PERSONALITY DISORDERS IN A SERVICE SETTING*

A Review With Case Reports

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SUMMARY: The classification of personality disorders is considered and two main groups are suggested. The method of recruiting a soldier is briefly described.

Five case reports illustrating the breakdown of personality disorders at various stages of their career are given and it is suggested that the prognosis of this particular group is generally poor in a military setting.

Introduction

For an Army to be effective it is axiomatic that its members should be in a state of good health. Although good physical health has always been essential not a great deal of attention was given to mental health until World War II, when emphasis was made on prevention by selective and screening procedures. The stimulus for this had been partly due to the vast numbers of cases of "shell shock" from World War I.

Since World War II military psychiatry has advanced further and is actively concerned with prevention, diagnosis and treatment of mental disorder as well as the essential screening at entry.

The purpose of this paper is to study personality problems within the Army setting and show how they relate to conditions of service, and to see if in fact people with personality problems of varying degrees can be effective soldiers.

Definitions

It is important to define the terms in order to avoid confusion.

Personality disorder means a group of more or less defined anomalies or deviations of personality which are not the result of psychosis or any other illness and leading to a disability.

Personality trait means an individual characteristic in thought, feeling or act, inherited or acquired, and if abnormal not in itself amounting to a personality disorder.

Personality problem is a loose non-specific term covering either or both of the above.

Classification

The classification of personality disorder is a very complex one and no simple universal system has yet been evolved. For example, Henderson and Batchelor (1962) include three groups, Curran and Partridge (1969) seven, and the Glossary of Mental Disorders (1968), which is perhaps the nearest thing to international agreement, uses ten groups including "other" and "unspecified" which leaves the field wide open.

* Based on a paper presented at a Symposium on Personality Disorders in the Department of Psychiatry, Darlington Memorial Hospital in October 1973.

However, as some form of standardisation is necessary, the Army encourages the use of the latter classification and this is usually adopted by military psychiatrists, particularly for administrative purposes.

Perhaps a simple classification of personality disorder can be limited to two groups:—

a. *Vulnerable personalities* who are largely made up of inadequate adolescent soldiers and usually break down early and easily.

b. *Sociopathic personalities* whose cardinal features are asocial or antisocial behaviour.

Later in this paper examples of each will be given and it will be seen how they react to a military setting, but before this is done some explanation should be given regarding the method of recruiting an applicant into the Army.

Method of recruitment

In order to obtain a high state of mental and physical health in the Services it is necessary for every potential soldier to be subjected to certain selective procedures on entry. Initially this is done at the Recruiting Office where he is interviewed and given an intelligence test and a medical examination. If accepted he then reports to the Recruit Selection Centre at Sutton Coldfield for three days where further tests and assessments are made. Should these prove satisfactory he is sent to a Regimental Depot where he undergoes approximately three months recruit training. During this period if any defects are found it is comparatively easy to discharge the recruit on administrative or medical (including psychiatric) grounds. Should he be successful, however, he is posted to his unit or, if he is serving in a technical arm, he may have to undergo a period of trade training. An example of one who failed to make the grade very early in his military career is as follows:—

Case 1

A 19 year old recruit in the Royal Armoured Corps, who had only served for three weeks was found wandering down the A1 Motorway at 0300 hours. He was feeling most unhappy because his former girl friend had broken off their association, and as a result of this tragedy had made two suicidal gestures since the incident, one by taking an overdose of Phensic tablets and the other by cutting his wrists superficially with a razor blade. His past medical and family histories were unremarkable and so was his childhood. He had had numerous jobs and had joined the Army to “get a trade”. He regretted becoming a soldier.

He presented a tearful, discontented, immature and inadequate youth with no evidence of psychosis. He was considered to be a vulnerable personality and quite unsuitable for Army service and was consequently discharged.

Up to this point a thumb-nail sketch has been given of how the serviceman arrives at his first unit, and the various screening procedures employed to discharge those considered to unsuitable. Those that remain are thought to be potential effective soldiers who have affirmed that they wish to serve for a specified number of years.

