than the normal fear reaction that occurs in “green” troops. Foley’s symptom is remarkably similar to the depression reactions that occurred in progressive breakdown, a.k.a “Late” combat fatigue.

### Stigma in the Combat Environment

There were two kinds of stigma operating at the front. The first kind was the “external” stigma that observers felt towards those who had obviously failed in the criterion of effort, those who had not the pride to keep silent until others sent them to the rear. Instead, these men called attention to themselves and said they were unable to go on, in contrast to the many others who were exhibiting signs of combat fatigue but carried on until their actual breakdowns. Menninger observed, “within the Army any deviation from maximum effort toward the common objective, regardless of the cause, was likely to be looked upon as a failure.”<sup>67</sup> Gantter, who had been so sympathetic with the “old man” who cracked up and later shot himself in the hand, observed, “Two others would not go back, pleading “battle nerves,” and the captain contemptuously waved them to the rear. I never saw them again and ... I did not inquire about them.”<sup>68</sup>

Ernie Pyle was at Anzio in early 1944.<sup>69</sup> He talked to one sergeant who illustrates the limits of empathy. The important distinction to be seen is that the soldiers he expresses scorn for are those who had not established reputations of “being able to take it” before later cracking up. This sergeant was fed up with the “softness” of replacements and was insulted that they would consciously seek an exit from battle, seeking refuge for things that were affecting *everyone*.

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<sup>67</sup>Menninger, 20. This quote may imply a wider common objective than I am limiting it to, as others have observed, which was the main source of motivation, the primary group or small unit.

<sup>68</sup>Gantter, 269.

<sup>69</sup>So was Bill Mauldin. He described the situation there quite vividly. “There wasn’t any rear; there was no place on the entire beachhead where enemy shells could not seek you out ... You couldn’t stand up in the swamps without being cut down, and you couldn’t sleep if you sat down. Guys stayed in those swamps for days and weeks . . . It was a *constant hellish nightmare*, because when you weren’t getting something you were expecting something, *and it lasted for five months*.” From Mauldin, 152-155.



Pyle wrote:

I could tell by his manner of speech that he thought deeply about things. He got to talking about soldiers who cracked up in battle or before; the ones who hung back or who thought they were sick and reported in as exhaustion cases. *I personally have great sympathy for battle neurosis cases, but not all soldiers themselves share my feeling.* [my italics] For example, Sergeant Adams told me how some of the replacements, after only a few hours under fire, would go to the company commander and say, “Captain, I just can’t take it. I just can’t take it.” That made Sergeant Adam’s blood boil. He said to me, “They can’t take it? Well, what the hell do they think the rest of us stay here for? – because we like it?”<sup>70</sup>

This illustrates clearly that there was no uniform sympathy for combat fatigue cases, but reveals something important: the display of effort was a crucial criterion in judging any case. That was how “good” combat fatigue and “bad” combat fatigue were sorted out by the men in the lines.

Lieutenant Wilson brought up sympathy as well. After his experience with the two attempted malingerers, he included the word “real” to indicate authenticity as well. “I have witnessed real emotional breakdown under the enormous physical and mental pressures of combat, and for those cases I have the most heartfelt sympathy.”<sup>71</sup> But Wilson himself highlighted that there were limits to sympathy, especially when it did not seem clear that it was *earned*. At the time, he assumed that this case was a real psychiatric casualty, although in a recent replacement who had not yet been in the line long enough to develop the more acceptable progressive breakdown after extended experience.

The smaller of the two new radiomen plummeted into our foxhole. He was shaking violently, and tears streamed down his face. His whole frame quivered with the spasms, and he was barely able to tell me between sobs that he couldn’t take it “up here.” He just had to get the hell out; I had to let him go to the rear. He sobbed like a baby during the entire outburst and beat his head into the ground. I tried to calm him down and reason with him, but all he could do was sputter through his broken sobs, “Please, please let me go.”

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<sup>70</sup>Ernie Pyle, *Brave Men* (New York: H. Holt and Company, 1944), 254 and 255. All Ernie Pyle citations in this paper are from *Brave Men*, except perhaps some references to the crude terms adopted by soldiers toward wartime mental illness [“island happy”, etc...] from *Last Chapter*, 1946.

<sup>71</sup>Wilson, 157.

*He was beginning to get under my skin, so I dropped the soft stuff and told him angrily that I had been in front-line combat for over five months and no one would let me go back. Since he had just arrived, he sure as hell wasn't going back. [my italics]*<sup>72</sup>

The second type of stigma was internalized by those who were sent to the rear for combat fatigue but were plagued with self-doubt as to whether they had the right to be evacuated when others stayed. This attitude was felt very intensely by many and reported upon by psychiatrists.<sup>73</sup> It is evident that many of those who remained in the line were aware of this internalized stigma and did various things to diminish it. After a breakdown occurred, they were mindful of how important it was for the men who broke to find a sense of usefulness in other less demanding roles.

Buckner, our platoon medic, had been put to work replacing rifle parts and reloading BAR and tommy-gun magazines – he was through with treating the wounded.” [days later...] It bothered all of us that Buckner had not been replaced because he was obviously out of his mind. He would be of no help to any wounded we might have, and – out of respect to his great service in the past – we plotted an accident that hopefully would send him back ... He had earned some time off and probably he would never see combat again.<sup>74</sup>

The overall tolerant attitude of fighting men was not simply a matter of sympathy or compassion. There were also pragmatic reasons to separate men who broke from the others. The first of these is that men who broke often had a very unnerving effect on the witnesses. Duane Pinkston, a medic present at the Hurtgen Forest battle recalled:

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<sup>72</sup>Wilson, 155. In this instance, it was revealed later that the man who “broke” was deliberately malingering. By most accounts from psychiatrists, cases like this were very rare compared to the number who actually broke. Wilson reveals that his assumptions tended toward ruling out the possibility that anyone would deliberately fake a breakdown. It may be obvious that this is in marked contrast to the opinions of skeptics in the distant rear or higher in the chain of command, like General Patton.

<sup>73</sup>The psychiatrist Philip Wagner wrote, “All too often the soldier with combat exhaustion, even if he had not been called ‘yellow’ or worse and told to ‘get the hell of this outfit,’ felt ashamed and discouraged.” [page 345] Contrary to most reports of hospitalized men who broke burdened by guilt and self-loathing, I found one very revealing exception. The same Wagner who wrote the above quote illustrated the importance of *effort* on the combat fatigue victim’s self-concept, not just his peers’ attitudes. “The soldier who made an honest and sustained attempt to serve again with his unit in battle, and again failed, did not react with accentuated shame. On the contrary, he came back to the installation with a grin and pride in having made the effort. He had regained his self-respect.” From Wagner, 358.

<sup>74</sup>Buckner’s condition and his unit’s reaction to it are described in Foley, 188, 193, 202, 206, 219.

