

THE TRAUMATIC BLUE SKY: THE PSYCHOLOGICAL CONSEQUENCES OF AERIAL  
COMBAT IN THE TWENTIETH CENTURY

by

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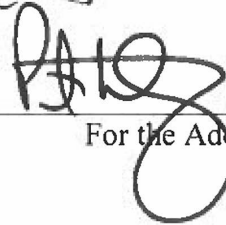
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For the AdRan College of Liberal Arts

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When I began my graduate school tenure at Kansas State University, I had planned on studying the social and cultural history of the National Aeronautics and Space Administration (NASA). As with most projects, however, my research went in a different direction. Fast forward to 2022, NASA, along with the American Historical Association (AHA), chose me to be the 2022-2023 AHA/NASA Fellow in the History of Space Technology. This fellowship provided me with the funding and opportunity to focus entirely on researching and writing “The Traumatic Blue Sky.” Thanks to archivist Eric Van Slander who helped me to navigate the various archival collections and documents, and he provided

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**ABSTRACT****THE TRAUMATIC BLUE SKY: THE PSYCHOLOGICAL CONSEQUENCES OF AERIAL  
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**Jorden David Pitt**

Doctor of Philosophy in History, 2024

Kara Dixon Vuic, LCpl. Benjamin W. Schmidt Professor of War, Conflict, and Society in 20th-Century America

“The Traumatic Blue Sky: The Psychological Consequences of Aerial Combat in the Twentieth Century” explores the medical problems that the United States’ Army Air Service and Army Air Forces faced in World War I and II. With rapidly changing technology and wartime operations to meet these changes, the air served as a new front of warfare. The aerial realm of combat created unique psychological ailments, like Staleness, Flying Fatigue, and a Lack of Moral Fiber, that affected new and experienced fliers alike. In order to tackle these challenges, medical and administrative personnel turned to contemporary masculine ideals to treat and help fliers overcome the psychologically traumatic experiences of aerial combat. This scholarship argues that the advancing technological nature of warfare, in-sync with changing masculine norms between World War I and World War II, dictated the way that the United States Air Force’s predecessors defined, diagnosed, treated, and regulated psychological problems among American military airmen.

“The Traumatic Blue Sky” ties disparate fields together to break new ground and bring new perspectives to the fields of aerospace history, military history, the history of technology,

the history of medicine and disability, and gender studies. As a social and cultural history of war trauma, this dissertation appeals to scholars interested in these various fields as it demonstrates that gender has a consequential impact on how a person experiences life. Moreover, gender plays an extremely influential, and sometimes deciding, role in shaping how military personnel experience wartime service and the psychological legacies of combat, for better and for worse. Overall, by shedding light on the consequences of aerial combat on the human psyche from World War I to World War II, this project seeks to restore the human costs of airpower in wartime.

## Introduction

In the years after the American War in Vietnam, and especially in recent years due to the American wars in Afghanistan and Iraq, scholars, politicians, medical professionals, and even American society at large have expressed an increased interest in war trauma and its long-lasting effects on the human psyche. This interest has led and continues to lead to detailed scientific and historical studies of psychological disorders, especially Post-Traumatic Stress Disorder, among US military servicemembers. Even with this increased interest, however, most of the attention has focused on infantry forces and individuals who engage in ground combat. But this type of fighting is only a small part of the larger wartime experience. Indeed, since World War I, human beings have utilized airpower to support ground forces, survey enemy installments, and strategically bomb the enemy with the hope of bringing wars to a quick and “clean” end. Yet, technology is not devoid of human experience or interaction. Since the dawn of airpower during war, humans, whether as individual fighter pilots or as members of bomb crews, operated airplanes in combat and witnessed traumatic events, both of which caused psychological distress.

While most historical examinations on psychological trauma and its consequences focus on PTSD and “shell shock” among ground combat forces, aerial warfare and its psychological consequences deserve historical attention, too, because they caused people to experience extreme mental suffering that medical and administrative personnel had to address. In particular, fighter pilots and airmen, especially in World War I and World War II, represented the epitome of the American masculine ideals of bravery, courage, sacrifice, and stoicism. They were engaging in a new domain of war by flying the most advanced technology of the period. These occupations required much more than character traits as well. Pilots and aircrewmembers needed to be in peak physical and mental condition. Their experience of war drastically differed from those who

fought on the ground as they engaged enemies in various ways, whether that was through providing close air support, bombing enemy, industrial, or economic nodes, or fighting against another person via air-to-air combat. Their occupations relied on technical skill in advanced technology, physical and mental conditioning, and often, sheer luck. Americans, both civilians and military personnel alike, believed that pilots and aircrews manifested the positive masculine stereotypes to which all American men should reach. Aerial trauma and the ensuing breakdowns, however, obstructed and weakened these images. Thus, to obtain a better understanding of these ideals and their challenges, this dissertation relies on personal accounts of suffering airmen, and military medical and administrative personnel. Their words, diagnoses, and regulations are important because they are the ones who established the diagnostic frameworks and methods that treated, rehabilitated, and regulated the psychological consequences of air warfare.

For the United States Air Force and its predecessors, the subject of mental health has raised questions concerning “fitness to fly” since the advent of aerial warfare in World War I. From the beginning of aerial combat, masculinity played a distinct and defining role in the creation of the American air branch’s identity. As one historian and Air Force general notes, “airmen have been regarded as members of an élite group, largely as a result of the dangers associated with flying. . . . Aircraft and flying were considered novelties and pilots were often seen as daredevils.” In short, “it took a special type of man to brave the obvious perils.”<sup>1</sup> The American air service, from its earliest days, created a culture that emphasized “cockiness,” bravery, and dedication—important traits that also distinguished positive stereotypes of

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<sup>1</sup> Mark Wells, *Courage and Air Warfare: The Allied Aircrew Experience in the Second World War* (London: Frank Cass, 1995), 4.



American masculinity throughout the twentieth century.<sup>2</sup> But how did this identity continue when the bullets started flying and the bombs began dropping? How did the traumatic experiences of air wars affect these supposed “supermen?” Did the American Air Service in World War I and its successor, the Army Air Forces in World War II, believe that the psychological breakdown of airmen challenged the masculine stereotype that defined the air force identity? If so, how did the organizations respond to such challenges?

A deeper examination of these questions offers important insights for American civilians, policy makers, and military leadership today for various reasons. This dissertation asks questions with contemporary significance, such as who decides which people are qualified for military service, particularly in the United States Air Force. Why do these personnel, especially medical officers, play such a significant role in “weeding out” those people deemed to be unfit for service? How do they arrive at these conclusions concerning physical and mental fitness, and is their professional background influenced by larger societal constructs that dictate American ways of life? Moreover, how do they develop their professional background to better serve those who are suffering from various ailments? Then, will their decisions ultimately have consequences within the larger military institutions as they work with administrative officers to regulate psychological problems? Lastly, this dissertation offers a snapshot of these questions from World War I and World War II, when each period had different technologies and social influences. How

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<sup>2</sup> John Sherwood, *Officers in Flight Suits: The Story of American Air Force Fighter Pilots in the Korean War* (New York: New York University Press, 1996), 6; Later chapters in this dissertation will explore the specific ideals that defined masculinity between World War I and World War II, but for select works concerning American masculinity, see Gail Bederman, *Manliness & Civilization: A Cultural History of Gender and Race in the United States, 1880-1917* (Chicago: University of Chicago Press, 1995); Amy S. Greenberg, *Manifest Manhood and the Antebellum American Empire* (New York: Cambridge University Press, 2005); Michael S. Kimmel, *Manhood in America: A Cultural History* (New York: Oxford University Press, 2006); E. Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era* (New York: Basic Books, 1993); Steven Elliott Tripp, *Ty Cobb, Baseball, and American Manhood* (New York: Rowman & Littlefield, 2016).

can military leaders and policy makers today use this history to better inform their decision-making capabilities in a time when the military emphasizes equal opportunity and technological advancement?

This project seeks to answer these questions and restore the human costs of airpower to aerospace history by shedding light on the consequences of aerial combat on the human psyche from World War I to World War II. As a social and cultural history of war trauma among fliers, this dissertation demonstrates that administrative and medical perceptions of psychological trauma are inherently connected to the changing technology of flight and evolving gender constructs. The years between 1914 and 1945 not only witnessed technological advancements from the wooden, fabric-built biplane to the aluminum-built single-engine fighters and multi-engine bombers, but also the expansion of the medical fields of psychology and psychiatry. Military medicine spearheaded advances in psychiatric care, but professional understandings of what constituted trauma changed in step with the technical advancements of airplanes and operational plans of war. Pilots' and bomb crews' trauma reflected their experiences within the plane itself and with the completion of their tactical objectives. As airpower assumed a greater role in military operations, a unique flight culture continued to develop, built upon a sense of hypermasculinity that reflected the prestige of flying as well as broader social conventions of the eras. Public perceptions of mental illness among fliers also reflected these larger social and cultural understandings of masculinity and the body. For example, during World War I, medical and administrative officers believed that physical ailments, physical trauma, and the hypoxic air realm caused the mind to decay and led to "nervous disorders" and "Staleness" among fliers. These perceptions of psychological distress reflected the masculine standards of the period, which emphasized competition and physical prowess among men, as well as the industrial nature

of the war itself. Those who emotionally suffered, most Americans believed, also had a weak body and failed to live up to the era's masculine ideals.

By World War II, Americans expected men, especially soldiers and airmen, to defend and protect the nation. Medical and administrative officers diagnosed those who experienced and failed to overcome psychological trauma with "Flying Fatigue" or "A Lack of Moral Fiber," thereby challenging fliers' courage and ability to protect others. Medical and administrative personnel, however, were often at odds with how to diagnose and treat these ailments. Medical officers understood that something was awry with the fliers, but they did not completely understand the underlying causes of the symptoms they observed. Administrative officers, however, equated unproven emotional trauma to cowardice and weakness, to a failure of manly stoicism, not to any medical or psychosomatic cause. By the end of the war, though, the overwhelming number of psychiatric casualties convinced leaders that something was amiss. Overall, these medical and administrative perceptions of mental illness reflected contemporary norms of American masculinity.

In his book, *The Image of Man*, scholar George Mosse posits that masculinity is a social construct that changes from one period of time to another. Not only does a proper sense of masculinity evolve, but ideas of failed manhood, or not living up to the proper ideals that define "successful manhood," set these changes in motion. Indeed, he writes, "the masculine stereotype was strengthened . . . by the existence of a negative stereotype of men who not only failed to measure up to the ideal but who in body and soul were its foil, projecting the exact opposite of true masculinity."<sup>3</sup> Thus, throughout time, men who failed to live up to their contemporary

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<sup>3</sup> George Mosse, *The Image of Man: The Creation of Modern Masculinity* (New York: Oxford University Press, 1996), 6.

society's perceptions and ideals of "true masculinity" played important roles in the social construction of proper manhood. In a sense, positive stereotypes of masculinity needed the negative stereotypes to thrive and establish themselves as "normal" behavior. According to Mosse, many of these negative stereotypes arose due to racial, cultural, or religious factors.<sup>4</sup> This dissertation seeks to add to this list of factors by demonstrating that society perceived disabilities, specifically mental health issues, as a negative stereotype of masculinity. Americans stigmatized mental health problems for many years. Only within the past few decades have people sought to destigmatize their psychological ailments.

Mental health in the military has received increasing attention from scholars across various fields. A majority of these studies, however, have focused on ground forces and their experiences with "shell shock" and the various phrases that societies have used to describe the problem now known as Post Traumatic Stress Disorder.<sup>5</sup> Societies often view wars as clear opportunities where men can prove their manliness. But in all areas and realms of war, fighters experience traumatic events that can cause or eventually develop into significant psychological distress. One work in particular has examined masculine stereotypes and "shell shock." Indeed, George Mosse argues that the consequences of shell shock included "shattered nerves and lack of will-power," both of which "were the enemies of settled society and because men so afflicted were thought to be effeminate, they endangered the clear distinction between genders which was

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<sup>4</sup> Mosse, *The Image of Man*, 13.

<sup>5</sup> For select readings on PTSD and its other names, please see Dillon Carroll, *Invisible Wounds: Mental Illness and Civil War Soldiers* (Baton Rouge: Louisiana State University Press, 2021); Allan V. Horwitz, *PTSD: A Short History* (Baltimore: Johns Hopkins University Press, 2018); Edgar Jones, *Shell Shock to PTSD: Military Psychiatry from 1900 to Gulf War* (London: Psychology Press, 2006); David Kieran, *Signature Wounds: The Untold Story of the Military's Mental Health Crisis* (New York: New York University Press, 2019); Rebecca Schwartz Greene, *Breaking Point: The Ironic Evolution of Psychiatry in World War II* (New York: Fordham University Press, 2023).

generally regarded as an essential cement of society.”<sup>6</sup> Instead of focusing on “shell shock,” an ailment often associated with infantry forces, this project focuses on the psychological consequences of aerial combat from World War I and World War II. Much like how the terminology for “shell shock” has changed over the years, the phrases that the air services used in World War I and II also shifted from “staleness” to “flying fatigue” and “lack of moral fiber.” This examination of the changing perceptions of psychological problems in the Air Service and Army Air Forces does not study these problems in a vacuum or within a single conflict. On the contrary, it emphasizes the changing nature of the diagnosis, treatment, rehabilitation, and regulation phases of the psychological problems that airmen faced throughout the World Wars.

Instead of examining these mental health issues “from below,” or from the point-of-view from the people who actually suffered from them, this work explores them from the medical and administrative officers who diagnosed, treated, rehabilitated, and even punished airmen in the two World Wars. These historical actors receive the focus of this project for a specific and important reason. As one scholar wrote, “for socially powerful groups and institutions [like the military], diagnosis can be a tool for social control.” As the later chapters demonstrate, medical and administrative personnel heavily relied on contemporary notions of masculinity to diagnose, treat, and regulate mental health issues among pilots and bomb crews. On one hand, they relied on what they considered to be the positive stereotypes of masculinity to determine if a man would likely be a successful pilot. On the other hand, if a pilot or member of a bomb crew mentally broke down, they often associated “negative” stereotypes of masculinity with him. Overall, the emphasis on medical and administrative officers is important because they were the

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<sup>6</sup> George Mosse, “Shell-Shock as a Social Disease,” *Journal of Contemporary History* 35, no. 1 (January 2000), 103.

officials who established the diagnostic frameworks that controlled peoples' lives. And "diagnosis represents the time and location where medical professionals and other parties determine the existence and legitimacy of a condition."<sup>7</sup> Thus, this dissertation asserts that medical and administrative perceptions of airmen's mental health issues are social constructs that evolved over time, like any other construct, and that societal influences shaped the way that the doctors and officers handled these problems. The transformation of perceptions of psychological distress among officers in the Air Service in World War I and the Army Air Forces in World War II provide the lenses through which scholars can closely investigate the changing nature of perceptions of mental health in step with changing masculine norms. Moreover, this study not only has applicability in military history; it demonstrates that military policy and experiences pervade the creation of civilian policy and government legislation.

### **Historiography**

The fields of aerospace history, military history, gender, disability studies, and histories of mental health, are not novel, though few historians have examined these subjects in tandem. Military historians have examined the field of airpower in works that delve into the use of the airplane in every war since World War I, with extra attention given to the strategic bombing campaigns of World War II. Social and cultural historians have drawn attention to the individual experiences of aviators in various wars. Recent aerospace historians such as Steven Fino and Mike Hankins unite the social and technological histories in their analyses of the symbiotic relationship between aerospace technology and the creation and perpetuation of flight culture. Historians such as Mark Wells and Donald Miller have explored the individual and daily lives of

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<sup>7</sup> Phil Brown, "Naming and Framing: The Social Construction of Diagnosis and Illness," *Journal of Health and Social Behavior* (Extra Issue, 1995), 38-39.

military fliers in World War II, including the type of psychological issues they experienced. Scholars, however, have given less attention to the psychological trials of aviators in World War I. Arguably, the study of gender is one of the largest growing fields in historical research, and as scholars, such as Phil Tiemeyer, model how to integrate the study of masculinity and aerospace. Moreover, no history of war trauma of any kind situates that history in a longer trajectory of histories of technology, wartime operations, and gender.

However, even as recent histories have illustrated the nuanced connections between these fields of study, none weld *all* of these themes together. Specifically, no history of wartime trauma considers how that experience evolved from World War I through World War II. Histories of wartime trauma have not analyzed psychological stress and disorders as social illnesses, defined by and understood within evolving medical and technological histories. Historians have yet to examine how the experience, diagnosis, and reception of wartime trauma reflected and shaped broader social and cultural developments and changing gender norms. “The Traumatic Blue Sky,” then, fills this gaping hole in the literature by showing that aerospace technology, psychological disability, and gender constructs are inherently connected and evolve in-sync with one another.<sup>8</sup> It further appeals to historians of these various fields by demonstrating change over time. It demonstrates how changing technological advancements and wartime operations during combat affected the individual airmen and their psychological health. Because of these significant advancements between World War I and World War II, airmen fought in and

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<sup>8</sup> This historiography is indicative of the state of the field, but by no means complete. See Mike Hankins, *Flying Camelot: The F-15, the F-16, and the Weaponization of Fighter Pilot Nostalgia* (Ithaca: Cornell University Press, 2021); Steven Fino, *Tiger Check: Automating the US Air Force Fighter Pilot in Air-to-Air Combat, 1950-1980* (Baltimore: Johns Hopkins University Press, 2017); Wells, *Courage and Air Warfare*, Donald Miller, *Masters of the Air: America's Bomber Boys who Fought the Air War against Nazi Germany* (New York: Simon & Schuster, 2006); Sherwood, *Officers in Flight Suits*; Phil Tiemeyer, *Plane Queer: Labor, Sexuality, and AIDS in the History of Male Flight Attendants* (Berkeley: University of California Press, 2013).

experienced the wars in drastically different ways that culminated in crippling psychological distress. Moreover, it is a study that explores how military service “makes” men with the possibility of also “breaking” them after combat exposure. It also showcases that in the aftermath combat, the United States Air Force’s predecessors hypothesized and formulated different methods to again “remake” men into vital components of post-war America.

Much of the historical scholarship in these fields emphasize that military service often serves as an opportunity for men to foster their sense of manhood. Indeed, scholars must study gender in order to understand how Air Force policy and fliers’ experiences stigmatized flight trauma. In fact, stigmatization arose out of the perception that the fliers did not fulfill their masculine duties. Two influential works that focus on the evolution of civilian masculinity throughout different periods are E. Anthony Rotundo’s *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era* and Michael Kimmel’s *Manhood in America: A Cultural History*. Rotundo’s work examines the changing dynamics between men and women. He examines gender roles and how they changed according to contemporary circumstances in American society. For example, with its modern technologies, the Industrial Revolution of the late nineteenth and early twentieth centuries caused people to fear that men had become soft and dependent. Until the Industrial Revolution, Americans mainly defined a man’s success by his ability to be self-reliant. Americans saw the successful man as the most competitive and dominant, not the one taking orders from their white-collared bosses.<sup>9</sup> While Rotundo investigates the nature and substance of manhood and what duties and opportunities defined the successful man, Kimmel argues that “the quest for manhood—the effort to achieve, to demonstrate, to prove [their] masculinity—has been one of the formative and persistent

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<sup>9</sup> Rotundo, *American Manhood*, 248-250.



experiences in men's lives."<sup>10</sup> Thus, Kimmel looks at the experiences men sought after to prove their manhood, whether that was in the form of military service, strength and money, or being a good father. His approach differs from Rotundo because he also incorporates cultural history by examining how popular media portrayed masculinity at various points in history.

Like the works mentioned above, historians have used gender analysis for many years to understand the relationship between men and women and their respective gender roles in the civilian world. Military history, too, has taken a turn from its roots of studying "the great men" and strategies of war towards cultural and social studies focused on history "from below." In some instances, many of the early military histories concerning World War I American airpower are organizational and operational histories that explore the development of airpower theory and its influences on future air campaigns. Much like the historiography of the larger field of military history, the examinations of World War I and World War II aviation have moved from operational to social and cultural histories as scholars have asked questions pertaining to the individual human and her/his contribution to the war efforts. Important works include James Cooke's *The U.S. Air Service in the Great War: 1917-1919*, James Hudson's *Hostile Skies: A Combat History of the American Air Service in World War I*, and Lee Kennett's *The First Air War: 1914-1918*. Cooke counters the mythologization of World War I aces, such as Eddie Rickenbacker. He argues that, while these aces received most of the attention from society at large, the observation and reconnaissance fliers played the most important roles in American airpower during the war.<sup>11</sup> Written in 1968, Hudson's *Hostile Skies* is the operational history of the American air arm in the war. He outlines the various campaigns in which the Americans participated, arguing that "had

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<sup>10</sup> Kimmel, *Manhood in America*, 3.

<sup>11</sup> James Cooke, *The U.S. Air Service in the Great War: 1917-1919* (Westport, CT: Praeger, 1996), vii-ix.

the war lasted a few more months, the Air Service, without a doubt, would have reached the awesome potential so optimistically predicted by its advocates in the spring of 1917.” He concludes that the Air Service “establish[ed] a tradition of courage and persistence which was carried on into the Second World War, Korea, and Vietnam.”<sup>12</sup>

Samuel Hynes’s *The Substantial Air* is a social history that delves into the lives and experiences of the men who flew in combat for the Air Service in World War I. It describes the type of men that became fliers, and offers a glimpse into their experiences in Europe, including the traumatic events that arose due to combat conditions.<sup>13</sup> One work in particular offers a historical examination of psychological distress and its physical roots in the war. More recently, Lynsey Cobden’s article, “The Nervous Flyer: Nerves, Flying and the First World War,” showcases “nerves” among British fliers and argues that “the resulting ‘nervous disorders’ were therefore understood as diseases of bodily function, of which psychological manifestations were the product.” While she outlines the physical roots of psychological distress, she does not delve into the connections between masculinity and its ties to fliers’ mental health.<sup>14</sup>

While they are not necessarily “gender studies,” books like *Courage and Air Warfare: The Allied Aircrew Experience in the Second World War*, *Masters of the Air: America’s Bomber Boys who Fought the Air War against Nazi Germany*, and *Flying against Fate: Superstition and Allied Aircrews in World War II*, offer important information and context in which this

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<sup>12</sup> James Hudson, *Hostile Skies: A Combat History of the American Air Service in World War I* (Syracuse: Syracuse University Press, 1968), viii.

<sup>13</sup> Samuel Hynes, *The Unsubstantial Air: American Fliers in the First World War* (New York: Farrar, Straus and Girous, 2014).

<sup>14</sup> Lynsey Cobden, “The Nervous Flyer: Nerves, Flying and the First World War,” *British Journal for Military History* 4, no. 2 (February 2018): 122-123.

dissertation will intervene.<sup>15</sup> These books study air combat in World War II and explain the individual experience of war. *Courage and Air Warfare*, for example, brings to light the extremely traumatic events that caused psychological harm to bomb crews in World War II. *Flying against Fate* is an excellent companion to *Courage and Air Warfare* because it explains how aircrews coped with their stress by relying on superstition, relics, prayer, and other items with the hope that they would bring safety. This dissertation complements these books by using gender to illuminate the psychological effects of war and explores why the AAF and USAF institutionalized practices that stigmatized mental illness. As this project demonstrates, we cannot understand mental illness without gender.<sup>16</sup>

In addition to the operational military histories and social histories that explore fliers' wartime experiences, gender serves as an increasingly important tool for scholars of War and Society. Historians in this field see gender as key to war and the individual experience in war. Some scholars, such as Kara Vuic, Heather Stur, and Kimberly Jensen, study how women and femininity shaped perceptions of war at home and abroad and how women actively participated in war.<sup>17</sup> In their respective works, these scholars show that gender roles in the military further evolve in-sync with the larger social context of the United States.

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<sup>15</sup> S. P. MacKenzie, *Flying against Fate: Superstition and Allied Aircrews in World War II* (Lawrence: University Press of Kansas, 2017); Miller, *Masters of the Air*; Sherwood, *Officers in Flight Suits*; Wells, *Courage and Air Warfare*.

<sup>16</sup> Other books will also provide necessary context in my dissertation. I will need to describe combat conditions and airpower strategy to demonstrate how war experiences changed from war to war. These books include Kevin T. Hall, *Terror Flyers: The Lynching of American Airmen in Nazi Germany* (Bloomington: Indiana University Press, 2021); Mark Clodfelter, *Beneficial Bombing: The Progressive Foundations of American Air Power, 1917-1945* (Lincoln: University of Nebraska Press, 2010); Miller, *Masters of the Air*; Richard Overy, *The Bombers and the Bombed: Allied Air War over Europe, 1940-1945* (New York: Penguin Books, 2013)

<sup>17</sup> For select titles concerning women, their various responsibilities, and war, see Kimberly Jensen, *Mobilizing Minerva: American Women in the First World War* (Urbana: University of Illinois Press, 2008); Stephanie McCurry, *Women's War: Fighting and Surviving the American Civil War* (Cambridge: Belknap, 2019); Heather Stur, *Beyond Combat: Women and Gender in the Vietnam War Era* (New York: Cambridge University Press, 2011); Sarah Myers, *Earning their Wings: The Wasps of World War II and the Fight for Veteran Recognition* (Chapel Hill: University of

Other historians use a diverse range of approaches and time periods to examine the creation, perpetuation, and the obstacles of the military's unique masculine culture. Although scholars can trace martial masculinity back to ancient eras, the relevant literature for this dissertation focuses on the United States. Amy Greenberg argues that Manifest Destiny was the consequence of martial manhood. The "martial" men of the antebellum era were aggressive, and the goal of their aggression was forceful expansion.<sup>18</sup> Kristin Hoganson's *Fighting For American Manhood: How Gender Politics Provoked the Spanish-American and Philippine-American Wars* follows in this same vein that asserts that masculinity motivated imperialism. However, instead of focusing on the antebellum era, Hoganson investigates how masculinity shaped the way Americans constructed a narrative that the Spanish-American and Philippine-American Wars challenged American masculinity. To bolster and demonstrate their manhood, men (and the government) willingly and forcefully fought in the wars without hesitation. Their manhood could not be challenged.<sup>19</sup>

One vein of historiography explores martial masculinity and its ability to influence how servicemembers and the armed forces form identities and prepare men for military service. Scholars such as Heather Venable, Aaron O'Connell, and Mark Folse argue that masculinity is a key factor in establishing military mythos to help armed services, specifically the US Marine Corps, form their identities to differentiate themselves from one another and civilian institutions.<sup>20</sup> Greg Daddis's *Pulp Vietnam: War and Gender in Cold War Men's Adventure*

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North Carolina Press, 2023); Kara Dixon Vuic, *The Girls Next Door: Bringing the Home Front to the Front Lines* (Cambridge: Harvard University Press, 2019).

<sup>18</sup> Amy S. Greenberg, *Manifest Manhood and the Antebellum American Empire* (New York: Cambridge University Press, 2005).

<sup>19</sup> Kristin Hoganson, *Fighting for American Manhood: How Gender Politics Provoked the Spanish-American and Philippine-American Wars* (New Haven: Yale University Press, 1998).

<sup>20</sup> Mark Folse, *The Globe and Anchor Men: U.S. Marines and American Manhood in the Great War Era* (Lawrence: University Press of Kansas, 2024); Aaron O'Connell, *Underdogs: The Making of the Modern Marine Corps*

*Magazines* is another example of a history that examines popular media's role in perpetuating martial masculinity and the potential destructive consequences. Although this work focuses on the Vietnam War, the early chapters explore the creation of martial masculinity in the years following World War II. He dives into popular media's portrayal of military service as an important steppingstone from boyhood to manhood. He also argues that these magazines had a detrimental impact on boys who eventually fought in Vietnam. With ideas of masculine domination and aggression in their minds, many soldiers fantasized about proving their manhood in Vietnam by dominating non-combatants. Thus, Daddis investigates military masculinity by analyzing popular media and how it provided young readers with masculine ideals that they needed to achieve to enter manhood. In short, popular media suggested that military service and notions of domination and conquest were key to American masculinity in the Cold War.<sup>21</sup>

Disability studies, in general, have become an important thread in American historiography as they uncover physical and psychological disabilities within a larger social context. This scholarship provides lenses through which readers can learn how people with disabilities perceive their world. Disability history also elucidates societies' perceptions of disabilities, which have drastically changed over time, especially perceptions of mental health. Gerald Grob was one of the most prolific writers concerning society's changing views

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(Cambridge: Harvard University Press, 2012); Heather Venable, *How the Few Became the Proud: Crafting the Marine Corps Mystique, 1874-1918* (Annapolis: Naval Institute Press, 2019). Historian Jessica Meyer also offers an intriguing examination of British medical caregivers in the First World War. She explains that during World War I, British wartime society often viewed non-combatant servicemen as less manly because they did not actively fight in combat. Meyer, therefore, argues that "as the recognition of the importance of medicine to military success increased, these men [the non-combatant caregivers] were able to develop a sense of cohesive cohort identity which allowed them to lay claim to a significant form of military service and therefore social recognition." Her book explores the roles which the temporary caregivers performed, how the men transformed the Royal Army Medical Corps identity, and gained societal recognition. For quote, see Jessica Meyer, *An Equal Burden: The Men of the Royal Army Medical Corps in the First World War* (Oxford: Oxford University Press, 2019), 2.

<sup>21</sup> Gregory Daddis, *Pulp Vietnam: War and Gender in Cold War Men's Adventure Magazines* (New York: Cambridge University Press, 2021).

concerning psychological and psychiatric problems. His policy and social histories investigate how Americans' views of the mentally ill led to policy changes over time. *Mental Illness and American Society, 1875-1940* discusses how American society's perceptions and financial restrictions led the mentally ill from local "almshouses" to larger, state-funded mental institutions.<sup>22</sup> *From Asylum to Community: Mental Health Policy in Modern America* begins where the first book ends by investigating society's perceptions of mental health after 1940. He argues that World War II was a watershed moment in the fields of psychiatry and psychology. With millions of veterans returning home with mental problems, Americans now needed to incorporate policies that cared for veterans at home and in communal settings rather than institutions.<sup>23</sup> Many of these disability studies, like Grob's, include discussions of war and veterans. These studies examine how mentally ill veterans as a collective played key roles in various congressional battles that led to policies addressing their psychological and physical needs. Veterans also helped psychological professionals gain a better grasp on mental health. Simply, these scholars investigate how veterans helped changed Americans' perception of psychological problems.<sup>24</sup>

The examination of veterans and military service at the individual level provides additional avenues for disability scholarship as they often shed light on how military service can "undo" one's sense of masculinity. Many scholars focus on physical disabilities and rehabilitation. One of the most important works concerning these themes is Beth Linker's *War's*

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<sup>22</sup> Gerald Grob, *Mental Illness and American Society, 1875-1940* (Princeton: Princeton University Press, 1983).

<sup>23</sup> Gerald Grob, *From Asylum to Community: Mental Health Policy in Modern America* (Princeton: Princeton University Press, 1991).

<sup>24</sup> James Capshaw, *Psychologists on the March: Science, Practice, and Professional Identity in America, 1929-1969* (New York: Cambridge University Press, 1999); Ellen Herman, *The Romance of American Psychology: Political Culture in the Age of Experts* (Berkeley: University of California, 1995); Wade E. Pickren and Stanley F. Schneider, eds., *Psychology and the National Institute of Mental Health: A Historical Analysis of Science, Practice, and Policy* (Washington DC: American Psychological Association, 2005).

*Waste: Rehabilitation in World War I America*, which also incorporates gender analysis into her methodology. Linker argues that the Progressive zeitgeist of the early twentieth century pushed Americans to believe that the government now had the responsibility to rehabilitate injured soldiers so that they could become good citizens and wage earners, thereby bolstering veterans' sense of masculinity. Americans grew weary of granting pensions to disabled veterans, especially after the American Civil War, in part because they believed that the pensions created dependent men. After World War I, the government instituted new rehabilitation services for disabled veterans. These services provided physical therapy “and vocational training in order to drastically reduce—and potentially erase—cash payments made out to veterans.”<sup>25</sup> The goal, as Linker argues, was to provide men with the necessary resources to allow them to reintegrate into civilian society, become independent men, and to become productive citizens.

Jessica Adler's *Burdens of War: Creating the United States Veterans Health System* also examines this period through an investigation of how the federal government became involved in the healthcare system. She argues that between World War I and World War II, the federal government committed itself, through the creation of the veterans' health system, to provide physically disabled veterans and their families “access to professionally administered health care as a primary means of alleviating the human consequences of war.”<sup>26</sup> Adler includes an excellent discussion about the American Legion and its advocacy for injured veterans as it became a key organization that advocated for veterans' benefits.

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<sup>25</sup> Beth Linker, *War's Waste: Rehabilitation in World War I America* (Chicago: University of Chicago Press, 2011), 2.

<sup>26</sup> Jessica Adler, *Burdens of War: Creating the United States Veterans Health System* (Baltimore: Johns Hopkins University Press, 2017), 2.

Other studies view disability history “from below.” Most of these works emphasize physical injuries with less attention on the psychological consequences of combat. Indeed, books like John Kinder’s *Paying with their Bodies* look at how disabilities affected the individual person and how they perceived their own injuries.<sup>27</sup> Other books, like Adler’s, trace how the government enacted congressional laws to care for the veterans.<sup>28</sup> But some authors, such as Allan Horwitz and David Kieran, have dedicated their works to Post Traumatic Stress Disorder.