Now consideration can be given to those soldiers with personality problems who remain in the service, that is, those who have not been spotted or who are showing some measure of adaption.

Returning to the simple classification let us consider again the two groups.

The vulnerable personality

Sometimes, having survived the period of initial training, and having been given a position to his liking, the vulnerable personality may settle down and give useful service, this is so particularly if he is serving in one of the supporting arms in a job of not too demanding nature such as a clerk, cook, or storeman. However, he is unlikely to make the grade of a more robust soldier such as a trooper in the tanks or an infantryman of the line. The stresses and strains of these examples of the typical soldier might prove too much for him, particularly in war time. Even in so-called peacetime the soldier has to undergo hard training and exercises lasting many days or even weeks, often with the use of live ammunition. This tries out every soldier, and the vulnerable personality is very likely to break down under these circumstances.

All soldiers are trained for war and it is fairly certain that at some time in his career the soldier, whatever his role will be confronted with a situation which will test his stability. If the vulnerable personality has escaped so far it is under this circumstance that he is likely to be revealed. It is not possible to find a niche in the Army for every man with certain limitations. In addition, the soldier is often stressed by his wife, or girl friend, who has her own problems. There may be many reasons for this, for example, separation, or fear of separation due to unaccompanied postings or lack of accommodation, marital infidelity because of this, separation from the young wife's parents, dislike of the Army, dislike of the posting itself, and the increased frequency of tours in Northern Ireland, a very natural and understandable anxiety. With all this load on his back a soldier does not necessarily need to be burdened with a vulnerable personality to breakdown or at least become a less efficient soldier than before.

How does the vulnerable personality indicate his problem?

This may be done by misbehaving within his unit, reporting sick to the medical officer, consulting the Padre, requesting leave on compassionate grounds, absence without leave, reporting sick on leave to a civilian doctor with concomitant issue of a medical certificate with diagnosis such as "enteritis", "vertigo", "anxiety state", and similar complaints. He may even take an overdose with admission to a civilian hospital from which he is invariably transferred to the nearest military hospital under the care of the psychiatrist. By this time he is well established as a patient requiring "treatment" rather than a behavioural problem requiring "management". An example of this is as follows:—

Case 2

A trooper in the Royal Armoured Corps who had served for ten months was admitted to Catterick Military Hospital while sick on leave. He joined the Army initially following a row with his father and had regretted it ever since. Following recruit and normal regimental training his regiment was posted to Northern Ireland. After being there for six weeks he returned home to Chester-le-Street for a weekend rest and recuperation. While at home he consulted his civilian doctor who issued a medical certificate to say that this soldier was suffering from "gastroenteritis" and was unable to return to his unit for two weeks. When the certificate expired he went to Darlington to catch the train to return to Northern Ireland but the next thing he claimed to remember was being in Edinburgh. He was given a railway warrant by the police to return to

Darlington. Again he claimed to lose his memory and was found wandering around Chester-le-Street by his father and taken home. He was then seen by his doctor again and treated with tranquillisers.

His background was somewhat chequered. His father was a diabetic, and he had six sisters and one brother. One was epileptic and a behaviour problem. He himself was enuretic up till aged eight years. He played truant frequently from school.

On admission to hospital he presented as a tense unhappy individual of low average intelligence with no evidence of psychosis but a very inadequate personality. Whether the fugue states from which he had suffered were hysterical or frank malingering was hard to say but it was quite clear that with this sort of behaviour he was a liability to the Army and a return to his unit would more than likely precipitate more attacks particularly now that he was in the hospital system. When he was told he would be invalided from the Service he rapidly became symptom free.

Perhaps one of the disadvantages of the military system is that if a man is not fit to perform his military duties he is usually admitted to a military hospital because it is the only place for him to go. In other words, a soldier is either fit for duty or he is sick and there is seldom anything in between. Hence many men seek to escape from mounting pressures by requesting medical help. The military hospital is used to assess the soldier who gives some evidence of a disability and to determine whether he is fit to return to military duty or to be discharged from the Army. By contrast, a civilian mental hospital is more likely only to admit patients who have a reasonably severe illness.