One of the men I took up had a breakdown ... that morning I went back up to where C Company was at on the line. He wasn't any better. He was crying. He was all shook up. He didn't even know what his name was. I took him back to the aid station. *It wasn't any good to have him around the other guys.*<sup>75</sup>

The other pragmatic consideration is that sometimes they were of questionable value to the unit, perhaps even a threat to other men. Gantter appreciated this factor when he observed that men in such a condition were “a threat to the lives of the men around him.”<sup>76</sup> Wilson makes it clear that to him, in apparent contradiction of the official focus on return-to-duty rates of men who broke, most men who broke were generally useless in the fighting afterwards. “Many later responded to rest and treatment, and some were returned to the front – time after time ... But I knew of only two men who ever made a completely successful return to the battlefield.”<sup>77</sup>

On the other hand, there is seemingly contradictory evidence that even men with obvious limits of usefulness were sometimes “forced” into usefulness (or at least, an *attempt* to force this was sometimes made) by their peers with a total absence of restraint in crisis situations.<sup>78</sup> Obviously, men who broke were not “coddled” at the front line. The truth is somewhere in between the ideal of sympathy and understanding at one end and the opposite pole of ridicule and scorn.

One of the most important factors that relates to whether or not men were sympathetic to others who broke was that there was a necessary “core of hardness” they developed which made such compassionate feelings unlikely. This acquired “numbness” is described by many veterans.<sup>79</sup> It was a necessary development to cope with the stress, keeping many from breaking

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<sup>75</sup>O'Donnell, 298-9.

<sup>76</sup>Gantter, 101.

<sup>77</sup>Wilson, 157.

<sup>78</sup>See the examples of the CFs (combat fatigue cases) who were either threatened with being shot or being “kicked” in the rear. The ones who did the kicking generally were trying to prevent the needless death of someone who was so out of it, he wasn't acting upon normal self-preservation rationales.

<sup>79</sup>James Jones described what he called “the combat numbness.” “This seemed to be composed of equal parts of sheer physical fatigue, insupportable fear, and a sort of massive, strained disbelief at what was happening. It

themselves. The sources indicate that this was acquired and accepted (sometimes reluctantly) but was not necessarily consciously sought. Foley was intellectually aware of the plight of some German farmers, but “try as I could to care, no emotion came through a wall of numbness that each day grew thicker and thicker.”<sup>80</sup> In another example, Blunt noticed, “I felt compelled to mutilate and destroy. I was becoming inhuman and I wasn’t even aware of the change in me.”<sup>81</sup>

At other times, in a way closely related to the “core of hardness,” it is revealed that empathy had its limits. As Linderman points out, comradeship was a very exclusionary concept. “As coarsening advanced, combat soldiers progressively closed down consideration for non-comrades.”<sup>82</sup> Sometimes it was necessary to be indifferent to the suffering of others, even members of the same platoon. “There was a moment of blind panic and then we realized with a surge of warm relief that the enemy gunner was shooting at Chief’s squad ... Somebody else was getting it, but we were safe for the moment – that’s all that mattered to us. Kind of a callous way of looking at things? Yeah, ain’t it?”<sup>83</sup>

### The Wound Attitudes Perspective

It might be useful to broaden the perspective a bit to illustrate two very powerful influences on the “typical” extended combat veteran. Wounds seem to have been clearly distinguished by combat men as being of different category or status than psychiatric casualties.

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seemed to wax in a man in direct ratio to the number and length of times had felt it before, and afterwards it waned in him in the same predictable divisible ratio ... If handled properly ... it could even become a mercifully blissful permanent state.” Jones, *WWII*, 198.

<sup>80</sup>Foley, 213. See 207 and 209 for similar points.

<sup>81</sup>Blunt, 88 and 89. On page 89, he also describes a characteristic sign of combat fatigue in himself. American AA fire had startled him and he “bolted through the pile of manure back to my billet... The gun fire had unnerved me completely. Only then did I realize it was only some ack-ack firing at a marauding German observation plane. *After everyone had a good laugh*, I returned to the courtyard to watch the fireworks display quietly.” Note that this is somewhat of a contradiction to the quote from the same author included on page 47 about the signs not being funny in the combat environment. This was a fairly comical circumstance though, and no one else seems to have fallen for the same mistake, therefore he was the object of amusement.

<sup>82</sup>Linderman, 284.

<sup>83</sup>Gantter, 184.

Illuminating their attitudes toward wounds can be helpful in showing the ambivalence of conflicting urges between group loyalty and personal safety. My assumption is that, although this would have been commented upon more than in the case of psychiatric casualties, it demonstrates two relevant factors that would be at least somewhat similar to an ambivalence toward combat fatigue.<sup>84</sup>

On the one hand, there was a very strong feeling of obligation to the group. This sense of obligation sometimes kept men from seeking medical attention when they had a genuine reason to get it. It also propelled some men to go AWOL from hospitals early before their wounds healed. This disregard of self-interest in favor of the group's interest could have personal implications for those who acted upon it as well. If doubt is cast by some on the "legitimacy" of psychiatric casualties as excuses to gain safety in the rear, it is equally true that sometimes soldiers doubted the legitimacy of their own wounds as "exit passes" to the rear. Stouffer explained the guilt of hospitalized comrades as "a highly specific reaction to leaving one's immediate social group, rather than as an expression of a sense of not having done one's share."<sup>85</sup>

On the other hand, many veterans acknowledge a temptation to gain respite from combat by being wounded, hopefully, "the million-dollar wounds."<sup>86</sup> The psychiatrist, Leo Bartemeier noted the appeal of wounds. He quoted a soldier who acknowledged his temptation to get it over with: [my italics in the following quote]

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<sup>84</sup>James Jones revealed another complicated aspect of attitudes toward the wounded, which is related to the above mentioned limits of empathy in *WWII*, page 86. "While they are treated as tenderly as humanly possible ... they are looked at with a sort of commingled distaste, guilt, and irritation, and when they are finally moved out of the area everybody heaves a sort of silent sigh of relief without looking anybody else in the eyes."

<sup>85</sup>Stouffer, 136 and 137.

<sup>86</sup>See Gantter, 303. Also, see Jones, 89. "The lucky ones, those hurt badly enough, would go all the way to the bottom [of the lifeline home], and everybody's secret goal: discharge."

*we all get the jitters ... especially if it lasts long enough. You get jumpy and want to dive into a hole every time you stop running or walking. You get to thinking there might be some pleasure in getting hurt - it would keep you from going nuts.*<sup>87</sup>

Another related factor is the reluctance of men to seek medical attention in the rear and the zeal with which many seem to have ignored their well-earned ticket to the rear in order to return to their buddies. The obligation was a very, very strong thing for some men. "They went back because they knew their companies were very shorthanded, and they were sure that if somebody else in their own squad or section were in their own shoes, and the situation was reversed, those friends would come back to make the load lighter on them."<sup>88</sup> With incidents like this in mind, it should be apparent that some men might feel reluctant to invoke "nerves" as an excuse out of the fighting.

The picture is yet incomplete, since on the other side with equal power was the overwhelming urge by many to get out. Self-inflicted wounds and the envy of "million-dollar" wounds have both been mentioned so far. Malingering falls under this category but was in fact quite rare.<sup>89</sup> Why would such stark choices and drastic measures be common temptations?