Horwitz’s book, *PTSD: A Short History*, chronicles the story of PTSD, from its early beginnings as a misunderstood problem to an actual diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders*. Horwitz first examines the influential psychologists of the nineteenth and early twentieth century, such as Sigmund Freud, and how their definitions of mental illness influenced perceptions of psychological issues. A synthesis of psychological scholarship, it begins with a discussion of how Americans believed that the Civil War era diagnosis, “Soldier’s Heart,” was a character flaw due to some cerebral abnormality. Even with the prevalence of “Shell Shock” in World War I, the perception that Shell Shock was a character flaw rooted in biology continued until World War II and the Vietnam War when professionals began to attribute PTSD to environmental factors.<sup>29</sup> Thus, Horwitz discusses war and how it greatly affected the human brain. Ironically, with the countless harrowing experiences brought on

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<sup>27</sup> John Kinder, *Paying with their Bodies: American War and the Problem of the Disabled Veteran* (Chicago: University of Chicago Press, 2015); Jonathan Shay, *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (New York: MacMillan Publishing Company, 1994).

<sup>28</sup> Adler, *Burdens of War*; David A. Gerber, *Disabled Veterans in History*, Revised and Enlarged ed. (Ann Arbor: University of Michigan Press, 2012); Audra Jennings, *Out of the Horrors of War: Disability Politics in World War II America* (Philadelphia: University of Pennsylvania Press, 2016); Linker, *War’s Waste*; Jennifer Mittelstadt, *The Rise of the Military Welfare State* (Cambridge: Harvard University Press, 2015); Theda Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States* (Cambridge: Belknap Press of Harvard University Press, 1992); James T. Sparrow, *Warfare State: World War II Americans and the Age of Big Government* (Oxford: Oxford University Press, 2011).

<sup>29</sup> Allan V. Horwitz, *PTSD: A Short History* (Baltimore: Johns Hopkins University Press, 2018).



by combat, various wars throughout history provided psychologists and other professionals with the opportunities to learn and advance their knowledge for the betterment of mental health.<sup>30</sup>

David Kieran's *Signature Wounds: The Untold Story of the Military's Mental Health Crisis* is an explicit military and society study of PTSD among Army veterans from the American wars in Iraq and Afghanistan. Unlike Horwitz's work that focuses on the diagnosis and scientific aspects of PTSD, Kieran delves into how different people and organizations defined PTSD to further their respective agendas. For example, politicians often used the disorder in their rhetoric to argue "that the Iraq War was misbegotten and mismanaged by a callous administration unwilling to acknowledge or address the human consequences of its misguided policies."<sup>31</sup> While ordinary Americans and medical professionals have questioned the military's capabilities to combat the mental health problem, Kieran asserts that military leaders strove to help but were unprepared due to the fact that the government planned for a short war. The protracted wars significantly increased the likelihood that American soldiers would experience the psychological consequences of combat. Today, the military continues to combat this issue to incorporate a new culture that destigmatizes mental health issues.

Other examinations of war, society, and masculinity examine the idea that military service is a necessary aspect to prove one's manhood, although some scholars argue that military service's consequences can actually create obstacles that make it impossible for men to live up to

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<sup>30</sup> In addition to Horwitz, Allan Young's *The Harmony of Illusions* examines PTSD as a social construction argues that PTSD "is not timeless, nor does it possess an intrinsic unity. Rather, it is glued together by the practices, technologies, and narratives with which it is diagnosed, studied, treated, and represented and by the various interests, institutions, and moral arguments that mobilized these efforts and resources." See Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Princeton: Princeton University Press, 1997), 4. This dissertation distinguishes itself, however, by providing concrete examples from the fliers' traumatic experiences (which already receives relatively little attention) and demonstrating the change over time with an emphasis on gender.

<sup>31</sup> Kieran, *Signature Wounds*, 7-8.

society's masculine standards. Works such as Christina Jarvis's *The Male Body at War: American Masculinity during World War II* look at how broken bodies and minds challenged the image of strength and superiority that the United States and its military constructed during the war. Allan Bérubé's book, *Coming Out Under Fire: The History of Gay Men and Women in World War II*, is a queer history that examines how gay men and women approached their private lives in ways that challenged American ideals at the time, especially those concerning masculinity. He argues that during a time of intense homophobia when Americans shunned homosexuality, World War II marked an important point in the history of gay rights. Other examinations of war, society, and masculinity examine the idea that military service is a necessary aspect to prove one's manhood.<sup>32</sup>

Overall, then, disability studies range from those that examine policy and institutional organizations among civilians and veterans alike to the few works that specifically examine the psychological effects of war. This dissertation strives to bring all of these themes together, but instead of focusing on infantry and ground forces, it is dedicated to the mental health challenges that fliers experienced in World War I and II. Like these previous works, this project incorporates gender into broader themes of American history to show that gender and masculinity have an unbreakable connection with mental illness, especially in the military. Gender, in fact, is central to the study of the stigmatization of mental illness. For many years, Americans, including

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<sup>32</sup> Allan Bérubé, *Coming Out Under Fire: The History of Gay Men and Women in World War II*, Twentieth Anniversary Edition (Chapel Hill: University of North Carolina Press, 2010); Christina Jarvis, *The Male Body at War: American Masculinity during World War II* (DeKalb, IL: Northern Illinois University Press, 2004). In addition to these two books mentioned in the text, other important books look at masculinity and military service from various periods. See also Greenberg, *Manifest Manhood and the Antebellum American Empire*; Kristin Hoganson, *Fighting for American Manhood: How Gender Politics Provoked the Spanish-American and Philippine-American Wars* (New Haven: Yale University Press, 1998); Andrew Huebner, *The Warrior Image: Soldiers in American Culture from the Second World War to the Vietnam Era* (Chapel Hill: University of North Carolina Press, 2008); Amy Rutenberg, *Rough Draft: Cold War Military Manpower Policy and the Origins of Vietnam-Era Draft Resistance* (Ithaca: Cornell University Press, 2019); Kara Dixon Vuic, ed., *The Routledge History of Gender, War, and the U.S. Military* (New York: Routledge, 2018).

military personnel and their emphasis on a masculine force, stigmatized mental illness because the sufferer did not live up to society's established gender norms. Military culture has played a significant role in defining American masculinity. Today, military medical professionals and veterans have revealed their psychological problems to a more sympathetic American society and they have advocated for changes that have led to an American public that now strives to *destigmatize* psychological problems.

### **Aerial Trauma and its Lasting Significance**

In order to understand the true significance and lasting legacies of the psychological consequences of aerial combat, "The Traumatic Blue Sky" will integrate an organizational analysis of the American Air Service and Army Air Forces. Analysis of these organizations is vital to understand the changing perceptions and social constructions of mental health because these institutions established many policies over the years directed at controlling psychological issues. These regulations play an extremely important role in determining how the Air Service and Army Air Forces regulated mental illness and made some men feel like they did not maintain the masculine and warrior standards that defined American society throughout the twentieth century. The air services' various definitions of psychological stress matter because the categorizations determined whether officials saw mental illness as a character issue or mental disability.<sup>33</sup> Thus, this project intervenes within the larger historiography by analyzing how individual airmen and the air branches' practices defined disability over much of the twentieth

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<sup>33</sup> For information on the air services' organizational culture, see Martin W. Bowman, *USAAF Handbook, 1939-1945* (Mechanicsburg, PA: Stackpole Books, 1997); Fino, *Tiger Check*; Mark R. Grandstaff, *Foundation of the Force: Air Force Enlisted Personnel Policy* (Washington DC: US Government Printing Office, 1997); Hankins, *Flying Camelot*; Sherwood, *Officers in Flight Suits*; Brian Vlaun, *Selling Schweinfurt: Targeting, Assessment, and Marketing in the Air Campaign against Germany Industry* (Annapolis: Naval Institute Press, 2020); Mike Worden, *Rise of the Fighter Generals: The Problem of Air Force Leadership, 1945-1982* (Maxwell AFB, AL: Air University Press, 1998).

century. To support this scholarship, official Air Service and AAF regulations, medical records, surveys, and pamphlets provide clear examples of how officials perceived psychological distress. The Air Force relied on administrative and medical boards to reassign or remove certain psychological casualties. These boards' decisions, including court-martial proceedings, show how officials in different time periods viewed and defined flying stress.

In order to show how the American military air branch's perceptions of psychological distress changed over time, the early chapters explore World War I and later chapters examine World War II and the postwar period. Each war receives multiple chapters dedicated to medical and administrative personnel's ideas and regulation of the traumatic experiences of aerial warfare. The first chapter dives into the administrative officials of the Air Service in World War I as the United States mobilized to enter the conflict. Because aerial combat was the newest realm of warfare in the early twentieth century, the Air Service did not yet understand the psychological consequences of aerial combat. Thus, unlike during World War II, there was not much administrative intervention or regulation of these issues. The administrative officials preoccupied themselves with first establishing the Air Service and determining how to find the men who would be most successful as combat pilots. Therefore, chapter one showcases how the Air Service established the aviation examining boards that determined who would pilot the newest technology of warfare.

Chapter two outlines the masculine norms of World War I and the "positive stereotypes" that defined "true masculinity" as Americans defined it then. The chapter explores how the aviation examining boards relied on these norms to determine which men would likely be the most successful fliers. Then, with the flying candidates chosen, the medical personnel soon realized that fliers were susceptible to the psychological consequences of warfare. "Flying

fatigue” and “staleness” soon worried medical officers as they scrambled to determine the causes and consequences of these ailments. In line with masculine norms, focused on physical, cardiovascular, and moral health, medical officials developed tests, treatments, and rehabilitative methods, all of which had foundations built upon contemporary notions of masculinity, to help men overcome their psychological distress.

The third chapter then moves onto World War II and medical personnel’s attempts to tackle the psychological challenges of aerial warfare before men entered combat. Indeed, this chapter deals with the Army Air Forces’ classification and selection process and the attempts to “weed out” any potential psychiatric casualty before the bombs started dropping. The medical personnel, under the direction of the Air Surgeon, dictated the entire selection and classification system, and again, they relied on contemporary masculine norms to determine who was most likely to be “predisposed” to psychological issues. By removing these men from flying candidacy, the medical officers believed they chose the men deemed most likely to succeed and serve the strategic purpose of destroying German and Japanese economic and industrial key nodes.

Medical officers also realized that once the AAF entered combat, its men were again susceptible to psychologically traumatic experiences. Therefore, the fourth chapter dives into how medical personnel diagnosed, treated, and helped men overcome “Flying Fatigue.” Contemporary World War II masculine norms, such as the need to continue to protect the nation and fulfill duties, dictated the diagnostic and treatment regimens of medical officers. In order to treat flying fatigue, medical personnel focused on improving flier morale and instituted “rest homes” to help men escape from combat for a few days to improve morale and get rest.

Chapter five moves on to how administrative personnel regulated potential “Flying Fatigue” and its consequences on AAF readiness. Unlike during World War I, administrative officers took a direct role in the diagnostic, treatment, and regulation processes, much to the chagrin of the medical officers. This chapter further explores how admin officers often questioned the veracity of psychological problems among fliers and established boards to determine whether a man qualified for medical treatment for Flying Fatigue or if he was instead feigning illness. Then disagreements led to a break between medical personnel and admin officers. In order to try and classify the illnesses correctly, the administration boards determined if fliers suffered from Flying Fatigue, and if the evidence was inconclusive, they determined that the man “lacked in moral fiber,” and established a punitive process intended to remove the man from flying duty. Masculine norms played a clear role in helping these admin boards arrive at their decision.

The final chapter moves on to the postwar period and the AAF’s preparation of fliers to reenter civilian life. For the men who continued to suffer from the psychological consequences of aerial combat, the AAF established convalescent hospitals to rehabilitate them and prepare them for family and employment responsibilities—important markers of American masculinity after the war. Moreover, this chapter explores the veteran movements and their successful push for national legislation to address mental health problems. Indeed, the US government passed the National Mental Health Act in 1946 for the purpose of providing research and funding to help those who psychologically suffered to become successful and contributing members of American society.

Because it is difficult to understand mental illness without gender, this project traces how they both adapted and evolved with each other throughout World War I and World War II.

Perceptions of masculinity and of psychological issues were in constant flux in the twentieth century, and flight neuroses in those wars provide us with a single lens through which we can see how Americans perceived manhood, military service, and mental health. These three themes went hand-in-hand during this important period in world history. But they continue to go hand-in-hand in today's society, and the stress that arises out of a person's inability to adhere to gender norms still augments psychological trauma. In fact, in a 2020 peer-reviewed psychological study on veterans, masculinity, and psychological disorders, Elizabeth Neilson, assistant professor of psychology at Morehead State University, and her fellow authors address the military's strong masculine culture and its consequences. They argue that "[soldiers] who place importance on conforming to traditional masculinity ideology may experience psychological distress when they fail to meet male role expectations."<sup>34</sup>

Therefore, this project ultimately contextualizes society's recent attention concerning the stigmatization of mental health issues. It demonstrates the historical precedence that the failure to uphold masculine standards in previous wars created critical perceptions of war trauma and mental health problems. Indeed, the recent wars in Afghanistan and Iraq and the veterans who suffer from PTSD have renewed Americans' interest in psychological health. Social movements have even arisen to destigmatize the problems. This dissertation provides some context by looking at how the military, specifically the United States Air Force and its variations, created a culture—a martial masculinity—that disparaged and punished men with psychological disabilities. When a man failed to meet the standards of masculinity because of his psychological problems, officials often labeled him a coward. Thus, problems, like Staleness, Flying Fatigue,

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<sup>34</sup> Elizabeth C. Neilson et al., "Traditional Masculinity Ideology, Posttraumatic Stress Disorder (PTSD) Symptom Severity, and Treatment in Service Members and Veterans: A Systematic Review," *Psychology of Men & Masculinities* 21, no. 4 (October 2020): 3.

and a Lack of Moral Fiber provide lenses for historians to view how the military and servicemembers perceived duty and mental health throughout the first half of the twentieth century.



## **Chapter One - Setting the Stage for the US Army Air Service in World War I: The Administration Officers and the Establishment of Pilot Selection and Classification.**

### **Introduction**

On May 19<sup>th</sup>, 1918, the Air Service of the American Expeditionary Forces (AEF) lost Raoul Lufbery, one of its greatest pursuit pilots, in combat. Lufbery was born in France to an American father and would become an “explorer” of the world. At a young age, he moved to the United States and served in the US Army during the American war in the Philippines. When the Great War began in 1914, Lufbery moved to France to join its Air Force and flew as a member of the famed Escadrille Lafayette—a French air squadron made up of American airmen. When the United States joined the war, Lufbery transferred to the American Air Service and became its leading “Ace” until his death in May 1918. While making a run at a German plane, he successfully “sprayed” it multiple times. As he made a second run on the German, Lufbery’s aircraft caught fire as French spectators below saw Lufbery, without a parachute, fall from his aircraft. Seconds later, the people found his body in a flower garden in the village of Maron. Lufbery’s American squadron mates hurried to the garden and found French peasants covering his body with flowers. As a mythologized figure for his many air victories with the Escadrille and Air Service, Lufbery’s death was a traumatic event for other Americans serving in the nascent air force. Indeed, “his death was a tragic shock to the young American pilots, but the colorful Lufbery had done much to instill his aggressive spirit in the new squadrons at the front.”<sup>1</sup>

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<sup>1</sup> James Hudson, *Hostile Skies: A Combat History of the American Air Service in World War I* (Syracuse: Syracuse University Press, 1968), 75-76

The legendary aviation pioneer and Air Service general William “Billy” Mitchell saw Lufbery’s death firsthand. He later wrote that Lufbery was the Air Service’s “leading pilot and was a great source of strength on account of the confidence our men had in him and on account of his great ability to impart the details of air fighting to our men.”<sup>2</sup> Not only did the Air Service lose its “leading” ace, but it also lost one of its most well-known and respected fliers. Lufbery epitomized the person described in “The King of Gamblers,” a poem published in the Air Service’s *Plane News* periodical. The poem tells the story of the American airmen whose occupation required them to gamble with their lives. The opening lines of the second verse reads, “Hail to the King of Gamblers, the fighter of the air. For he wagers that which not be replaced, his life.” The poem explains that every time a pilot flew, he gambled his life for glory and “fleeting fame.” Sometimes he would win, but when he lost, “he has lost his all” and returned “back to the mysterious void from which [he] came.” *Plane News* circulated this poem to the fliers of the American Air Service in World War I and advanced a particular model of masculine duty that required each man to risk his life for the glory that would help win the war.<sup>3</sup>

Raoul Lufbery exemplified the masculine ideals of the poem because he was an “ace,” a master of the sky, and one of the first legendary figures in the history of American aviation combat. He earned his “fleeting fame,” but gambled it away with one mistake. As Mitchell put it, he saw Lufbery’s plane “engage the German ship but in an utterly futile way. [He] did not close

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<sup>2</sup> William Mitchell, Diary Entry, May 1918, pgs. 184-186, Roll 1, Series 6, MS 14, William Mitchell Papers, Clark Special Collections, McDermott Library (Hereafter Clark Special Collections), United States Air Force Academy (Hereafter USAFA).

<sup>3</sup> Anonymous, “The King of Gamblers,” Pg. 12, *Gorrell’s History of the American Expeditionary Forces Air Service, 1917-1919* (Hereafter *Gorrell’s History*), Series M: Miscellaneous, Volume 11: Air Service Poems and Cartoons, (National Archives Microfilm Publication), Records of the American Expeditionary Forces (World War I) Record Group 120; National Archives-Affiliated Archives, Fold3.

up bu [sic] expended all his ammunition uselessly in the air.”<sup>4</sup> However, history does not remember Lufbery because of his mistakes; instead, the focus is on his competitiveness, his capability to instill confidence, and his ability to “instill his aggressive spirit” into the early American fliers of World War I. In short, Lufbery’s masculine characteristics continue to define him. These were the types of men that the Air Service believed were successful pilots and airmen and the type of men that the service wanted to fill its ranks when the United States joined the war.

For the Americans, the war began on April 6, 1917, “without mass enthusiasm,” after Germany resorted back to unrestricted submarine warfare and with possible conflict with Mexico after receiving the Zimmerman Telegram.<sup>5</sup> The country’s armed forces were unprepared for the task at hand. They needed to mobilize and train to fight. In order to obtain the necessary manpower requirements, the federal government engaged in a concerted effort to mobilize a force large enough to fight, and it passed the Selective Service Act of 1917 to reach its goals. The US Army relied on the draft to fulfill its need, but the American Aviation Section, then part of the Signal Corps, required pilots to volunteer for the service itself and did not accept any conscripts for the pilot cadre. The Aviation Section’s brass ultimately established the regulations and procedures that led to the selection and classification of men whom the Air Service’s medical personnel deemed most likely to be successful pilots. However, even with a lack of “enthusiasm,” the United States could not fight a world war with only a small force.

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<sup>4</sup> Mitchell, diary entry, May 1918, pg. 186, Clark Special Collections, USAFA. For an additional account of Lufbery’s death, see “History of the 9<sup>th</sup> Aero Squadron, U.S.A.,” Volume 12: 94<sup>th</sup> Aero Squadron, Series E: Squadron Histories, *Gorrell’s History of the American Expeditionary Forces Air Service, 1917-1919*, Roll 0019 (National Archives Microfilm Publication), Records of the American Expeditionary Forces (World War I) Record Group 120; National Archives-Affiliated Archives, Fold3.

<sup>5</sup> Jennifer Keene, *Doughboys, the Great War, and the Remaking of America* (Baltimore: Johns Hopkins University Press, 2001), 9.

In May 1917, President Woodrow Wilson signed the Selective Service Act of 1917 into law and urged Americans to “volunteer” to register. According to historian Christopher Cappozzola, the word, *obligation* took on additional significance as the government “coerced” the American people, especially men, into recognizing their *obligation* to the country. Indeed, “lending a hand to the war effort thus became not just a good deed but a duty, and serious consequences ensued for those who failed to join in,” whether in home-front duties or registering for Selective Service. In fact, when urging American men to see registering for Selective Service as their obligation to the nation, Wilson declared, “it is a new manner of accepting and vitalizing our duty to give ourselves with thoughtful devotion to the common purpose of us all. . . . It is in no sense a conscription of the unwilling; it is, rather, selection from a nation which has volunteered in mass.”<sup>6</sup> It was, then, men’s patriotic duty and obligation to volunteer for service in the American armed forces in World War I. “Volunteering” to register for Selective Service rather than enlisting in a specific military branch had particular benefits for most American men. To be sure, “registering [for Selective Service] had an advantage over volunteering: one could appear patriotic and loyal, but still hope never to receive an induction notice.”<sup>7</sup> While the government required men to register for Selective Service, it sold registration as “voluntary” to make the draft more appealing to the general public. Yet, “volunteering” for Selective Service was a man’s “patriotic duty.”

The implications of “obligation” and “patriotic duty” later had important consequences for veterans returning home from World War I. For the men who ultimately served in the Great

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<sup>6</sup> Christopher Cappozzola, *Uncle Sam Wants You: World War I and the Making of the Modern American Citizen* (New York: Oxford University Press, 2008), 6-9. Woodrow Wilson’s quoted in Cappozzola, *Uncle Sam Wants You*, 8.

<sup>7</sup> Keene, *Doughboys, the Great War, and the Remaking of America*, 11.

War, they perceived their service as one part of a social contract with the federal government. If the government obligated the men to serve, the men felt that the government needed to live up to the other part of the social contract and provide postwar benefits to them, particularly in times of need. Indeed, as historian Jennifer Keene writes, “in [the eyes of World War I veterans], if the state had the power to draft men, it also had the ability and responsibility to prevent the war from ruining the lives of those it conscripted.” The men who registered for the Selective Service and eventually served in World War I became important political activists just before and during World War II, pushing for important benefits such as the GI Bill of 1944. They laid a foundation of political activism that World War II veterans would follow when declaring that the government shouldered the responsibility of protecting their mental health after the war.<sup>8</sup>

The Selective Service Act of 1917 created the foundation upon which the United States built its military, with the exception of the Air Service, which relied entirely on volunteers. An important purpose of Selective Service, in line with the commander of the American Expeditionary Forces, John Pershing, was to create a young, fit, and morally clean army— notions that fit within the era’s masculine norms. But for many Americans, there was a prevalent fear that military service corrupted young men’s moral vitality. To assuage these fears and help families believe that service would instead foster manhood, Woodrow Wilson created the Commission on Training Camp Activities (CTCA) for the men who entered the nation’s service. Specifically, the CTCA ensured that the men lived both the morally clean and physically fit lives that fit within the mold that Pershing desired. It ensured that the men did not have opportunities to purchase liquor, and the Selective Service Act “outlaw[ed] prostitution in broad zones around each camp.” Moreover, the CTCA included an educational campaign intended to deter men from

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<sup>8</sup> Keene, *Doughboys, the Great War and the Remaking of America*, 6-7, 179-214.

participating in sexually immoral activities. Indeed, the campaign “vividly introduced soldiers to the horrors of venereal diseases.” Thus, to prevent these morally questionable activities, the CTCA also provided men with the chance to participate in athletic events thereby also improving their physical health. Overall, the CTCA helped the army declare “to parents that their son returned ‘to you a better man.’”<sup>9</sup>

While the Aviation Section did not rely on the Selective Service to form its pilot corps, it did retain the guidelines that emphasized the American masculine norms in World War I. Indeed, for the nascent Aviation Section and later Air Service, the war began on April 6<sup>th</sup>, 1917, just as it had for the rest of the American armed forces, and just like them, it needed to procure the manpower to build an effective and efficient flying force. The Aviation Section sought men like Lufberry who embodied the masculine ideals of early-twentieth-century American manhood, especially emphasizing physical and moral fitness. Administrative personnel that laid the foundation for the pilot selection procedures did not yet worry over the possible psychological consequences of aerial combat, not because they did not care but because they simply did not fully realize the potential reverberations of this new arena of warfare. Instead, the admin officers focused on preparing the groundwork for the expansion of the force by creating examining boards across the country that administered physical exams, selected potential flying candidates, and classified them into their prospective flying occupations. Medical officers shouldered this selection and classification of the fliers, but the administration personnel provided the examination boards and medical personnel with guidelines concerning the type of men deemed best suited for aerial warfare.

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<sup>9</sup> Keene, *Doughboys, the Great War and the Remaking of America*, 24-25.

## American Masculinity and the American Flier in World War I

American masculinity during World War I played a paramount role in defining the way a man “acted,” perceived the world, and perceived himself. American fliers in the war exemplified these social norms, which dictated how they both fought the war and experienced combat conditions. At the end of the nineteenth century and turn of the twentieth century, Americans drastically redefined contemporary norms of masculinity. Before “masculinity” became the all-encompassing term in the early twentieth century, men focused on their “manliness” and “manhood.” According to historian Gail Bederman, nineteenth-century dictionaries defined “manly” as “the word into which have been gathered the highest conceptions of what is noble in man or worthy of his manhood.” These “conceptions” included independence, strength, bravery, “large-mindedness,” and honor. Historians use the term “manliness” when referring to Victorian-era ideals, such as “sexual self-restraint, a powerful will, a strong character.”<sup>10</sup> But at the beginning of the twentieth century, industrialization, immigration, an expanding working-class, and “the New Woman” challenged nineteenth-century manliness. As a consequence, American men separated themselves from these challenges and began using “masculine” and “masculinity” because they “invoke[d] a different sort of male power.” Aggressiveness, competitiveness, physical fitness and vitality, and an overt sexuality defined the new American masculinity.<sup>11</sup>

American society also viewed primitiveness, proper physical and moral hygiene in line with Progressive-era ideals, and adventurism and exploration as important characteristics of the

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<sup>10</sup> Gail Bederman, *Manliness & Civilization: A Cultural History of Gender and Race in the United States, 1880-1917* (Chicago: University of Chicago Press, 1995), 18-19.

<sup>11</sup> Bederman, *Manliness & Civilization*, 19; E. Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era* (New York: Basic Books, 1993), 222-227; For more information on the challenges that American masculinity faced in the early twentieth century, see Clifford Putney, *Muscular Christianity: Manhood and Sports in Protestant America, 1880-1920* (Cambridge: Harvard University Press, 2001), 4-6.

new “masculine” man. Americans feared that industrialization and white-collar employment fostered feminization; thus, to combat this, society believed that “the key to building powerful virility in American men . . . was to encourage primitive savagery in American boys.” Indeed, psychologists of the period claimed that overcivilization caused men to become weak.<sup>12</sup> It was important, then, for men to evince primitiveness and become like “brave animals.” In “the King of Gamblers,” the author refers to the airman as fate’s “prey.” Hypothetically and metaphorically, if the flier wanted to survive the war, he would have had to become the predator. Thus, violence, aggressiveness, and “fighting virtues,” became acceptable and important attributes.<sup>13</sup> While “true” American men embraced primitiveness, they also maintained proper hygiene that reflected the Progressive era of the early twentieth century. Progressive Americans sought to reform the nation and questions concerning morality as they strove to ban liquor, prostitution, and other vices.<sup>14</sup> Americans even went as far as questioning the morality and cleanliness of men’s facial hair. Previously, mustaches and beards symbolized “a patriarch, authority figure or free agent who was able to play by his own rules.” But as the Progressive era sought to create more sanitary, hygienic people and places of employment, some people argued that facial hair was a petri-dish for harmful microbes that led men to become sickly. More importantly, as the popularity and importance of competitive sports expanded across the nation, “by shaving themselves, men could present the image of youthful energy.”<sup>15</sup>

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<sup>12</sup> Bederman, *Manliness & Civilization*, 77-78.

<sup>13</sup> E. Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era* (New York: Basic Books, 1993), 225-229. Historian John Pettegrew refers to the acceptance of primitiveness and “savagery” as “de-evolutionary masculinity,” which was the idea that sensible men revert to animalistic inhibitions when threatened; See John Pettegrew, *Brutes in Suits: Male Sensibility in America, 1890-1920* (Baltimore: The Johns Hopkins University Press, 2007), 1-2.

<sup>14</sup> Michael McGerr, *A Fierce Discontent: The Rise and Fall of the Progressive Movement in America, 1870-1920* (New York: Free Press, 2003), 79.

<sup>15</sup> Christopher Oldstone-Moore, “Mustaches and Masculine Codes in Early Twentieth-Century America,” *The Journal of Social History* 45, no. 1 (Fall 2011): 51-53.



Participation in sports, masculine physique and muscular fitness, and physical health were arguably the most important and unique attributes that defined this new masculinity—characteristics that administrative officials emphasized that should define the American men of the Air Service, AEF. For example, in “The King of Gamblers” the aviator was a player in a game with fate. Sometimes the player won the game, but other times he “made a false throw” and “lost” his life. Why did competitiveness and sports define masculinity during this period? After an extended period of peace following the American Civil War, a defining event for nineteenth-century manhood, competitiveness and sports became “peacetime equivalent[s] to war.” In American football, the quarterback became the “field general,” while the linemen were the “soldiers.” In fact, after the war ended, coaches and Americans claimed that the offensive and defensive linemen would “battle in the trenches” during a football game.<sup>16</sup> American society became obsessed with competitive sports. One historian even claims that 400,000 Americans gathered throughout 278 Chicago venues on one Sunday to watch men play baseball.<sup>17</sup>

The Air Service and the men who served in its ranks also emphasized the importance of sports, athleticism, and competition. One American flier, James McConnell, transferred from the AEF ambulance service to the Air Service because he was lured by “a fascination to aviation, particularly when it is coupled with fighting. Perhaps it’s because the game is new.”<sup>18</sup> One Air Service medical officer went as far as saying that all fliers should have participated in athletics because “certain sports. . . have a tendency to give the flier ‘hands’—most helpful in

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<sup>16</sup> Rotundo, *American Manhood*, 239-241.

<sup>17</sup> Steven Elliott Tripp, *Ty Cobb, Baseball, and American Manhood* (New York: Rowman & Littlefield, 2016), 43; Pettegrew, *Brutes in Suits*, 242.

<sup>18</sup> Samuel Hynes, *The Unsubstantial Air: American Fliers in the First World War* (New York: Farrar, Straus, and Giroux, 2014), 14.

maneuvering a sensitive single-seater fighting machine.”<sup>19</sup> Sports, therefore, were paramount to aerial combat because Americans believed that only athletics could develop the important innate



Figure 1: “Major Raoul Lufbery: A Lover of all Sports.”

skills that American fliers needed to be successful in the air.

Air Service publications, such as *Plane News*, are replete with information concerning sports and competition.

Multiple editions of the newspaper include dozens of references to sporting events being held across the Air

Service as squadrons competed against each other. Even a

memorial to Raoul Lufbery in *Plane News* portrays him as “a lover of all sports.”<sup>20</sup> It demonstrates his daringness and

bravery as he surrounds himself with lions, one of which has its legs wrapped around Lufbery. Sports not only entailed

baseball, boxing, and football, but also hunting and living “a

strenuous life”—a type of lifestyle that administrative and medical personnel of the Air Service

believed was necessary for success in the air.<sup>21</sup>

<sup>19</sup> William H. Wilmer, *Aviation Medicine in the A.E.F.* (Washington DC: Government Printing Office, 1920), 9. This aviation manual is replete with the importance of athletics and competition. As this chapter will show below, sports, athleticism, and competition became standards for the treatment and prevention of aviation psychological ailments, such as “staleness.”

<sup>20</sup> For Figure 1 and the memorial to Raoul Lufbery, see *Plane News* Vol. 1, no. 31 (June 22, 1918), 4, OS 42, Newspaper: *The Plane News*, Clark Special Collections, USAFA. For a small portion of headlines and articles concerning sports and athletics in *Plane News*, see “Kennedy Wins Welterweight Title,” *Plane News* Vol. 1, no. 14 (March 2, 1918), 1; “Baseball League Schedule,” *Plane News*, Vol. 1, no. 16 (March 16, 1918), 1; *Plane News* Vol. 1, no. 19 (March 30, 1918), 1; “Baseball Players will Try for High Catch from Fast Airplane,” *Plane News* Vol. 1, no. 36 (July 27, 1918), 1; “Gymnasium to Keep Aviators in Condition,” *Plane News* Vol. 1, no. 49 (October 26, 1918), 1; “Flight to Berlin Delays Several Big Football Contests at 3<sup>rd</sup> A.I.C. [Air Instructional Center],” *Plane News* Vol. 1, no. 52 (November 16, 1918), 3. One headline reads: “Aviation a Sport which Requires Very Careful Training, Says French Expert,” *Plane News* Vol. 1, no. 52 (November 16, 1918), 5. There are multiple instances of airmen from various squadrons competing against other squadron members. See “Marvin Beats Long,” *Plane News* Vol. 1, no. 16 (March 16, 1918), 2; “Batter Up!,” *Plane News* Vol. 1, no. 37 (August 3, 1918), 4; “Volley Ball,” *Plane News* Vol. 1, no. 37 (August 3, 1918), 4.

<sup>21</sup> Theodore Roosevelt, “The Strenuous Life,” April 10, 1899, The U.S. Oratory Project: Voice of Democracy, <https://voicesofdemocracy.umd.edu/roosevelt-strenuous-life-1899-speech-text/>.

Aerial warfare, Americans asserted, provided fliers with the opportunity to foster all these characteristics and prove to themselves and others that they were true men. Combat allowed the airmen to experience “primal savagery” by killing another human as if they were “the brave animals” fighting to survive. By engaging in this type of “sport,” men avoided any notion of overcivilization and feminizing white-collar employment by seeking out the most elite and aggressive version of military service. Ironically, before World War I, Americans had typically viewed war as a morally corrupting experience rather than a competition. Amid the Progressive reforms of the early twentieth century, World War I would seemingly provide opportunities to foster moral manhood as organizations, such as the YMCA, Salvation Army, and Red Cross, established forms of entertainment with the purpose of preventing men from succumbing to the vices of war. At the core of the entertainment were, as historian Kara Vuic calls them, “upstanding women [who] could defuse such problems” as sexual immorality and intemperance.<sup>22</sup> Moreover, the Progressive ideals of masculinity went even further than the attempt to prevent uncleanness and immorality.

