

“WHAT’S THE SCORE ... IN A CASE LIKE MINE?”
War Department Pamphlet 21-35, 6 August 1945

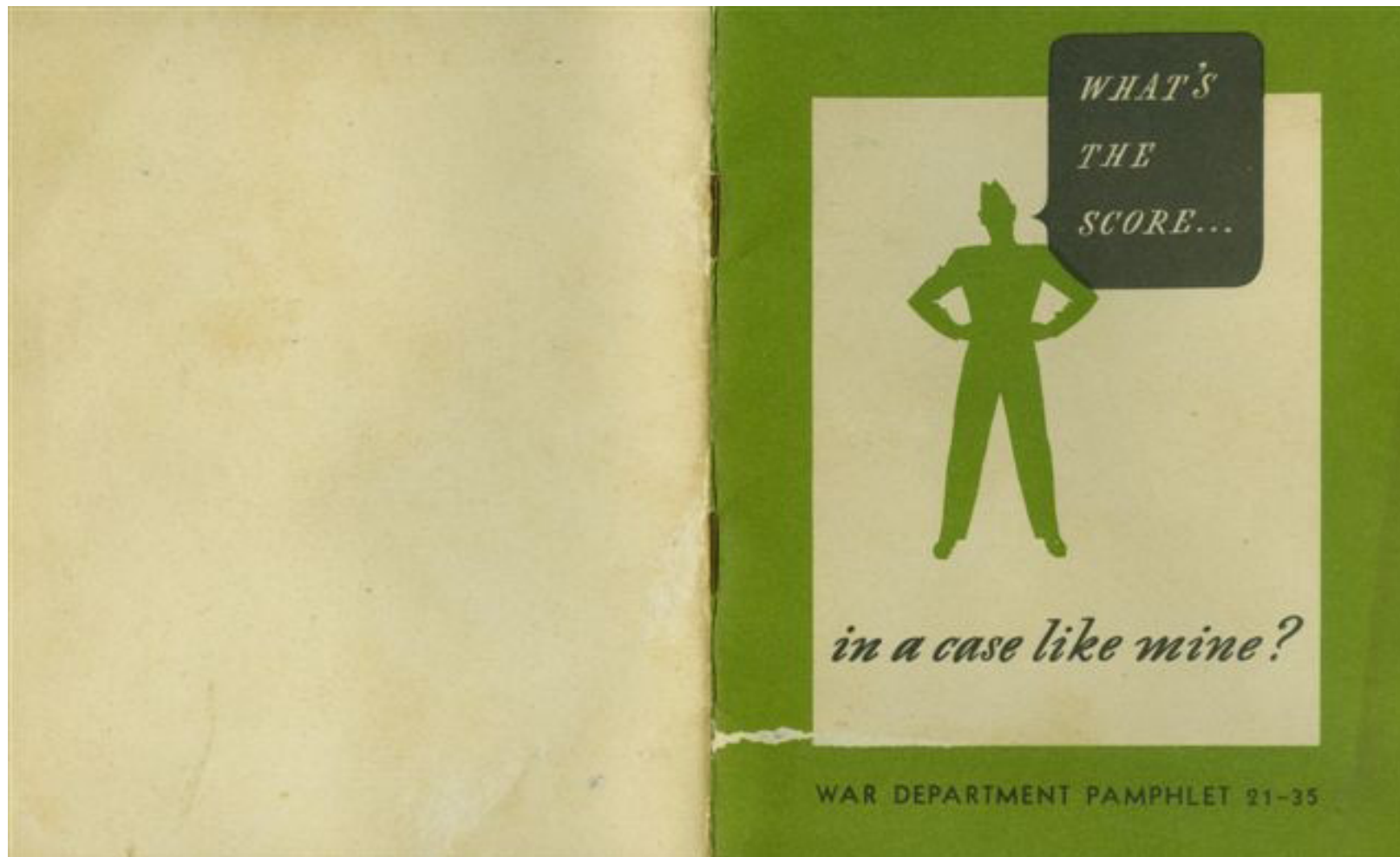
Foreword
by Alain S. Batens:

This pamphlet, a small format (approximately 10 ½ cm x 13 cm) pocket version, is a document produced by the War Department and issued by the U.S. Government Printing Office in 1945. It is published for the information and guidance of all Army personnel and prepared by the Office of The Surgeon General with the aim to help soldiers who are separated from the service understand what “Psychoneurosis” is all about. The pamphlet explains that Psychoneurosis is a group of disorders which affect a patient’s feelings or emotions and cause certain symptoms which are severe enough to hinder one’s normal way of living and working.