The answer is the lack of rotation policy.<sup>90</sup> "For combat troops there was no more needed change than a limited tour of combat duty. As it was, they slogged off through the mud

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<sup>87</sup>Leo H. Bartemeier, et al, "Combat Exhaustion," *Journal of Nervous and Mental Disease* 104 (October 1946): 368.

<sup>88</sup>Bill Mauldin, *Up Front* (New York: H. Holt and Co., 1945; New York: Bantam Books, 1983), 53-55.

<sup>89</sup>Meninger, 213. "Certainly malingering must have occurred in combat, but the wide consensus is that it was rare."

<sup>90</sup>One example of the many "benefactors" trying to defend the average combat soldier's interests with respect to a solution to the rotation problem can be found in a *New York Times* article by Hanson Baldwin from December 13<sup>th</sup>, 1944. He observed that "a division, once committed to combat, has usually fought on and on, until the campaign is finished, or it is so battered and spent it has had to be pulled out ... But there have been no such goals [like the Army Air Forces limited combat mission policy] for the doughboy ... Some policy of relief and rotation for the doughboy and his ground force comrades obviously is necessary."

In actual practice, men were killed, wounded, or eliminated and eventually they were replaced by men from replacement depots, keeping the unit in line virtually indefinitely. For example, if a company was mauled in a costly assault on a town, losing 60 percent casualties, those men could be replaced by the next day sometimes, and the unit would be "ready" to fight again. If a unit was fighting virtually from D-Day to V-E Day (the end of the war in Europe, early May 1945), there was usually a high turnover rate within the unit as the original "old men" were

in the cold or heat indefinitely, with no goal in sight except the possibility of distant victory, of being killed, wounded, deserting, or becoming a psychiatric casualty.”<sup>91</sup>

Sometimes “old men” who were gradually breaking down yearned to be wounded, which would leave them with their honor and pride intact. Old men “found combat increasingly frightening and often admitted that they *hoped for a wound* in order to have an *honorable* reason for leaving battle.”<sup>92</sup> Although many combat veteran peers would have considered a breakdown to be honorable, given the circumstances, the above-mentioned vets who were eager to get it over with considered a “real” wound to be far more desirable because “real” wounds were universally acknowledged to be honorable. In the case of breakdowns, the legitimacy was not nearly so universally acknowledged, especially by “outsiders” who did not understand combat.

Soldiers *were* usually hardened and tough (in comparison with their civilian pasts, at least), but there was a limit to how much they could realistically expect to handle before certain “dishonorable” exits became more tempting and the former restraints of obedience were disrupted. Foley remembered an experience in which one of his enlisted buddies assaulted a rear-echelon captain. They both laughed all the way back their temporary house. Foley felt this was clearly justified.

“No rear-echelon captain should ever get in the way of the queen of battle, the infantry – especially when the soldiers have put their lives on the line and feel real hunger pangs. We all had enormously strong feelings about the not-too-subtle difference between the 40 percent who

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continuously replaced. Each of the four men whose memoirs I focused on the most – Blunt, Foley, Gantter, and Wilson – began their war experience as replacements in units that were already at least in proximity to the fighting.

<sup>91</sup>Menninger, 534.

<sup>92</sup>Alfred O. Ludwig, “Neuroses Occurring in Soldiers after Prolonged Combat Exposure,” *Bulletin of the Menninger Clinic* 11 (January 1947): 20 and 21.

got shot at and the 60 percent who usually did not.”<sup>93</sup> It was on these men that the true burden of the war fell and they were widely resentful of it. This would have a major effect on their attitudes toward those who broke. All combat infantrymen were “abused” by the policies in place that put the burden on them and tended to “use them up” as resources to be exploited and replaced when necessary.<sup>94</sup> Many have observed that this had a significant effect on the magnitude of the American combat fatigue problem in World War II. They are probably correct that it caused more despair and undermined the sustaining influences that helped men to cope. Glass observed, “rotation from combat would have prevented the ‘old sergeant syndrome.’”<sup>95</sup> My task here is to demonstrate from a slightly different perspective how the resentment against rotation policy would have influenced the average soldier’s attitude towards combat fatigue.

When legitimacy of a breaking point was acknowledged, however subtly, the next step was to acknowledge a certain solidarity with all who broke, even the “weak” ones who broke early. I believe that this solidarity was an important factor that led combat men to choose solidarity with each other and relative acceptance of “the weak” over any identification with impersonal army or national goals. Resentment of rotation policy would have had a crucially important effect, for it put every soldier at risk to eventually meet his own breaking point.

The *unlimited tour of duty* was an administrative practice which acted as one of the more severe stresses of combat. The soldier felt hopeless of survival because of a failure to establish any definite end to active fighting. Day after day, the infantry soldier slogged ahead with nothing to look forward to except more fighting, more mud, more death, and no way to escape from it except by a wound, by going to pieces mentally, or by court martial (desertion), or death.<sup>96</sup>

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<sup>93</sup>Foley, 261. It may be noted that Foley’s numbers are apparently lower than Linderman’s. He may be using a different criteria to define “the rear,” but the important point is that he notes the infantryman’s minority status and the characteristic resentment.

<sup>94</sup>Many have pointed out this connection as regards the vulnerability to combat fatigue.

<sup>95</sup>Glass, *Ohv2*, 996.

<sup>96</sup>Menninger, 75. It may be apparent by now that this expression has been used so far by three authors in slightly different variations. (Bradley, Stouffer, and this one) Perhaps it is one of the war period “talking points,” like “Every man has his breaking point.”



The lack of rotation policy was widely resented. Soldiers did not know *who* specifically to blame, but there was a common feeling of injustice that *someone* (probably some decision maker, safe in the rear) was responsible.<sup>97</sup> If soldiers all thought they had done more than their share, then it may be reasoned that they would have an empathetic attitude toward their fellow soldiers who were unable to take it anymore. After all, how could they be expected to go on forever in endless misery and danger, especially knowing that the risk was so inequitably shared. Essentially, the only incentives to endure were internal factors like personal pride and the very serious sense of obligation to comrades in the line. These are the major factors that created a serious internalized stigma against breaking down. Empathy from comrades would in some cases seek to reduce these anxieties in the men who were breaking, as in the case of the medic who was put to work on rifle maintenance in Foley's memoir. That shows a common understanding of the power of the stigma as well as the implicit empathy indicated by their effort to reduce potential guilt in those who broke.

Leaders were well aware (intellectually at least) of how rough the infantrymen had it, but most were detached from a true appreciation of the consequences. Proximity was an important factor. Menninger wrote, "Almost invariably the line officer with combat experience was far more understanding than the infantry and service officers in the rear echelon."<sup>98</sup> Lieutenant Wilson is a good example of how a junior officer's proximity to danger and shared misery with the enlisted men could effect a more empathetic attitude towards combat fatigue in officers, who were, in general, institutionally predisposed to adopting a less sympathetic and more exploitative attitude. Perhaps the most perceptive and realistic general was Bradley. He knew that the average combat veteran was left with a limited set of undesirable outcomes.