Indeed, the Progressive era heavily influenced American airpower doctrine of the war as Air Service leaders, such as William Mitchell and Edgar Gorrell, believed that airpower “would end wars quickly, without crippling manpower losses—maximum results with a minimum of death.” Commanding officers hoped to use airpower as a tool to reform warfare, and airpower would supposedly make warfare more humane and less traumatic for the flier.<sup>23</sup> In essence, the American air war in World War I was supposed to be the perfect place for a man to develop his

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<sup>22</sup> Kara Dixon Vuic, *The Girls Next Door: Bringing the Home Front to the Front Lines* (Cambridge: Harvard University Press, 2019), 11.

<sup>23</sup> Mark Clodfelter, *Beneficial Bombing: The Progressive Foundations of American Air Power, 1917-1945* (Lincoln: University of Nebraska Press, 2010), 3-5, 21, 33-34, 37-39, 236.

masculinity. Air combat offered the primitiveness that men sought, while, at the same time, holding fast to the Progressive ideals. But as actual experiences would show, these assertions were far from the truth; aerial warfare was neither cleaner nor more efficient than ground combat. It led to psychological trauma that challenged any notion of the “humaneness” of airpower doctrine. Aerial combat, in fact, led to completely new diagnoses of psychological problems. With little knowledge in aviation medicine, Air Service medical officers relied on the era’s perceptions of gender to diagnose and treat these mental health issues as if they were rehabilitating a man’s sense of masculinity.

### **A New Dawn of Warfare**

In the opening pages of his book, *Aviation Medicine in the A.E.F.*, flight surgeon William Wilmer wrote, “from legendary times, man has sought to emulate the birds—to conquer the air. Yet at the beginning of the war, Aviation was in its pioneer state—scarcely more advanced than marine navigation at the time that Columbus discovered America.”<sup>24</sup> Aviation captured the imagination of the American people as they read front-page headlines of pilots and their achievements. Society perceived aviators as “sportsmen” who competed in air races to try and establish speed and altitude records.<sup>25</sup> When the war began, Americans romanticized and mythologized the war in the air as men competed against other men in a game where defeat meant death and dishonor. Indeed, when a man lost the game, not only did he lose his life, but “defeat humiliated a man because it exposed his weaknesses, demonstrated his inability to measure up to his opponents, and made him the subject to the will of another.”<sup>26</sup> In this game, Americans and pilots themselves

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<sup>24</sup> Wilmer, *Aviation Medicine in the A.E.F.*, 7.

<sup>25</sup> Hynes, *The Unsubstantial Air*, 11.

<sup>26</sup> Tripp, *Ty Cobb, American Manhood, and Baseball*, 110. While Tripp uses this quote within the context of defeat in baseball, it still applies to this context because people saw the air war as a game. As Samuel Hynes wrote, “air fighting took a tactical form and became a kind of deadly sport in which a pilot might hope to meet an enemy one

saw fliers as “knights of the air,” who jousted with airplanes and machine guns. In the October 19, 1918, issue of *Plane News*, one cartoon portrays the flier as a true knight complete with

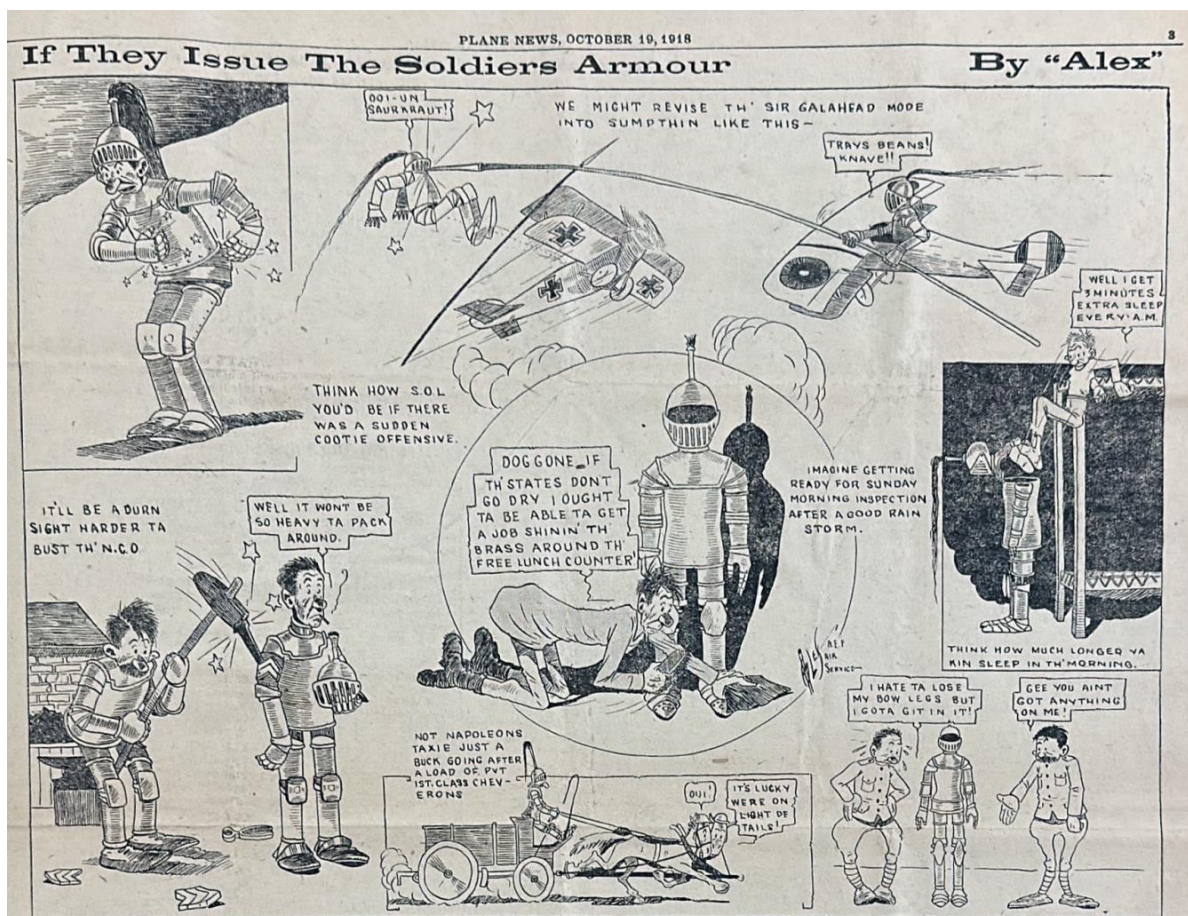


Figure 2: "If They Issue the Soldiers Armour"

shining armor and a lance. While its main message jokes about knight armor, the imagery remains—the Air Service pilot was a knight competing in a jousting tournament with the German enemy in the air.<sup>27</sup> One pilot would walk away the victor, while the other one suffered defeat.

The Aviation Section and later the Air Service quite literally started from scratch once the United States declared war. First, Congress needed to approve the expansion and funding of an

against one, duel with him, and win or lose by his own skills. Those who won would accumulate scores and acquire reputations like any sports star, become celebrated, and be reported in the press." See Hynes, *The Unsubstantial Air*, 21.

<sup>27</sup> For Figure 2, see Alex, "If They Issue the Soldiers Armour," *Plane News* Vol 1. No. 45 (October 19, 1918), 3, OS 42, Clark Special Collections, USAFA.

air service that the American Army would govern.<sup>28</sup> Congress, in fact, played a key role in the romanticization of aerial warfare because it could not fund the Air Service without public support. Historian James Cooke writes that the government led “a campaign . . . to popularize the Air Service. The journalists, seeing a novel and romantic story, spent a great deal of time writing about the ‘intrepid airmen’ and their supposed effect on modern warfare.”<sup>29</sup> On July 24, 1917, over three months after America’s entrance into the war, Congress appropriated \$64 million to the build-up of the Aviation Section, which later became the Air Service, AEF. At this time in the nation’s history, “this was the largest sum ever appropriated by Congress for a single purpose.”<sup>30</sup> This funding, then, led to the development of modern aircraft technology, including the Liberty Engine and multiple aircraft designs, each with a special assignment in warfare, and the mythologization of aerial warfare.

During World War I, aerial combat necessitated increased speeds, higher altitudes, and new forms of medical research and treatment for various ailments, and the Air Service was not prepared for any of these problems. In fact, before the war, there was hardly any Air Service to begin with. In 1915, the small Aviation Section of the Signal Corps only had fifteen planes, none of which were fitted for combat. When the United States entered the Great War in April 1917, the Aviation Section had fifty-five planes for reconnaissance and were unarmed.<sup>31</sup> There were even fewer qualified pilots who could operate an aircraft let alone engage in aerial combat. The sky

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<sup>28</sup> Prior to the creation of the Army’s Air Service, the US military and government officials did not originally view the airplane as a combat weapon. Instead, they believed the plane served as a communication tool. The Union Army trained “aeronauts” or “airmen” during the American Civil War, and these men served in balloons that floated above the battlefield. The balloons offered the airmen a much better view of the battlefield, and they could relay the messages to their commanders to help direct the ground forces. Providing reconnaissance and observation from the sky was a key mission of the airmen and aircraft in World War I. See James Cooke, *The U.S. Air Service in the Great War: 1917-1919* (Westport, CT: Praeger, 1996), viii-ix, 4-6.

<sup>29</sup> Cooke, *The U.S. Air Service in the Great War*, 17.

<sup>30</sup> Hudson, *Hostile Skies*, 6; Hynes, *The Unsubstantial Air*,

<sup>31</sup> Hynes, *The Unsubstantial Air*, 15-16.

was an entirely modern realm where humans fought each other to the death, and because of this “newness,” the Allied Powers, especially the American Air Service, soon realized that unique medical problems presented themselves. As the US War Department wrote, “with the airplane come the new problems of air-sickness, oxygen-want, and the unprecedented demands on the special senses, the nervous system, and the heart.” There is no mention of “trauma.” The military flier fought “in an atmosphere lacking in that oxygen which is the ‘breath of life,’” and he found himself surrounded by enemy aircraft or anti-aircraft shells “with his body at a dizzy height and hurtling through space at the rate of 125 miles an hour”.<sup>32</sup> Rather than the experience of war itself, advanced technology triggered these new ailments.

The Air Service used many types of planes throughout its short time in the war, but a select few rated occupations required flight training. These jobs included pursuit flying, observation flying, and bombardment. The pursuit, or *chasse*, pilots received most of the public attention and appeared on the front page of newspapers because they were the men who “chased” enemy aircraft and engaged them in one-on-one combat. When men volunteered for flight status, most of them hoped to become pursuit pilots because they considered this type of flying as the most elite form of competition.<sup>33</sup> Conversely, most fliers avoided observation flying because there was no prestige, competition, victory, or glory involved with observing enemy installments and topography. The American public and fliers themselves viewed pursuit flying as the most elite, combative realm of aerial warfare because they valued the traits required for this type of flying, such as combativeness, aggressiveness, and dueling skills.<sup>34</sup>

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<sup>32</sup> US War Department: Air Service Division of Military Aeronautics, *Air Service Medical Manual* (Washington DC: Government Printing Office, 1919), 10-12; Wilmer, *Aviation Medicine*, 8, 13.

<sup>33</sup> Hynes, *The Unsubstantial Air*, 101.

<sup>34</sup> Hynes, *The Unsubstantial Air*, 174.

Yet, the observer needed more technical skills than the other types of airmen because their job required a “highly technical knowledge of radio,” the ability to create and interpret photos and maps, and the skills necessary for reconnoitering enemy forces.<sup>35</sup> While the pilots and other airmen thought little about the observers, commanders and historians argue that observation was the most vital aspect of aerial warfare in the Great War. General John Pershing, the commanding officer of the AEF, firmly believed that observers were more important to the outcome of the war than pursuit or bombardment pilots.<sup>36</sup> While some commanding officers, like Pershing, defended the merits of the aerial observers and the need to support ground forces, others seemed to believe that airpower was the only way to fulfill Carl von Clausewitz’s theories of war: “to force the enemy, by making war on him, to do your bidding” by “mak[ing] him literally defenseless or at least put him in a position that makes this danger probable.”<sup>37</sup> Leading Army officers argued that the Air Service’s first goal should be to develop an organized bombing strategy because it would destroy an enemy’s war effort and morale. The bombing capabilities of airplanes during World War I were miniscule compared to the Strategic Bombing Offensives of World War II, but William Mitchell and Edgar Gorrell, both leading officers of the Air Service, argued “that the airplane—used as a bombing platform—offered the means to make wars much less lethal than conflicts waged by armies or navies.” This assertion, however, caused strife and disagreement between AEF and Air Service leaders because Pershing believed that the sole purpose of the Air Service was to assist the ground forces rather than engage in independent

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<sup>35</sup> Wilmer, *Aviation Medicine in the A.E.F.*, 10.

<sup>36</sup> Cooke, *The U.S. Air Service in the Great War*, vii-viii.

<sup>37</sup> Carl von Clausewitz, *On War*, trans. and eds. Michael Howard and Peter Paret (Princeton: Princeton University Press, 1984), 77.



bombing raids.<sup>38</sup> Each of these occupations, though, would require men with specific qualifications, “personality” types, and proper physical and mental fitness.

### **Administrative Officers and Setting the Foundation for the Army Air Service in World War I**

Because the Air Service was not an independent military branch during World War I and fell under the domain of the US Army and Pershing’s American Expeditionary Forces in Europe, many of these same ideas concerning physical and moral fitness dictated the way that administrative officers formed and organized the air branch. In fact, Pershing had a “near obsession” with an air service and pilots who were physically fit with clean souls.<sup>39</sup> Indeed, these particular traits took on an additional significance as medical personnel came to believe that pilots who suffered from the psychological consequences of aerial combat likely lacked either physical fitness, clean living habits, or perhaps, both; a lack of which also made fliers more susceptible to the mental consequences of air combat.

Scholars have supported administrative and medical personnel’s assertions that while the infantry forces in the trenches had certain skills, the fliers needed particular skills to fly and manipulate the plane to be successful in air combat, whether that entailed being a pursuit pilot, observer, or bomber. As scholar and combat pilot veteran Samuel Hynes asked regarding the creation of an entirely new air service with a particular subculture, “what kinds of men do you want? What should their qualifications be? Should they all be officers? All volunteers?” The

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<sup>38</sup> Quote from Clodfelter, *Beneficial Bombing*, 3-4; See also Cooke, *The U.S. Air Service in the Great War*, 36-38. Debates over airpower and its role in fighting wars has a significant place in military historiography. For a select list, see Tami Davis Biddle, *Rhetoric and Reality in Air Warfare: The Evolution of British and American Ideas about Strategic Bombing, 1914-1945* (Princeton: Princeton University Press, 2002); Phillip S. Meilinger, *Airmen and Air Theory: A Review of the Sources* (Maxwell Air Force Base, Alabama: Air University Press, 1995); David R. Mets, *The Air Campaign: John Warden and the Classical Airpower Theorists* (Maxwell Air Force Base, Alabama: Air University Press, 1998); Michael Sherry, *The Rise of American Air Power: The Creation of Armageddon* (New Haven: Yale University Press, 1987).

<sup>39</sup> Cooke, *The U.S. Air Service in the Great War*, 39.

administrative officials who needed to build the Air Service needed to make a decision concerning these questions and decided that fliers needed to be “fellows of quick, clear intelligence, mentally acute and physically fit.” They needed to learn and evince military discipline and honor. Officers then developed the methods that “eliminat[ed] the unfit” to “avoid giving them flying instruction unless they proved themselves to be morally, physically, and mentally worthy of receiving the most expensive education in the world.”<sup>40</sup> The men whom the Air Service desired would, therefore, not only be physically healthy, but they needed to also have mental vitality to understand the dangers of their combat roles. Administrative and medical personnel during World War I required a specific type of person that not only fulfilled General Pershing’s obsession for a youthful and fit army, but also someone who had prepared themselves with the knowledge that “possible sudden death would hang over them.”<sup>41</sup>

In particular, Air Service officials hoped to fill their ranks with athletes because these types of men had “proven to be excellent material for training as aviators.”<sup>42</sup> Medical personnel adopted this belief when fulfilling the admin officers’ directives concerning selection. They believed that “previous training in sports” had allowed the men to develop the skills to become a successful aviator. Participation in sports developed men’s abilities to work together as a team while inculcating within them a competitive drive.<sup>43</sup> In addition, sports provided opportunities to develop physical skills, like “cross-country riding, polo, and sailing have a tendency to give the flier ‘hands’—most helpful in maneuvering a sensitive single-seater fighting machine. Diving

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<sup>40</sup> Hynes, *The Unsubstantial Air*, 17-19.

<sup>41</sup> Hynes, *The Unsubstantial Air*, 20.

<sup>42</sup> Hynes, *The Unsubstantial Air*, 43.

<sup>43</sup> H. Graeme Anderson, *The Medical and Surgical Aspects of Aviation* (London: Henry Frowde and Hodder & Stoughton of the Oxford University Press, 1919), 19-20.

also gives one a great sense of equilibrium.”<sup>44</sup> In other words, Air Service officers believed that athletes, men who fulfilled the requirements of American masculinity in this era, made the best pilots because their participation in competitive sports taught them important skills necessary for aviators. Not only did it provide them with these skills, but it also prepared them to be physically fit and capable of maneuvering aircraft in combat.

To choose the pilots they deemed most likely to succeed in aerial combat, the Air Service administrative officers required any potential flier to volunteer for the service. Unlike the coercive volunteerism that defined the men who registered for the Selective Service in 1917 with the possibility that their number may not have been chosen, administrative officers declared that men *must* volunteer for flight duty itself rather than wait to be drafted. As one admin officer, Lieutenant Colonel P. C. Carroll, wrote for the office of the training section, “the voluntary nature of the Air Service becomes apparent when it is considered that it is impossible to teach a man to fly. . . . it is extremely difficult, even after he has been taught, to get effective use out of him except by his most wholehearted cooperation.”<sup>45</sup> In other words, the Air Service believed that only direct volunteers would put forth their best efforts to succeed. If officers “coerced” the man into flight duty, they feared he would not dedicate himself to his job. This coercion would have multiple negative consequences as the man would likely not want to learn to fly in training, but he would also hesitate to fulfill his assigned role in combat. The pilots of the Air Service were, then, an original all-volunteer cadre in World War I. Medical officers would later perpetuate admin officers’ theory of volunteering as the next chapter explains. Indeed, they

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<sup>44</sup> Wilmer, *Aviation Medicine in the A.E.F.*, 9.

<sup>45</sup> Lt. Col. P. C. Carroll, “Memorandum for Chief, Training Section,” 21 December 1918, 13, *Gorrell’s History of the American Expeditionary Forces Air Service, 1917-1919*, Series A, Volume 15: Reports by Air Service Officers on Lessons Learned During the War, (National Archives Microfilm Publication), Records of the American Expeditionary Forces (World War I) Record Group 120; National Archives-Affiliated Archives, Fold3.

learned from the administration that “attitude toward work is an important matter . . . The Air Service should be voluntary, and that a man should never be drafted into it.”<sup>46</sup>

In order to gather, organize, and select the best volunteers, the Air Service, under the direction of General John Pershing, established the directives which led to the creation of the Aviation Examining Boards where medical officers would make their selection of the most fit men from the group of volunteers. Nearly a week after the US declaration of war, Pershing issued his Special Orders No. 103 to various installations across the country. In these orders, he declared that various Army installations needed to appoint a board “at the call of the president thereof for the examination of such persons as may be authorized to appear before it to determine their fitness for appointment in the Signal Officers’ Reserve Corps.”<sup>47</sup> This board was responsible for choosing the men who would become the first aviators of America’s air service in World War I. The Army granted the boards the authority “to accept applications for commission from civilians, flying status.”<sup>48</sup> Thus, civilians could voluntarily appear before these boards who then administered physical examinations to determine whether the man could continue to pilot training or not.

### **The Origins of Aviation Medicine**

After the admin officers officially began calling for volunteers and because the Air Service needed to mobilize so quickly with few resources, it relied on the experiences and medical

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<sup>46</sup> Wilmer, *Aviation Medicine in the A.E.F.*, 57.

<sup>47</sup> Major General John Pershing, Special Orders, No. 103, April 14, 1917, Folder: Examining Board Fort Sam Houston, January 1917 – March 1918, 334.1, Box 290, Correspondence with Aviation Examining Boards, 1919, Record Group 18: Records of the Army Air Forces, National Archives at College Park (hereafter NACP).

<sup>48</sup> Chas. H. Hammond, Office Director of Military Aeronautics, Memorandum to President of Aviation Examining Board, Fort Sherman, Canal Zone, Subject: Opening of Examinations to Civilians, September 18, 1918, Folder: Examining Boards, April 1918 – December 1918, 334.1, Box 282, Correspondence with Aviation Examining Boards, 1919, RG 18, NACP.

doctrine of other Allied Powers. This doctrine helped the Air Service administer the qualifying exams, and, when the time came when Americans engaged in combat, it also shaped the early medical research and treatment of sick airmen.<sup>49</sup> Once the Air Service established its medical branch, it focused on “three main lines of activity.” The first line was the “Selection of the Flier.” The second was “the Classification of the Flier.” The administrative personnel heavily relied on the medical officers to determine the occupation for which an airman was best suited based on his physical fitness—or in other words how well the airman evinced the “new” masculine ideals. These two responsibilities, the selection and classification, occurred before combat as officers chose the men they deemed worthy to fly, while the last and most important activity for the medical personnel, “the Maintenance of the *Physical Efficiency of the Flier*” [my italics], defined the Air Service’s medical branch and its care of the flying airman in combat.<sup>50</sup>

What we today call war stress and trauma are important and real consequences of war that have affected military personnel since the dawn of warfare. These problems affected airmen in the First World War, but medical professionals did not classify these ailments as psychological issues. Instead, they believed, physical weaknesses and fatigue triggered the nervous system and led to psychological distress. Indeed, society’s gender norms, such as the focus on physique, athletics, and proper hygiene, shaped the way medical officers cared for the ailing pilots in the Great War. The question that the Air Service first asked itself, however, was what type of man would make the best flier?

Reflecting the masculine ideals of “adventure” and the need to prove one’s self, Kiffin Rockwell voluntarily joined the legendary Escadrille Lafayette before America’s entrance into

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<sup>49</sup> War Department, *Air Service Medical Manual*, 13.

<sup>50</sup> War Department, *Air Service Medical Manual*, 13. Maintenance of the flier is the focus of chapter two.

the war because he “only needed the experience of battle to fulfill himself.” He continued, “If I should be killed in this war I will at least die as a man should . . . I think if anything will make a man of me, it is giving as a volunteer one’s best for an ideal.”<sup>51</sup> As Rockwell clearly wrote, *volunteering* made him a man, and this was an important declaration coming from one of the most well-known American airmen of the period. One of the first American volunteers to fly for France and later, a member of the American Air Service, he became the first American to shoot down an enemy plane in the war. One scholar goes as far as saying that Rockwell’s “early exploits laid the foundation for the fighting spirit that characterizes the U.S. Air Force today.”<sup>52</sup>

Air Service representatives and medical officers, not the draft, determined which “men” had that “fighting spirit” and qualified for the new air service and in what roles they would serve. In order to choose the “best” men, the medical professionals relied on physical examinations to weed out those deemed unqualified. One scholar claims that the US Selective Service could have (and did) easily drafted men to fire weapons and taught them how to march, but the aviator required more technical skills. When the US Congress debated whether to fund the expansion of an air service, US Representative Irvine Lenroot (R-Wisconsin) declared, “an aviator is very different from a man in the Infantry or a man in the Calvary. To fly requires altogether different qualifications. It requires nerve, bravery, and those things that can not be acquired.”<sup>53</sup> Americans believed that these were the innate qualities of the flier—qualities that could not be taught. This statement also perpetuated the romanticization of the air war as it clearly delineates that not every man who volunteered would be an aviator. Fliers were *different* because they evinced and

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<sup>51</sup> Quoted in Hynes, *The Unsubstantial Air*, 7-8.

<sup>52</sup> T. B. Murphy, *Kiffin Rockwell, the Lafayette Escadrille, and the Birth of the United States Air Force* (Jefferson, NC: McFarland & Company, Inc. Publishers, 2016), 1-3.

<sup>53</sup> Hynes, *The Unsubstantial Air*, 19.

developed specific inherent qualities that reflected the era's perceptions of masculinity. Proper men expressed bravery and had the "nerves." The Air Service only accepted volunteers, and these volunteers helped to create and perpetuate the original flier identity.<sup>54</sup>

Because the air was such a new realm and piqued Americans' imaginations, thousands of young men volunteered to either join or transfer to the Air Service, and from these volunteers, the medical staff decided who qualified for the service by relying on a strict examination process. The Air Service administration established thirty-five "Examination Boards" across major American cities after the US entered the war in 1917. In addition, the Air Service created thirty-two additional boards at various Army and National Guard camps, for a total of sixty-seven Examination Boards. Each board consisted of a panel president, an Air Service representative, and a medical professional who "were responsible for determining the mental, educational, professional, and moral desirability of the applicants selected." The medical representative of each board gathered additional local personnel to establish a "Physical Examining Unit" (PEU) under the direction of each Examination Board. To make things run smoothly, the Air Service attempted to standardize the process by sending a medical officer to each board to train it concerning the "new methods" and "new standards" of physical fitness. The medical officer hosted two different meetings: the first was open to the public who was then "instructed in the great need for large numbers of fliers, in the desirability of this service, and in the detailed requirements for admission;" the second meeting was a specialized training for the local physicians who served on the PEUs, and who focused their examination process on 1) "the eyes;" 2) "the ear, nose, and throat;" and lastly, 3) "the general physical examination." All of

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<sup>54</sup> See Cappozzola, *Uncle Sam Wants You*, 6-9; Keene, *Doughboys, the Great War, and the Remaking of America*, 9-11.

these emphases of the examination focused on the potential fliers' physical attributes because the medical personnel believed that these were the characteristics most important for flying. There was not a separate psychiatry group with specialists. As this chapter will point out, mental healthcare fell within the domain of physical care. Ultimately, the PEUs worked in tandem with the Examination Board to choose those men deemed "the best material."<sup>55</sup> This collaboration between the Examination Board and the PEU reflected Progressive and industrial ideals to create an efficient, streamlined, and standardized procedure. Thus, not only did these doctrines apply to actual airpower theory but also to the construction of aviation medicine.<sup>56</sup> To begin, those men who hoped to serve in the Air Service arrived before the Examination Board and filled out "certain standardized paper-work blanks" with the potential airman's personal information. Again, in line with Progressive conceptions, the Air Service prided itself on this small step with the transfer of paperwork from the Examining Board to the PEU.<sup>57</sup>

Once the applicant arrived before the PEU, the unit began testing the candidate's *physical* fitness and did not offer any professional psychiatric or psychological screening—the Examining Board administered this portion of the "test" later. The PEU's test also reflected the Progressive and industrialization ideals of the period as official documents refer to this process as the "Liberty Motor Plan of Physical Examining Unit Organization," with procedures reminiscent of the factory lines that Henry Ford revolutionized and used, along with several other engine

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<sup>55</sup> War Department, *Air Service Medical Manual*, 37-43.

<sup>56</sup> For more information concerning the Progressive Era's influence on airpower, see Clodfelter, *Beneficial Bombing*. While his book does not discuss the Progressive origins of the medical system, Clodfelter argues that early American aviation pioneers believed that airpower would bring a quicker, cleaner, and more efficient end to the war. I argue, then, that the Progressive origins of the Air Service went even further in that it influenced the way the service perceived and established its medical system.

<sup>57</sup> War Department, *Air Service Medical Manual*, 37-38.



companies, to mass produce the Liberty engine that powered many aircraft in the war.<sup>58</sup> Thus, not only would the Liberty Engines literally be creating the power necessary for the aircraft to

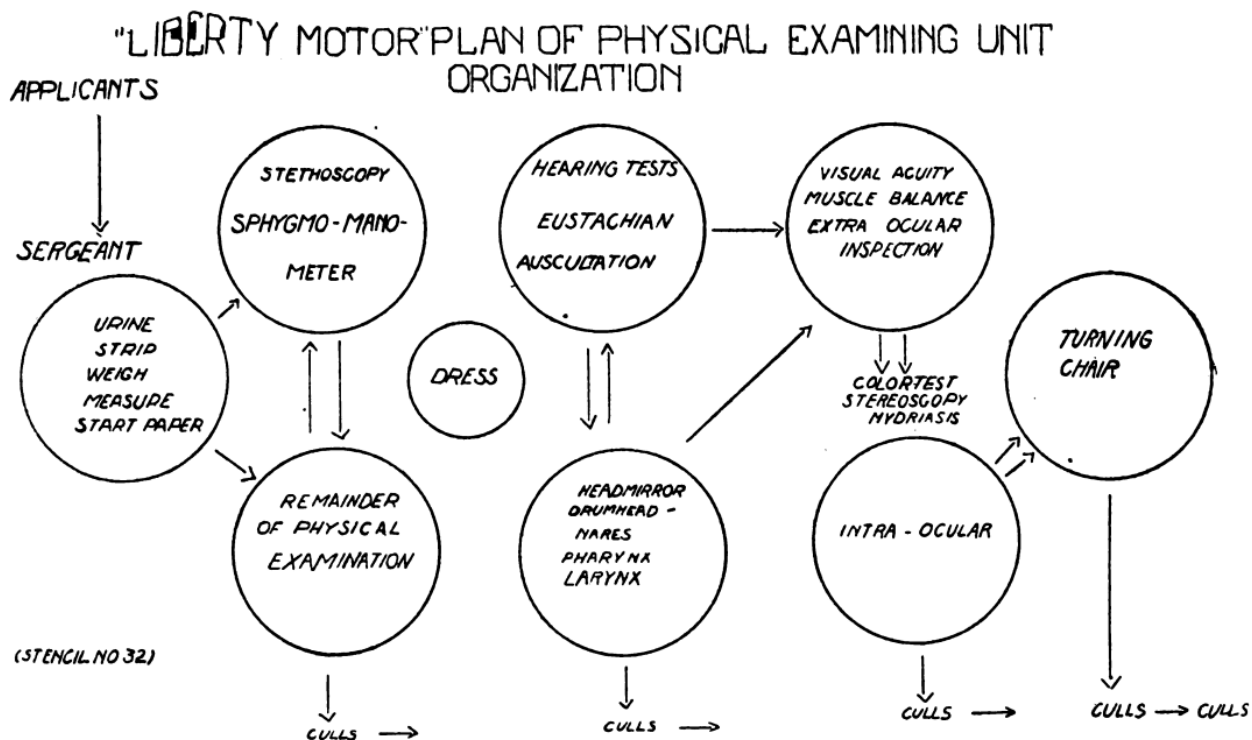


Figure 3: The Liberty Motor Plan. From *Air Service Medical Manual*, 57.

fly, but the Liberty Motor would metaphorically be creating the future aviators that would control the airplane and introduce the human factor to the air war.<sup>59</sup>

When the applicants arrived before the PEUs, a sergeant ignited the “Liberty Motor” by testing the applicants’ urine, measuring their weight, and taking notes on “Exam Form 609: Physical Examination of Applicants for Detail in the Aviation Section, Signal Corps.” In order to

<sup>58</sup> Hudson, *Hostile Skies*, 14-15, 134-135. According to Hudson, the development and mass production of the Liberty Engine was “the outstanding American contribution to the air war” because it was “a truly fine high-horsepower aircraft power plant.” The Liberty Engine produced 400 horsepower (hp), which propelled the plane to altitudes exceeding 15,000 feet at speeds of approximately 125 miles per hour.

<sup>59</sup> War Department, *Air Service Medical Manual*, 55-57; For Figure 3, see War Department, *Air Service Medical Manual*, 57.

avoid creating a bottleneck, the sergeant then divided the applicants into two initial groups: one with the “stethoscopy” or general exam; and the other received additional physical examinations. After these initial tests, the candidate advanced to either the eye exam, ears, nose, and throat exam with a turn-chair test at the end. The groups would then cycle through until each applicant received all of the health screenings. The PEUs then marked the results on each applicant’s

“609.” A deeper look at “Exam Form 609,”

however, reveals the Air Service’s health priorities when it came to selecting the flier.