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Many thanks,
The WW2 Medical Research Centre Staff



WAR DEPARTMENT

Washington 25, D. C., 6 August 1945

War Department Pamphlet No. 21-35, What's the Score in a Case Like Mine, is published for the information and guidance of all concerned.

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By order of the Secretary of War:

Official:

EDWARD F. WITSELL

Major General

Acting The Adjutant General

G. C. MARSHALL

Chief of Staff

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WHAT'S THE SCORE IN A CASE
LIKE MINE?



Give me a straight answer.

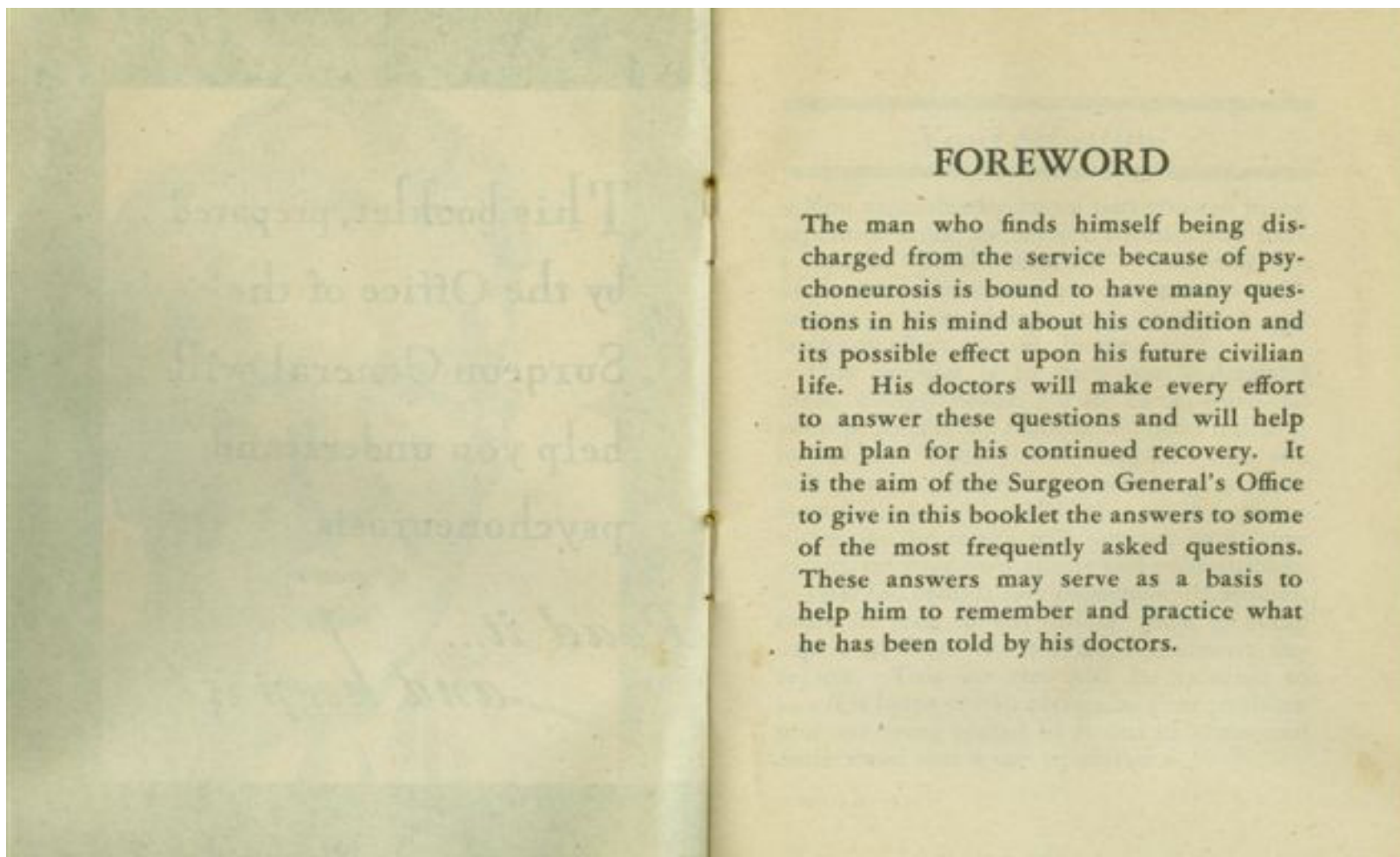


Doctor... *what's the score?*



This booklet, prepared
by the Office of the
Surgeon General, will
help you understand
psychoneurosis.

*Read it...
and keep it!*



Your Situation

★ You undoubtedly know that you are being separated from the service because you have a type of "psychoneurosis." You may not know much about what psychoneurosis really means or what chance there is that it will have any effect on your future.

This booklet is to help you understand these things better. You can't solve all your problems by reading a book, but it is hoped that when you've read this one you will have a clearer understanding of your situation and will realize that what happens to you in the future will depend, to a large extent, on your own efforts and your attitude.

That last point is very important. It applies, more or less, to any soldier who is being separated from the service for almost any reason. This booklet will be valuable to you if it helps you to recognize your problem without being scared by it and to know and understand that it can be solved.

What It Means

★Psychoneurosis is a scientific medical term. Doctors use it to describe a group of disorders which affect the patient's feelings or emotions. A patient with a psychoneurosis has such symptoms as marked nervousness, loss of self-confidence, indigestion, trouble sleeping, poor appetite, aches, and pains. In the more unusual cases it may even affect temporarily the use of an arm or leg or the ability to see. Like almost any other disorder, a psychoneurosis may be mild or severe. It may last a few weeks. It can last for years. This depends on the circumstances. It depends a lot on the patient, too.

That's where your job comes in to a large extent.