Now what about the vulnerable personality who has survived one stressful situation and breaks down soon after?

The following is an example of such a case:—

Case 3

An 18 year old soldier with one year's service who had a Yugoslavian name was transferred from the psychiatric department of Halifax General Hospital following two overdoses of aspirin on the 1st and 3rd May 1973. He was an infantryman serving with a battalion in Germany and had been home to his parents in Halifax on leave. The history was that prior to his first overdose he was attempting to return to his unit but proceeded no further than Leeds station where he took the first overdose. On the second occasion his girl friend took him to Leeds station but he disembarked at Doncaster and took the second overdose. He openly stated he hated the Army and could not return to Germany. He claimed to being victimised, teased because of his Yugoslavian name and could not stand the discipline. However, the interesting factor is that following his basic training he had performed adequately during a four month tour with his Battalion in Northern Ireland. His background was unremarkable except that his mother had once attended a psychiatrist and his father was a Yugoslavian in Halifax, where the patient had been born.

On admission to Catterick Military Hospital he impressed as an immature and inadequate youth of average intelligence with no evidence of neurosis or psychosis. Long discussion about his role in the Army emphasized his inadequacy and that further service would only exacerbate more symptoms. It was therefore considered that to return him to his battalion would only precipitate a further crisis, and although the overdoses were certainly manipulative they should be taken seriously. He was accordingly invalided.

The following is an example of a personality disorder who survived for five and a half years in the Army before breaking down.

Case 4

A 22 year old Private in the Army Catering Corps was admitted to Catterick Military Hospital because he had taken an overdose of Probanthine tablets. He was depressed but denied suicidal ideation. He had the following problems, in this order:—

a. He said his mother was anaemic. b. he said his father had a wooden leg. c. There was a divorce pending on the grounds of his wife's adultery with his brother with her resultant confinement. He and his wife had not lived together for 2 years.

His background was as follows:—

He had been investigated for a peptic ulcer in 1970. His father and mother had never been married but there were eight children of the association. His mother had married his stepfather ten years ago and there was one child of this union. His father was a chronic invalid, presumably partly due to his wooden leg.

The patient had an unhappy childhood, full of neurotic traits, but was average at school. He joined the Army when aged seventeen to get a job and was accepted into the Army Catering Corps. He enjoyed his first three years service but became poorly motivated when he discovered his wife was unfaithful. During the last two years he had been charged several times including twice for absence for which he had received fifty-six and ten days detention. He had a divorced girl friend with one child whom he would like to have married. He presented as a pathetic, depressed individual with personality problems who had been stressed beyond his limit. His Commanding Officer described him as a useless soldier and recommended discharge. He was accordingly invalidated.

The sociopathic personality

Men with sociopathic traits may become effective soldiers for a period of time if those traits are channelled into the aggressive requirements of the fighting soldier and if they can be controlled. But the full-blown sociopath invariably comes to grief sometime in the Army because his ideas of behaviour and that of those who command him invariably come into conflict.

Case 5

A twenty year old Scottish soldier from a Highland Regiment with approximately one year's service was admitted to Catterick Military Hospital from Edinburgh on 1 March 1973. About two weeks before he had been sitting in the kitchen at home when he suddenly turned on the tap of the gas cooker; shortly afterwards his wife entered and turned it off. This resulted in a row with her. The day following, again on impulse but following another row with his wife he swallowed fifty aspirins. He was admitted to hospital and had gastric lavage. He denied feeling depressed, but said he had always been bad tempered, and this was worsened by drink. He admitted to having struck his mother on several occasions. He was currently awaiting a civil court case on three charges—breach of the peace and two cases of assault. He had two similar charges during the past five years; breach of the peace and being drunk and incapable. His father had committed suicide in 1969 and one brother aged eighteen had tried to commit suicide the previous year. Although he described his childhood as being reasonably happy he played truant from school every two months. He left school at fifteen and

had six jobs during the next three years getting the sack from most of them. After five months unemployment he joined the Army to get a job but was quite well motivated. He had been married for ten months. He had not been charged by the Army for any military offence. He admitted to drinking excessively about once a fortnight when he stated he usually ended up in gaol or a fight.