Of the thirty-three questions on the seven-page form, none directly ask about the candidate’s

mental health. This exam was a general test of physical health because of medical personnel’s

beliefs concerning the successful flier, who

was supposed to be physically health. The

physical exam foreshadows how flight

surgeons dealt with fliers’ psychological issues

because they believed the roots of the problem

were in the physical realm. Many of the exam

questions ask about the potential airman’s

vision, equilibrium, and other aspects of his health and body. Most interestingly, one question



EXAMINING THE BONES AND JOINTS AND GENERAL MUSCULATURE.  
80b-1

*Figure 4: "Examining the Bones and Jones and General Musculature. From Air Service Medical Manual, 80b-1.*

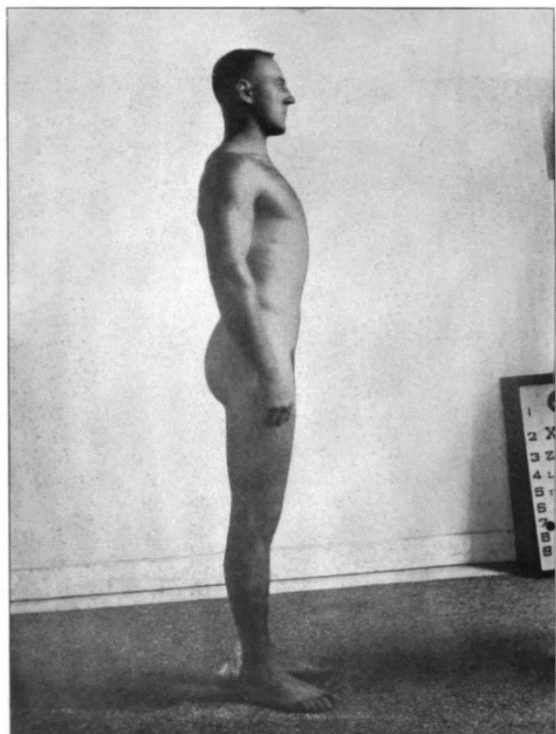
asks about the flier's "chest measurements" when he has both inhaled and exhaled. The PEUs were likely measuring the person's muscle mass and lung capacity.<sup>60</sup>

Photos from the *Air Service Medical Manual* depict the medical professionals administering these physical tests to men, but a deeper interpretation confirms that the Air Service focused on choosing the candidates who best exemplified the "manly" and "muscular" physical specimen. In many cases, the images portray the potential flier receiving the typical eye, ears, and throat examinations. However, many other photos show nude candidates in a variety of different poses and angles. One image portrays the medical officer examining the nude applicant who is flexing his biceps, back, and buttocks. The caption reads, "Examining the Bones and Joints and General Musculature." Another image makes the Air Service's conflation of muscular fitness and manhood perfectly clear. The photo is a side profile of a potential airman's full body. The man has chiseled jaw and chin, and his biceps and triceps are clearly defined. Even more, the airman puffed out his chest to show its large measurement and muscular mass. The image depicts the era's masculine ideals because the caption describes the image as "Showing Type of Young Physical Manhood Who Came Up For Examination."<sup>61</sup>

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<sup>60</sup> War Department, *Air Service Medical Manual*, 58-64; Figure 4 from War Department, *Air Service Medical Manual*, 80b-1.

<sup>61</sup> War Department, *Air Medical Service Manual*, 78-81; Figure 5 from War Department, *Air Service Medical Manual*, 79b-4.



SHOWING TYPE OF YOUNG PHYSICAL MANHOOD WHO CAME UP FOR EXAMINATION  
79b-4

Figure 5: "Showing Type of Young Physical Manhood."  
Image from *Air Service Medical Manual*, 79b-4.

This emphasis on muscular masculinity and fitness in the "Liberty Motor Scheme" outweighed the Air Service's attention to the candidate's mental health and psychological fitness due to perceptions of flying and its physical requirements. Once the applicants finished the physical examinations and had cycled through each group, the PEU sent the applicants who passed the physical requirements back to the governing Examination Boards to quickly evaluate "the man's mental and moral make-up, decided as to his fitness, and announced to him the

result."<sup>62</sup> The issue, however, was that the Air Service did not assign specific questions for the Examination Board to discern the man's mental health. The boards viewed physical health as a measurable metric, comparable to all men, but mental and moral health was much more difficult to discern. The only guidance that the *Air Service Medical Manual* offers states that "the professional or mental examination requires the utmost judgement and knowledge of men." The Board needed to ask broad-scoped questions that were tailored to each individual (hence the reason there was not a standard set of questions). If the screeners asked the wrong or difficult questions, they would "trip" up the applicant and put him at a "disadvantage." The Board needed to take care when investigating the potential flier as not to make him feel uncomfortable because "not every man is at his best when confronted with the immediate necessity of displaying his

<sup>62</sup> War Department, *Air Medical Service Manual*, 42.

mental ability.” Medical professionals feared that if the man felt “sensitive,” they would be unable to discern the man’s “alertness.”<sup>63</sup> The Examining Boards intended these questions to discern the fliers’ composure under stress. It wanted to ensure that the flier was intelligent and competent enough to be successful in the war. This part of the examination indeed tested the candidate’s psychological competence but failed to account for what would happen after the person experienced combat—an experience that imposed much more stress than an interview. Instead, the Air Service hoped to weed out those who suffered from psychological incompetency prior to their service because those men who volunteered for flying duty “with a history of neurasthenia, nervous breakdown, or mental depression, rarely do well in aviation.”<sup>64</sup> The “Liberty Motor Scheme” thereby demonstrates the Air Service’s priorities when it came to selecting the flier. It emphasized physical fitness while giving less attention to psychological issues because they believed time in combat would try a man’s physical health.<sup>65</sup>

While pressing less attention to the psychological component of health examinations, because of contemporary concerns over physical health, the established standards as stated above greatly reflected the era’s masculine ideals that emphasized adventure, competition, participation in sports, and physical fitness. H. Graeme Anderson, one of the leading aviation medical officers of the Royal Flying Corps of the British military, claimed that the best aviators had “previous

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<sup>63</sup> War Department, *Air Service Medical Manual*, 38-39.

<sup>64</sup> Anderson, *The Medical and Surgical Aspects of Aviation*, 19-20, 23, 26. Of course there were instances where a “good” flyer did not always show dexterity in sports. For example, the American Air Service Examination Boards examined two men—one was a plumber and the other was a college student who the boards presumed to have extensive experience in sports. Upon completion of the examination, the Examination Board and PEUs determined that the plumber was better suited for flying because “he had diligently pursued a course of self-education and had attained an unusually high familiarity with radio work.” But the college student, on the other hand, performed unsatisfactorily. The boards determined that the college man “was the type of perfunctory student who had done just enough work” and “had taken no part in athletics of any kind.” See War Department, *Air Service Medical Manual*, 38-39.

<sup>65</sup> For a broad overview of the Examining Boards and Physical Examining Units, see Mae Mills Link and Hubert A. Coleman, *Medical Support of the Army Air Forces in World War II* (Washington, DC: Government Printing Office, 1955), 8-11.

training in sports.” These activities developed the necessary skills for fliers, such as the ability to work together as a team and foster a competitive edge. He continued that those men who were “accustomed to playing outdoor games” went on to become the better fliers. In a period when Americans defined manhood and masculinity by emphasizing participation in competitive, physical sports and youthful energy, the American flier *needed* to also evince these traits. The art of wartime flying was a *game* to most servicemembers and Americans, and those volunteering to play in this game needed to develop the physical and mental characteristics necessary in order to be chosen for the Air Service. The selection process, therefore, heavily relied on newly adopted standards of physical fitness in order to weed out the best from the worst. American medical personnel adopted these teachings and even expanded upon them in the throes of combat.

### **Conclusion**

When the United States entered World War I in April 1917, nearly three years after the war began in Europe, its military was unprepared, and that is especially true of the Aviation Section and later Air Service. New questions emerged as to who would be qualified to pilot new technology in the newest realm of warfare: the air. Based on contemporary norms of masculinity, such as a return to primitiveness and development of physical health, along with Progressive era ideals of moral cleanliness, the United States began constructing the American Expeditionary Forces. While the Army and other armed services relied on the Selective Service and ensuing draft, the Air Service relied on an all-volunteer force to form its flying cadre.

Pershing’s beliefs concerning a young, fit military bled over into how the Air Service’s administrative staff established the examination boards. The admin officers did not concern themselves with the potential consequences, especially the psychological ones, of aerial combat. Instead, Pershing tasked them with establishing the foundation for the selection of men they

deemed most physically fit and morally clean—the type of men they believed would prove to be the most successful pilots. That is not to say that the admin was not worried over the psychological problems that would arise. They just did not have a full understanding at the time that aviators could also experience psychological distress. The officers asserted that true volunteers would be motivated and determined to succeed, and, therefore, they likely thought that this motivation trumped any ailment they could have faced. Thus, the responsibility to choose these motivated volunteers fell to the Aviation Examining Boards staffed with medical personnel. These doctors and their staffs put the administration's theories of physical fitness and moral cleanliness into practice when they selected and classified the men who would become fliers. But once in the throes of war, they would soon realize that physical and moral health were not prophylactic agents that prevented pilots from experiencing the traumatic events of war. Instead, they would actually blame the lack of these traits as the causes of psychological distress. In order to treat the psychological ailment known as Staleness, medical personnel emphasized the importance of rehabilitating the pilots' masculine traits to overcome their mental distress.

## Chapter Two – Medical Perceptions of Flying Fatigue and Staleness in World War I

### Introduction

In the summer of 1918, the Allied Powers, especially the American Expeditionary Force and its Air Service, ramped up their participation in the Aisne-Marne and the Hundred Days Offensive in preparation for the Meuse-Argonne Offensive in the fall—three important campaigns that would ultimately bring the war to an end on November 11, 1918. On August 1, 1918, Lieutenant James I. Sykes, an observer for the Air Service's First Aero Squadron died at the hands of the German air force. The First Aero Squadron later eulogized Lieutenant Sykes for his service in its official history. The eulogy emphasized that Sykes had a "congenial, democratic, and open-hearted personality" that made men feel as if they "had known him a lifetime." His death "weighed heavier on [the author's] mind than anyone else in the service." The author does not list his name, but he recounted the events that ultimately led to Sykes's death, and these events are likely why this death "weighed heavier" on his mind. The author had just returned from his combat sortie when he lent his helmet and gloves to Sykes who was just leaving for his sortie. The author claimed, "I am not superstitious, but an incident happened that morning which I should always remember." Sykes's little black puppy, Casaux, was a squadron mascot, and each flier loved Casaux and turned to him for good cheer. But on August 1<sup>st</sup>, as Sykes entered his observer aircraft, "he bade Casaux farewell and exhorted him to be a good dog." Sadly, however, "when he departed Casaux sat in front of the Hangar with such an unusual look of profound



sadness and disappointment . . . that several officers called attention to it.” These fliers tried to comfort the dog, but “he wouldn’t be consoled by anyone no matter how much we tried.”<sup>1</sup>

Sykes and his wingman, Hiram Miller, set off on their reconnaissance mission with six American pursuit (fighter) pilots for protection. During the flight, they found themselves in the midst of a large German squadron, and the American fighters were unable to protect Sykes and Miller as their plane went down near a railroad crossing near Fere-en-Tardnois. According to the eulogy’s author, “it was an awful crash; and the bodies of our comrades were in a terribly mutilated condition.” Witnessing this experience and finding the bodies must have been a traumatic experience for the men who flew with Sykes and Miller. The eulogy described their death in traumatic detail, and the author closes by emphasizing the importance of remembering Sykes and Miller for the men they were while alive. He wrote, “among the many brave and gallant boys of the First Aero Squadron who had unhesitatingly and unselfishly made the supreme sacrifice none of them represented any higher, finer, cleaner, or more patriotic type of young American manhood than Lieut. James I. Sykes and Hiram Miller.”<sup>2</sup> These were the types of men that the Air Service believed were successful pilots and airmen and the type of men that the service wanted to fill its ranks.

But the Air Service’s medical personnel faced new challenges once the bullets began to fly and men experienced the psychological distress associated with aerial combat. The Aviation Examining Boards already selected the men they deemed most likely to succeed in combat

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<sup>1</sup> Obituary from “Lieutenant James I. Sykes. Observer. First Aero Squadron.” *Gorrell’s History of the American Expeditionary Forces Air Service, 1917-1919*, Series E: Squadron Histories, Volume 1: 1<sup>st</sup> and 8<sup>th</sup> Aero Squadrons, (National Archives Microfilm Publication), pg. 92, Records of the American Expeditionary Forces (World War I) Record Group 120, National Archives-Affiliated Archives, Fold3.

<sup>2</sup> “Lieutenant James I. Sykes,” *Gorrell’s History of the American Expeditionary Forces Air Service, 1917-1919*, Series E, Vol. 1, Records of the American Expeditionary Forces, RG 120; National Archives-Affiliated Archives, Fold3.

because of their physical fitness and moral cleanliness. But did medical officers, according to their professional background, believe that these traits prevented men from suffering from psychological trauma? The answer, in short, is yes. However, once fatigue began to take its toll on the men's brains, instead of blaming the situations and experiences the fliers faced, medical officers asserted that mental distress arose due to overwork in a hypoxic environment or due to a lack of maintaining physical and moral fitness. Thus, what we today would consider the psychological consequences of combat had physical roots according to Air Service flight surgeons. There were physical causes for the brain's inability to adjust to the traumatic experiences of aerial warfare.

In response to these medical perceptions, the Air Service's medical department sought to prevent fatigue from turning into the more permanent "Staleness" by rehabilitating men's sense of masculinity and emphasizing the need to develop and reinforce physical fitness through participation in strenuous exercise and competitive sports. They also strove to ensure that fliers maintained the Progressive era ideals of clean living by eschewing intemperance and sexual immorality. By rehabilitating and maintaining these characteristics, medical officers asserted that men could prevent or recover from Flying Fatigue. And after intensive recuperation focusing on the physical roots of fatigue, they could also recover from the onset of Staleness. Therefore, just as contemporary norms of American masculinity in World War I shaped the way the Air Service admin officers and Aviation Examining Boards selected and classified fliers, they also dictated how medical officers perceived, diagnosed, and treated the psychological consequences of the air war once the Americans began fighting.

**"Nerves," "Flying Fatigue," "Staleness," and "The Classification of the Flier"**

While there were many issues that potential fliers faced, including bullet wounds or nausea, doctors worried that the hypoxic environment of the newest realm of warfare led to “Flying Fatigue” and “Staleness,” two problems unique to aerial combat. Over the previous three years of war in Europe, the Americans relied on the medical experiences of the other Allied Powers’ air services, including those with “Aero-neurosis.”<sup>3</sup> The “mental strain” and human consequences of flying manifested themselves in the war, and the Americans’ classification process to determine a flyer’s occupation was essential to medical personnel to correctly classify a man in order to prevent “Staleness.” Medical manuals and other documents detail how doctors perceived these issues as severe threats to the Air Service’s ability to fight a war and maintain fliers, even though it only had been a fighting force for less than a year in the war. The medical records also describe these problems as physical ailments brought on by low oxygen that affected the airman’s ability to fly. William Wilmer, an American Air Service medical officer, believed that “flying at altitudes higher than those to which the body easily adapts itself entails a serious strain, probably on the central nervous system, which will eventually hasten the onset of flying fatigue.” If left

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<sup>3</sup> US War Department: Air Service Division of Military Aeronautics, *Air Service Medical Manual* (Washington DC: Government Printing Office, 1919), 13. In the British’s Royal Flying Corps (RFC), doctors referred to the mental distress of fliers as “Aero-Neurosis,” but this word does not become popular among the Americans. Harry G. Anderson was the leading British doctor concerning Aero-Neurosis, yet he detested the term because it was too broad and encompassed too many aviation illnesses. He used the phrase “to cover the various types of nervous breakdown that [arose] in those engaged in flying.” The American Air Service’s document rarely, if ever, use the term “Aero-Neurosis.” The fundamental difference between “Aero-Neurosis” and “Staleness” was the etiologies of the issues. In the RFC, mental health issues caused “Aero-Neurosis,” whereas the poor physical health or exhaustion caused “Flying Fatigue” and “Staleness.” In the RFC, Anderson wrote, “Candidates with a history of neurasthenia, nervous breakdown, or mental depression, rarely do well in aviation. Similarly those with a history of shell shock soon develop some form of aero-neurosis.” Anderson also attributed “the strain of learning to fly,” the lack of confidence, fear, and airplane accidents as causes of Aero-Neurosis. These causes are definitely psychological in nature. In addition, Anderson implored medical doctors to examine a patient’s family history and the role that “nervous instability” played in his family history when diagnosing a man with Aero-Neurosis. See H. Graeme Anderson, *The Medical and Surgical Aspects of Aviation* (London: Henry Frowde and Hodder & Stoughton of the Oxford University Press, 1919), 26, 67, 76, 96-100, 109-112. On the other hand, the American Air Service believed that physical exhaustion and poor physical health and hygiene caused Staleness. The consequences of which included psychological symptoms, such as nerves, lack of confidence, “dread of the morrow,” nightmares, and fear.

untreated, the flying fatigue developed into the more serious “Staleness.”<sup>4</sup> Thus, medical personnel did not consider “Flying Fatigue” and “Staleness” as illnesses that arose due to psychiatric factors, but as physical problems with mental consequences and symptoms.

Yet the symptoms that medical officers used to describe the issues are eerily similar to what scholars and doctors today consider Acute Stress Disorder or Post Traumatic Stress Disorder.<sup>5</sup> Wilmer and other aviators “agree[d] that staleness is a mental and physical depression . . . . Characterized by loss of appetite, general debility, and dread of the morrow. With this goes jumpiness and loss of ambition.”<sup>6</sup> In addition to these symptoms, Stale aviators developed a sense of “fatalism,” “a ‘don’t care’ attitude,” sleepless nights “broken by dreams relating flight. Imaginary accidents are nightly occurrences during [the pilot’s] sleeping hours,” and a lack of confidence.<sup>7</sup> As medical officers understood it, an airman’s inability to compensate for the hypoxia of aerial combat caused physical exhaustion and fatigue, which ultimately led to complete psychological breakdowns.

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<sup>4</sup> Medical officials viewed “Flying Fatigue” as a precursor to “Staleness.” If the Flight Surgeon or commander did not address a flier’s overwhelming fatigue, they believed that it would develop into full-blown Staleness, which would be much more difficult to treat than Flying Fatigue. Wilmer also wrote that high altitudes caused significant strain on the Central Nervous System and Brain. This stress, in turn, led to Flying Fatigue. See William H. Wilmer, *Aviation Medicine in the A.E.F.* (Washington DC: Government Printing Office, 1920), 63. For more information on perceptions of low-oxygen environments at high altitudes and their effects on the flier, see Major Edward C. Schneider, “Effects of Altitude in Aviation,” *Plane News* 1, no. 50 (November 2, 1918), 2, OS 42, Newspapers: *The Plane News*, Clark Special Collections, USAFA.

<sup>5</sup> Flying Fatigue and Staleness were the psychological consequences of time and experience in combat. If a flier did not fly or experience combat, he could not develop these ailments. For this reason, as consequences of war, these two issues are a main subject of this chapter. However, the medical service knew that some fliers, before their experience in combat, likely suffered from “nervous disorders.” These issues did not always disqualify a person from potentially flying in the Air Service. The flight surgeon needed to pay close attention to those men whose family history reflected “nervous disorders” to ensure that their “temperament” did not cause them to lose efficiency, morale, and esprit de corps. When choosing whether the potential flier should qualify for the Air Service, the examiner needed to estimate the flier’s “nervous capacity to withstand strain.” The examiner relied on his own judgment skills when he determined if the potential flyer had the proper “personality” rating for flying. See War Department, *Air Service Medical Manual*, 330-334, 337-338.

<sup>6</sup> Wilmer, *Aviation Medicine in the A.E.F.*, 58.

<sup>7</sup> For information on Fatalism, see Wilmer, *Aviation Medicine in the A.E.F.*, 104; For quote concerning the “don’t care attitude,” sleepless nights and nightmares, and lack of confidence, see Wilmer, *Aviation Medicine in the A.E.F.*, 226.

In response to these prevailing beliefs of the physical causes of Flying Fatigue and Staleness due to hypoxia, the American Air Service in World War I did not rely on a person's skills and aptitudes to determine which role a flier would fulfill; rather, medical officers focused on a man's physical fitness and ability to work in low oxygen to determine whether the flier would be a scout pilot, observation pilot, or bomb pilot. As the medical branch wrote, "the flier, who through good training has become perfect in his technique and who through proper care is physically fit, is not necessarily fitted for all types of air activities."<sup>8</sup> In other words, medical officers argued that a man could have all of the necessary skills to become a great pursuit pilot, but if his physical fitness did not allow him to work well in low-oxygen environments, he would be unable to serve in that capacity. Again, the classification system relates back to the masculine constructs of the period and demonstrates that the Air Service's medical professionals believed that living up to the era's standards of manhood dictated how and where a man could serve as a flier. If the flier was in better physical condition, he would be able to maintain better health and composure in the higher altitudes, whereas if he lacked cardiovascular fitness, he would not do well in the low-oxygen arena of aerial combat.

Air Service medical personnel then developed specific medical tests to help determine at what altitude an aviator could fly while maintaining efficiency and minimizing exposure to Flying Fatigue and Staleness. To get a better understanding of altitude's effect on the body and mind, doctors performed medical studies of "Mountain Sickness" or "Altitude Sickness" at Monte Rose in Europe and Pike's Peak in the United States because they believed these problems presented themselves as a similar illness to those that aviators experienced in the air. Indeed, they concluded that "the essential cause of altitude sickness is lack of oxygen." This

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<sup>8</sup> War Department, *Air Service Medical Manual*, 23.

hypoxic environment could lead to asphyxiation and death. But it more commonly led to insufficient oxygen in the blood, which then meant that blood and tissue cells were not receiving enough oxygen to maintain efficiency.<sup>9</sup> Doctors thus discovered that the “explanation of the difference in reaction observed among the members of a group of men when at a high altitude is to be found in the degree of physical fitness.” Those men most likely to suffer from “altitude sickness” were those “damaged by disease, overwork, unhygienic living, or weakened by inactivity and by loss of sleep.”<sup>10</sup> Medical personnel asserted, then, that being fit, both physically and morally, made a man better suited to withstand hypoxia. This theory connects physical fitness and hygienic living based upon Progressive Era ideals as well as early twentieth-century masculinity.<sup>11</sup>

It was, therefore, of paramount importance that an aviator maintained proper physical health in order to ensure his muscles and brain received the proper oxygen because if he did not maintain it, doctors believed he was more susceptible to Staleness. To be sure, they concluded that “a trained heart, like a trained muscle, works more smoothly and easily than the untrained, and therefore endures fatiguing work better than the untrained heart. Medical experience with the ‘stale pilot’ and the ‘stale athlete’ has shown that as a man becomes stale his physiological condition reverts to that of the nonathletic type of individual.” This “stale pilot” would then experience “fine tremors of the hands and eyelids, greatly increased reflexes, loss of sleep,

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<sup>9</sup> War Department, *Air Service Medical Manual*, 140-141. While the doctors experimented with many tests, such as oxygen levels in blood cells, measuring the differences of hemoglobin at sea level compared to high altitudes, and others, this dissertation will only focus on the results that led to “Staleness.” A full examination and recording of the many tests could be a project in its own right.

<sup>10</sup> War Department, *Air Service Medical Manual*, 162.

<sup>11</sup> This chapter will later discuss hygienic living and physical fitness because these would become forms of deterrence and treatment for Staleness, but for now, suffice it to say that doctors believe that airmen needed to avoid alcohol, prostitution and venereal diseases, the use of tobacco, and other vices because these would lead to physical and temperamental unfitness that resulted in Staleness.

nightmares, and apprehensive starts with slight noise.”<sup>12</sup> Again, the Air Service emphasized that a “lack of oxygen” due to the high altitudes caused Staleness, but that airmen could themselves make worse with poor physical health.

Air Service medical professionals, then, relied on an airman’s physical and moral fitness to determine his ability to cope at different altitudes while maintaining efficiency. Each of the aerial occupations, whether as a pursuit pilot, observer, or bomber, each required a person to be at various altitudes. While each occupation had some degree of glory due to the newness of air warfare, most American fliers desired to become pursuit pilots. Scholar Samuel Hynes argues that very few of the men wanted to become observers or bombers because this occupation did not receive the attention that pursuit aviation received in the national newspapers. American society even referred to the pursuit pilots as “the intrepid airmen.” Pursuit fighters received “the adoration of pretty women, and the self-promoted image of a new breed of chivalric knights.” However, observation was very dangerous due to the low-altitude combat flying. Many commanding officers, such as John Pershing, valued the utility of pilots over glory and believed that observation flying was the most important aspect of the Air Service.<sup>13</sup>

Pursuit pilots, those men competing in the air arena against other men or “dogfighting,” almost always flew above 15,000 feet and sometimes even higher than 20,000 feet. These men were supposed to be, according to the nature of their occupation, the most physically and mentally fit, facts which likely romanticized the “knights” of the air. The bombers flew at high elevations, too, but hardly ever exceeding 15,000 feet. Lastly, the observers flew between 8,000

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<sup>12</sup> War Department, *Air Service Medical Manual*, 165.

<sup>13</sup> See Samuel Hynes, *The Unsubstantial Air: American Fliers in the First World War* (New York: Farrar, Straus and Girous, 2014), viii, 13-14, 174; James Hudson, *Hostile Skies: A Combat History of the American Air Service in World War I* (Syracuse: Syracuse University Press, 1968), 108-110.

and 10,000 feet—much lower than other pilots and much more susceptible to anti-aircraft fire.<sup>14</sup>

But the question arises: how did the Air Service know at which elevation and for what occupation was a man best suited? A separate Examining Board (apart from the PEUs and Examination Boards that selected the flier) conducted extensive testing, ranging from physical exams to psychological screenings, on the selected men. This board consisted of four Air Service



Figure 6: "Re-breather." Image from *Air Service Medical Manual*, 26a-1.

officers and six enlisted men. One officer, a physiologist, was in charge of the board and “of the conduct of the test and [saw] that the technical details [were] carried out.” Another officer, a clinician, administered the general physical exam with emphasis “on the reaction of the heart and circulation.” A psychologist and ophthalmologist then relied on various apparatuses to test asphyxiation’s effect on a man’s ability to work and see in a hypoxic environment. The enlisted men noted the flier’s pulse, blood pressure, and managed the machines and apparatuses that the officers used to test the flier, including the

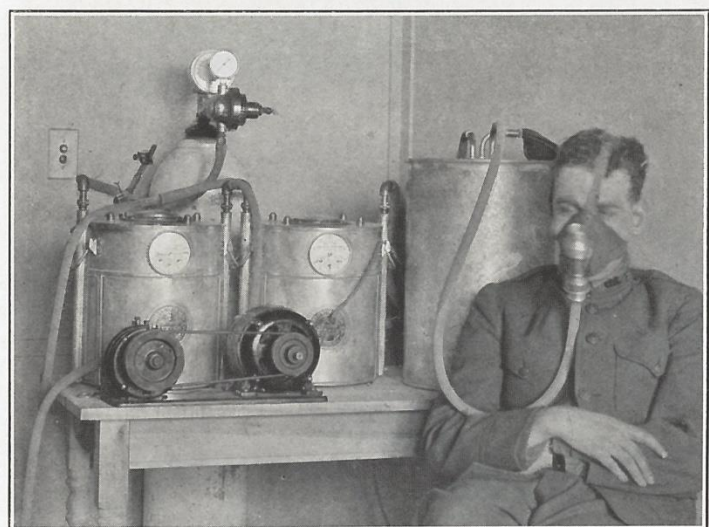
important Re-breathing and Diluting Machines.<sup>15</sup> These machines simulated the varying oxygen

<sup>14</sup> For information on the operating altitudes of the various aerial occupations, see War Department, *Air Service Medical Manual*, 345-346. For additional information on the Classification Examination, see Wilmer, *Aviation Medicine in the A.E.F.*, 36-38; Figure 6 of Re-Breather from War Department, *Air Service Medical Manual*, Page 26a-1.

<sup>15</sup> The classifying examinations took place at the Medical Research Laboratory in Mineola, New York, and other domestic airfields and training schools. War Department, *Air Service Medical Manual*, 345-346; Figure 6 of Re-Breather from War Department, *Air Service Medical Manual*, Page 26a-1.



levels at different altitudes by “permit[ting] the breathing of a reduced amount of oxygen.”



26a-2

DREYER DILUTING APPARATUS.

Figure 7: "Dreyer Diluting Apparatus." Image from *Air Service Medical Manual*, 26a-2.

Indeed, the Re-Breather created an environment where “the aviator rebreathes air confined in a tank, from which he gradually consumes the oxygen.” As the flier used the oxygen in the tank, the percentage of available oxygen decreased, thereby simulating higher altitudes. The Diluting

Apparatus, by contrast, was a mask that an aviator wore during his

examinations, and the physicians controlled the mixture of air and nitrogen that the flier received.<sup>16</sup> These two devices allowed the Air Service to test men’s “mental alertness” under hypoxic conditions while safely on the ground. Indeed, doctors confirmed that “by simple tests of mental alertness during rebreathing it is easy to determine that one flier becomes mentally inefficient at 15,000 feet, in sharp contrast to another aviator who has his full mental powers up to and beyond an altitude of 25,000 feet.”<sup>17</sup> Each officer of the Examination Board tested the man while he wore one of these devices, usually the Re-Breather, and put him through a series of exams to test his capabilities under duress, and the results would later be used as a tool to help medical officers diagnose Staleness.

<sup>16</sup> War Department, *Air Service Medical Manual*, 26-27. Figure 7 of Dreyer Apparatus from War Department, *Air Service Medical Manual*, 26a-2.

<sup>17</sup> War Department, *Air Service Medical Manual*, 26.

Before the Re-Breather became a diagnostic tool after American entrance into the war, medical professionals relied on the device to determine the aviator's ability to psychologically adapt "to the work required of him."<sup>18</sup> While psychologists of the Classification Boards intended to use their results to correctly classify an airman in the correct occupation, they also had an additional motive: to ensure that an aviator would not suffer from deterioration, which was "a temporary sort [Flying Fatigue] and of the more lasting sort, which is frequently designated as 'staleness.'"<sup>19</sup> Interestingly, the psychologists' tests focused on how a flier physically composed himself during hypoxia and was able to control his judgement, body, and muscles in order to fulfill the requirements of flying. And to demonstrate the Air Service's fear of vice, some psychologists believed that "asphyxiation from a psychological point of view is strongly

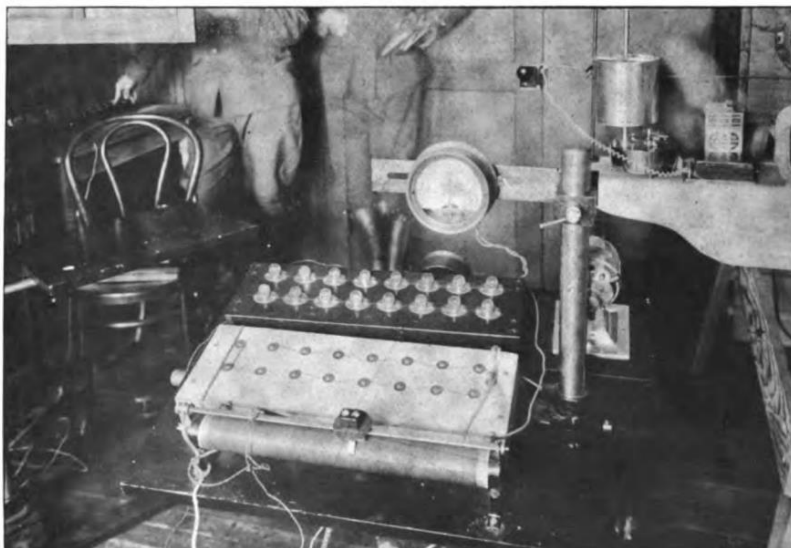


Figure 8: The Apparatus for the Psychological Exam

suggestive of the picture of progressive alcoholic intoxication." In other words, an asphyxiated pilot's psychological stress mirrored that of inebriation. But the Air Service officials expected that like an inebriated person who

could "pull himself together" for a brief moment, so too could the hypoxic flier.<sup>20</sup>

<sup>18</sup> The Air Service's Classification Examining Board used the Re-Breather in various examinations, such as the balance and vision tests, to determine how his eyes and ears functioned at different altitudes. For more information on these tests, see War Department, *Air Service Medical Manual*, Chapter VII: "Manual of Medical Research Laboratory." This section of the chapter will focus on the Re-Breather and the Psychological Exams, which other Allied Air Services implemented; See War Department, *Air Service Medical Manual*, 293.

<sup>19</sup> War Department, *Air Service Medical Manual*, 295-296.

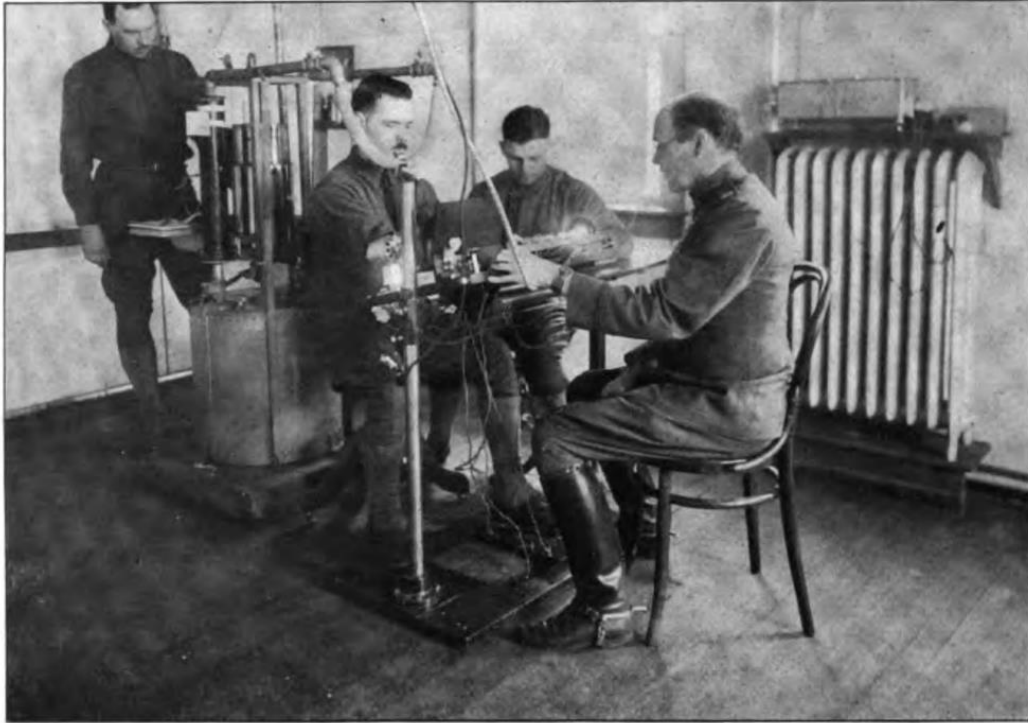
<sup>20</sup> War Department, *Air Service Medical Manual*, 298-299. Figure 8 from Page 300.