Psychoneurosis is always a reaction to stress or to difficult situations. Any given situation will produce some sort of reaction in you. If the stress is too great, or the situation too difficult, it may produce *abnormal* reactions in you. If these abnormal reactions

continue and cause certain symptoms which are severe enough to hinder your normal way of living and working, then you have a psychoneurosis.

Whether or not a man develops a psychoneurosis depends upon what his make-up is to begin with and the kind of stress or situation he runs into.

Don't forget that point: two things determine whether or not a man will develop a psychoneurosis and if he does, how soon he will get over it. They are: *the situation and his ability to adjust himself to it.*

Some kinds of stress or pressure may bother one man more than they will another. For instance, some men are disturbed by leaving home, others are glad to get away. Some are bothered by having to obey orders and live on a schedule; others don't mind it and some even like the idea.

These conditions happen to people in civilian life, too. The Army has no monopoly on them. In fact, about 50 percent of the patients who seek treatment from their family

doctors have such a disorder as yours, although they might not know it or call it psychoneurosis. People vary in their ability to adjust themselves to difficulties or unusual conditions. In civilian life you might have avoided this by taking a vacation, getting a new job, or somehow getting away from the cause of the trouble. In the Army you couldn't do that because of the conditions of war.

Sometimes a man's attitude toward his job enters into the picture. Thus, some of the men in the service with lack of enthusiasm for their work will develop these conditions much more readily than others. In such cases, the more convinced a man is about the importance of his job, the less are the chances of his developing these conditions.

On the other hand, if the stress becomes too great—such as in battle or in other extremely trying duties—even some of the strongest personalities, men with extreme devotion to duty, may develop these disorders.

To a certain extent, you can sit down and

figure out for yourself which of these factors played the greatest part in your own case.

The fact that you have a psychoneurosis means this, then: some problem or stress you met in the military situation upset your feelings and your emotions enough to make you need or want medical advice.

Here are some questions and answers which might make you understand your situation a little more clearly:

AM I INSANE?