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<sup>97</sup>For one example, see Gantter, 103.

<sup>98</sup>Menninger, 19.

“The rifleman trudges into battle knowing that the odds are stacked against his survival. He fights without promise of either reward or relief. Behind every river, there’s another hill – and behind that hill, another river. After weeks or months in the line only a wound can offer him the comfort of safety, shelter, and a bed. Those who are left to fight, fight on, evading death, but knowing that with each day of evasion they have exhausted one more chance of survival. Sooner or later, unless victory comes, this chase must end on the litter or in the grave.”<sup>99</sup>

This is a far from black and white issue. Although my sympathy lies with the men who were forced to live it out (or be maimed, killed, or “cracked up”), there were certain assumptions and valid reasons why leaders were reluctant to amend the policy.<sup>100</sup> The institutional role of the leaders required a certain amount of exploitation of men. Even Bradley acknowledged that this took a lot of mental preparation, and separated him from the men he commanded.<sup>101</sup>

Menninger wrote soberly, “a psychiatric casualty was no more or no less expendable than a physical casualty.”<sup>102</sup> Expendability was a dominant factor in the war, in which about 50 million people died. Gantter observed, “we were the expendables and we knew it.”<sup>103</sup> Gantter knew what Menninger was talking about, however, for he felt that he had been forced to use men

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<sup>99</sup>Richard Holmes, *Acts of War: The Behavior of Men in Battle* (New York: Free Press, 1986), 261 and 262. For the quotation from Bradley’s book, see *A Soldier’s Story*, 321 (modern library edition).

<sup>100</sup>General Clark, commander of 5<sup>th</sup> Army in the Italian campaign revealed one institutional rationalization for the endless tour of duty when he tried to explain why the mens’ wishes to be sent home must be ignored. The speech was made in November of 1943, ironically during the opening ceremony of a new cemetery at Avellino. “It would be foolish to break up the 5<sup>th</sup> Army after its long experience. We’ve got men at the front who are masters of the Germans ... Every one of us must take a pledge that we will carry on until it’s over.” Quoted in Richard Tregaskis, *Invasion Diary* (New York: Random House, Inc., 1944; New York: Popular Library, 1966), 173 and 174.

Others spoke of the logistical difficulties of sending large numbers of men home while the war was still going on.

<sup>101</sup>Pyle, 312. General Bradley, “the Soldiers’ General,” spoke of what it took to accept inevitable casualties. “It’s really harder on some of the newer officers than it is on me. For although I don’t like it, after all I’ve spent thirty years preparing a frame of mind for accepting such a thing.”

Some psychiatrists were disturbed by their wartime role, too. It directly contradicted the emphasis on the individual that characterized peacetime practice. See William Needles, for a good example of a man who seems plagued with doubts about his role during the war. He saw an authoritarian bullying element in trying to mobilize guilt in combat fatigue patients.

<sup>102</sup>Menninger, 37.

<sup>103</sup>Gantter, 295.

who were clearly at the breaking point in crisis situations when he could spare no one. “I don’t know where the fault lay, but it was somewhere in the rear.”<sup>104</sup>

It is quite evident that combat soldiers were openly resentful of the predicament in which they found themselves. One issue of *What the Soldier Thinks* (a classified publication of the summarized results of attitude surveys distributed to officers) revealed their resentment toward the Army. “Men resent being treated as ‘manpower’ in the abstract. They want to retain their essential dignity, their identity as human beings. While they ask no more than equal, fair treatment, they are bitter about anything less than that.” Three of the write-in responses speak for themselves. “Treat them like men” ... “Treat them as men, not serial numbers, treat them as individuals not as a herd of cattle.” ... “Treat them as men not dogs.”<sup>105</sup>

An A.P. story of November 29<sup>th</sup>, 1943 found its way into the New York Times. Americans might have been startled to find out how their troops really felt. The story was a direct commentary on a controversy within the American army newspaper, *Stars and Stripes*.

The editorial [from the army newspaper] asserted that the American soldiers wanted to see Berlin before they saw their home towns again. Almost immediately an avalanche of sulphurous letters began to arrive. Some sample statements in them were: “Who in hell elected you to voice the opinion of the veteran?”<sup>106</sup> \* \* \* \* We have been overseas more than twenty-two months now and have seen almost six months of combat. I contend that you can’t leave combat troops in the line indefinitely and expect the same good work as when they started ... The paper printed two full columns of the letters. They were unanimous in sentiment. The incident has brought to light two facts about the feelings of American soldiers in this theatre that have been increasingly evident through the past two months. Combat troops reading about the millions of men trained in the United States feel that combatants are being discriminated against in being kept in the line without any prospect of home leave. They believe that the Army is big enough now to rotate divisions without the loss of efficiency. The other fact is that the average soldier, with some marked exceptions, regards the war against Germany as a job, not a crusade.<sup>107</sup>

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<sup>104</sup>Ibid., 102 and 103.

<sup>105</sup>*What the Soldier Thinks* 7, page 2.

<sup>106</sup>I could take that personally, considering the goal of my research.

<sup>107</sup>*New York Times*, November 30<sup>th</sup>, 1943.

“At no stage of his career could the ground combat soldier look forward to a definite time when he would be through with fighting, while the example of the tour of duty for combat flyers was ever present.”<sup>108</sup>

Some soldiers did not miss the connection with the “inevitability” of combat fatigue, either. Private Foley was at least one example of an ETO vet who believed in the inevitability of combat fatigue occurring if there was no respite from fighting.<sup>109</sup> One bitter Pacific combat veteran hauntingly responded to the “injustice” of his dilemma in a returned survey:

I believe through experience that a man who has seen two campaigns shouldn't see any more action. The horrors of war will get any man down . . . If one shell dropped near me I believe I'd blow my top. Take it from me, a voice of experience, if my company makes one more invasion you had better tell the medical corps to be sure and have 42 straight jackets for there are only 42 of us left.<sup>110</sup>

Another Pacific veteran revealed how he felt forced into a corner, where desperate responses are justified. “I will go AWOL before I will make another invasion. I am willing to do my part, but I don't want to be the sucker while thousands of soldiers will never see action.”<sup>111</sup>

Soldiers were placed in the position of deciding among equally undesirable outcomes. Mauldin illustrates this with a hypothetical case of “malingering,” but this is a different kind of malingering than with the suspicions of deliberate fabrication mentioned earlier. He wrote:

Chances are that Jack, after eighteen or twenty months of combat, is rolling his eyes and making gurgling sounds every time the company commander comes

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<sup>108</sup>Stouffer, 89. There was a rather tentative solution to this in which some individual soldiers were rotated back to the United States, but “the number of men rotated was relatively small. Consequently, rotation did not offer a realistic goal for the average combat soldier.”

<sup>109</sup>Foley, 130 and 131.

<sup>110</sup>Stouffer, 90.