There were many tests that the psychologists administered, including tests dealing with handwriting, memory retention, and judgment while experiencing a low-oxygen environment if the flier could function under stress and hypoxia.<sup>21</sup> The most thorough test included the use of an apparatus which included an electrical unit made up of fourteen “stimulus lamps arranged in two rows of seven each, with two similarly arranged rows of contact buttons; each surrounded by a washer; a green check lamp and a red error lamp.” It also included a metal rubber stylus with a metal tip. Because this unit was electrified, when the tip of the stylus touched the contact button of a lamp, it lit up. But if the stylus tip touched the metal washer instead of the contact button, the red error lamp illuminated. There were also two ammeters, one facing the examinee and the other visible only to the psychologist. These ammeters were connected to two rheostats. When the psychologist adjusted the resistance on his rheostat, it changed the reading on the ammeter. The flier then needed to change his rheostat to ensure that his ammeter maintained the same reading as the one controlled by the psychologist. Lastly, the device also included an electric

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<sup>21</sup> For the exhaustive list and descriptions of the many tests, see War Department, *Air Service Medical Manual*, 310-316.

motor that the flier controlled with a rocking pedal. This entire device was mounted on a cast-iron, adjustable, mounted table.<sup>22</sup>



*Figure 9: An American Airman Hooked Up to the Re-Breather While Taking The Psychological Exam*

The Examining Board then hooked the flier up to the Re-Breather and instructed him that when a light flashed on the apparatus, he needed to use the stylus to touch the correct contact point without touching the washer. Also, the examiner urged the man to “do [his] work with ACCUARCY, NEATNESS, AND PROMPTNESS. Do not bang, slam, or jab.” The test lasted twenty-five minutes depending on the man’s efficiency, and the psychologist instructed the examinee to follow three directions: 1) touch the contact point of the illuminated lamp but not the washer; 2) adjust the ammeter to “the designated mark” using the rheostat; and 3) use the rocking pedal to either increase or decrease the speed of the electric motor. As the exam

<sup>22</sup> Figure 9 from War Department, *Air Service Medical Manual*, 300-301.

progressed, the psychologist paid close attention to the flier in the early minutes and “estimate[d] [the aviator’s] comprehension of the task and instructions, his power of attention, and his composure (freedom from excitement or nervousness), entering these on the record sheet . . . as good, fair, or poor.” In addition to these notes, the psychologist noted the man’s “motor tendencies,” and how he reacted to each task. Did he have tremors? Was he tense? Impulsive? Did the flier maintain a steady hand as his oxygen levels decreased?

The testers continued to decrease the pilots’ oxygen intake “until complete inefficiency [was] reached,” and this could be before or after twenty-five minutes. But the medical personnel monitored each movement and action during the test in order to “rate” the pilot, and he would either receive or lose a point depending on time and stability. If the man did not last for the entire twenty-five minutes, he lost one point for each minute, but was credited with one point for every minute he last passed twenty-five. The man also earned or lost points for his steadiness or lack thereof when completing the tasks of the apparatus. The psychologist took the sum of the points and graded the flier, using A+, A-, B, and C. The “tendencies,” ratings, and examination as a whole mattered to the Air Service because they provided evidence of whether the flier could fulfill various tasks at different altitudes or whether he “deteriorated” quickly. After finishing the tests, the officer then assigned a rating to the flier according to how well he did under stress. If he received an “A,” the airman had no restrictions and would more than likely become a pursuit pilot. Rating “B” meant that the flier should not fly above 15,000 feet, meaning that he qualified to serve as a bomber. Rating “C” signified that the airman had a ceiling of only 8,000 feet, thereby assigning him as an observer.<sup>23</sup> Therefore, these tests helped to determine if the man

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<sup>23</sup> War Department, *Air Service Medical Manual*, 333-334.

could endure hypoxic environments and work well in them; if so, he demonstrated that he was master of his body—the most tangible and important piece of evidence of his “manhood.”<sup>24</sup>

While these exams with the Re-Breather measured the man’s rate of deterioration and ability to operate under stress in an asphyxiated state, the Air Service also emphasized the need to pay close attention to those men whose “family histories” rendered them susceptible to “nerves” and “personality” issues. The Service declared that the Department of Neurology and Psychiatry mission emphasized “the detection in the aviator of symptoms of nervous and mental diseases,” and the need to recognize “latent trends of temperament,” which if left untreated would lead to inefficiency via loss of morale.<sup>25</sup> The Air Service emphasized that there was an important delineation between those men with “nerves” and those who suffered from Flying Fatigue and Staleness. “Nerves” were a personality and character issue that had biological origins and were part of the flier’s family history. According to the Air Service, Flying Fatigue and Staleness, by contrast, were physical problems that arose in combat and had nothing to do with biology nor family history; and the fact that medical officers separated the Personality and Nervous issues from Staleness further demonstrates that the doctors believed these issues had a physiological cause rather than a biological origin.

But documents point to different types of “nerves”—the type of biological origin that affected a person’s “temperament” and “personality” and the physiological nerves that make the body function. Lynsey Cobden, for example, explores “The Nervous Flyer” of the Royal Flying Corps (RFC) in World War I, asserting that the RFC viewed psychological problems as a result of “nerves,” the “physical part of the human body—bundles of fibres that produced bodily

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<sup>24</sup> For the detailed explanation of the entire exam from where this summary comes, see War Department, *Air Service Medical Manual*, 296-308, 363-364.

<sup>25</sup> War Department, *Air Service Medical Manual*, 330.

functions, namely the internal and external senses, and the involuntary action of the muscles.”

“Nerves,” in this context, are the actual nerves within the human body rather than “nerves” when someone is “nervous.” Cobden argues that altitude and hypoxia affected airmen’s psychological health, but scholars cannot refer to them as traumatized because doctors never diagnosed them with “shell shock.”<sup>26</sup> While these assertions may be true for airmen in the RFC, medical officers urged the American Air Service to not conflate “nerves” and tiredness, but they agreed that Flying Fatigue and Staleness were not the same problems as “shell shock.” On one hand, shell shock occurred in fighters engaged in hand-to-hand combat who experienced concussive blasts from shells that impacted the men’s psychological make-up. However, Flying Fatigue and Staleness were unique to fliers due to the low-oxygen environment of flying. The *Air Service Medical Manual* reads, “a tired pilot is commonly supposed to have ‘nerves.’ As a general statement of fact this is quite erroneous, and it is consequently extremely unfortunate that the word ‘nerves’ should ever have crept into popular talk in connection with flying.” Contrary to RFC teachings that “nerves” caused “fatigue,” the American Air Service believed that “nervousness” was instead a consequence and symptom of Flying Fatigue. In perfectly clear language, the *Medical Manual* states that a pilot’s “nervousness is only a symptom of fatigue, he is suffering no more from nerves than a patient with pneumonia is suffering from cough.”<sup>27</sup>

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<sup>26</sup> Lynsey S. Cobden, “The Nervous Flyer: Nerves, Flying and the First World War,” *British Journal for Military History* 4, no. 2 (February 2018): 123-126. For information on Hypoxia and Exhaustion, see pgs. 133-135, 138. To clarify, the British believed Shell Shock arose from nerves and “prolonged emotion”—or emotional reactions to war. Americans in the Air Service, on the contrary, argued that fatigue caused nerves; See Tracey Loughran, “Shell Shock, Trauma, and the First World War: The Making of a Diagnosis and Its Histories,” *Journal of the History of Medicine and Allied Sciences* 67, no. 1 (January 2012): 110-112.

<sup>27</sup> War Department, *Air Service Medical Manual*, 116. In *Plane News*, Captain Frank Hallock of the Medical Corps wrote that it was normal for men to feel “nerves” while combat flying, and further insisted that the hypoxic environment of the air produced and magnified a pilot’s nerves. He urged the airmen get help quickly without shame by writing, “although many men fear they will show themselves yellow, yellow men rarely break into this game. All these fears and anxieties are normal and legitimate to his work, just as is the case with any man in the danger zone.” Thus, he declared that “nerves” were just as inherent to aviation as the low-oxygen environment. See Captain Frank Hallock, “The Nerves of the Aviator,” OS 42, Newspaper: *The Plane News*, Clark Special Collections, USAFA.

The entwinement of “nerves” and “fatigue” in discourses further complicated understanding of the psychological consequences of aerial combat because it also mixed issues of a person’s “temperament” and the non-physiological “nerves” with “tiredness.” These issues were not the same; in fact, the Air Service had various degrees of “nerves,” each with a different definition. In addition to the “nerves” brought on by a person’s predisposed temperament and the ones that *resulted* in nervousness due to Flying Fatigue, “head concussion” caused the last type of “nerves.” If an airmen experienced some sort of accident when he hit his head, he could be susceptible to “nerves.”<sup>28</sup> While it is true, as Cobden argues, that scholars should not retroactively diagnose these airmen with “shell shock,” it is interesting that this problem, which caused negative psychological symptoms, had a similar cause and effect. Indeed, in World War I, military doctors often believed that “shell shock,” along with its accompanying psychological symptoms, was the result of a person who experienced a severe head injury from a shell blast.<sup>29</sup>

“Nerves,” “personality,” and “fatigue” also played a role in the classification of the flier. Many of the era’s notions of masculinity, such as the sense of adventure and competition and a man’s willingness to *volunteer* influenced the way that medical officers approached these issues. When determining the fliers’ motivation or ability to “withstand strain” during the Personality Tests where officers questioned the airman’s reasons for choosing the Air Service and explored his family history for possible predisposition to “nerves” of biological origin. They wanted to decipher if he actually *volunteered* to fly or if he did so grudgingly. They asked, “did the love of adventure, desire for independent action, or interest in machinery, or a combination of all these elements enter into the decision?” In short, the doctors’ questions reflected the masculine ideals

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<sup>28</sup> War Department, *Air Service Medical Manual*, 115-119.

<sup>29</sup> For a deeper explanation of the era’s definition of “Shell Shock,” see Loughran, “Shell Shock, Trauma, and the First World War,” 101-102.



of adventure, independence, and service. Any wavering answer, “indecision, sense of inadequacy, or idle regret at having chosen work” in the Air Service signified to the doctors that the flier was “not fitted temperamentally.”<sup>30</sup> But these questions did not disqualify a flier from flight status; instead, the doctors classified the man into different groups with different personality ratings: Rating “A” meant that the flier was all good to go and was not predisposed to nervous breakdown; Rating “B” signified that the flier could fly, but the flight surgeon needed to check in on the man every once in a while to ensure he did not develop “nervous symptoms”; Rating “C” declared that the person was “Questionable” to fly and that “no definite conclusion reached”; Rating “D” mean that the flier was not safe to fly at the front in combat.<sup>31</sup> These classifications did not determine at which altitudes the airman could fly, but they did affect whether he could or could not fly. To finish the classification process, then, the doctors took all of the notes from the physical, psychological, and personality tests and assigned the man to an occupation based on his ability to withstand various altitudes. After the classification of the flier, medical personnel focused combat’s consequences and the need to ensure that the Air Service had enough men to fly planes.<sup>32</sup>

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<sup>30</sup> War Department, *Air Service Medical Manual*, 331; According to William Wilmer, it was necessary for pilots to have the desire to be in the Air Service and to fly. Having this desire ensured that the pilots had the mental attitude and confidence necessary to fight and compete in aerial combat, see Wilmer, *Aviation Medicine in the A.E.F.*, 56.

<sup>31</sup> War Department, *Air Service Medical Manual*, 333.

<sup>32</sup> For more information of the Classification Process, see “Report on The Medical Research Board and Its Work,” pg. 143, Volume 3: Histories of the Radio Section, Medical Research Board, Air Service Medical Consultant, and American Medical Officer with the Royal Air Force (Hereafter Volume 3), Series L: Miscellaneous Sections of the Air Service (Hereafter Series L), *Gorrell’s History of the American Expeditionary Forces Air Service, 1917-1919*, (National Archives Microfilm Publication, Roll 0037, Records of the American Expeditionary Forces (World War I) Record Group 120; National Archives-Affiliated Archives, Fold3 (Hereafter NARA, Fold3).

## “Maintaining the Physical Efficiency of the Flier”

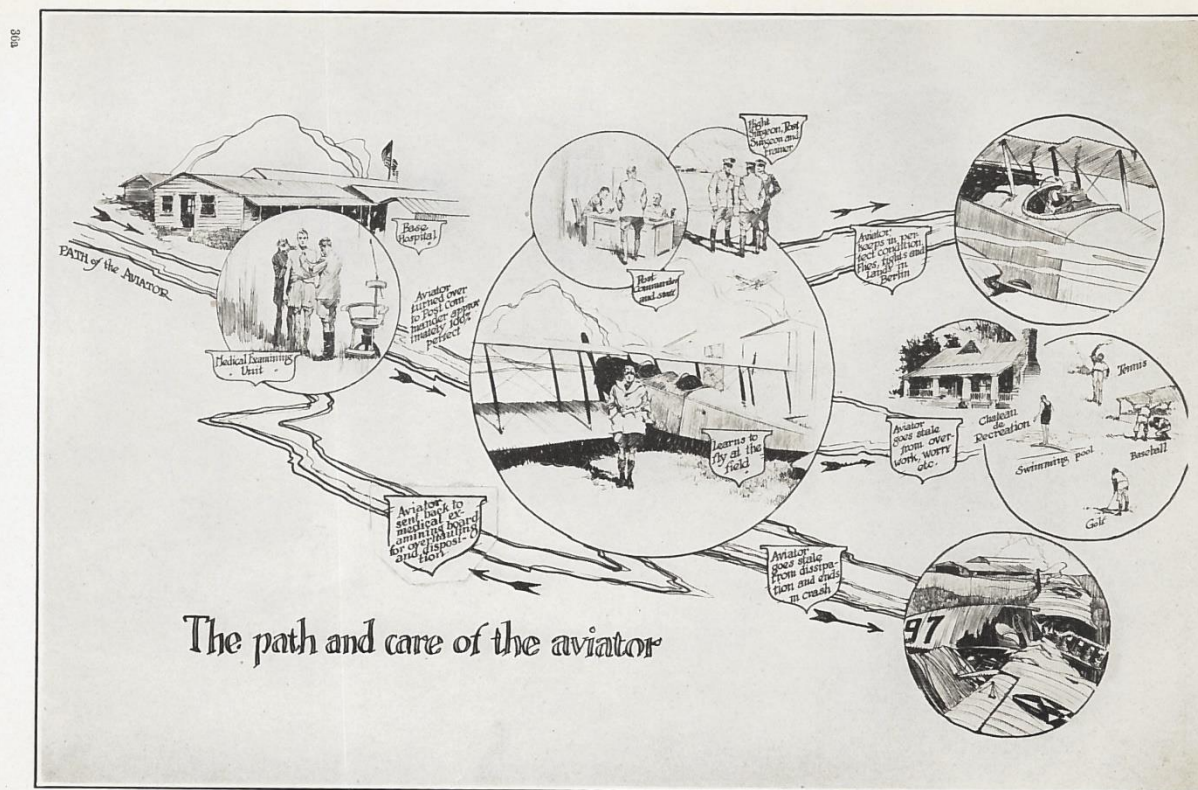


Figure 10: *The Path and Care of the Aviator*

The Air Service’s *Medical Manual* included a drawing/diagram that outlines “the Path and Care of the Aviator”—from the path the man takes from his induction as a flier to the treatment methods that he experienced when he suffered from Flying Fatigue or Staleness.<sup>33</sup> It further reinforces the idea that if a man lived up to the standards of masculinity during the period, he would protect himself from falling ill with Staleness. At the beginning of the diagram, an image of the Medical Examining Units screens the potential flier. If the man passes the screening, he continues “to Post Commander approximately 100% perfect.” When he arrives at post with the commander and squadron, he “learns to fly at the field.” Once the airman proves his mettle and flight capabilities his path now leads to multiple outcomes. If, for some reason, he becomes

<sup>33</sup> Figure 10 from War Department, *Air Service Medical Manual*, 36a.

“Stale,” ill, or somehow proves himself incapable of flight, he returns to the Medical Examining Unit for Reclassification. If the flight surgeon and command staff help the flier “maintain physical efficiency” during the war, he “keeps in perfect condition, flies, fights, and lands in Berlin.” However, if the man succumbs to Flying Fatigue and Staleness, he takes different paths depending on how well he takes care of himself. If fatigue from “overwork,” meaning if the lack of oxygen began to take a toll on the flier, the flight surgeon sent him to a “chateau de recreation.” However, in line with Progressive Era standards, if a man went stale for not taking care of himself nor his health, his Staleness led to death via a plane crash. More specifically, if the airman failed to live a morally clean life, he would ultimately end up on the wrong end of an accident. This is evident by the dialogue box that reads “Aviator goes stale from dissipation and ends in crash.” The Air Service medical personnel thus emphasized the importance of proper moral hygiene because a lack thereof resulted in death.<sup>34</sup> These perceptions dictated the methods that the flight surgeons approached their third objective of maintaining the health and efficiency of America’s airmen serving in combat.

This third goal was the most important to the Air Service and marked a “sharp contrast” between the selection and classification steps, which examined “all questionable material to be kept out of the service.” Maintaining the physical efficiency of pilots, “was the supreme function of the Air Medical Service,” and its “great object is that every aviator be kept in the service.”<sup>35</sup>

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<sup>34</sup> War Department, *Air Service Medical Manual*, 36a. In this context, the Air Service defined “dissipation” as any action that led to an intemperate and sexually immoral livelihood. This definition diametrically opposed the standards of the Progressive Era which focused on efficiency and moral cleanliness. Dissipation through intemperate living and “self-indulgence,” in the form of sexual promiscuity and masturbation hastened the onset of Staleness, according to medical officers. Edward Munson, Colonel, General Staff of the Medical Corps and Chief of the Morale Branch, urged American servicemembers to keep a clean mind and avoid any form of self-pleasure. To avoid falling into sexual temptation and vices, Munson encouraged servicemembers to engage in strenuous activities, such as fulfilling military service and physical exercise. See Edward L. Munson, *The Management of Men: A Handbook on the Systematic Development of Morale and the Control of Human Behavior* (New York: Henry Hold and Company, 1921), 198-199.

<sup>35</sup> War Department, *Air Service Medical Manual*, 14-15.

This goal dictated medical professionals' approach to Flying Fatigue and Staleness and transformed aviation medicine in ways that have enduring consequences today. Indeed, because medical officers emphasized the importance of maintaining efficiency, the Air Service created the office of the "flight surgeon" and ushered in multiple programs and treatment regimens, all of which perpetuated the era's focus on proper morale hygiene, physical fitness, and the cultivation of an athletic and competitive spirit.

In order to avoid Staleness's consequences, the Air Service created an entirely new office of the flight surgeon to tend to the physical (and therefore mental) health of the pilot, and, according to the US War Department, this "distinctly American product" overhauled the healthcare of airmen. In fact, while physical efficiency was the main preoccupation of the flight surgeon, medical documents from the war show that Air Service's attempts to avoid and treat Flying Fatigue and Staleness led to the creation of this office which has endured since World War I. The *Air Service Medical Manual* compares the flight surgeon to the plane's mechanic. When an aircraft malfunctioned or needed mechanical work, Air Service mechanical crews fixed what was necessary to keep the plane in the air. In similar fashion, the flight surgeon cared for the pilot and "fixed" the necessary problems to keep the flier in the air. But the connection between this new office and Staleness is clearer when the *Air Service Medical Manual* states that "when the flier shows the first signs of staleness, of nervous exhaustion, or of digestive disturbance he must be 'overhauled' by a medical expert."<sup>36</sup> This new officer, however, was not the typical doctor or medical professional posted at one of the Army's hospitals.

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<sup>36</sup> On the creation of the office of the Flight Surgeon, see "Report on The Medical Research Board and Its Work," *Gorrell's History*, NARA, Fold 3; War Department, *Air Service Medical Manual*, 14-15.

Unlike traditional medical personnel who staffed the hospitals across France, the Flight Surgeon was “one of the guys” stationed at the aerodromes with the fliers so that he could interact with and get to know the men personally. Flight surgeons often went on flights with pilots and experienced the same events. They would go through the aerial acrobatics with the airmen “in order to better appreciate the mental as well as the physical effects” of flying. Furthermore, because the flight surgeons knew the men of their squadrons personally, they recognized when the aviator began to “go stale” and could immediately begin treatment regimens.<sup>37</sup> The officer thus “reexamined” any flier who had flown many hours in combat, regardless of their physical and mental state every two months or so. If one of his squadron members showed early signs of the onset of Flying Fatigue or full-blown Staleness before the end of those two months, the flight surgeon quickly reexamined the person.<sup>38</sup> While the reexamination process mirrored the selection and classification exams, they differed in purpose. Indeed, in the first exams, the “examiner was to eliminate the unfit,” but the following tests were to ensure that the flier “be kept in the service for the longest possible usefulness.”<sup>39</sup> The flight

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<sup>37</sup> War Department, *Air Service Medical Manual*, 33-35; Wilmer, *Aviation Medicine in the A.E.F.*, 52. American airmen apparently liked that flight surgeons were stationed among them because they could be more open with the medical officers than the administrative officers. In fact, airmen revealed to the doctors “the thought that many times when they were not feeling well they would never think of going to the commanding officer with their troubles for fear that he would think they were ‘swinging the load’ (British slang for ‘malingering’).” See War Department, *Air Service Medical Manual*, 122.

<sup>38</sup> Wilmer, *Aviation Medicine in the A.E.F.*, 49; War Department, *Air Service Medical Manual*, 377-378.

<sup>39</sup> “History of Medical Research Laboratory No. 2, 2<sup>nd</sup> Aviation Instruction Center,” pg. 193, Volume 3, Series L, *Gorrell’s History*, NARA, Fold3; War Department, *Air Service Medical Manual*, 377-378; During the Reexamination Process, the rebreathing machine not only tested at which altitudes the man could fly, but it now also tested a man for Staleness. For example, if, during the original exam, the examining officer qualified the flier to fly at altitudes above 20,000 feet, but the reexamination showed that the flier qualified for 8,000 feet, the examiners believed they had evidence that the airman had a case of Staleness. See War Department, *Air Service Medical Manual*, 27-28. See also Wilmer, *Aviation Medicine in the A.E.F.*, 74. For more information on the importance of the Reexamination, see Charles D. Ricker, “Memorandum to Commanding Officer, First Air Depot, Z.O.A., A.E.F.,” December 19, 1918, pg. 193-194, Volume 8: History of the Air Service Advance Section in the Zone of Advance, Series A: Early History and General Organization of the AEF Air Service, *Gorrell’s History*, (National Archives Microfilm Publication), Records of the American Expeditionary Forces (World War I) Record Group 120; National Archives-Affiliated Archives, Fold3.

surgeon, then, served as the gatekeeper to maintain the physical efficiency of the airmen, and this responsibility required the officer to be proactive in creating programs and an environment that both prevented and treated Staleness among combat pilots. These programs and environments were petri-dishes where medical personnel fostered and reinforced the era’s masculine ideals—characteristics and traits that also served to prevent and treat the psychological consequences of aerial combat.

In a period when Progressive ideals, such as temperance, sexual restraint, and clean living



Figure 11: Uncle Sam Driving Away The Vices

defined popular notions of masculinity, Air Service flight surgeons needed to ensure that their fliers developed “clean living” habits to serve as protective armor from Flying Fatigue and Staleness.<sup>40</sup> The Air Service conflated the competitiveness and physical standards of early twentieth-century American masculinity with the Progressive Era ideals that emphasized moral living. Indeed, “[the fliers] must bear in

mind the rules laid down for the training of athletes—

regular hours and habits, temperance in all things, plenty of sleep, good food, comfortable

<sup>40</sup> Sexual restraint was a Progressive-era ideal based on clean living and resisting immoral activities, yet sexual aggression became a new trait that separated the “new” masculine men from those of prior years. See Gail Bederman, *Manliness & Civilization: A Cultural History of Gender and Race in the United States, 1880-1917* (Chicago: University of Chicago Press, 1995), 18-19; Michael McGerr, *A Fierce Discontent: The Rise and Fall of the Progressive Movement in America, 1870-1920* (New York: Free Press, 2003), xiv-xv, 73, 79; E. Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era* (New York: Basic Books, 1993), 5-6, 222; Kara Dixon Vuic, *The Girls Next Door: Bringing the Home Front to the Front Lines* (Cambridge: Harvard University Press, 2019), 11. For Figure 11, “Uncle Sam Driving Away the Vices,” see *Plane News* 1, no. 16 (March 16<sup>th</sup>, 1918), Feature Section, OS 42, Newspaper: *The Plane News*, Clark Special Collections, USAFA.

quarters, etc.”<sup>41</sup> In short, the flier needed physical, mental, and moral hygiene to be successful because “flying demands a great expenditure of energy, as much physical as moral.”<sup>42</sup> The Air Service then developed programs that embodied these Progressive era norms of competition, physical vitality, athletics, and moral hygiene to prevent men from succumbing to Staleness and to treat the men that eventually broke down.

Thomas R. Boggs, a medical consultant of the Air Service, echoed the argument that the flight surgeon needed to develop proper “hygiene of flying personnel” by creating a culture that emphasized athletics and moral cleanliness. Boggs claimed “that the most promising approach” to maintain proper hygiene and efficiency was to preach “the gospel of training and clean living,” and “to cultivate the spirit of the athletic teams of the colleges.” If the flight surgeon helped the airmen understand that they were part of a team, their actions could protect or “jeopardize the prospects of success for the team.” According to Boggs, partaking in alcohol and disqualifying one’s self from flying duties due to venereal diseases jeopardized “the team.”<sup>43</sup> Medical personnel discouraged the use of alcohol because they considered it “a subtle and deadly enemy to the flier.”<sup>44</sup> Air Service medical personnel, in line with broader Pershing’s desires and AEF efforts to regulate and limit soldiers from engaging in vice, explicitly urged airmen to avoid

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<sup>41</sup> Wilmer, *Aviation Medicine in the A.E.F.*, 49.

<sup>42</sup> War Department, *Air Service Medical Manual*, 129.

<sup>43</sup> Thomas R. Boggs, “Report of the Medical Consultant, Air Service,” pgs. 207-208, Volume 3: Histories of the Radio Section, Medical Research Board, Air Service Medical Consultant, and American Medical Officer with the Royal Air Force, Series L: Miscellaneous Sections of the Air Service, *Gorrell’s History of the American Expeditionary Forces Air Service, 1917-1919*, (National Archives Microfilm Publication, Roll 0037, Records of the American Expeditionary Forces (World War I) Record Group 120; National Archives-Affiliated Archives, Fold3. For more on STIs, Intemperance, and other “vices,” see Anderson, *The Medical and Surgical Aspects of Aviation*, 116-119; Wilmer, *Aviation Medicine in the A.E.F.*, 225; War Department, *Air Service Medical Manual*, 334.

<sup>44</sup> “Report on The Medical Research Board and Its Work,” pg. 143, Volume 3: Histories of the Radio Section, Medical Research Board, Air Service Medical Consultant, and American Medical Officer with the Royal Air Force, Series L: Miscellaneous Sections of the Air Service, *Gorrell’s History of the American Expeditionary Forces Air Service, 1917-1919*, (National Archives Microfilm Publication, Roll 0037, Records of the American Expeditionary Forces (World War I) Record Group 120; National Archives-Affiliated Archives, Fold3.

“excessive alcohol, tobacco, cards [gambling], or love” because these exacerbated fatigue.<sup>45</sup> Thus, the Air Service’s medical officers feared that if an aviator did not follow these guidelines influenced by the period’s standards of masculinity, he increased his chances of contracting Flying Fatigue and Staleness. The Air Service strongly emphasized that it needed to not only focus on a flier’s physical health and vitality, but ensure that he lived up to the Progressive era ideals. Indeed, to Progressives, physical health, vitality, and moral restraint were all connected—these traits defined the “ideal men” men of the period. More importantly, flight surgeons asserted that rehabilitating these characteristics not only treated Staleness but also averted its onset.

During World War I, exercise, competitive sports, and physical fitness defined American masculinity, and the Air Service medical officers heavily relied on these attributes not only to choose successful pilots but to also *treat* those pilots who suffered from Staleness. Scholar Samuel Hynes declared that doctors indeed believed they could treat Flying Fatigue and Staleness—“they recommend[ed] exercise and rest” for those fliers who developed psychological symptoms such as the “fatalistic attitude of mind.”<sup>46</sup> William Wilmer, American flight surgeon and author of *Aviation Medicine in the A.E.F.*, dictated, “the flight surgeon should see that his men have plenty of proper and suitable exercise. He should impress upon the fliers the fact that they must regard themselves much in the light of athletes.” Wilmer hinted at the idea that the medical officer was the coach of the athletic club, and he had the responsibility to ensure

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<sup>45</sup> War Department, *Air Service Medical Manual*, 129. While the medical personnel urged fliers to avoid any vice, the flier had his agency and could choose to indulge in alcohol and other “vices.” In fact, some scholars argue that the airmen detested the “no alcohol” policies. Instead of rest and relaxation, the pilots themselves desired to party with alcohol and women. Interestingly, however, even though these men who failed to live up to the Progressive-era ideas of masculinity, they continued to express their masculine natures by making it a game to break the rules. Instead of playing against an enemy fighter, the American airmen played against the authorities as saw breaking the rules as a competition. For more information and examples, see Hynes, *The Unsubstantial Air*, 236-238.

<sup>46</sup> Hynes, *The Unsubstantial Air*, 234.



that his athletes were “fit” enough for the upcoming game.<sup>47</sup> Because maintaining efficiency by fostering competitiveness and keeping the flier fit was the top priority for the flight surgeon and to emphasize the importance of physical fitness even further, the Air Service created a new rated officer known as the physical director.<sup>48</sup>

While the flight surgeon helped the aviators with physical needs, their main preoccupation was the fliers’ medical needs; therefore, the flight surgeons delegated the establishment of a fitness regimen to the physical directors. These officers were especially important “in the work of ‘maintenance,’” because theoretically before their entrance into the Air Service, they served as “experienced college trainers.”<sup>49</sup> And much like the flight surgeon, this director also lived among the squadron members, he ate in the mess halls with them, and he “ke[pt] as closely in touch with them as possible” to study their “habits, temperaments, and physical fitness.”<sup>50</sup> By getting to know his fliers personally, the physical director fulfilled one part of his responsibility “to detect the symptoms of ‘staleness’ and over training.”<sup>51</sup> Thus, the physical director served multiple purposes—not only did he help maintain the physical efficiency of the flier alongside the flight surgeon, but he also learned how to recognize fatigue and its consequences. Furthermore, the officer relied on his professional background as a coach to foster pilots’ sense of masculinity by promoting physical health to avert the onset of Flying Fatigue and Staleness.

In an era when Americans believed that “action rather than reflection and aggression rather than gentility” defined masculinity, the physical directors aided the fliers to build the

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<sup>47</sup> Wilmer, *Aviation Medicine in the A.E.F.*, 49.

<sup>48</sup> War Department, *Air Service Medical Manual*, 33-34.

<sup>49</sup> War Department, *Air Service Medical Manual*, 14-15.

<sup>50</sup> War Department, *Air Service Medical Manual*, 33-34.

<sup>51</sup> War Department, *Air Service Medical Manual*, 392.

“muscular, ‘preindustrial’ body.”<sup>52</sup> Indeed, there were societal concerns that American men were becoming effeminate and losing their “manhood” due to “Neurasthenia,” and the Flying Fatigue and Staleness problems mirrored this concern. According to historian Gail Bederman, George Beard, an expert on Neurasthenia, defined Neurasthenia as “*nervelessness—a lack of nerve force.*” He further taught that a man suffering from Neurasthenia “was like an undercharged electric battery. He lacked adequate power. When the demands on his nervous energy were greater than his ‘charge’ he would grow ill.”<sup>53</sup> The social landscape of the early twentieth century, such as the rise of industrialism and expansion of white-collar employment, drained American men of their “nerve force” and “manhood.” To combat this problem, then, the period’s scholars asserted that boys needed to experience a sense of “savagery” and “primitiveness,” and they would eventually grow into “civilized,” and energetic men.<sup>54</sup> Physical training, competitiveness, and aggression all served as traits that helped a boy transition into a man.

In a similar trajectory, the hypoxic environment of aerial combat drained men of their stamina and resulted in Flying Fatigue and Staleness. The physical directors, however, developed programs and regimens that prepared men for their work so that fatigue would not obstruct their path. Indeed, relying on his previous professional training, the physical director created athletic schedules full of competitive sports, such as baseball, boxing, and volleyball. He “sharpen[ed] their powers of alertness and quick, cool action [and] muscular and mental coordination.” The officer further taught pilots “how to increase their natural strength and endurance.”<sup>55</sup> The Air Service medical personnel firmly believed that “physical exercise, judiciously employed, will do

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<sup>52</sup> Clifford Putney, *Muscular Christianity: Manhood and Sports in Protestant America, 1880-1920* (Cambridge: Harvard University Press, 2001), 6-7.

<sup>53</sup> Bederman, *Manliness & Civilization*, 84.

<sup>54</sup> Bederman, *Manliness & Civilization*, 84-94.