Examination revealed him to be an undersized and underweight Scotsman with an aggressive attitude. All physical investigations including E.E.G. were normal. He was of good report from his Battalion who wanted to retain his services. After four days at Catterick Military Hospital he was given a week's leave because his council house had been burgled and his wife had disappeared. While he was away he was charged by the civil police for causing a fight in a public house. It was considered that this man was a sociopath with an explosive personality. If his military report had been adverse invaliding on psychiatric grounds would have been recommended, but because his military behaviour had so far apparently been good and as he wished to continue to serve, it was decided, albeit without much hope, to give him one more chance. He was accordingly medically downgraded to serve in the United Kingdom and returned to his unit to be reviewed in three months. When the time came for his review information was received that he was absent without leave and so it appeared that he would never make a successful soldier.

Discussion

From these cases that have been described it can be seen that personality disorders as a rule do not ultimately survive in the Army, but given the appropriate environment, they may be able to perform their duties reasonably satisfactorily for some time. However, once they do break down they cause a tremendous disturbance in their unit, with welfare, doctors, hospitals, police etc., possibly being involved.

It is suggested that with a small, highly skilled Professional Army it is better to reject those who have personality disorders initially whenever possible before entry, and to consider very carefully those that are spotted while serving to see if they are fit to soldier on. One must also remember that apart from possibly being ineffective soldiers themselves they may reduce the efficiency of a unit by upsetting their comrades, causing discontent and lowering morale.

The Imperial Service Boxing Trophy has the following Latin inscription:—

"Non Manibus Solum Sed Corde", which being translated loosely means, "Not with the hands alone but with the guts". Guts is a vital requirement for every soldier, so sadly lacking in many personality disorders.

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SENIOR APPOINTMENTS

Brigadier D. G. Milne, Q.H.S., M.B., to be Deputy Director-General of Army Medical Services, as a Major-General in December 1975, in succession to Major-General E. L. O. Hood, M.B.

Brigadier Douglas Graeme Milne, aged 54 years, was born in Aberdeen and educated at Robert Gordon's College and Aberdeen University where he graduated M.B., Ch.B. in 1943.

He was commissioned in the Royal Army Medical Corps in 1943, and has served in West Africa, Malta, the Middle East, the Far East and Germany. His appointments have included Deputy Director of Army Health, Far East Land Forces; Assistant Director of Army Health, 1st (British) Corps, and Professor of Army Health. He is presently Director of Army Health and Research.

Brigadier Milne was appointed Queen's Honorary Surgeon in 1974. He is married and has a daughter.

Brigadier S. E. Large, M.B.E., Q.H.P., M.D., to be Director of Medical Services, United Kingdom Land Forces, as a Major-General in January 1976, in succession to Major-General J. E. Miller, M.C., M.R.C.S.

Brigadier Stanley Eyre (Sandy) Large, aged 57 years, was born in India and educated at Cheltenham College, Cambridge University and St. Thomas's Hospital where he graduated M.B., B.Ch. in 1942 and proceeded to his M.D. in 1963.

Commissioned in the Royal Army Medical Corps in 1942, he was medical officer to the 6th Gordon Highlanders in Tunisia and later served with the 8th Army in Italy. Postwar he commanded a field ambulance in Austria and then became Assistant Director of Medical Services with the British Army in Greece. He has also served in Malta, Cyprus, the Far East and Germany.

Brigadier Large has commanded the British Military Hospital, Rinteln, and his appointments have included Assistant Director of Medical Services in Cyprus and with the 4th Division, B.A.O.R. He is at present Deputy Director of Medical Services, Headquarters, B.A.O.R.

Brigadier Large was appointed Queen's Honorary Physicians in 1974. He is married and has three sons.