<sup>111</sup>Ibid., 90. I acknowledge that these two examples are from the Pacific and my focus is in the European Theater. However, they were too good not to use. If these two examples felt desperate after two campaigns followed by “inactive” periods between invasions, imagine how some “old men” from the Mediterranean Theatre must have felt. This included North Africa (Tunisia), Sicily, and Italy. As Glass notes on page 1014 of OHv2, “combat began in November 1942 and continued with few interruptions in intensity for the remainder of the war years.”

around, so the old man will think he is battle-happy and send him home on rotation. Like hell Jack doesn't want to come home now.<sup>112</sup>

In this kind of "malingering," there is the indication that this extended combat vet is in the humiliating position of drawing attention to his already existing symptoms, that may have been more subtle or even widespread among other "old men," thus not drawing much attention because they were common. This is the kind of dilemma a young man could find himself in – where his pride kept him from verbally seeking relief (unlike Gantter's "cowards") but that the prospect of more time in the line seemed to force his hand, turning pride into an inconvenient relic to be disregarded.

The concept of cowardice was used by soldiers, but not in the same blanket way that Patton understood it. Soldiers knew that some men were actual cowards, but it was understandable if not admirable. They acknowledged that combat was terrifying. "Fear, tension, and apprehension are so prevalent among soldiers that these reactions are virtually normal responses in a grossly abnormal situation."<sup>113</sup> Cowardice did, though, have very little to do with men who broke down after extended combat, even if some soldiers would acknowledge that some early breakdowns were in fact cowards or at least not soldier material.<sup>114</sup> Although there is evidence that some cowards were dealt with harshly at times,<sup>115</sup> there is usually a clear distinction made between cowardice and breakdown. The correlation in some soldiers is very

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<sup>112</sup>Mauldin, 122.

<sup>113</sup>S. Kirson Weinberg, "The Combat Neuroses," *American Journal of Sociology* 51, no. 5 (March 1946): 471. Weinberg was a sociologist, but he cited a psychiatrist named Spiegel who made the observation based upon his experiences in the Tunisian campaign of early 1943.

<sup>114</sup>There are many examples of these "cowardly," "undesirable," or even just not liked or considered to be inherently worthless as soldiers. One good example can be found in Gantter's memoir on pages 123 and 124. He describes a night shared in a foxhole with the "Worst Citizen-Soldier of the Year." Examples like this may deflate a universal and mythical esteem for all of "the greatest generation."

<sup>115</sup>O' Donnell, 279: A Ranger at the Hurtgen Forest fighting punches a man from another unit who refuses to fulfill his duty of guiding them to their spot. The failed guide, "cowering" in his dugout arouses fierce contempt from the Ranger, probably for such a minimal display of effort, but also because his failure put the Ranger's primary group at risk if there was no guide to help them avoid local hazards like minefields.

hard to explain or determine, though. The distinction is much clearer in the case of extended vets with admirable records and reputations.<sup>116</sup>

There is reason to believe that the stigma towards mental illness in the civilian world was not particularly relevant to combat fatigue in its military setting.<sup>117</sup> Among combat men, a relative ignorance is obvious and the tendency to simplify things or express them in crude terms is apparent. But there are a couple of differences from the civilian sense of stigma. The most important difference is that although problems of mental health were assumed to be a problem affecting only a “disturbed” and potentially threatening minority in the civilian world, the dividing line between the mentally “sick” and the mentally “healthy” was believed to be much clearer than it actually was in the wartime setting of the military world. The distinction seemed to be much more obvious and the gulf was thought to be wider.<sup>118</sup>

Wartime experience demonstrated three things. First, for men in the military, it was generally accepted that there were a lot of things that disturbed peoples’ mental health. This is apparent through the wide variety of crude terms used to illustrate the many ways that the average guy’s mental balance could be disrupted within Army life.<sup>119</sup>

These things were accepted in a rather morbidly humorous way. That is the second thing demonstrated. At the very least, in non-threatening situations, soldiers sometimes could find

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<sup>116</sup>See the example from Gantter, 101.

<sup>117</sup>However, “nearly every patient discharged from an Army hospital with a psychiatric diagnosis was himself greatly concerned about the possibility that his relatives or his friends might be afraid of his behavior or look upon him as a crazy man or as a failure.” Menninger, 21. One example of the carryover of civilian based stigma into the military environment can be found in Harry Brown’s novel, *A Walk in the Sun*, 140.

<sup>118</sup>The civilian sense of stigma would become more relevant, however, when “psychoneurotics” were discharged from the army. See Cooke, 198.

<sup>119</sup>Here is a sample of these crude, yet often amusing, expressions. Gantter felt a kind of morbid pride when members of a different platoon kidded him for not spearheading dangerous operations. “Whaddya doin’ backer here? . . . Whatsa matta, ya nervous in the service? Crackin’ up from shackin’ up?” Gantter, 329; “This incomplete understanding has led to confused thinking about emotional reactions. It has also stimulated the popular use of inaccurately descriptive labels for psychiatric patients and illnesses – “psychos,” “combat nerves,” and many others.” Menninger, 43; some of the other expressions include “flak happy,” “battle-happy,” “island happy,” “nerves,” “nervy,” “battle nerves,” and “jumpy.”

humor in another soldier's real or alleged nervousness. In most of these cases, there is no ridicule or scorn intended.

Private Blunt was in Holland on November 11<sup>th</sup>, 1944 and had yet to go through his "baptism of fire."<sup>120</sup> He was awakened by the "deafening roar" of a nearby American tank.

I bolted to my feet as best I could with the sleeping bag zipper jammed tight and the tent tangled around me ... I looked around to find half the platoon laughing heartily at my startled reaction. I took some good-natured derision about the incident but then the ridicule died down. It appeared I was starting to get jumpy.<sup>121</sup>

Still not yet to the front line area (small-arms range), Blunt's sense of security was shaken by enemy fighters and shells traveling over his area. That evening, after his nerves had settled down and he had fallen asleep, he was wakened by what seemed like a fatal wound. It turns out that it was an exploding can of pork and beans which had been left in the stove. The "gore" was food, not flesh. "Surprisingly, no one laughed. They were obviously all sharing the same apprehension I was. There was nothing funny about one man's jumpiness in the face of combat."<sup>122</sup>

The point of this may be that jumpiness was an acceptable reaction, but humorous when it happened in a non-threatening situation to one who had not seen combat. The unsaid, but implied conclusion is therefore how funny it was that the jumpiness was exhibited in such a "green" soldier, one who had much less obvious reasons for jumpiness than an "old" combat man, who presumably had every justification for being "jumpy" or "nervy." Implied in this is how common the real signs of "nerves" were and how widespread were the symptoms.

Private Foley recalled:

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<sup>120</sup>This expression is generally accepted to mean a situation in which one is confronting the enemy within small-arms range.

<sup>121</sup>Blunt, 54 and 55. His early apprehensions about how he would do in combat were finally relieved on his page 67, after which he felt a sense of pride that he *could* take it.

<sup>122</sup>Ibid, 61-63.