<sup>55</sup> War Department, *Air Service Medical Manual*, 34, 391-392.

much to secure physical fitness and serve to avert the onset of staleness.”<sup>56</sup> Much like the tests at Monte Rose and Pike’s Peak, the officers subscribed to the idea that the “trained heart” functioned more efficiently in higher altitudes.<sup>57</sup> Furthermore, the tests concluded that the airmen who kept themselves “in the ‘pink of condition as a result of consistent and common-sense physical training will be more resistant to the action of altitude than the untrained or the physically stale man.”<sup>58</sup> In other words, because Americans believed that “strenuous exercise and team sports” played influential roles in defining early-twentieth-century masculinity, as long as the American flier, with the help of the physical director, lived up to those values, he would not only be a man but also prolong the onset of Staleness.<sup>59</sup> Nonetheless, the flight surgeon and physical director believed that, due to the inherent hypoxic arena of aerial combat, pilots would eventually experience the symptoms of Flying Fatigue and would need to rest and recuperate.

Rest, relaxation, and recuperation became the most important form of treatment, sometimes preemptively, for those men who suffered from Flying Fatigue and Staleness; still, Air Service medical personnel continued to rely on contemporary notions of masculinity to get the stale pilots true “rest” and “relaxation.” Because of their direct service among the fliers, physical directors learned “that furloughs and vacations are more necessary for air men than for men in other branches of the service” due to the “highly specialized work” which often caused “nerve strain and ‘staleness.’”<sup>60</sup> Not only did this belief of the “highly specialized work” offer stronger arguments for extended leaves, but it also contributed to the romanticization of the air war in Europe. It placed a clear distinction between those who fought in the trenches and those men

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<sup>56</sup> Wilmer, *Aviation Medicine in the A.E.F.*, 107.

<sup>57</sup> See pg. 61-62 of this dissertation for descriptions of the Air Service’s tests concerning “altitude sickness.”

<sup>58</sup> War Department, *Air Service Medical Manual*, 164.

<sup>59</sup> Bederman, *Manliness & Civilization*, 15.

<sup>60</sup> War Department, *Air Service Medical Manual*, 400.

who competed in the air. Thus, to maintain the physical efficiency of these “athletes,” Air Service officials granted pilots passes to large French cities such as Paris, but more often, medical personnel ordered many of them to visit convalescent homes.<sup>61</sup>

These rest homes, also known as *Chateaus de Recreation*, provided American fliers the opportunity to get away from the front lines, rest in quiet areas, and treat their Staleness by participating in physical exercises and athletic competitions—in other words, these homes helped a man foster his sense of masculinity to overcome and prevent the psychological consequences of aerial combat. In a report to the Chief of Air Staff, Air Service, AEF, entitled “Resting the ‘Eyes of the Army’: The Splendid Work Among our Airmen by the American Red Cross,” George Stevenson, a member of the Air Service who toured the rest homes, offers an overly enthusiastic portrayal of the *Chateaus* that clarifies their purpose. He visited *Chateau Villechauvon*, formally known as Convalescent Home Number Five. It was located in an isolated place in France away from the front lines of combat. As the title of Stevenson’s report implies, the American Red Cross directed these retreats, but wealthy French citizens loaned their “mansions” to the Air Service to help with the airmen’s rehabilitation. Stevenson expressed his gratitude to the Red Cross for its service to the “newly-created supermen.” To emphasize this idea any further, Stevenson wrote that “the ‘charter members’ of the new convalescent home were *heroes* of the fighting in the Chateau-Thierry salient, which had just been won” [my italics]. Indeed, to him, these aerial fighters were not “normal” men but something better.<sup>62</sup>

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<sup>61</sup> “Report of Research Board to Chief Surgeon, AEF,” Volume 3, Series L, *Gorrell’s History*, Roll 0037, Record Group 120, NARA, Fold3.

<sup>62</sup> George Uris Stevenson, “Resting the ‘Eyes of the Army: The Splendid Work Among Our Airmen by the American Red Cross at Vatan,” pgs. 46-49, Volume 9: Histories of Welfare Associations with the Air Service (Hereafter Volume 9), Series M: Miscellaneous, *Gorrell’s History*, Microfilm Roll 0042, Record Group 120, NARA, Fold3.

His report continues by describing the scenery and the activities that helped the men rest and recuperate from Staleness. The home itself offered a “spirit of perfect relaxation” with “hunting horns, guns, boars’ heads, and trophies of the chase,” emblems of the prevailing ideas of the strenuous lifestyle.<sup>63</sup> While these may seem like inconsequential items, they reinforced a man’s sense of masculinity. To be sure, Americans emphasized a return to “primitiveness” and a sense of adventure and exploration when defining masculinity in World War I.<sup>64</sup> If a man’s “nerve” left him and he was suffering from weakness and exhaustion, symptoms of Neurasthenia, turning to and surrounding one’s self with primal activities reinvigorated his masculine nature.<sup>65</sup> In addition to helping men relax by surrounding them with the primal world, Stevenson described men who “were limbering up their muscles by playing ‘pass ball.’” The American Red Cross director of the *chateau* also “encourage[d] his guests to take all of outdoor exercise possible,” and to facilitate access to this “outdoor exercise,” the Red Cross installed tennis and volleyball courts.<sup>66</sup> *Figure Ten* illustrates the *chateaus* as recreational get-aways where fliers could swim and play sports like tennis, baseball, and golf. Again, the Air Service and Red Cross emphasized the importance of physical fitness and its role in helping the airmen to recuperate from Staleness by rebuilding their physical health.<sup>67</sup> By visiting these retreats and participating in the events, Stevenson hyperbolically wrote, “thoughtful young men, who had

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<sup>63</sup> Stevenson, “Resting the ‘Eyes of the Army,”” 50.

<sup>64</sup> For “primitive” masculinity, see Bederman, *Manliness & Civilization*, 18-19, 77-88, 119-120, 217; Rotundo, *American Manhood*, 228-229, 253.

<sup>65</sup> For a broader examination of Neurasthenia and the return to primitivity, see Bederman, *Manliness & Civilization*, 78-120.

<sup>66</sup> Stevenson, “Resting the ‘Eyes of the Army,”” 52-53.

<sup>67</sup> For more information on the establishment of the convalescent homes, see Wilmer, *Aviation Medicine in the A.E.F.*, 36; “Report of Research Board to Chief Surgeon, AEF,” Volume 3, Series L, *Gorrell’s History*, Roll 0037, Record Group 120, NARA, Fold3. 254-255.

flirted with death in a score of forms, and had won—just by an eyelast [sic]—forgot these tragedies and smiled again.”<sup>68</sup>

## Conclusion

William Wilmer, an American Air Service flight surgeon, recounts this story in his manual *Aviation Medicine in the A.E.F.* to demonstrate the importance of the American flight surgeon and his duties of maintaining fliers’ efficiency when combat had worn them down. On September 11, 1917, Georges Guynemer, one of the French air service’s best and most legendary pilots, made his final flight where he ultimately went missing in action and was presumed dead. A few days prior to his death, Guynemer visited the mechanics working on his aircraft when “he was in a dangerously nervous state” and he declared “to a friend, ‘I shall not survive.’” His words proved prescient as he and his wingman flew on September 11<sup>th</sup>. Guynemer was frustrated this day because he had attempted to make multiple runs, but weather and mechanical problems delayed his opportunities. Then, when it was finally time to depart, Guynemer and two other pilots prepared for take-off when one of the other fliers experienced engine trouble.<sup>69</sup> Guynemer, frustrated again, just took off. One of his wingmen eventually reunited with Guynemer in the air, and the two engaged the German aerial forces. In the midst of battle, this wingman lost track of Guynemer and returned to the aerodrome. No one knew of the legendary pilot’s fate until October 1917, when the German air force declared that one of its pilots killed Guynemer.<sup>70</sup> In the days leading up to his death, the Frenchman’s partners did not recognize him because ““A new Guynemer revealed himself to his friends and comrades. He became nervous, sick, and

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<sup>68</sup> Stevenson, “Resting the ‘Eyes of the Army,’” 51-52.

<sup>69</sup> Jon Guttman, “The Ace Who Gave All For France,” *Aviation History* 17, no. 1 (Sept. 2006): 37-38.

<sup>70</sup> Guttman, “The Ace Who Gave All For France,” 38.

irritable.”<sup>71</sup> As a medical officer, Wilmer argued that “it can readily be seen that a skillful flight surgeon would have been very valuable at the aerodrome where Guynemer had his headquarters. That marvelous flier had shown increasing nervousness and physical unfitness for some time.”<sup>72</sup> In other words, Wilmer asserted that had a flight surgeon, a medically trained doctor who lived and interacted with his squadron, been serving among the French, he likely would have been able to recognize Guynemer’s increasingly dangerous “nervousness” and treat him immediately—perhaps by helping him overcome his “physical unfitness.”

The fact that Wilmer’s declaration that the French ace had been “physically unfit” and potentially caused his “nervousness” and “instability” has important connotations for historians because it intertwines an important trait of masculinity and the psychological symptoms of aerial combat. Indeed, during World War I, American society emphasized the importance of the fit, muscular body in a country becoming increasingly infatuated with competitive sports. Not only would Americans view the blue sky as a new arena of warfare, but they also viewed aerial combat as a game itself where two men fought each other to the death. Those men playing in this game saw themselves as if they were reincarnated medieval knights. But not every person had the necessary traits to become an aerial fighter. And it fell to the American Air Service’s medical professionals to select, classify, and maintain the right men to fulfill these new roles.

In an era when physical vitality defined proper health, these medical officers believed that fatigue, overwork in a hypoxic environment, and a lack of physical fitness ultimately resulted in Flying Fatigue and Staleness—illnesses whose core symptoms were psychological. But because psychology and psychiatry were relatively new fields of medicine, the medical

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<sup>71</sup> Wilmer, *Aviation Medicine in the A.E.F.*, 50.

<sup>72</sup> Wilmer, *Aviation Medicine in the A.E.F.*, 50.

officers relied on contemporary notions of masculinity to help them complete their duties of selecting, classifying, treating, and rehabilitating American fliers. In short, gender norms dictated the way that these professionals perceived, diagnosed, and treated the psychological consequences of aerial warfare in World War I. This fact shows that, as anthropologist Allan Young declares when examining Post Traumatic Stress Disorder, psychological problems are “glued together by the practices, technologies, and narratives with which [they are] diagnosed, studied, treated, and represented and by the various interests, institutions, and moral arguments that mobilized these efforts and resources.”<sup>73</sup>

While American medical officers emphasized that Flying Fatigue and Staleness were not “shell shock,” their symptoms were similar. And American society’s narratives of masculinity shaped the Air Service medical personnel’s perceptions of mental health. And because the medical professionals defined Flying Fatigue and Staleness as physical problems, they did not view those suffering from these ailments as cowards or malingerers. In addition, due to the romanticization of the “intrepid airmen,” the idea that only the “fit should fly,” and the physical nature of the illnesses, the Air Service’s administrative officers seemingly delegated most matters pertaining to Staleness to the medical personnel and had relatively little to say on the issue.

As the United States prepared to enter World War II, the newly named Army Air Corps and later Army Air Forces again relied on medical personnel to take an active role in treating the psychological consequences of the war. But, there was a much more detailed and probing selection and classification system. Instead of accepting most men who seemed physically capable of being successful in flight, medical personnel before World War II emphasized the

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<sup>73</sup> Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Princeton: Princeton University Press, 1995), 5-6; Loughran, “Shell Shock, Trauma, and the First World War,” 103-104.



need to “weed” out any potential psychiatric casualty *before* they entered the service. Time would reveal to these medical officers, however, that combat itself, rather than “predisposition,” played a direct role in the development of psychological distress.

## Chapter Three – Preparing for the Psychological Problems of Aerial Combat in World War II

### Introduction

In 1943, the United States Army Air Forces (AAF) released a recruiting film called *Sustineo Alas* with the purpose of attracting more men to the AAF in the fight against Axis Powers. The film emphasizes the prestige of earning a commission in the military and the badges and wings that come with the commission. First Lieutenant Clark Gable, one of the most famous Hollywood stars of the period, narrates the film, which follows the life of cadets attending the Officer Candidate School of the AAF. During wartime, there was a special significance when silver-screen stars contributed to the American war effort. In addition to the fact that the use of famous people further emphasized the idea of total mobilization, Gable, especially, provided serious clout to the AAF because he was tall, physically fit, and “impeccably dressed.” His movies created “a bold, wry, masculine screen image” that resonated with American men who “emulated his mustache, clothes, and mannerisms.”<sup>1</sup> While most Americans perceived Gable’s outward image as the epitome of American masculinity in the early 1940s, he also emphasized another important trait that defined men during this period. Gable himself attended OCS so that he could serve his country in the war as an aerial gunner. As fans and reporters flocked around him as he entered the training, he told them “I suppose after the war I will go back to Hollywood and pictures. But right now I have plenty to do and think about. And you can’t do two things at once.”<sup>2</sup> In essence, Gable stated that he had to leave behind his previous civilian occupation in

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<sup>1</sup> Steven Agoratus, “Clark Gable in the Eighth Air Force,” *Air Power History* 46, no. 1 (Spring 1999), 6.

<sup>2</sup> Agoratus, “Clark Gable in the Eighth Air Force,” 7.

order to completely dedicate himself to serve his country in the armed forces—a marker of a true 1940s American man.

While the use of Clark Gable was an interesting recruitment strategy, the message of *Sustineo Alas* showcases the role each officer played in the AAF, and a deeper dive shows that notions of 1940s masculinity shaped the life of an officer. The film begins with an American bomber, the B-17 Flying Fortress, flying solo somewhere over the ocean. As the film enters the cabin and shows the crew members, each of them harbors a face of anger, confusion, and apprehension. The camera turns to the navigator who is sweating as he cradles his face in his hands because he is overwhelmed and mentally broken. It is his fault that the B-17 is lost, and each crew member is looking at the navigator with disdain. They are lost because the navigator's "nerve is gone. Everything he had been taught has left him." The navigator's sense of panic and confusion demonstrated that the psychological stress of combat caused this commissioned officer to forget his job and prevented him from fulfilling his duties. Eventually, the film hints that the crew and plane are lost because a hand-drawn "X" appears on the screen where the bomber had been flying, as if it disappeared in the sky. Gable narrates, "too bad, that plane was worth \$350,000. I don't know what amount you'd put on the men." Gable asks the audience why this navigator got the job that led to his crew's downfall, "isn't there an x-ray machine that will look into a man and say, 'he'll do?'" He then answers his own question: "Yes, there is such an x-ray machine that looks into men's minds, heart, and soul, and it finds them either adequate or wanting. It's called the Officer's Candidate School of the Army Air Forces." This message communicates an idea that the psychological breakdowns in combat affect more than just the person suffering—the problems can lead to the downfall of each crew member and the expensive machinery.

The film continues by following the daily life of the cadet at OCS and how important it is for him to train to become a contributing member of the American war effort. In fact, *Sustineo Alas* means, “I sustain the wings.” Each officer of the AAF needed to sustain the wings of his plane, his crewmates, and the AAF in general. Gable explains that if the cadets were not at the peak of physical and mental fitness, they were not worthy to “sustain the wings.” After passing multiple physical exams and aptitude and officers tests, the remaining men were “the cream of the crop,” and completing the curriculum at OCS “takes real courage to enter and real achievement to complete.” The school was the x-ray machine that revealed which men were strong enough, both physically and mentally, to lead the AAF into combat. It was important for everyone that administrative officers discovered who was strong enough at OCS rather than in the middle of an operation like the navigator who lost his crew. The film closes with graduation from OCS and portrays the commissioning of the cadets. While Gable does not explicitly say it, the message seems to be that graduation from OCS would provide proof of men’s accomplishments and prove that they were true men.<sup>3</sup> It was, then, important that the AAF developed a program that selected the men deemed most likely to succeed in combat. And, much like their counterparts in the Air Service during World War I, medical officers shouldered the responsibility to devise the proper selection methods.

The First World War taught the military, the Army Air Forces, and its medical personnel a lesson: the military needed to create a screening process and train medical professionals to weed out the people who were most likely to suffer psychological breakdowns. The American Expeditionary Forces had lost approximately 100,000 psychiatric casualties, almost double the

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<sup>3</sup> Army Air Forces First Motion Picture Unit, *Sustineo Alas*, AAF Recruiting Films, 1943, Internet Archive, <https://archive.org/details/24964-survival-of-the-fittest-vwr>.

number of deaths. After the Great War, General John Pershing expressed his displeasure to the medical officers, who even felt “attacked” by Pershing, when he asserted that psychiatrists failed to screen out the people who became the “excessive psychiatric casualties” of the war. Therefore, in 1918, “Pershing demanded a screening examination to reduce the intake of those who might succumb” to the psychological consequences of war.<sup>4</sup>

The question arises, though, why did many young men want to volunteer to become officers in the Army Air Forces and pilot dangerous machinery? World War I mythologized and romanticized the role of pursuit pilots.<sup>5</sup> American men in the World-War-II era, therefore, volunteered for these positions because the romanticization aspects of aviation created a sense of “supermen” and a unique pilot culture. There was a permeating belief among American society that flying airplanes was a lot safer in the 1940s than it was during World War I. Changing and advancing technology meant that pilots did not have to fly in the open cockpits of fragile and flimsy aircraft made from fabric and wood. Airplanes of the 1930s and 1940s were made of metal and included full fuselages. As psychiatrists Roy Grinker and John Spiegel wrote in 1945, “two decades ago the average American parent would have reacted with indignation and alarm to a son’s intention of taking up flying as a career. It was too dangerous, an uncertain risk.” But aviation in the 1940s, as evidenced by the thousands of young men who volunteered to fly in the AAF, was ostensibly safer. Moreover, psychiatrists argued that “flying is as safe as riding a

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<sup>4</sup> For direct quote, see Mark K. Wells, *Courage and Air Warfare: The Allied Aircrew Experience in the Second World War* (London: Frank Cass, 1995), 5. For information on Pershing’s demand for a screening process, see Rebecca Schwartz Greene, *Breaking Point: The Ironic Evolution of Psychiatry in World War II* (New York: Fordham University Press, 2023), 15.

<sup>5</sup> See George Uris Stevenson, “Resting the ‘Eyes of the Army: The Splendid Work Among Our Airmen by the American Red Cross at Vatan,” pgs. 46-49, Volume 9: Histories of Welfare Associations with the Air Service (Hereafter Volume 9), Series M: Miscellaneous, *Gorrell’s History of the American Expeditionary Forces Air Service, 1917-1919*, Microfilm Roll 0042, Record Group 120, NARA, Fold3. See also Joseph Corn, *The Winged Gospel: America’s Romance with Aviation* (Baltimore: Johns Hopkins University Press, 1983), 29-70.

bicycle but infinitely more fun, and it is exciting.”<sup>6</sup> Flying was an adventure and still maintained some of the “newness” that aviators felt during World War I. In their description of fliers, Grinker and Spiegel argued that flying was “an emotionally fulfilling experience.” The airplane became a symbolic “supertoy” for adults, and “this powerful, snorting, impatient but submissive machine, enables the man to escape the usual limitations of time and space.” Whereas military personnel, both medical and administrative, perceived flight as a sport during World War I, fliers and officers now identified a power dynamic in flight. Pilots and aircrews forced the plane into submission to do their will. People wanted to become aviators because the aircraft allowed them to feel “truly godlike” as they broke gravity’s bonds and became masters “of space and time by means of the intense speed of modern aircraft and their ability to maneuver without obstacle into any desired position.”<sup>7</sup> The main theme remains: aviation was supposed to be safe, even so, those people who volunteered to fly were supposed to be courageous and adventurous.

But was this true? Flying may have been safer in commercial and private enterprises, but when the United States entered World War II, psychiatrists and the airmen themselves soon realized that aviation was not the dreamy environment that people previously imagined. The combat experience for American airmen in the war was horrific and led to many psychological breakdowns. As significant numbers of airmen began to breakdown, the medical and administrative officers needed to formulate procedures concerning the diagnostic and reclassification processes in order to deal with the cases. Perceptions of these psychological issues would later cause contentious debates concerning proper diagnoses and reclassification procedures among medical and administrative personnel. While these contentions form the crux

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<sup>6</sup> Roy R. Grinker and John P. Spiegel, *Men Under Stress* (Philadelphia: Blakiston Company, 1945), 3.

<sup>7</sup> Grinker and Spiegel, *Men Under Stress*, 4-5.

of a later chapter, this chapter deals with the “before combat” experience of the AAF’s medical personnel and their quest to find the men who would “sustain the wings” and would not psychologically breakdown due to combat conditions. Thus, this chapter focuses on the psychological aspects of the medical officer’s selection and classification processes. While thousands of people volunteered to fly for the American Army’s Air Forces in World War II, not everyone passed the required screening and selection process.

Much like in World War I, the task of choosing which men were suitable for combat duty in the AAF during World War II fell to military medical personnel. With a belief that medical professionals had a better understanding of psychiatry and psychology than their counterparts in the Great War, military leaders hoped that they could limit or even eradicate the psychological consequences of aerial combat in World War II, such as Flying Fatigue and Staleness that arose during World War I. A deeper examination of the medical personnel’s pre-combat experiences reveals that, much like in the First World War, in order to choose the best men for flight duty in World War II, medical officers relied heavily on contemporary American notions of gender and masculinity. This cultural landscape shaped the way that the American Army Air Forces “weeded out” men from flying positions and then selected and classified them into specific roles in combat.

### **Gender and American Masculinity in the 1940s**

In his book, *Manhood in America*, scholar Michael Kimmel declares “that the quest for manhood—the effort to achieve, to demonstrate, to prove [their] masculinity—has been one of the formative and persistent experiences in men’s lives.”<sup>8</sup> The Second World War provided

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<sup>8</sup> Michael S. Kimmel, *Manhood in America: A Cultural History*, 2<sup>nd</sup> ed. (New York: Oxford University Press, 2006), 3.

American men with this opportunity to “achieve,” “demonstrate” and “prove” their manly traits. But, because gender and masculine notions are social constructs, some ideals experienced relatively little change while others dramatically transformed between World War I and World War II. Other characteristics were unique to the 1930s and 1940s. The men who served in the Army Air Forces of World War II both evinced traits that reflected previous versions of manliness while also manifesting completely distinct qualities that defined American men of the 1940s, especially the emphasis on dedicating one’s self to service in the armed forces.<sup>9</sup> In the lead up to World War II, these distinct traits of masculinity created a cultural and social landscape which shaped how the AAF’s medical personnel selected and classified American fliers. These officers heavily emphasized these traits when looking for the men they believed would make the best pilots and aircrewmen.

In the lead up to World War II and the eventual AAF selection and classification processes, definitions of masculinity shifted between the wars. During the relatively brief interwar period, major events, such as the Stock Market Crash of October 1929 and the ensuing Great Depression, redefined masculinity and gender norms. Coming out of World War I, veterans

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<sup>9</sup> There is no all-encompassing definition of masculinity that serves as an umbrella to cover all masculine traits during the 1940s. Because masculinity is a social construct, people’s personal and professional backgrounds affect the way that they experience gender. Race, sexuality, cultural background, and social class each play an extremely influential role in how a person perceives their self. For example, during World War II, medical professionals often asserted that African American men were more likely to experience “maladjustment” in the military because of their race. William Menninger, one of the most well-known psychiatrists of the 1940s, “described maladjustment in the military context as indicating ‘a failure of the personality to change its behavior and attitudes sufficiently, or a situation which demands too much.’” By arguing that African Americans were more likely than white Americans to experience this psychological problem, medical professionals perpetuated racist stereotypes that asserted that African Americans were more likely to have “defective” and “inadequate” personality types unfit for military service; see Margarita Aragon, “‘Deep-Seated Abnormality’: Military Psychiatry, Segregation, and Discourses of Black ‘Unfitness’ in World War II,” *Men and Masculinities* 22, no. 2 (2017): 217-219. Not only does such scholarship explore the disconnect between race and military service, but it also connects race to notions of masculinity. For a small selection of scholarship on race, manhood, and psychiatry, see Cristopher Crenner, “The Tuskegee Syphilis Study and the Scientific Concept of Racial Nervous Resistance,” *Journal of the History of Medicine and Allied Sciences* 67, no. 2 (April 2012): 244-280; Ellen Dwyer, “Psychiatry and Race during World War II,” *Journal of the History of Medicine and Allied Sciences* 61, no. 2 (April 2006): 117-143. For a study on the LGBTQ+ community and gender, see Allan Berube, *Coming Out under Fire* (New York: Free Press, 1990).



believed that their service reinforced their sense of masculinity, and they were optimistic about the economic future of the country in 1919. Such optimism led men to think that the employment market would be strong, and as employees, men saw themselves as the breadwinners of their home. They believed they had served their country during the war, but now they were to care for and provide life necessities for their families. But men's hope soon turned to dread immediately after World War I as the American economy was unstable and jobs were scarce.<sup>10</sup> The Stock Market Crash in 1929 directly challenged the fledgling (and reappearing) idea that men based their success on self-made opportunities and economic vitality. The ensuing Great Depression destroyed the economy and eradicated employment opportunities thereby removing jobs that men believed would help them provide for their families and fulfill their masculine roles.<sup>11</sup>

Because men, then, were unable to foster and bolster their sense of manhood during the Great Depression through their duties as a breadwinner, American notions of masculinity in the 1940s reawakened a core component of World War I-era manhood. One of the most notable masculine ideals that carried over to World War II in the 1940s was the focus on the physical body—a focus that was dormant for a period between the 1920s and early 1930s. One scholar argues that during the 1930s, Americans created “remasculinization strategies” that returned society's focus to the male body and physique. Contemporary images of working men flooded America through literature, art, and other channels of media. In many instances, New Deal Works Progress Administration (WPA) murals emphasized the toned, physical body of working American men.<sup>12</sup> Such images portrayed these muscular men working vigorously in a variety of

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<sup>10</sup> Kimmel, *Manhood in America*, 127-128

<sup>11</sup> Josep M. Armengol, “Gendering the Great Depression: Rethinking the Male Body in 1930s American Culture and Literature,” *Journal of Gender Studies* 23, no. 1 (2014), 60.

<sup>12</sup> Armengol, “Gendering the Great Depression,” 60-61.

occupations and seemingly reinforced the idea that any work was good work. By directing America's attention to men's bodies through these artistic depictions, government officials catalyzed a renewed emphasis on physical fitness. They diverted attention away from the fact that millions of men were unable to fulfill their masculine roles as breadwinners. Men's muscular bodies once again became a defining trait of American masculinity.

Another New Deal Program, the Civilian Conservation Corps (CCC), united both visions of manhood—the role as a breadwinner and the focus on the body. As part of his New Deal Program, Franklin Roosevelt created the CCC in March 1933 to send “young unmarried and unemployed men” to work camps throughout the nation where they worked on infrastructural projects, such as landscaping, building bridges, and fighting forest fires. Other than the conservation efforts of the program, the government sold it as a system that “would help prepare these inexperienced working-class male youths for future lives as independent breadwinners by teaching them to use and manipulate heavy machinery such as mechanized backhoes, tractors, and electric lathes.” By teaching these young men how to use important tools and by fostering the development of their work ethic, the program “could literally ‘build better men.’”<sup>13</sup> Images portrayed shirtless young men working with tools, such as hammers and shovels. Their physical fitness was on full display.<sup>14</sup> Thus, the message was simple: the CCC built “true” men by creating breadwinners and building their physical bodies—something that was necessary if a man wanted to serve in the AAF.<sup>15</sup>

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<sup>13</sup> Jeffrey Ryan Suzik, “‘Building Better Men’: The CCC Boy and the Changing Social Ideal of Manliness,” *Men and Masculinities* 2, no. 2 (October 1999), 153.

<sup>14</sup> Suzik, “‘Building Better Men,’” 169-170.

<sup>15</sup> Historian Matthew Basso includes an interesting and thought-provoking argument in his book, *Meet Joe Copper: Masculinity and Race on Montana's World War II Home Front*. In this book, he argues that most scholars of gender and World War II overemphasize military martial masculinity, and the idea that society expected every American man sacrifice their time and potentially their lives to serve in the American war effort. *Meet Joe Copper*, however, argues that the men who continued to work on the home front did not feel emasculated. On the contrary, he argues

In addition to the physical body as a defining aspect of American masculinity during World War I, other traits continued to gain greater significance and then influence how society and middle-class white men themselves perceived manhood. Indeed, on the eve of World War II, “ambition and combativeness became virtues for men; competitiveness and aggression were exalted as ends in themselves. Toughness was now admired, while tenderness was a cause for scorn.” Society even began to praise the sexual desires, dominance, and loyalty of men in the 1940s.<sup>16</sup> AAF psychiatrists Roy Grinker and John Spiegel’s words about the airplane being a “submissive” “supertoy,” when examined using gender analysis as a scholarly lens, then takes on a whole new meaning. The men who volunteered to serve in the AAF were supposed to “dominate” the “submissive” aircraft to do the flier’s will by maneuvering “without obstacle into any desired position.”<sup>17</sup> Not only does this language reflect a domination-submissive paradigm, but it also has sexual undertones that reflect the sexual values of the period. Indeed, AAF pilots and aircrews were supposed to be dominant airmen that subjected the aircraft to their will. They exercised their aggressive initiative as they fulfilled this role, and proved to themselves and others that they were true men.

While some masculine traits carried over from World War I into the World-War-II era, like the reemphasis on the body and competition, others fell to the wayside and disappeared. In fact, with this new focus on sexual domination, 1940s Americans associated Progressive-era

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that many men, such as the copper miners in Montana, perceived martial masculinity as a *threat* to “their own working-class masculinity, which had been bolstered by the labor movement in the 1930s.” The Second World War intensified the need for copper, and many men returned to work after being unemployed for years. Thus, the copper mines allowed these men “to consistently fulfill the fundamental requirement for local masculinity by providing for their families.” These American men therefore saw the war as an interruption in their lives that impeded their masculine duties. Matthew Basso, *Meet Joe Copper: Masculinity and Race on Montana’s World War II Home Front* (Chicago: University of Chicago Press, 2013), 5-6.

<sup>16</sup> E. Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era* (New York: Basic Books, 1993) 3-6.

<sup>17</sup> Grinker and Spiegel, *Men Under Stress*, 4-5.

ideals, such as sexual restraint and temperance, with femininity. Whereas in World War I when Pershing and other officers believed that sexual abstinence and morality bolstered American soldiers, military leaders in World War II, such as George Patton, intertwined masculine sexuality and military lifestyle so that the two had a “symbiotic” relationship. They asserted, in very flamboyant language in Patton’s case, that if men did not have sex with women, they were not going to be successful in the military. Americans looked down upon male abstinence from sexual interactions because it didn’t reinforce any notion of heterosexual masculinity. And, as Kara Dixon Vuic writes, “military officials believed that good soldiers” not only “need to see women” but also “have sexual interactions” with them. Sexual indulgence became a trait that protected one’s sense of masculinity and guarded a key component to the military’s martial masculinity.<sup>18</sup> On one hand, to develop these sexual desires, the military focused on incorporating women with a “youthful appeal.” The armed forces eschewed, to some extent, the World War I-era conventions that women were moral compasses. In World War II, sexualized young women replaced the older, motherly figure “as the symbolic American woman for whom men fought.”<sup>19</sup> On the other hand, however, some Americans expected that mothers be agents of “civilization” as they “were to maintain the moral values that kept men civilized.” But, any notion of “civilization,” did not fit within martial masculinity during the 1940s because the “civilized” man symbolized “female connotations.”<sup>20</sup> Thus, American men needed to shed any connection with femininity, and therefore, they developed those aggressive traits that defined 1940s masculinity. However, a lot of this hostility arose between World War I and World War II because

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<sup>18</sup> Kara Dixon Vuic, *The Girls Next Door: Bringing the Home Front to the Front Lines* (Cambridge: Harvard University Press, 2019), 67.

<sup>19</sup> Vuic, *The Girls Next Door*, 76.

<sup>20</sup> Rotundo, *American Manhood*, 222, 225, 252.

many American men felt emasculated as if they were unable to fulfill their manly duties due to the defining event—the Great Depression—of the interwar years.<sup>21</sup>

Many of the country’s propaganda posters, films, and other forms of media emphasized these new masculine traits, such as the muscular body and masculine sex appeal, whether through chiseled jawlines or defined triceps and biceps. Some images, such as “O’er the



Figure 12: Portrayal of the Strong, Patriotic Airman of the Army Air Forces. Photo courtesy of The Gilder Lehrman Institute of American History

Ramparts We Watch,” from the Army Air Forces, did not put the body on display, but by portraying the airman carrying a bomb ready to be loaded onto an aircraft, the poster still emphasizes the man’s strength and conditioning.<sup>22</sup> The United States itself relied on propaganda and images to showcase the physical specimens which correctly represented American masculinity. Men strove to develop the bodies portrayed in the propaganda because, as scholar Christina Jarvis argues, men’s bodies and strength symbolized the nation and military. They conveyed messages “of national strength

<sup>21</sup> Kimmel, *Manhood in America*, 127-128.

<sup>22</sup> Figure 12, United States Army Air Forces, “O’er The Ramparts We Watch,” Propaganda Poster, ca. 1944-1945, Collection #GLC09520.11, The Gilder Lehrman Collection, 1860-1945, The Gilder Lehrman Institute of American History, New York.

to U.S. citizens and to other nations.”<sup>23</sup> Therefore, not only did a physically healthy body help crashed airmen to survive the wilderness, but it also portrayed the country in an international light highlighting the masculine, tough United States.