Certainly not. Psychoneurosis does not mean insanity. If you were insane there wouldn't be any point in giving you this book to read. It's a matter of your feelings. Perhaps when you get upset or nervous you cannot concentrate on things and it might seem that you cannot control the way your thoughts go. This is because your feelings keep distracting you. They will not let you

keep your mind on the job. But that is a long way from saying your mind has been affected.

AM I LIKELY TO BECOME INSANE?

Again the answer is *no*. In fact, a man with psychoneurosis is less likely to become insane than other people. The extent of your trouble has been expressed by the symptoms you have already shown. Get this worry out of your mind.

THEN WHY DID I SEE A PSYCHIATRIST?

Because a psychiatrist is a doctor who specializes in that branch of medicine which deals with emotional disturbances or their results. He might also take care of people who are insane, but that is by far the smallest part of his job. A doctor who treats hundreds of cases of tonsillitis might also have to treat one case of yellow fever. It's all part of the same job. In the Army the psychiatrist deals almost entirely with *normal* people in their reactions to *abnormal* situations. The doctor

who examined you and studied you thought it best for you, for your future health, and for your usefulness to the war effort to return you to civilian life, where you can have normal reactions, just as you did before.

WHY WASN'T I TREATED BY A STOMACH SPECIALIST? WHAT BOTHERED ME WAS MY STOMACH.

(Substitute back, chest, head, or whichever applies in your case.)

Nervousness, worry, dissatisfaction, feelings, or emotions can express themselves in the way your body feels and functions. Under certain conditions any of these factors could upset your stomach and the pain or discomfort would be very real. You've heard people talk about "nervous headache." You've also heard: "his heart aches for her," "he was breathless with fear," "the thought of it makes me sick to my stomach." Maybe your stomach did bother you, but if the doctor did not find any basic stomach trouble

when he examined you, he knew that something else was affecting your stomach. It was not your imagination. It was the result of emotional disturbance of feelings. That's why you saw a psychiatrist.

WHAT ARE THE DIFFERENT TYPES OF PSYCHONEUROSIS?

You have probably heard medical officers use a lot of different scientific terms in referring to your case and other cases. The chances are you did not understand most of them. It might interest you to know what some of them mean. Below are a few of the common types of psychoneurosis, their scientific names and some of their symptoms:

1. *Anxiety type.* This is the most common type of psychoneurosis found in the Army, both in combat and base areas. Here are some of the symptoms: excessive nervousness, irritability, loss of self-confidence, tenseness and restlessness, jumpiness, trouble sleeping, self-consciousness, poor appetite, and stomach upsets, trembling of the hands

and lips, frequent urination, different aches and pains, such as headache and backache.

2. *Hysteria.* This is the next most common type. It has nothing to do with the word "hysterical" which is used in everyday language to describe temper tantrums or childish behavior. Scientifically it refers to a certain type of psychoneurosis which produces such symptoms as the temporary inability to talk.

3. *Obsessive compulsive type.* In this type the patient has such symptoms as an abnormal fear of germs, or an abnormal urge to keep repeating certain acts, such as washing the hands, checking equipment, etc.

4. *Reactive depression.* In this type the main symptom is depression. The patient feels low. There may be crying spells, or thoughts that nothing is worthwhile. Sometimes the patient is inclined to blame himself unnecessarily and in an exaggerated way for things.

5. *Mixed type.* In many cases there is no clear-cut type but a mixture of the types described above.

There are many unscientific terms used in everyday language for psychoneurosis. For instance, "combat fatigue," "operational fatigue," and "exhaustion" are often used for psychoneuroses which developed in combat or under extreme stress. The term "psycho" is a half-slang word used for all sorts of conditions. Another common term which is sometimes used carelessly is "NP." Its scientific meaning is "neuro-psychiatric" or "neuro-psychiatry." These words cover a whole field of medical conditions ranging from infantile paralysis to mild emotional upsets. In everyday language "NP" is sometimes used for "psychoneurosis," sometimes for other conditions. The word "neurosis" means "psychoneurosis" and the two may be used interchangeably. A "psychoneurotic" is either a person who is suffering from a psychoneurosis or may be merely a person who is likely to develop a psychoneurosis when he runs into any unusual stress.