I recognized I was not the only one whose shaking from the cold apparently had begun to be something more sinister. I noticed that the shaking in my hands was more than the cold; it had a nervous sort of vibration. I felt, too, a tic on the side of my mouth that came and went . . . I discussed my nervous problem with the other guys, and we compared our tics and twitches. The only comfort I received was the knowledge I was not alone in this. A good night's sleep in a warm place would delay – but not stop – the *inevitable* decay of the nervous system known as battle fatigue. When the syndrome spread to an area somewhere behind the eyes and you gazed at the man next to you as though he were across a field, you had the thousand-yard stare. At that point, rest out of the line was mandatory, although not necessarily granted. I felt I had to work through my nerves and was confident that if so many dogfaces on the lines had kept their heads since D day, a recent arrival like me could do the same.<sup>123</sup>

This implied that a nervous condition was acceptable considering the circumstances.

Ernie Pyle, one of the most popular correspondents of World War II, was in Normandy and profiled a soldier he may have considered to be exemplifying a trend that his readers ought to have known about, George Thomas Clayton. Pyle's intention seems to have been to explain the stress that could overwhelm any soldier. Private Clayton had:

landed in Normandy on D-Day, on the toughest of the beaches, and was in the line for thirty-seven days without rest. He had innumerable narrow escapes... When Tommy finally left the lines he was pretty well done up and his sergeant wanted to send him to a hospital, but he begged not to go for fear he wouldn't get back to his old company, so they let him go to a rest camp instead. After a couple of weeks ... he was to return to the lines with his old outfit.<sup>124</sup>

Ernie Pyle understood the stress placed upon the average combat man. It was his intention with this profile to demonstrate to readers what men in the frontline seemed to have taken for granted. Clayton is a "good soldier," not a "weakling." But even good soldiers reached a limit beyond which it is unreasonable to ask more of them. In Private Clayton's instance, his unit understood that without rest, he would be completely useless. Therefore he was sent to an exhaustion center. Afterwards he was expected to return to the fighting if he was able to.

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<sup>123</sup>Foley, 130 and 131. He had about one month of combat experience at this time, February 1945.

<sup>124</sup>Pyle, 448 and 449. His sympathy for all of them is expressed in the Anzio quote.



What sets this example apart from some of the others which indicate an element of contempt, is that Tommy Clayton didn't ask to be sent to the rear; it must have been obvious enough to his small unit leaders that he *needed* to go to the rear. In this case, there would have been no stigma from his peers in the company, especially since he had demonstrated his eagerness to return to the unit when he was better. It was the clear demonstration of loyalty to the primary group, rather than relief to get out with his survival established, that would have protected his reputation.

Ernie Pyle was showing his readers in the United States that combat fatigue was not merely affecting "the weak." There was no "soap-box," but he mentioned the crucial ingredients that allowed readers to form their own conclusions. The two most important were the length of time in combat (37 days of intense fighting without rest) and Clayton's demonstrated loyalty to his buddies. Pyle had sympathy for all who broke, but he was here demonstrating that even the "good ones" broke, too. His readership would therefore have hopefully gained an incremental awareness shift that most soldiers of extended combat experience would have already understood and taken for granted. He ended this column with a description of exactly what it was that could break even the strongest.

The worst experience of all is just the accumulated blur, and the hurting vagueness of being too long in the lines, the everlasting alertness, the noise and the fear, the cell-by-cell exhaustion, the thinning of the surrounding ranks as day follows nameless day. And the constant march into eternity of one's own small quota of chances for survival. These are the things that hurt and destroy. And soldiers like Tommy Clayton went back to them, because they were good soldiers and they had duty they could not define.<sup>125</sup>

Several have observed how "thin the line was" or described their experience at the very edge of the breaking point. A Ranger had within the space of one day shown how precarious that line was. At Hill 400 in the Hurtgen Forest, he had gone from slapping a hysterically

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<sup>125</sup>Pyle, 451.

stunned man to recognizing the temptation to seek shelter. Then he went from driving all able-bodied men out of the bunker to meeting his own breaking point. “I was crying with frustration ... I think I was about as near flipping out as one can get without going over.”<sup>126</sup> George Wilson recalled his experience at the very edge:

And it was on that terrible open slope beyond the hamlet of Grosshau that young Lieutenant George Wilson ... *came to the very edge of his breaking point*. [my emphasis] I had to fight with all I had to keep from going to pieces. I had seen others go, and I knew I was on the black edges. I could barely maintain the minimal control I had after fourteen or fifteen days of brutally inhuman fighting in those damned woods; I had reached the limit of my physical and emotional endurance.<sup>127</sup>

Combat veterans had a complex understanding of combat fatigue, even though it was often expressed crudely. Their own strength was subject to fluctuations and in some cases a steady decline. That truth blurs the line between the “weak” and the “strong.” As Linderman has stated, “*To remain alive in battle was to continue to suffer hurt*.”<sup>128</sup> Menninger wrote, “no anxiety is more painful . . . than the fear of losing one’s mind.”<sup>129</sup> Combat veterans were aware of this and it kept them from judging those who broke with unjustified intolerance.

### Conclusions

The first conclusion that I hope to have demonstrated did not occur to me until rather late in my research process. It is an arguable one. Bill Mauldin observed, “Many old line officers are no doubt shocked at a *spirit of passive rebellion which occasionally shows itself in this*

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<sup>126</sup>O’Donnell, 289-292.

<sup>127</sup>Wilson, 168.

<sup>128</sup>Linderman, 89.

<sup>129</sup>Menninger, 18.

*citizen army* [my italics]. That's the whole answer. It is a citizen army."<sup>130</sup> I would contend that one of the underlying factors influencing the attitudes of combat men toward combat fatigue was an intense and widespread resentment toward the Army. As Bergerud observed, time may have mellowed soldier attitudes toward the combat fatigue problem. But it becomes equally apparent that time has probably mellowed their attitudes of frustration with the Army as an institution as well. When asked "what we are fighting for," one combat veteran put it this way:

Ask any dogface on the line. You're fighting for your skin on the line. When I enlisted I was patriotic as all hell. There's no patriotism on the line. A boy up there 60 days in the line is in danger every minute. He ain't fighting for patriotism.<sup>131</sup>

They were resentful of being stuck in a position where both their mental and physical integrity were increasingly vulnerable. This situation created a kind of three-way confrontation. The soldiers had to confront the enemy, of course. The other confrontation was more subtle, but the combat men were essentially in solidarity with each other against the Army which would place such a burden on them and then dare to call them "weaklings" or "cowards" when they broke under the strain. That is why they clearly rejected punishment for those who "cracked up" in the Research Branch survey.

Another tentative conclusion I have made may not have been clearly stated. My research has inclined me to believe that the attitude formation was much more of a bottom-up than a trickle-down effect. The upper leadership was constantly behind in catching up with what was actually going on. Soldiers at the ground level, experiencing the strain, and witnessing strong men crack up would have known the basic truth behind the axiom, "every man has his breaking point," long before the leadership was forced to acknowledge it with irrefutable data. The combat men had seen it in others and often forced to reflect upon their own vulnerability.

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<sup>130</sup>Mauldin, 169.

<sup>131</sup>Stouffer, 169.