The AAF specifically highlighted the importance of developing and maintaining physical health as the propaganda poster displayed, not to avert the onset of Staleness and protect one’s mental health like in World War I, but to physically survive combat conditions. In a 1944 recruitment film, *Survival of the Fittest*, the AAF emphasized, to near exaggeration, that airmen needed to be physically fit, or they would experience a quick death. It begins with a fighter pilot who had been shot down over the ocean. To survive, he had to rely on his physical strength. Somehow, the more physically strong he was, the more likely he was to survive the crash. Then, as he swims in the endless ocean, he comes across another wounded American flier. Now, the first man’s strength is not only necessary for his survival but that of the other wounded pilot. The film then flashes back to airmen’s physical training by incorporating countless scenes of shirtless cadets participating in calisthenics, swimming, jogging, boxing, and traversing through obstacle courses. The narrator states, “The Army Air Forces . . . put you through a streamlined series of specialized calisthenics, executed . . . under the supervision of qualified instructors.” The film portrays the men participating in push-ups, the “Squad Jump,” the “Bank Twist,” the “Trunk Twister,” and the “Wood Chopper.” But as any recruitment film should do, it added that the airmen have fun while exercising. Indeed, the narrator declares, “it wasn’t all ‘up, two, three, four.’ Ya’ had fun, too! A carefully planned kind of fun that kept those back, and arm, and chest, and leg muscles tuned up to top performance.” The camera then pans to men playing tug-of-war

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<sup>23</sup> Christina Jarvis, *The Male Body at War: American Masculinity during World War II* (DeKalb: Northern Illinois University Press, 2004), 4-5.

and pulling each other into the muddy moat. The film returns the viewer to the airman who had crashed in the ocean. He finally made it to land with his fellow American and comes across other GIs constructing roads. These soldiers rush to the airmen and put them in a truck to haul them to safety. The narrator declares, “Well, you’ve made it. You got him home. You’ve saved his life as well as your own. But it wasn’t only your good luck or your courage that did it. Both of you had strong bodies. Both of you had the endurance to survive, because that injured pilot must have been in pretty good physical condition himself to get this far.” The film ends with the first airman receiving a medal for his valor. The focus on the men’s bodies, the physical fitness and endurance, teamwork, courage, and decoration all reflected the era’s masculine ideals.<sup>24</sup>

There were physical challenges to notions of 1940s American masculinity, including the inability to work, to provide for one’s family, and a failure to maintain a muscular image to represent the strength of the country, but the psychological and psychiatric challenges to masculinity also caused a great deal of worry among the American population. If a man worked and provided for his family, people believed that he lived up to his roles as a husband and father. When the war started, if a man dropped his civilian life and volunteered to serve his country, then he proved his manliness to others. Psychological and Psychiatric illnesses, however, prevented a man from fulfilling these duties, and thus, mental health issues were especially emasculating for many people. Mental health issues, moreover, posed particular problems even before combat.

When the Second World War began for the United States in late 1941, there was a mass mobilization to fill the armed forces, but to limit the number of psychiatric casualties from war,

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<sup>24</sup> Army Air Forces First Motion Picture Unit, *Survival of the Fittest*, AAF Recruiting Films, 1944 Internet Archive, <https://archive.org/details/24964-survival-of-the-fittest-vwr>.

inductees went through rigorous screening examinations.<sup>25</sup> Psychiatrists and other military leaders learned their lesson from the previous war and implemented an overhauled screening process built around the theory of “Predisposition,” which received government support with the passage of the Selective Training and Service Act (STSA) in 1940.<sup>26</sup> Although the AAF would not accept draftees from the STSA into flying positions during the war, an examination of the legislation provides clarity concerning the contemporary cultural social landscape and perceptions of mental health. With the passage of the legislation in 1940, the United States instituted the first peacetime conscription of men in the country’s history. This act clearly had consequences for the then unbeknownst coming war, but it would also affect post-war veteran reintegration. It gave the government the authority to “select and induct” men and conduct physical and psychiatric screenings to determine whether a man was fit to serve. The stipulations and guidance of *Medical Circular No. 1*, a directive that accompanied the Selective Training and Service Act, directed these examinations, and it “instructed examiners not only to detect those who had [psychiatric] disorders but also to look for men with possible problems in interpersonal relations who might not be able to adjust to others or to the stress of military or civilian life thereafter.”<sup>27</sup> In other words, the examiner tested each registrant to see if he was physically and psychologically prepared for military service, but the examiner also disqualified any person who seemingly would not adjust to military life nor be able to reintegrate into civilian life. The US Army followed up *Medical Circular No. 1* with *Circular Letter No. 19*, and it “emphasized a

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<sup>25</sup> I will discuss the screening of potential airmen below as it is a major point of this chapter. This portion of the chapter will be much more detailed. For this section, though, I will focus on the neuropsychiatric rejections during the induction examinations and how the neuropsychiatric rejection reflected contemporary notions of masculinity in 1940s America.

<sup>26</sup> For an extended discussion on “Predisposition” and the general screening process for Draft and Induction Boards, see Greene, *Breaking Point*, chapters one and two.

<sup>27</sup> Greene, *Breaking Point*, 29-31.



narrower goal of ensuring inducted soldiers were well motivated, well disciplined, and physically and mentally capable.” Army examiners disqualified any man with “personality deviations,” which included “suicidal tendencies,” “discontent,” “lack of initiative and ambition,” “resentfulness to discipline,” and “homosexual proclivities.”<sup>28</sup> Many of these traits challenged those deemed necessary for successful men. If a man lacked initiative and ambition, examiners presumed that he was not aggressive or willing to fulfill his duties. Moreover, men who expressed “homosexual proclivities,” examiners believed, did not live up to the “normal” sexual and heterosexual characteristics of American masculinity in the 1940s.<sup>29</sup>

These screening processes strove to select ideal men who met the necessary physical and mental requirements for military service. Officials hoped that the psychiatric exam would weed out the “predisposed” people most likely to experience psychological breakdowns.<sup>30</sup> There were various “symptoms” or “signs” that marked a “predisposed” man. These signs included blatant “psychopaths,” alcoholics or men with drug addiction, men who stuttered, unfaithful or cowardly people inclined to malingering, homosexual men, and political activists who opposed military service.<sup>31</sup> Over the duration of the war, the US military rejected 1.8 million men during the induction screenings for psychiatric reasons.<sup>32</sup> These men received the dreaded “4F” rejection

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<sup>28</sup> Greene, *Breaking Point*, 39.

<sup>29</sup> For the seminal work on gender and the LGBTQ+ experience in World War II, see Bérubé, *Coming Out Under Fire: The History of Gay Men and Women in World War Two* (New York: Free Press, 1990).

<sup>30</sup> The theory of “Predisposition” was the driving force behind the military’s psychiatric screening. During this period, psychiatrists believed “that personality traits were stable either from birth, attributable to heredity, or from early childhood, attributable to socialization, thereby enabling psychiatrist to examine a young person and forecast their personality.” See Greene, *Breaking Point*, 17.

<sup>31</sup> Greene, *Breaking Point*, 50-68.

<sup>32</sup> Greene, *Breaking Point*, 13; *National Neuropsychiatric Institute Act: Hearing on H.R. 2550, Before a Subcommittee on Interstate and Foreign Commerce, House of Representatives, Seventy-ninth Cong. First Session. 5* (September 1945) (Written Statement of Watson B. Miller, Acting Administrator of the Federal Security Agency, to Clarence F. Lea, the Chairperson of the Committee on Interstate and Foreign Commerce); *National Neuropsychiatric Institute Act: Hearing on H.R. 2550, House of Representatives, Seventy-ninth Cong. 36* (September 1945) (statement of Maj. Gen. Lewis B. Hershey, Director of the Selective Service System); *National Neuropsychiatric Institute Act: Hearing on S. 1160, Before a Subcommittee on Education and Labor, United States*

was reserved for people with neuropsychiatric and character issues. The “4F” was an instant stain on a man’s record, and it was a double attack on his sense of masculinity. On one hand, the men with the 4F could not serve in the military and prove their manhood that way. American people on the home front often looked at the rejected person as a “draft dodger” who was shirking his duties. Reflecting on the 4F rejection after the war, Lewis B. Hershey, the director of the Selective Service System, once stated, “If a man has got a leg off, he is no morale problem, but if he has one side of the internal arrangements of his head gone, you cannot see it.”<sup>33</sup> In other words, he claimed that it was easy for Americans to see why a physically disabled person could not serve, but it was more difficult to understand why a person dealing with mental health issues could not.

But on the other hand, the 4F rejection’s second attack on masculinity was that it often prevented men from fulfilling their duty as a breadwinner even if they could not serve in the military. Employers and the American public at large often stigmatized the 4F rejection. It caused the rejected person and their families to feel shame and embarrassment because “they complained that their psychiatric label prevented them from employment.”<sup>34</sup> Thus, not only were the rejected men unable to serve in uniform and prove their manhood in that way, but they were also often stigmatized at home and unable to find employment because American society viewed the rejected person as either a “draft dodger” or “psychoneurotic.”

Therefore, it was important that if an American man wanted others to perceive him as a “successful man,” he needed to be mentally healthy. During the early and mid-twentieth century,

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*Senate*, Seventy-ninth Cong. Second Session. 136 (March 1946) (Written Statement of Maj. Gen. Norman T. Kirk, Surgeon General, United States Army)

<sup>33</sup> *National Neuropsychiatric Institute Act: Hearing on H.R. 2550*, 37 (September 1945) (Lewis Hershey).

<sup>34</sup> Basso, *Meet Joe Copper*, 105-106; Direct quote from Greene, *Breaking Point*, 101.

especially during World War II, American ideals emphasized that men protected the country; it was their duty to go to war and demonstrate the characteristics that defined the successful man—competitiveness and aggression, physical vitality, domination, and perseverance. And society often believed that poor mental health obstructed the development of these traits. As scholar Christina Jarvis puts it, when, during combat, a man “‘break[s] down’ under the stress of military life or combat, the psychiatric casualty explicitly exposed the emotional side of men and challenged a warrior ideal predicated upon bravery, self-mastery, control, and courage under fire.”<sup>35</sup> For the Army Air Forces in particular, proper manhood dictated that airmen continue to fight the war in the face of any obstacle, physical or psychological. Only by overcoming those issues could the man prove his manhood. While gender is not a static conception, there is no single definition of masculinity that serves as an umbrella. But, as this section shows, there are certain traits and characteristics that played crucial roles in how society perceived masculinity. Within this social landscape where multiple traits defined men, it then fell to the medical personnel of the AAF to choose those people who they believed would be the most successful pilots and aircrew members.<sup>36</sup>

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<sup>35</sup> Christina Jarvis, “‘If He Comes Home Nervous’: U.S. World War II Neuropsychiatric Casualties and Postwar Masculinities,” *Journal of Men’s Studies* 17, no. 2 (Spring 2009): 99.

<sup>36</sup> This chapter explores the medical personnel of the AAF rather than a “bottom-up” view perspective from the airman themselves. It delves into how the social constructions of masculinity before the war influenced the way that medical personnel selected and classified the men who volunteered to fly. There is a large scholarship on the air war in World War II and specifically, the lives and war experiences of the American combat flier, but there are very few works that examine how medical personnel perceived, diagnosed, and treated airmen’s wartime experiences. For works on the strategic and operational levels of the air war in World War II, see Mark Clodfelter, *Beneficial Bombing: The Progressive Foundations of American Air Power, 1917-1945* (Lincoln: University of Nebraska Press, 2010); Tami Davis Biddle, *Rhetoric and Reality in Air Warfare: The Evolution of British and American Ideas about Strategic Bombing, 1914-1945* (Princeton: Princeton University Press, 2002); Richard Overy, *The Bombing War: Europe 1939-1945* (New York: AllenLane/Penguin Books, 2013); Richard Overy, *The Air War: 1939-1945* (Sterling, VA: Potomac Books, Inc., 1980); Michael Sherry, *The Rise of American Air Power: The Creation of Armageddon* (New Haven: Yale University Press), 1987; Brian Vlaun, *Selling Schweinfurt: Targeting Assessment and Marketing in the Air Campaign against German Industry* (Annapolis: Naval Institute Press, 2020). For works on the airmen’s experiences in the war, see Kevin T. Hall, *Terror Flyers: The Lynching of American Airmen in Nazi Germany* (Bloomington: Indiana University Press, 2021); John McManus, *Deadly Sky: The American Combat Airman in World War II* (New York: Caliber, 2000); Donald Miller, *Masters of the Air: America’s Bomber Boys who*

## **The Continued Importance of the Flight Surgeon, and the Creation of the Office of the Air Surgeon**

Many of these traits associated with 1940s American masculinity shaped the way that medical officers made their selections. It was necessary, then, that the AAF employed trained doctors and professionals who could determine whether a man had the correct characteristics and skills to be successful pilots or aircrew members. Building off the American Air Service's establishment of the office of the flight surgeon in World War I, the Army Air Corps and later Air Forces further expanded the role of the flight surgeon and created an entirely new office of the Air Surgeon who oversaw all of the medical challenges that airmen faced. Moreover, the Office of the Air Surgeon created the examination process that selected and classified the fliers into the roles for which they seemed best suited. Influenced by the social and cultural landscape concerning gender norms, the medical officers believed that the people most likely to be successful fliers were those who evinced the proper masculine characteristics. For example, in addition to the subtle hints of sexual domination when they mentioned that fliers dominated their submissive airplanes, leading AAF psychiatrists Roy Grinker and John Spiegel also stated that the American flier "achieves a feeling of aggressive potency bordering on the unchallenged strength of a *superman*" [my italics].<sup>37</sup> This quote includes concepts of aggression and the power of airmen. They were supposed to be so aggressive that they nearly arrived at the point of having "unchallenged strength"—an important attribute for the successful man. But, Grinker and Spiegel go even further with this quote by asserting (and exaggerating) that fliers develop the characteristics of "a superman."

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*Fought the Air War against Nazi Germany* (New York: Simon & Schuster, 2007); Mark K. Wells, *Courage and Air Warfare: The Allied Aircrew Experience in the Second World War* (London: Frank Cass, 1995).

<sup>37</sup> Grinker and Spiegel, *Men Under Stress*, 5.

Because the AAF administrative and medical personnel believed that the men who volunteered to fly needed particular technical skills and a strong sense of physical and mental health, they developed their own selection and classification system to determine whether which candidates qualified for duty. It was necessary, then, that trained professionals in aviation medicine carried out the selection process. This theory led to the expansion of the number of flight surgeons and the creation of the Office of the Air Surgeon in 1941. The American Air Service created the office of the flight surgeon in the throes of World War I, as discussed in previous chapters. It was a “distinctly American product” that required medical personnel to be flight qualified in order to understand the problems that American aviators experienced during combat. In particular, the early flight surgeons lived among the pilots and grew to closely know them so that they could quickly recognize if he was experiencing psychological distress.<sup>38</sup> Flight surgeons established themselves within the military medicinal field and solidified the belief “that military aviators needed the care of a special medical officer. . . . [who] would need a specialized course of training in the unusual conditions to which aviators were exposed.” They had first-hand experiences of flying as pilots or observers. Furthermore, flight surgeons continued to serve among the units and participated in many of the same activities as fliers. These flights and participation in activities with the fliers aided the flight surgeon to better “understand the temperament of the flyer, speak his language, and enjoy his personal respect and trust.”<sup>39</sup> Indeed,

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<sup>38</sup> Report on The Medical Research Board and Its Work,” pg. 143, Volume 3: Histories of the Radio Section, Medical Research Board, Air Service Medical Consultant, and American Medical Officer with the Royal Air Force (Hereafter Volume 3), Series L: Miscellaneous Sections of the Air Service (Hereafter Series L), *Gorrell's History of the American Expeditionary Forces Air Service, 1917-1919*, (National Archives Microfilm Publication, Roll 0037, Records of the American Expeditionary Forces (World War I) Record Group 120; National Archives-Affiliated Archives, Fold3 (Hereafter NARA, Fold3).; US War Department: Air Service Division of Military Aeronautics, *Air Service Medical Manual* (Washington DC: Government Printing Office, 1919), 14-15.

<sup>39</sup> Robert Skinner, “The Making of the Air Surgeon: The Early Life and Career of David N. W. Grant,” *Aviation, Space, and Environmental Medicine* 54, no. 1 (January 1983), 78, Folder 3, Series 1, Box 1, SMS 1366, Clark Special Collections, McDermott Library (Hereafter Clark Special Collections), United States Air Force Academy (Hereafter USAFA).

they were supposed to have a better and intimate knowledge of the problems, including psychiatric issues, that fliers faced, and “more than anyone else he was equipped to cope with the unique health problems of the flyer.”<sup>40</sup> But this assertion, that only flight surgeons trained in aviation medicine could treat airmen, became a sticking point between the Army’s Office of the Surgeon General and the Army Air Forces.

Between World War I and World War II, the then named Army Air Corps continued to develop its airpower doctrine to try to create an independent air force, separate from the Army.<sup>41</sup> This fight for independence carried over into the medical field with a battle over who controlled aviation medicine, the Office of the Surgeon General of the Army or the Army Air Corps/Forces.<sup>42</sup> In the interwar period, the Office of the Surgeon General directed aviation medicine and the training of flight surgeons, but the Air Corps medical officers “sporadically exhibited some tendency to pull away from the jurisdiction of the Surgeon General, insisting from time to time on the special characteristics of Air Corps medical service.”<sup>43</sup> Tensions

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<sup>40</sup> For quote, see Mae Mills Link and Hubert A. Coleman, *Medical Support of the Army Air Forces in World War II*, (Government Printing Office: Washington, D.C., 1955), 46; In a report, Lt. Colonel R. C. Anderson, the Chief of the Department of Neuropsychiatry of the School of Aviation Medicine, wrote that each flight surgeon who graduated from the School of Aviation Medicine at Randolph Air Field in San Antonio, Texas, received a course in psychiatry; however, “for most psychiatry remained as one of the esoterica and their presumed knowledge of it was confined to a type of intuition as to whether or not a given man might learn to fly. Failure to continue flying, once the man had learned, was universally ascribed by Flight Surgeons to a highly, and wholly, conscious ‘fear of flying.’” Anderson states that while every flight surgeon had a basic course on psychiatry, they still relied on their “intuition” to make medical decisions concerning the fliers’ psychologic health. They deemed it odd that a man, after learning how to fly, would fail to continue, and they arrived at the conclusion that the flier experienced a “Fear of Flying.” See Lt. Colonel R. C. Anderson, “Psychiatric Training of Medical Officers in the Army Air Forces,” 1-3, HD: 730 (Neuropsychiatry) – Psychiatric Training of Medical Officers in the Army Air Forces, Box 1331, Administrative Records Relating to the Zone of the Interior in World War II, 1917-1950, Office of the Surgeon General, Record Group 112, National Archives at College Park (Hereafter NACP).

<sup>41</sup> For more on the Air Corps and AAF pushing for independence, both as a military branch and as an organization in the war, see Clodfelter, *Beneficial Bombing*, 5; James Cooke, *The U.S. Air Service in the Great War: 1917-1919* (Westport, CT: Praeger, 1996), 38; Vlaun, *Selling Schweinfurt*, 6, 17-18, 138, 207.

<sup>42</sup> Skinner, “The Making of the Air Surgeon,” 80-81; Link and Coleman, *Medical Support of the Army Air Forces*, 46-56.

<sup>43</sup> Skinner, “The Making of the Air Surgeon,” 80-81, SMS 1366, Clark Special Collections, USAFA.

continued to develop between the Air Corps and the Surgeon General, which would ultimately lead to the creation of the Office of the Air Surgeon directed by the Air Corps/Forces.

In March 1941, the soon-to-be Air Surgeon, Dr. David N. W. Grant published a report of the findings from his time as a medical observer with the Royal Air Force, which had been engaged in war with Germany since 1939. The essay, “A Report on Flying Fatigue and Stress as Observed in the R.A.F. (Royal Air Force),” played an important role in the tensions and eventual schism between the Offices of the Surgeon General and Air Surgeon. In this study, Grant defined and outlined the causes, treatment, and prevention of what he called “flying stress.” He concluded that there were three important “cardinal principles” to combat this problem: 1) “the elimination of the temperamentally and constitutionally unfit at the time of selection or during the training period;” 2) “the early detection of signs of fatigue and stress—this is not only a medical responsibility but the responsibility of the Commanding Officers as well;” and 3) “the early medical disposal of those who become over-fatigued or stressed to a disabling degree.” In regards to the second cardinal principle, Grant declared that “no medical officer who is not well acquainted with the flying personnel under his care can hope to diagnose the condition as early as it should be diagnosed.” Therefore, it was important that each squadron and group had a flight surgeon trained in aviation medicine to help detect the early onset of Flying Fatigue.<sup>44</sup> Upon return to the United States, Grant published the report, and it apparently convinced top AAF brass about the need for specific surgeons trained to address pilots’ and aircrews’ medical problems because in June 1941, when the Air Corps became the Army Air Forces, General Hap Arnold helped in the creation of the Office of the Air Surgeon, then under the guidance of the

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<sup>44</sup> David N. W. Grant, “Report on Flying Fatigue and Stress as Observed in the Royal Air Force,” 10 March 1941, pgs. 3-4, 8, Call #168.7248-5, IRIS #01081063, David N. W. Grant Collection, in the Personal Collection of R.E. Skinner, Air Force Historical Research Agency (Hereafter AFHRA), Maxwell Air Force Base (Hereafter Maxwell AFB), AL.

Office of the Surgeon General. Arnold assigned Grant as the first Air Surgeon, who then lobbied for a separate medical branch under the direction of the AAF. He further pushed for the recruitment and training of more flight surgeons with training in aviation medicine because they “could not simply be assigned from a ‘pool’ of medical personnel, as the Surgeon General had been suggesting.”<sup>45</sup> But his lobbying and push for these items alienated the Surgeon General.

Originally, Grant acted under the direction of the Office of the Surgeon General, led by James Magee (June 1939-1943), but the two men often disagreed with each other, and a schism developed between them. While each office maintained a “common goal”—both “desired that the fighting forces be provided the best possible professional care,”—the Air Surgeon believed that flight surgeons and medical personnel dealing with fliers needed to have a specialized focus on aviation medicine. In 1942, after the United States entered World War II, the schism grew wider because the Office of the Surgeon General disagreed with top AAF brass that the Army Air Forces were an offensive weapon, separate from the ground forces. The Surgeon General “reject[ed] the premise that the Army Air Forces had a major combat mission beyond support of the ground forces in a conventional theater of operations.”<sup>46</sup> The Surgeon General further dug in his heels when the Air Surgeon disagreed over the treatment of casualties. On the one hand, the Surgeon General insisted on treating casualties in the traditional hospital system. Grant and the Office of the Air Surgeon, however, pushed for treatment at the front (flight) line by relying on flight surgeons posted with each squadron or group, much like Grant’s 1941 report suggested.<sup>47</sup>

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<sup>45</sup> For quote, see Skinner, “The Making of the Air Surgeon,” 81. For more information on the creation of the Office of the Air Surgeon, see “Events Report,” Weigand’s Material: Early Days of the AFTAS (Air Force, The Air Surgeon, Box 1, Correspondence and Reports Documenting Early Planning Policy and Administration, 1942-1946, Office of the Secretary of the Air Staff, Records of the Army Air Forces, Record Group 18, National Archives at College Park.

<sup>46</sup> Link and Coleman, *The Medical Support of the Army Air Forces*, 47.

<sup>47</sup> The Air Surgeon’s argument to treat casualties, including psychiatric casualties, at the flight line was revolutionary for the American military. In her book, *Breaking Point*, Rebecca Schwartz Greene examines the



But the Surgeon General's office "apparently believed that their professional judgment was being questioned," while the Air Surgeon "usually interpreted" that "every restrictive action of the Surgeon General was . . . a direct blow at the Army Air Forces."<sup>48</sup> The complete break between the two offices occurred when Grant submitted a plan concerning the air evacuation of the wounded and sick to the Surgeon General and received no reply. He then took his plan directly to General Henry "Hap" Arnold, the commanding general of the Army Air Forces. On the very next day, Magee interpreted Grant's move as an act of subordination and visited Arnold. Magee demanded disciplinary action towards Grant "because the Air Surgeon had bypassed proper channels." Arnold heard enough and brought Magee and Grant together and declared that "the Air Surgeon was to be directly responsible to him and not to the Surgeon General."<sup>49</sup> Arnold, the commanding general of the AAF, was one of the largest proponents of an independent air force, so by placing the Office of the Air Surgeon directly under his control, Arnold bolstered the AAF's autonomy.

Now under the complete direction of the AAF, the Air Surgeon took complete control of any and all medical issues the AAF required, but especially the need "to advise on professional standards for medical personnel and on physiological standards for all personnel of the Army Air Forces," "to direct the School of Aviation Medicine," and "to exercise technical supervision of

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evolution of psychiatry during the war. At first, as is evident in this episode between the Surgeon General and the Air Surgeon, Greene argues that military psychiatry failed to adapt to the growing need for psychiatric care in the early years of the war. The Surgeon General's first focus was on predisposition and the need to weed out those deemed most likely to succumb to the mental distress of war. In fact, psychiatric treatment for soldiers was rare before 1943. It was not until after 1943 when military medical officers shifted focus from screening and immediate discharge to front-line treatment. But from the beginning of the war, Grant and the Office of the Air Surgeon focused on front-line psychiatric treatment or evacuation to rest homes. See Greene, *Breaking Point*, 6, 146-147, 156-157, 177, 250; Jarvis, "If He Comes Home Nervous," 100-101; Link and Coleman, *The Medical Support of the Army Air Forces*, 46-49.

<sup>48</sup> Link and Coleman, *The Medical Support of the Army Air Forces*, 49.

<sup>49</sup> Link and Coleman, *The Medical Support of the Army Air Forces*, 50; Skinner, "The Making of the Air Surgeon," 81-82.

all flight surgeons in the Army Air Forces.”<sup>50</sup> Under these orders, the Air Surgeon and AAF placed emphasis on the findings of Grant’s report: to provide enough flight surgeons with training in aviation medicine to address the needs and health of the fliers and to correctly and efficiently select and classify the best men to fly.<sup>51</sup> AAF medical personnel argued that not only would training in aviation medicine help flight surgeons *treat* American fliers, but it also prepared them “to perform the ‘Physical Examination for Flying,’ or in other words to select flying personnel.”<sup>52</sup> Therefore, building upon Grant’s 1941 report, the Air Surgeon and his flight surgeons developed their own induction and screening process that were different from those established by the Office of the Surgeon General for the Army. Any conscripted man received the general examination under the Selective Service and Training Act, but any person who would eventually fly received the AAF’s specific induction and selection examinations. And with the thought of vying for an independent air force in the back of their minds, the importance of selecting the best candidates took on additional significance. It was likely important for the medical personnel to choose those men with the best qualities that would bolster the image of the Army Air Forces and further provide evidence of the need to become an independent force. As Grant wrote in his 1941 report concerning the selection of the best, “get rid early of material that does not measure up to scale, and cases of flying stress which require treatment will be at a minimum.”<sup>53</sup>

### **The Army Air Forces’ Selection and Classification Process**

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<sup>50</sup> Link and Coleman, *The Medical Support of the Army Air Forces*, 36-37.

<sup>51</sup> “The Office of the Air Surgeon,” 1-4, Weigland’s Material: Early Days of the AFTAS (Air Force, The Air Surgeon, Box 1, Correspondence and Reports Documenting Early Planning Policy and Administration, 1942-1946, Office of the Secretary of the Air Staff, Records of the Army Air Forces, Record Group 18, NACP.

<sup>52</sup> Anderson, “Psychiatric Training of Medical Officers in the Army Air Forces,” 1, HD: 730, Box 1331, RG 112, NACP.

<sup>53</sup> Grant, “Report on Flying Fatigue and Stress as Observed in the Royal Air Force,” 4, Call #168.7248-5, IRIS #01081063, David N. W. Grant Collection, in the Personal Collection of R.E. Skinner, AFHRA, Maxwell AFB.

During the war, one psychiatric patient, a twenty-five-year-old bomber pilot, participated in fifty-three sorties over Europe. Compared to many other airmen, this was considered a lengthy tour of duty. This pilot had begun to experience severe anxiety reactions after his twenty-fifth operation, but never confessed to his flight surgeon or superiors that he suffered from psychological distress. He continued to fly and on his thirty-fifth mission, either fire from enemy fighters or anti-aircraft weapons blew out the American aircraft's hydraulic system, forcing the pilot and his crew "to make a belly landing," meaning landing directly on the aircraft's fuselage due to the hydraulic failure of the landing gear. This traumatic experience worsened the man's anxiety and caused "physical incoordination." Administrative officials reassigned him to non-combat flying duty, but even then, "he complained of irritability, restlessness, sleeplessness and headaches." A Central Medical Examining Board ordered that the AAF evacuate him to the United States to rest and rehabilitate. He did not receive any punishment on account of his "extensive effort." While in the US, he disclosed that "he had suffered all his life from chronic anxiety and restlessness." Even during his time in combat, he "sweated everything out." After time and psychotherapy treatment in the US, he "improved considerably."<sup>54</sup>

AAF psychiatrists Roy Grinker and John Spiegel believed that had this man "confessed his previous anxiety state" during the selection and classification process, the medical personnel would have disqualified him from flying duty. For medical personnel of the AAF, the selection process was difficult because they could not always predict which men would crumble under combat stress and which ones would prove successful. But Grinker and Spiegel acknowledged that "sometimes experience in dealing with anxiety protects the soldier against severe

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<sup>54</sup> Grinker and Spiegel, *Men Under Stress*, 14-15.

neurosis.”<sup>55</sup> While this case portrays a “combat” experience, it also shines light on the difficulty and nuances of the selection process. On one hand, this pilot somehow passed the general and psychiatric examinations, but his previously poor psychological health eventually caused him to suffer in combat. But on the other hand, he dedicated himself to his duty and gave “extensive effort,” eventually proving himself to be a capable airman. Overall, Grinker and Spiegel considered this man’s selection a success because, even though he was an anxious person who almost experienced psychological breakdown during his tour, he also flew enough operations to complete two tours of duty. He lived up to the AAF’s and American society’s expectations that a man should serve and protect the country, no matter the cost. He did not break down early in his tenure, and he made “extensive effort” to fulfill his obligation.

AAF efforts to ensure that the medical personnel selected only the best candidates could be difficult. To help matters, civilian psychological and psychiatric societies offered the US military suggestions concerning how to best discern which men would likely be successful in all aspects of combat, whether in the infantry or in the air. In August 1942, the Sub-Committee representing the New York City Committee on Mental Hygiene of the State Charities Aid Association and the Emergency Committee of Neuro-Psychiatric Societies of New York City, published a memorandum for the US military that emphasized the use of psychiatry for the selection of people to serve in the armed forces. The sub-committee claimed that “fighting forces must consist of individuals with tenacity, endurance and stability, who know that they can count upon one another not to break under stress. This is the essence of *esprit de corps*, because such breaks are contagious.”<sup>56</sup> This assertion reflects many of the era’s masculine ideals, from listing

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<sup>55</sup> Grinker and Spiegel, *Men Under Stress*, 15.

<sup>56</sup> Sub-Committee Representing the New York City Committee on Mental Hygiene of the State Charities Aid Association and the Emergency Committee of Neuro-Psychiatric Societies of New York City, “A Memorandum on

the specific traits of “tenacity,” “endurance,” and “stability,” to the idea of serving as a protector for his country and those who “count upon” him. For the AAF, in particular, the service sought men who would prove themselves as protectors capable of carrying out their duties in the harshest circumstances.

In regard to these circumstances, some AAF veterans argued that when an infantry soldier experienced psychological breakdown, the loss “did not cut as deeply into total ground resources as did the loss of a single highly-trained member of the combat crew.” They asserted that infantry was not as highly technical nor required as much training as aircrews. Furthermore, they argued that the infantry fighter did not have as much responsibility or pressure because when an airman broke “and if by chance he fumbled in carrying out his duties, the lives of the entire crew were at stake.”<sup>57</sup> In short, contemporary beliefs asserted that psychology and psychiatry provided AAF medical personnel with the proper tools to weed out those people with undesirable traits before combat so that the air forces did not waste time, talent, or money on training men who would fail in their duties once the bombs began to drop.

During World War I when society heavily emphasized morally clean living and the importance of physical fitness, sports, and competition as defining characteristics of American manhood, those traits molded the Air Service’s approach to the selection and classification of the flier.<sup>58</sup> Medical personnel relied on physical tests that tested a candidate’s ability to withstand and work efficiently in hypoxic environments believed to cause stress that culminated in physical

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the Selective Process in General and On the Role of Psychiatry in the Selective Process and in the Armed Forces,” August 1942, HD: 730 (Neuropsychiatry) – Selective Service: Memorandum on the Selective Process, Box 1322, Administrative Records Relating to the Zone of the Interior in World War II, 1917-1950, Office of the Surgeon General, Record Group 112, NACP.

<sup>57</sup> Link and Coleman, *Medical Support of the Army Air Forces*, 556-557.

<sup>58</sup> See Chapter One and Two of this dissertation for the sources and detailed descriptions of the Air Service’s selection and classification process.

incapacity. According to historian Marcia Holmes, World War I had demonstrated “the importance of screening pilots for physical and mental fitness, and in the final months of the conflict the US Army had consulted psychologists on developing tests to screen them more effectively.”<sup>59</sup> In the interwar period leading into the Second World War, the Air Corps commissioned 3,505 pilots, zero navigators, and zero bombardiers. In order to qualify to fly in the Air Corps, a person needed to be a volunteer, have at least two years of college education, be able to pass “a rigid physical examination,” and lastly, to pass “a comprehensive interview by an experienced Flight Surgeon or Aviation Medical Examiner.”<sup>60</sup> The Office of the Air Surgeon and its AAF Psychology program created a selection and classification process, which will be discussed below, was drastically different than the process during World War I; however, much like in the early twentieth century, the influence of the social landscape of the 1940s on the process is clear, and many of the differences between the two wars reflected society’s contemporary concerns concerning masculinity. Brigadier General and historian Mark Wells wrote that “one of the more dubious approaches” to AAF candidate selection during these years was the examination of the person’s face. AAF medical personnel theorized that they could predict a man’s “mental, physical and emotional capability and stamina” by studying his face features. They believed that particular sizes and shapes reflected the person’s skills and weaknesses, then “by comparing the results with a composite picture drawn from 20 outstanding aviators, a man’s potential was measured.”<sup>61</sup>

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<sup>59</sup> Marcia E. Holmes, “The Psychologist and the Bombardier: The Army Air Forces’ Aircrew Classification Program in WWII,” *Endeavour* 38, no. 1 (March 2014): 45.