WILL I GET BETTER AFTER I AM DISCHARGED FROM THE SERVICE?

In all probability you will. Remember that your condition was a reaction to an abnormal situation. It is generally true that when a person gets away from the situation which caused the trouble the symptoms improve or go away entirely.

It might take a little longer for the symptoms to disappear in men who developed their nervous condition in combat. Such men might have nightmares from time to time. Loud or sudden noises may startle them. They may be restless and jittery generally. But such symptoms won't necessarily prevent them from going back to work or to school. As a matter of fact, keeping busy in some way is likely to be the best thing they could do.

In other cases it is important to remember that some men were poorly adjusted before they came into the service. They were frequently sick, unable to hold jobs, unable to tolerate much pressure or responsibility.

Perhaps their attitude toward being in the Army was poor. The problems of such men have little or nothing to do with being in the service. Fortunately, some of them may have benefited from being in the Army. You can tell which applies in your case. But in any case, remember this: your own attitude and your own efforts will have a lot to do with how well you get along and how well you feel.

CAN I HOLD A JOB IN THE FUTURE?

Yes, you can. It's up to you. By doing so you will have gained a real victory on the road to complete recovery. Many people are anxious to help you get started. It might be that you will want to take advantage of the G. I. Bill of Rights, which provides opportunities for special training, more schooling, help in buying a home, farm, or business, and unemployment compensation, if you need it. Ask the Veterans' Administration, the Red Cross, your local Veterans' Information Center, or a Personal Affairs Officer (located at

all military posts, camps, and stations) for information and advice about veterans' benefits. In addition, you will learn of other State or Federal agencies which are prepared to help you.

I HEAR IT'S HARD TO GET BACK INTO THE SWING OF CIVILIAN LIFE.

This may or may not be true. For many men it will be true, no matter what the reason for their being discharged from the service. You've been living a new and different life in the Army. You've developed new ideas and attitudes. You've been learning and you may have become more mature and serious in your general outlook. Maybe your idea of what really counts in life is entirely different now. The war has caused some changes at home, too. There is no use kidding yourself, there will be some adjustments for you to make.

But you made many adjustments from civilian to Army life, and you can reverse the process. If you find at times that it's

a little hard to adjust yourself don't blame it all on psychoneurosis.

All of us will have problems in getting used to things again, regardless of why we are discharged.

WHAT CAN I SAY TO MY FAMILY, FRIENDS, AND PROSPECTIVE EMPLOYERS WHEN THEY ASK ME WHY I AM OUT OF THE SERVICE?

That's up to you. Maybe it's better to tell some people nothing, and to tell others everything. You'll have to call your own shots on this. If you want to talk about it and think this booklet might help explain your condition to others, let them read it. But by all means, don't ever feel apologetic in discussing it.

WHO IS GOING TO KNOW MY DIAGNOSIS?

You, the Medical Department of your branch of the service, your local Selective Service Board, and the Veterans' Administra-

tion. Your medical record is considered private and confidential. No outsider has access to it without your permission. The diagnosis is not on your discharge papers.

WILL I BE ALLOWED TO SEE MY MEDICAL HISTORY?

Except under unusual circumstances, you will not. In the Army, just as in civilian life, patients are not usually allowed to see their medical histories. Doctors are scientists. They use their own scientific language, just as chemists or electrical engineers do. Your medical history is written in scientific medical terms. Long experience proves that when patients try to read this language they don't understand it, and think it says all sorts of things it doesn't say.

On the other hand, the Army is anxious to make your medical history available to a civilian doctor in case you want or need medical advice or treatment later on. Your civilian doctor can obtain your medical

history at any time by applying to the Adjutant General's Office, War Department, Washington, but he must inclose with his letter a statement from you saying that you are willing to have it sent to him.

CAN I MARRY?

The best answer to that is another question: "Can you support a wife and family?" It's just the same as it was before you went into the Army. There certainly isn't any medical reason to keep you from marrying. Your nervous condition is not hereditary. Your children won't have psychoneurosis just because you did.