Remember that by the time any soldier had become a “battle-seasoned veteran,” he had survived a long weeding out process that began with induction. They understood how precarious their mental health was. The psychiatrists and then the leadership were, in effect, just “catching up” with their studies and policy shifts with what soldiers probably took for granted. I have left out some important evidence in regard to this conclusion because of both time and space limitations. Because of that I will forgive everyone who remains skeptical.

The main conclusion should be far more evident. The attitudes of combat soldiers were far from simple, but essentially they agreed that every man had his breaking point. Their attitudes were complicated, though. In part, due to situational factors over which they had no control, and in part due to small group dynamics, they established criteria with which they could “judge” individual cases of combat fatigue by. They withheld their full approval when certain criteria were not met, even if they were inclined to grant the universal vulnerability. Their attitudes were more complicated than the secondary summaries indicate, even though those sources provide the essential components from which a fuller picture emerges. I hope to have demonstrated that the attitudes of combat men were more sophisticated than the terms they adopted. They were more honest about it because they had less to gain by upholding traditional military values and more to lose in terms of self-respect if they did adopt the views of men like Patton. They did not want to condemn their peers. They didn’t want to suffer the contempt of others who were in no position to judge, either.

### List of Appendix Materials

1. *The Anguish of Combat*, sketch by Howard Brodie [war artist, WWII, sketch artist for *Yank*, the Army Weekly].<sup>132</sup>
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3. “You’ll Be Scared.” Excerpt from *Army Life*, the official handbook issued to all trainees in the Army [War Department Pamphlet 21-13, 1944, p. 159].<sup>134</sup>
4. *The Magnitude of the Neuropsychiatric Problem, 1942-1945*.<sup>135</sup>
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7. *Attitudes Toward Men who “Crack” in Battle*. From *What the Soldier Thinks* 5<sup>138</sup>
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10. *Reactions to Witnessing Extreme Fear Breakdown in Combat*. Question: “What effect did seeing a man’s nerves ‘crack up’ have on you?”<sup>141</sup>

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<sup>132</sup>Adams, 99. Sketch reprinted in *The Best War Ever*.

<sup>133</sup>Menninger, 558.

<sup>134</sup>Stouffer, 196.

<sup>135</sup>Menninger, 589. Chart reprinted from the Office of the Surgeon General, Medical Statistics Division.

<sup>136</sup>Menninger, 591. Another chart reprinted from the Office of the Surgeon General [1946].

<sup>137</sup>Menninger, 597. Another chart reprinted from the Office of the Surgeon General [1946].

<sup>138</sup>*What the Soldier Thinks* 5, page 7. For more information about this survey, see Stouffer, 198 and 199, which indicates that this survey was taken in April 1944 [S-101].

Another survey was taken in April 1945 [S-177]. [Actually, I am a little bit confused about the date of this survey. On page 649, it says that S-177 was taken in Italy between November and December of 1944.] A cross-section of enlisted infantrymen in four combat divisions were asked a similar question.

“What do you think should be done to a man who ‘cracks up’ mentally at the front?” 86% answered, “He should be given medical treatment”; whereas only 3% asserted “He should be court-martialed” or “He should be made to go right back into combat.” The remainder of the sample gave “Don’t Know” as their response.

<sup>139</sup>Stouffer, 199 and 200. From S-177.

<sup>140</sup>Patton, 340.

<sup>141</sup>Stouffer, 209. From S-177. It says on the table that this was from April, 1944. As the footnote above this indicates, I am a little confused as to when it was actually from because there are contradictions in Stouffer’s book.

11. *Percentage of Original Strength of Rifle Battalions in Italy who had Become Battle Casualties After Successive Combat Days Following the Time Their Regiments Entered Combat.*<sup>142</sup>
12. *Graphic Portrayal of the Relation of stress and the Development of Combat Exhaustion to the Combat Efficiency of the Average Soldier.*<sup>143</sup>
13. *Relative Incidence of Symptoms of Combat Exhaustion in Pre-Combat Neurotic and Non-neurotic Soldiers of Group I.*<sup>144</sup>
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16. *Attitudes Toward Value of Army Experience.*<sup>147</sup>
17. Two examples of Bill Mauldin's famous *Willie and Joe* cartoons during the war.<sup>148</sup>

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<sup>142</sup>Appel and Beebe, 1469.

<sup>143</sup>Swank and Marchand, 238.

<sup>144</sup>Swank, 491. This table demonstrates the prevalent and potential effects of combat stress on "normal" men. Also, this sample shows that a very significant minority of the men included had neurotic tendencies to begin with, but these tendencies did not keep them from attaining an average of 30 combat days before they were evacuated from the fighting. The distinction between the predisposed and the "normal," the "weak" and the "strong," is indeed somewhat blurry.

<sup>145</sup>The version I included was found on the internet somewhere. I included it for convenience.

A better reprint can be found in James Jones, *WWII*, page 116. A brief discussion of Lea's work can be found on pages 113-118. This painting was made after Lea's experiences at Peleliu with Marines in the Pacific theater. "The Stare," though, is something that American soldiers all over the world noted as a sign that a man had seen extended combat. It was usually a warning sign of progressive breakdown. For more examples of "the stare," see O' Donnell, 280 (Hurtgen Forest); Pyle, 270 (Anzio); Bergerud, 270 (Guadalcanal); Mauldin, 39 (general observation of combat men); Brown, 78 (fictional account of Sergeant Porter's breakdown and description of "the stare" that preceded it); Gantter, 100 (Battle of the Bulge).

<sup>146</sup>Stouffer, 316. From S-177.

<sup>147</sup>Stouffer, 611. From S-234. This was made in the United States shortly after the war. It reveals a lingering resentment toward the Army. On page 610, it is stated, "Aggression against the Army was so strong at the end of the war, however, that it was rather difficult to induce men to admit that their Army experience had been especially valuable, even though in retrospect as veterans they might eventually find it valuable, at least in some respects." Also [page 612], 81% agreed with the statement, "My experiences in the Army have made me more nervous and restless."

<sup>148</sup>The "old men" one is taken from Mauldin, 44. The other one, "Exposin' the Army after th' War," is from page 2.

## Appendix Material

1) Howard Brodie sketch, *The Anguish of Combat*, removed for copyright reasons.

2) Combat Exhaustion definition from Menninger, 558

-“Combat reaction is often transient in character. When promptly and adequately treated, the condition may either clear rapidly or it may progress into one of the established neurotic reactions. The term is to be regarded, therefore, as a temporary diagnosis and should be used only until a more definitive diagnosis can be established. It will ordinarily be used only in the “Army level,” and should never be used back of the communications zone.

This diagnosis is justified only in situations in which the individual has been exposed to severe physical demands or to extreme emotional stress, such as seen in combat soldiers within the combat area, or to both. In some instances, this diagnosis applies to more or less “normal” persons. The stress in such cases is intolerable. The patient may display a marked psychological disorganization akin to certain psychoses.”