WHAT IF I NEED FURTHER HELP?

If you need further medical care you can get it. You are entitled to hospitalization by the Veterans' Administration. If you'd rather go to a civilian psychiatrist, ask your family doctor or the local Medical Society to recommend a good one. Don't do yourself the

injustice of going to quacks. So-called doctors who advise quick cures for anything are usually fakes.

In addition, there are other sources of help. Many of the larger cities now have mental hygiene clinics where you can get advice and treatment. Certain social agencies have skilled psychiatric social workers and psychiatrists who can help you. Most medical schools have outpatient clinics where you can get advice.

What Can I Do To Help Myself?

★Here are some suggestions to help answer that question.

DON'TS:

1. Don't shy away from your home or your friends because the reason you were separated from the Service was psycho-neurosis. Of course, if your plans for a job or school keep you away from them, that's different. But don't let your diagnosis have anything to do with it.
2. Don't try to run away from your symptoms. If you still have them and feel that they are a real handicap, in spite of your best efforts, get help from a psychiatrist.
3. It will be much better if you don't plan to "take it easy for a while," or "loaf for a month." Those periods have a nasty habit of stretching out into two months, or three. The longer you wait to settle

down and get busy the harder it will be. Besides, being busy on some useful activity is one of the best kinds of treatment.

4. Don't let the folks at home shower you with too much attention and tender care. It will only irritate you, or keep you sick longer than necessary, or both. If you learn to like it too well and demand it you're asking for trouble, because there's bound to be a let-down sooner or later. If it irritates you, it can spoil your homecoming. The best thing to do is tell the folks to treat you like a man who has a job to do and who wants to get down to business right away.
5. People at home can't possibly understand what you've been through, because they've never been there. Don't make the mistake of expecting them to. Let them be helpful and friendly, but don't get mad because they can't understand.
6. Don't be surprised if things irritate and upset you at times. You and the folks

at home have been living in two different worlds. At first you'll feel a little strange as a civilian. Remember how strange you felt the first week you were in the Army. It's just about the same thing.

The most important thing is to start building your life where you left off.

DO'S:

1. Tell people frankly that you've been nervous and may be hard to live with for a while. Let them make allowances, up to a certain point, but they shouldn't pamper you. Tell them that, too. You don't want that kind of treatment. If you really work hard to help yourself and still can't make the grade, get help from a psychiatrist.
2. Get a job or go back to school. The longer you put it off the harder it's going to be. Get on your feet and be independent as soon as you can, even if it hurts.
3. Get a hobby. If you're irritable, full of gripes, nervous, do something active.

If you don't feel like taking part in competitive games, then saw wood, chop kindling, pound on a punching bag. Pick up new interests; photography, music, anything, just so its constructive and interesting to you. Make plans for your spare time.

4. Take regular exercise. Walk, swim, play golf. Set your own pace but be sure to do something which will take you out of doors. Push yourself if it is necessary; but don't overdo it.
5. Find someone who understands your situation. The best person is another veteran who has been through the same things you have. Talk to him about the things you don't like to discuss with others. You have to let off steam somewhere. If you bottle it up inside yourself it will take longer to get rid of your symptoms and it might make them worse. If you can't find another veteran, then find some other good listener. A good listener is anyone who

has sense enough to listen without gushing over you, or asking too many foolish questions. It might be your girl friend, your father, your preacher, or a good friend. Usually it's better if you pick someone outside the family, because he won't be so closely tied into your life emotionally.

6. Remember that a man's condition is his own problem, whether it's a pain in the belly or an ache in his soul. Try to whip it yourself. If you can't, don't hesitate to get help.

In Conclusion

★If you have suffered as a result of your service, remember that others have died, or may have been worse wounded in body or spirit than yourself; but remember, too, that they, and you, have done a job for the United States of America. That was a duty. You can be proud of any part you played, large or small, in your Nation's final victory.

You have become forever a part of your country's history through your military service, and it is surely more a part of you now than it ever was before.

Now you have a job to do for yourself. The knowledge that you can do it is based on scientific experience gained over many years from hundreds of thousands of problems like yours.

This booklet is your promise that the job can be done.