My explanatory note: ‘Combat Exhaustion’ should be understood to be synonymous for the purposes of this paper with ‘combat fatigue,’ ‘battle fatigue,’ and ‘psychoneurosis’

-‘combat fatigue’ is a syndrome that falls within the broader category of ‘psychoneurosis’ which falls in the more general category of ‘psychiatric casualties’ which falls into the broader category of ‘neuropsychiatric casualties’ (which include neurological disorders)

3) “You’ll Be Scared” scanned text reprinted in *The American Soldier* removed for copyright reasons.

[The text was:

“YOU’LL BE SCARED. Sure you’ll be scared. Before you go into battle, you’ll be frightened at the uncertainty, at the thought of being killed. Will it hurt? Will you know what to do?

If you say you’re not scared, you’ll be a cocky fool. *Don’t let anyone tell you you’re a coward if you admit being scared* [my italics]. Fear before you’re actually in the battle is a normal emotional reaction. It’s the last step of preparation, the not-knowing, in spite of all that you’ve learned.

After you’ve become used to the picture and the sensations of the battlefield, you will change. All the things you were taught in training will come back to you. This is the answer. This is where you will prove that you are a good soldier. That first fight – that fight with yourself – will have gone. Then you will be ready to fight the enemy.”]

4) “The Magnitude of the Neuropsychiatric Problem, 1942-1945” chart removed for copyright reasons.

5) Rejections and Separations chart removed for copyright reasons.

6) Admission and Discharge Rate graph removed for copyright reasons.

7) Scanned image of page from *What the Soldier Thinks* about “Attitudes Toward Men Who ‘Crack’ In Battle” removed for copyright reasons.

[The sub-title on the page stated, “Most officers and men say the soldier who goes ‘haywire’ is sick and should be treated accordingly.”]

A chart of the survey responses is included on the bottom of the page. Respondents had to select between three responses, picking the one that came nearest to their belief. 79% of officers surveyed from the Mediterranean Theater responded, “Most of them [the men who ‘crack up’] should be treated as sick men.” 6% of Med. Theater officers responded, “Most of them should be treated as cowards and punished.” 15% responded, “Most of them should be treated some other way.”

The chart also includes Pacific Theater responses to the same question. The results from officers were 68%, 3%, and 29% [percentages follow the same pattern as the above Med. Theater responses – “sick men,” “cowards/punishment,” and “other way.”] The results from Pacific Theater enlisted men were 73%, 2%, and 25%.]

8) Scanned images of two related survey questions and the results, taken from *The American Soldier*, removed for copyright reasons.

[Question One: “Do you think that most of the men who ‘crack up’ mentally at the front try as hard as they can to stay in the line?”]

- 64% “Most of them *do* try as hard as they can.”
- 8% “About half of them try as hard as they can.”
- 7% “Most of them *do not* try as hard as they can.”
- 21% “Don’t know and No answer.”

-Question Two: “Do you think that most of the men who ‘crack up’ mentally at the front could help it if they really wanted to?”

- 7% “Most of them *could* help it.”
- 12% “About half of them could help it and half can’t.”
- 58% “Most of them *can’t* help it.”
- 23% “Don’t know and No answer.”

9) Patton’s Solution to the “battle fatigue problem.” From *War As I Knew It* (1947), page 340.

“The greatest weapon against the so-called “battle fatigue” is ridicule. If soldiers would realize that a large proportion of men allegedly suffering from battle fatigue are really using an easy way out, they would be less sympathetic. Any man who says he has battle fatigue is avoiding danger and forcing on those who have more hardihood than himself the obligation of meeting it. If soldiers would make fun of those who begin to show battle fatigue, they would prevent its



spread, and also save the man who allows himself to malingering by this means from an after-life of humiliation and regret.”<sup>149</sup>

[Note: Notice that he implies that the men *were* overwhelmingly too sympathetic to those who broke. Patton must have felt that his soldiers were missing the connection that everyone who was permitted to leave the fighting left a bigger burden on those who remained.]

10) Scanned image of *Reactions to Witnessing Extreme Fear Breakdown in Combat* survey chart removed for copyright reasons.

[49% of those surveyed reported that it “made me nervous, jittery, or feel like ‘cracking up’ myself.” Another 15% reported that it “made me feel depressed or lowered my morale.” 70% fell under the category of total *negative* reactions. 29% fell under the category of *neutral* reactions.]

11) Attrition Rate graph from Appel and Beebe article removed for copyright reasons.

12) Combat Efficiency graph from Swank and Marchand article removed for copyright reasons.

[The chart indicated that the “average” soldier became increasingly “battle-wise” between his second and tenth days of combat experience. Soldiers maintained their “period of maximum efficiency” from approximately their tenth to thirtieth combat days. After that point, combat exhaustion symptoms became increasingly more influential. From approximately the thirtieth to the forty-fifth combat day, soldiers were in a “hyper-reactive” stage. From the mid-forties to the sixtieth combat day, soldiers were in the “emotional exhaustion stage,” with a “vegetative phase” characterizing the upper-fifties.

In summary, the graph portrays a trend of increasing combat efficiency that reaches a plateau and then gradually diminishes to the point of negligible effectiveness around the sixtieth combat day.]

13) Comparative chart of combat exhaustion symptoms experienced between the “pre-combat neurotic” and the “non-neurotic soldiers” removed for copyright reasons.

14) *Two-Thousand-Yard Stare*, a painting by Tom Lea depicting the haunting expression of a combat veteran, removed for copyright reasons.

15) *Attitudes Toward Headquarters in Relation to Time in Combat*, a chart from *The American Soldier*, removed for copyright reasons.

[The question asked was “When you were in combat, how well did you feel that headquarters understood your problems and needs?” The results were separated by the amount of combat

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<sup>149</sup>George S. Patton, *War As I Knew It* (Houghton-Mifflin, 1947; 1995), 340.

He also defended his actions during one of the two infamous “slapping incidents” on pages 381 and 382.

“I am convinced that my action in this case was entirely correct, and that, had other officers had the courage to do likewise, the shameful use of “battle fatigue” as an excuse for cowardice would have been infinitely reduced.”

experience of the respondents in to three categories. The first category (less than 4 months of combat experience) responded with a total of 28% negative reactions. [Negative reactions fell into two categorical responses, “Not well at all” and “Not so well.”] The second category (4 through 6 months) had a total of 38% negative responses. The third category (7 months or more) had the most negative responses, with a total of 44%. Clearly, there was a correlation between extended combat experience and increasing resentment of Army leadership.]

16) *Attitudes Toward Value of Army Experience* chart removed for copyright reasons.

[Percentage of those surveyed (enlisted men in the U.S. after being returned from overseas with total Army experience of one to three years; survey taken in November 1945) who agreed with the statement, “On the whole, I think the Army has hurt me more than it has helped me”: 71% of high school graduates, age 25 or older; 55% of high school graduates under the age of 25; 66% of non-graduates age 25 or older; 64% of non-graduates under the age of 25. A similar result pattern emerged when the majority of those surveyed disagreed with the following statement, “On the whole, I think the Army has helped me more than it has hurt me.”]

17) Two examples of Bill Mauldin’s famous *Willie and Joe* cartoons removed for copyright reasons.

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