<sup>60</sup> The Aviation Psychology Program, Office of the Air Surgeon, Headquarters, Army Air Forces, “Stanines: Selection and Classification for Air Crew Duty,” HD: 730 (Neuropsychiatry) – STANINES: Selection and Classification for Air Crew Duty, Box 1322, Administrative Records Relating to the Zone of the Interior in World War II, 1917-1950, Office of the Surgeon General, Record Group, 112, National Archives at College Park.

<sup>61</sup> Wells, *Courage and Air Warfare*, 6-7.

Things shifted as the AAF prepared to enter World War II, when physical features and fitness—while still very important—were not the only defining traits of masculinity. Medical personnel did not rely on such examinations like the Re-Breather or facial exams. Instead, the Air Surgeon and flight surgeon created aptitude screenings that reflected the 1940s masculine ideals, such as the ability protect the country (along with everything for which it stood) and the ability to withstand combat stress in order to avoid revealing men’s emotional temperaments. As Wells put it, the AAF’s selection process “aimed not only at singling out the men best suited to withstand the rigours of training, but also at identifying those who would succeed in combat.”<sup>62</sup> The AAF’s selection process strove to choose the men who exemplified American masculinity in the 1940s by choosing those people who lived up to the “superman” ideals that supposedly defined the American fliers, such as their extreme bravery, daringness, and aggressiveness.<sup>63</sup>

Before 1942, the AAF required potential flying candidates to fulfill the education requirements listed above, but due to the Great Depression’s recent societal upheaval and rapidly expanding wartime needs, in January 1942, the AAF dropped this requirement and replaced it with psychological and aptitude examinations. Each member of the aircrew apart from the gunners and radio operators received a commission and were ranked officers, which required higher education. The dropping of the education requirement meant that any man between the ages of eighteen and twenty-six “who possesse[d], the aptitude, knowledge, and skills ha[d] the opportunity to become a bombardier, navigator, or pilot.”<sup>64</sup> By opening up the pool of applicants,

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<sup>62</sup> Wells, *Courage and Air Warfare*, 6.

<sup>63</sup> When this dissertation refers to “before combat,” it does not necessarily mean pre-1941. It refers to the time period from when a person registered for the AAF to when medical personnel selected and classified him or her. For example, there will be examples from 1942 and 1943 after the United States had already entered World War II, but these examples appear in this “before combat” chapter because they pertain to information about the process before the airmen or cadets actually experienced combat first-hand.

<sup>64</sup> For Quote, see Office of the Air Surgeon, “A Two-Year Review of its Activities,” Weigland’s Material: Early Days of AFTAS (Air Force, The Air Surgeon), Box 1, Correspondence and Reports Documenting Early Planning

a wide-variety of men, still mostly white, applied. These men grew up in the era of the Great Depression when education and employment opportunities were scarce. The Depression and its education and economic consequences worried some AAF psychiatrists because “some men have struggled through the lean years before the war, attempting to gain a foothold in industry, business or farming.” Some men were successful in finding steady employment, but many others were not, and “the work record of many men shows considerable shifting about from one job to another.” Many of the men who applied to fly even served in the CCC work “camps, which were a sort of extracurricular preparation for army service but yet represented no test of the individual’s ability for independent effort and achievement.”<sup>65</sup> AAF officials feared that these young men had developed too strong of an “emotional and economic dependence on their families,” and some of their mothers “spoiled” them while their fathers “dominated” them.<sup>66</sup> Thus, the AAF looked into the applicants’ work history to find stability—would the potential airman serve in his position faithfully until the job was done? Then the AAF medical officers

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Policy and Administration, 1942-1946, Office of the Secretary of the Air Staff, Records of the Army Air Forces, Record Group 18, NACP; The Aviation Psychology Program, “Stanines,” HD: 730 – STANINES: Selection and Classification for Air Crew Duty, Box 1322, RG 112, NACP.

<sup>65</sup> Grinker and Spiegel, *Men Under Stress*, 8-9. The CCC, as mentioned in the main text above, built its identity and message around the theme that the CCC would turn young boys into men. They did this by building men’s physique, by developing within them a strong work ethic, and by teaching them how to operate technology that would help them in future employment endeavors. See Suzik, “Building Better Men.”

<sup>66</sup> Grinker and Spiegel, *Men Under Stress*, 8-9. In terms of family life and its impact on a potential flier’s life, AAF medical personnel engaged in studies, such as the “Research Report: Relation of Broken Homes to Success in Flying Training,” to determine if fliers, who came from unconventional or broken homes, would be more likely to fail flying training. AAF psychiatrists believed that “in any psychological or neuropsychiatric examination of individuals, the early environment and heredity are of inestimable importance. Since early environment depends to a great extent on the home situation and heredity often points out the early environment, it was thought worthwhile to attempt to evaluate the relation of broken homes to the success of cadets in their flying training.” While the research concluded that “no apparent relation can be shown to exist between a cadet’s success in Elementary Flying Training and the environment of a broken home through divorces or separation of the parents,” the fact that the AAF engaged in such studies demonstrates that it was exploring any possible causations as to why some men were more than likely to “wash-out” of flying training. See Herman Turk, Paul Campbell, and Eugene Reinartz, “Research Report: Relation of Broken Homes to Success in Flying Training,” cover page and pg. 1, 17 November 1943, HD: 730 – (Neuropsychiatry), Air Force Aviation Medicine, Box 1293, Administrative Records Relating to the Zone of the Interior in World War II, 1917-1950, Office of the Surgeon General, Record Group 112, NACP.



questioned whether the candidate was independent, or if he had been a victim of an overbearing mother who “softened” him. The AAF sought men who had proven themselves to be loyal by evidence of a strong employment history. The Depression, however, made this difficult, so the AAF tried to find men who had some sort of employment history. Having an employment history theoretically demonstrated that the men were not too dependent upon their families, especially their mothers.

Needing to find enough men among a large pool of applicants, under the direction of the office of the Air Surgeon, the AAF developed a quicker and more efficient program, the AAF Qualifying Examination—a paper and pencil test that was different “from most other examinations used by any of the armed forces.” Unlike other military branches’ exams, the AAF allowed any civilians, ranging from high-school-aged people to college-educated individuals,



Figure 13: Cadets Taking the Paper and Pencil Test of the AAF Qualifying Examination

who wanted to serve in the AAF to take the test.<sup>67</sup> For the AAF, the focus was on finding men who seemed capable of succeeding in combat, and the written and ensuing practical

<sup>67</sup> The Aviation Psychology Program, “Stanines,” HD: 730 – STANINES: Selection and Classification for Air Crew Duty, Box 1322, RG 112, NACP; Army Air Forces Aviation Psychology Program Research Reports (hereafter AAF Aviation Psychology Program), ed. Frederick B. Davis, *The AAF Qualifying Examination: Report No. 6* (Washington, DC: Government Printing Office, 1947), 1-2, 6. For Figure 13, see The Aviation Psychology Program, “Stanines,” HD: 730 – STANINES: Selection and Classification for Air Crew Duty, Box 1322, RG 112, NACP.

examinations theoretically helped select the best candidates. There were some limitations, however. The AAF did not completely understand that while the exams demonstrated a man's aptitudes and skills, they could not predict whether the pilot or aircrewman would succumb to distress during combat. The AAF simply needed men to fulfill the various duties. Lt. Col. R.C. Anderson, the Chief of the Department of Neuropsychiatry at the School of Aviation Medicine, asserted that these exams "arose from a distorted conception of what the primary mission of selection was in time of war . . . toward the reduction of the number of failures in flying training." Thus, he argued that the purpose of the psychological tests were to show who would be *successful* rather than finding the person who suffered from psychological problems.<sup>68</sup> The ensuing examinations would supposedly help reduce the number of men who would "wash-out" of training and combat, but it did not necessarily predict whether a man would become a psychiatric casualty.

The written test itself consisted of reading and mechanical comprehension questions, vocabulary tests, and "judgment and aviation-information items."<sup>69</sup> But the AAF quickly realized that the examination did not sufficiently screen candidates, and the Air Surgeon and Psychology Program supplemented it with "Standard Nine" tests, or the Stanines.<sup>70</sup> In July 1941, the Office of the Air Surgeon ordered the Psychology Program to engage in studies to determine "what kinds of abilities or aptitudes must [a pilot, navigator, or bombardier] have to do it well?" After

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<sup>68</sup> Anderson, "Psychiatric Training of Medical Officers in the Army Air Forces," 11-12, HD: 730, Box 1331, RG 112, NACP.

<sup>69</sup> AAF Aviation Psychology Program, *The AAF Qualifying Examination*, 6-7.

<sup>70</sup> Wells, *Courage and Air Warfare*, 7; The Aviation Psychology Program, "Stanines," HD: 730 – STANINES: Selection and Classification for Air Crew Duty, Box 1322, RG 112, NACP.

deciding on these important traits for each commissioned position of the aircrew, the Psychology Branch then derived written exams and physical apparatuses that helped test these skills.<sup>71</sup>

These tests did not receive the Stanine name because there were nine tests; instead, the “nine” refers to the grading scale that AAF psychologists used to appropriately classify each candidate after a later step in the process. The Stanines, also known as the classification battery, included twenty different written and physical examinations administered over an eight-hour period. The written portion of the exam “could be administered to several hundred men at one time.” Then, the physical, apparatus tests entailed a more detailed process because they “required individual attention for each candidate, standardized conditions, and very carefully trained testers.” These apparatuses measured men’s “numerical ability, mechanical comprehension,” “the ability to read dials and tables,” and “muscular coordination and perceptual speed.” One airman,



Figure 14: Cadets Participating in an Apparatus Examination of the Stanines.

William Thompson who flew with the 351<sup>st</sup> Bomb Group in the European Theater of Operations, recalled, “trying to hold a stylus in a small round hole while they were trying to distract me with marbles falling on a tin pan over my head and yelling at me ‘You are going to crash!’” The other exams tested his “coordination with simulated stick

<sup>71</sup> For direct quote concerning the abilities and aptitudes, see The Aviation Psychology Program, “Stanines,” HD: 730 – STANINES: Selection and Classification for Air Crew Duty, Box 1322, RG 112, NACP.

and rudder to realign lights.”<sup>72</sup> Thus, the apparatuses tested the applicants’ ability to work under duress to ensure they could complete their duty even though distractions surrounded them. Each test also had specific questions pertaining to each commissioned position in the aircrew, the pilot, the navigator, and the bombardier. Thus, as the AAF Psychology Program detailed in one of their publications, these aptitude tests came after the initial screening, the AAF Qualifying Exam, and strove to ensure that AAF officers assigned each cadet to the occupation for which he was best suited.<sup>73</sup>

Not only did the Stanines classify the cadet, but the AAF also believed the scores predicted a person’s success in training and combat flying. AAF documents clearly state that “for the purpose of predicting each man’s chances of success for each kind of aircrew training, separate aptitude scores, called stanines, ranging from 9 (high) to 1 (low), for bombardier, navigator, and pilot were computed for each candidate from his performance on the Aircrew Classification Battery.”<sup>74</sup> The AAF Psychology Program even assessed the effectiveness of the qualifying and Stanine exams. It allowed a group of approximately 1,000 applicants to enter flying training regardless of their exam scores. Of the 405 men who failed the exam, further study revealed that 88.9 percent of them were “eliminated” during flying training, thereby signifying that only 11.1 percent graduated from flight training. Of the remaining 598 men who passed the exam, 65.2 percent were eliminated and 34.8 percent of them graduated from the

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<sup>72</sup> William Wesley Thompson, Letter to Mark Wells, May 9, 1989, Folder 3: Aircrew Questionnaires, Box 5, Series 7, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, USAFA; Wells, *Courage and Air Warfare*, 7-8.

<sup>73</sup> For direct quotes and Figure 14, see The Aviation Psychology Program, “Stanines,” HD: 730 – STANINES: Selection and Classification for Air Crew Duty, Box 1322, RG 112, NACP; For more information on the Stanines, see Wells, *Courage and Air Warfare*, 8-10.

<sup>74</sup> The Aviation Psychology Program, “Stanines,” HD: 730 – STANINES: Selection and Classification for Air Crew Duty, Box 1322, RG 112, NACP.

training.<sup>75</sup> In short, the AAF believed that the screening exams' statistics proved their theory that if a cadet had low Stanine scores, he would likely fail as a member of an aircrew. In summary, the Stanines tested the cadet's educational and mechanical knowledge, while also offering practical simulations to ensure that he could be physically successful in combat and aircrew duties.<sup>76</sup>

Once applicants passed every portion of the Stanines, the Army Air Forces then administered the "Adaptability Rating for Military Aeronautics," (ARMA), the purpose of which "was to review family histories and screen them for blatant clues of emotional disorder."<sup>77</sup> The AAF psychologists paid close attention to applicants' family history of mental health issues, their childhood traits and development, as well as their sexuality and sexual proclivities. In particular, childhood histories that involved enuresis, excessive timidity, nervousness, anxiety, depression, and sleep-walking caused concern among AAF medical officials. These traits, doctors believed, led to early psychological breakdown in combat. They therefore obstructed the applicant's ability to fulfill his combat duty and also challenged the warrior narrative that men should be stoic, independent, and aggressive.<sup>78</sup> During this war, many medical officers focused on childhood development to discern a person's predisposition. Most of these theories evolved from Sigmund Freud's teachings, and many medical officials relied on his interpretations to find the etiology of

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<sup>75</sup> The Aviation Psychology Program, "Stanines," HD: 730 – STANINES: Selection and Classification for Air Crew Duty, Box 1322, RG 112, NACP.

<sup>76</sup> For a historical exploration of the Stanines, see Wells, *Courage and Air Warfare*, chapter one; McManus, *Deadly Sky: The American Combat Airman in World War II*, 13-21. Donald Miller, *Masters of the Air: America's Bomber Boys Who Fought the Air War Against Nazi Germany* (New York: Simon & Schuster Paperbacks, 2006), chapter one.

<sup>77</sup> Wells, *Courage and Air Warfare*, 8-9.

<sup>78</sup> See Jarvis, "If He Comes Home Nervous," 99; Wells, *Courage and Air Warfare*, 8-9; David G. Wright, "Report of Psychiatric Study of Successful Air Crews," pg. 2-3, 11 October 1943, Folder: 8<sup>th</sup> Air Force – Report of Psychiatric Study of Successful Air Crews, Call #141.28J, IRIS #00114382, Air Surgeon Collection, AFHRA, Maxwell AFB, AL; Anderson, "Psychiatric Training of Medical Officers in the Army Air Forces," HD: 730, Box 1331, RG 112, NACP.

mental illness. One such theory, the Oedipal Conflict, was a rubric that medical officers used to analyze whether a flyer would likely be successful as part of a bomber crew or whether he was predisposed to succumb to mental stress.<sup>79</sup>

The AAF paid a lot of attention to a man's history of sexual activity during the ARMA, perhaps due to Freud's teachings and emphasis on sexual development. Frank Halm, a captain and pilot who flew with the 94<sup>th</sup> Bomb Group in the Eighth Air Force, could not recall all of the questions of the ARMA, but he did remember that the questions "must have been rather personal and involved contact with females." One question was specifically "about sexual experiences." During his ARMA interview, Halm and one other cadet were placed about ten to fifteen feet apart in an office setting. The interviewers sat with their backs against the wall, and when the interviewer asked the other cadet a question, Halm's "interviewer jumped and went to the other interviewer. They both seemed amazed as the cadet had said he'd tried to . . . [have] sex at 5 years of age." Once the cadet shared this experience, Halm's interview ended because both interviewers shifted their attention to the other cadet and asked how the experience occurred. Apparently when he was a child, the cadet and a friend "were playing doctor and nurse."<sup>80</sup> Robert Fesmire, a pilot who flew with the 492<sup>nd</sup> Bomb Group, recalled the ARMA, questions about family history and childhood, including the question, "did you ever have sex with your

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<sup>79</sup> According to Freud's teachings in his *Interpretation of Dreams*, the Oedipal Conflict occurred during childhood. He taught that children had inherent erotic feelings toward the parent of the opposite sex while harboring an unconscious hatred towards the parent of the same sex. If properly resolved as the child grew, he/she repressed those erotic feelings due to guilt and shame. But if an unresolved Oedipal Conflict occurred, the child felt erotic feelings toward the parent of the same sex, while feeling hatred and anger towards the parent of the opposite sex. Freud and other psychological experts—those in the AAF, also—taught that if a person's conflict went unresolved, they were more likely to succumb to mental disease, and during this period, many believed homosexuality and bestiality were manifestations of the unresolved conflict. See Rhona M. Fear, *The Oedipus Complex: Solutions or Resolutions?* (London: Karnac Books LTD, 2016), 11-17.

<sup>80</sup> Frank N. Halm, Letter to Mark Wells, June 30, 1992, Folder 2: Aircrew Questionnaires, Box 5, Series 7, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, USAFA.

mother or sister?”<sup>81</sup> While these are very odd and graphic scenarios, they shed light on the ARMA’s purpose and medical officers’ beliefs concerning psychological development and sexuality. Psychological experts taught that flyers, from a young age, had strong libidinal connections with flying because it provided a unique way to dominate something. If a person experienced a correctly resolved sexual adjustment/Oedipal conflict during childhood, then flying in an aircraft—breaking gravity’s bond—became symbolic of the parent of the opposite sex. Dr. Douglas Bond, an AAF psychiatrist taught, “armed with his aircraft, a flyer is tempted to abuse his new position of authority by openly indulging his fantasies that are concerned with the incestuous meaning of flight and with long-repressed aggression aimed at the father.”<sup>82</sup> Thus, when a man experienced a correct sexual adjustment as a child, flying allowed him to indulge and dominate his fantasies. It is likely that the AAF did not reject the cadet who received his ARMA at the same time as Halm because Halm became friends with the cadet and would often “kid” with him about the experience. Halm also stated that the cadet asked him to keep the experience between the two of them because he was embarrassed.<sup>83</sup>

While we cannot be certain as to why he was not rejected, we can make the argument that the man was likely not rejected from military service because his experience, regardless of age, was heterosexual. If the encounter had been between two men, things would have been different because men who challenged any traditional and correct masculine ideals were removed. As Mark Wells writes, “Men who appeared effeminate, ‘unmanly’, or were suspected of outright homosexuality were quickly rejected.”<sup>84</sup> During the early years of World War II, American

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<sup>81</sup> McManus, *Deadly Sky*, 20-21.

<sup>82</sup> Douglas Bond, *The Love and Fear of Flying* (New York: International Universities Press, 1952), 70-71.

<sup>83</sup> Halm, Letter to Wells, June 30, 1992, Folder 2, Box 5, Series 7, SMS 1335, Clark Special Collections, USAFA.

<sup>84</sup> Wells, *Courage and Air Warfare*, 8.

society and medical professionals taught that homosexuality was a “mental problem” that made men “‘unfit’ for military service.”<sup>85</sup> Therefore, some people, particularly military officials and medical doctors, asserted that being “homosexual” in this period was the ultimate emasculation and sign of failed masculinity. Not only did a man fail to live up to the sexual aggression and domination traits (which were supposed to be heterosexual), but he could not serve in the military and fulfill that manly duty.<sup>86</sup> Therefore, the AAF Psychology Program instituted an extensive screening system that measured applicants’ to work under stress to see if they would complete their duty and explored their psychological history with the hope of screening out any person deemed susceptible to becoming a psychiatric casualty, especially those with poor sexual adjustment and homosexual proclivities. In short, the AAF searched for the *Survival of the Fittest* as their recruitment videos emphasized. This time, however, the fittest applicants were not only those in good physical health but also those in good psychological health as determined by the Stanines and ARMA.<sup>87</sup>

Once candidates passed the Stanines and the ARMA, they progressed into the air cadet and training program where the AAF classified/assigned them to certain occupations according to their combined Stanine scores, their preferences, and the AAF’s wartime needs. Theoretically, a man classified himself according to how he answered the questions. The AAF Psychological

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<sup>85</sup> Naoko Wake, “The Military, Psychiatry, and ‘Unfit’ Soldiers, 1939-1942,” *Journal of the History of Medicine and Allied Sciences* 62, no. 4 (October 2007): 463.

<sup>86</sup> There is an extensive literature on gay men and women who served in the military during World War II. My assertion that homosexuality during this period represented a failure of masculinity is based on society’s perceptions of traditional masculinity during this period. Masculinity is fluid and everchanging, and a majority of society and medical professionals perceived homosexuality as a “mental health problem.” But for the gay men and women who served in the armed forces during the war, for many, their service created a sense of pride, and they likely did not feel as if they were “failed” men or “failed” women. In fact, in his seminal work, *Coming Out Under Fire*, Allan Bérubé argues that World War II served as a turning point in LGBTQ+ history as it fostered the Gay Rights Movement. Also, for more context on homosexuality, see George Chauncey, *Gay New York: Urban Culture, and the Making of the Gay Male World, 1890-1940* (New York: Basic Books, 1994).

<sup>87</sup> Army Air Forces First Motion Picture Unit, *Survival of the Fittest*, AAF Recruiting Films, 1944 Internet Archive, <https://archive.org/details/24964-survival-of-the-fittest-vwr>.



Branch saw each crew position very differently, with each requiring particular qualities. Each

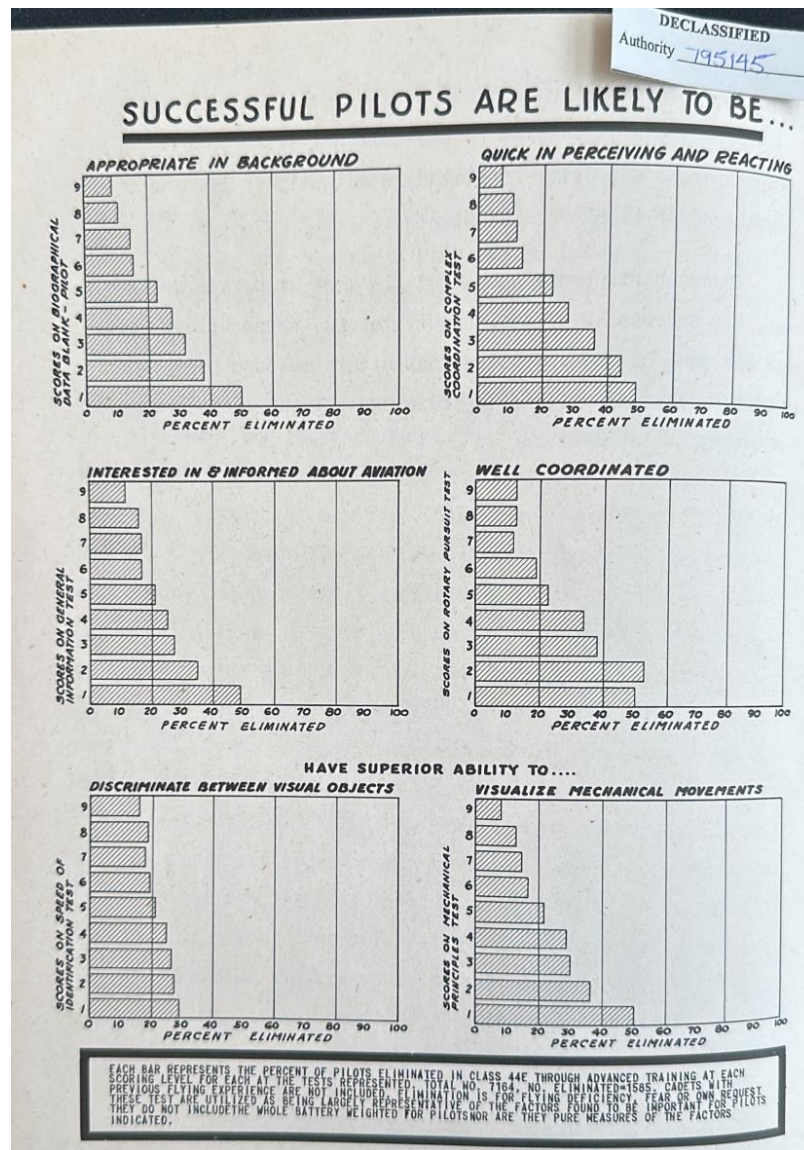


Figure 15: Higher Stanine Scores on Questions Relating To Specific Traits Showed a Decrease in "Wash-Out" Rates.

person who served in the position had unique traits that prepared him to be successful.<sup>88</sup>

Many of the traits that made a man a better fit for a particular job also reflected the socially applauded masculine characteristics. Pilots, of course, flew the plane or served as co-pilots in bombers. Depending on

AAF needs and a person's temperament and Stanine scores, a person would be assigned either as a fighter pilot or a bomber pilot. One AAF graph displays specific characteristics

to pilots and that if the applicant

had higher Stanine scores when answering questions related to these characteristics, his chances

<sup>88</sup> Lt. Col. John C. Flanagan, Psychological Branch Research Division, Office of the Air Surgeon, Headquarters of the Army Air Forces, "Report on Survey of Aircrew Personnel in the Eighth, Ninth, Twelfth, and Fifteenth Air Forces," April 1944, pg. 27, HD: 730 (Neuropsychiatry) – Aircrew Personnel 8<sup>th</sup>, 9<sup>th</sup>, 12<sup>th</sup>, & 15<sup>th</sup> A.F., Box 1315, Administrative Records Relating to the Zone of the Interior in World War II, 1917-1950, Office of the Surgeon General, Record Group 112, NACP; McManus, *Deadly Sky*, 21; The Office of the Air Surgeon, "1-4, Weigland's Material: Early Days of the AFTAS (Air Force, The Air Surgeon, Box 1, Correspondence and Reports Documenting Early Planning Policy and Administration, 1942-1946, Office of the Secretary of the Air Staff, Records of the Army Air Forces, Record Group 18, NACP.

of “washing-out” of training decreased exponentially.<sup>89</sup> The “successful” fighter pilot was a man “who thinks and acts quickly and accurately. His actions are sharp and decisive and reflect good judgment, superior ability in identifying speeds, altitudes, ranges, and other distances, and an alertness to everything which is going on around him.” More explicitly related to masculine ideals of the period, “the ideal fighter pilot has a strong desire to fly and is eager for combat. He is aggressive, but is cool and collected, has good control of his emotions and can be depended on to do the jobs assigned to protect the formation.”<sup>90</sup> This type of masculinity differed from the pursuit pilots of World War I, who were supposed to maintain a sense of “primitiveness,” while World War II fighter pilots were “calm and collected.”<sup>91</sup> Bomber pilots, on the other hand, displayed more “intellectual traits” rather “than the sensori-motor [sic] aptitudes involved in coordination and technique,” traits often reserved for fighter pilots who had a special finesse and coordination in their flying. Moreover, “superior heavy bomber pilots” were “greater than average size and strength.” The bomber pilot also had more responsibilities than the fighter pilot because he cared for his entire crew, ensuring that they received the necessary training, practice, and were “in good shape. He must assist his men in adjusting to the combat situation and set them an example of coolness and eagerness to do a good job.”<sup>92</sup> These required characteristics showcase the aggressive and stoic stereotype of men during this period. Furthermore, they

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<sup>89</sup> For Figure 15 and relative information, see The Aviation Psychology Program, “Stanines,” HD: 730 – STANINES: Selection and Classification for Air Crew Duty, Box 1322, RG 112, NACP.

<sup>90</sup> Lt. Col. John C. Flanagan, “Report on Survey of Aircrew Personnel in the Eighth, Ninth, Twelfth, and Fifteenth Air Forces,” 28, HD: 730, Box 1315, RG 112, NACP.

<sup>91</sup> Gail Bederman, *Manliness & Civilization: A Cultural History of Gender and Race in the United States, 1880-1917* (Chicago: University of Chicago Press, 1995), 77-78; Rotundo, *American Manhood*, 222-227; Clifford Putney, *Muscular Christianity: Manhood and Sports in Protestant America, 1880-1920* (Cambridge: Harvard University Press, 2001), 4-6; John Pettegrew, *Brutes in Suits: Male Sensibility in America, 1890-1920* (Baltimore: The Johns Hopkins University Press, 2007), 1-2.

<sup>92</sup> Lt. Col. John C. Flanagan, “Report on Survey of Aircrew Personnel in the Eighth, Ninth, Twelfth, and Fifteenth Air Forces,” 31-36, HD: 730, Box 1315, RG 112, NACP.

emphasize good psychological health by controlling emotions and expressing intellectual aptitudes, thereby allowing the airmen to fulfill their other masculine duties of serving the country and protecting it along with his fellow airmen.<sup>93</sup>

On bomb crews, the navigator helped the pilot get into flying formation after take-off, he also had “a great deal of responsibility in making decisions in emergencies,” and, like the name suggests, needed to know the location of the plane “at all times” and the direction in which it was

flying. Furthermore, “more than any other member of the aircrew,” the navigator usually had a personal background where education played an important role. He was supposed to have “the academic aptitudes and skills which are necessary for school and college work.” These skills included a high reading level, good memory, and skills in mathematics.<sup>94</sup> Successful navigators’ Stanines test scores reflected these characteristics. Men who scored higher on topics such as arithmetic, science,

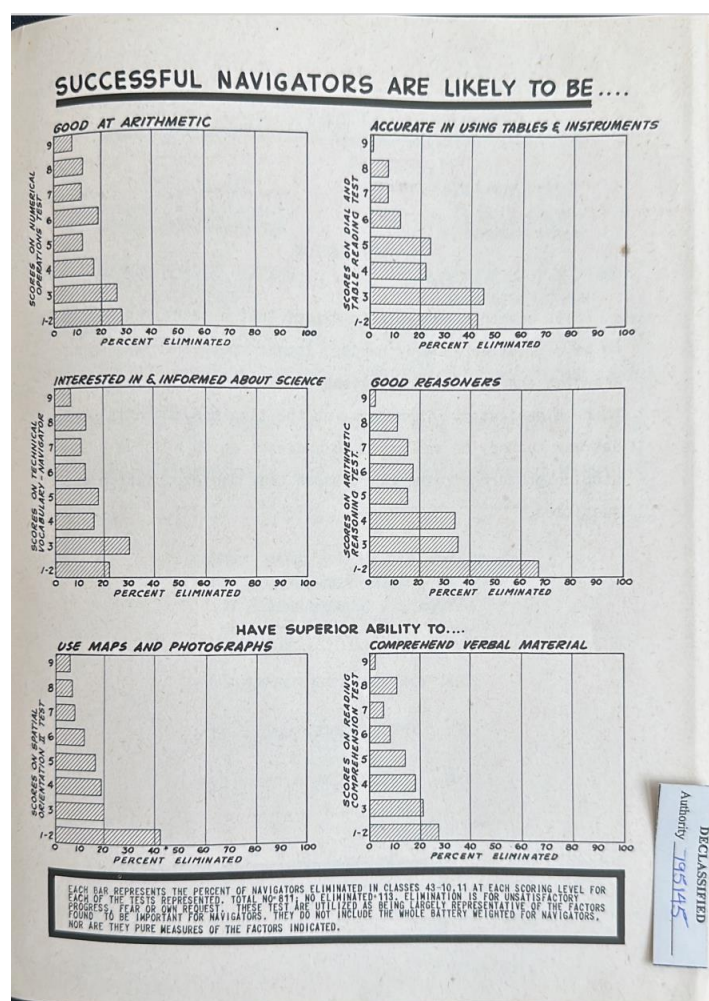


Figure 16: If a Navigator Evincend More "Academic" Characteristics, He was Less Likely to "Wash-Out."

<sup>93</sup> Rotundo, *American Manhood*, 3-6; Jarvis, “If He Comes Home Nervous,” 99.

<sup>94</sup> Lt. Col. John C. Flanagan, “Report on Survey of Aircrew Personnel in the Eighth, Ninth, Twelfth, and Fifteenth Air Forces,” 41, HD: 730, Box 1315, RG 112, NACP.

reasoning, and geography, were less likely to wash-out of training.<sup>95</sup>

The AAF Psychology Branch had an interesting opinion of the bombardiers because “the success of heavy bombardment operations is measured by the ability to get bombs on target.” Thus, the bombardiers were arguably, as the AAF stated, “the most critical members of the bombing team;” however, “the quality of men” whom the AAF assigned to this position was “definitely below that of either the pilots or the navigators.” This dichotomy, that bombardiers were the most important members of the crew while also not being the best “quality of men,” occurred because the bombardier did not need nor have the technical skills to fly nor navigate the aircraft. But they were responsible for locating the bombing target, successfully calculating the airspeed, wind speed and direction, and distance to the target. Then, after computing this information into the Norden Bombsight, open the bomb-bay doors and release the bombs on target. Although the bombardiers were not usually the highest qualified member of the crew, their job determined if the sortie was successful. And, if an operation did not go as planned or the bombing raid was unsuccessful, the bombardier was usually the scapegoat. Thus, the most important skills, according to the AAF for this position, included “aptitude for accurate observation and identification of shapes and areas, and the ability to remain cool and collected and to think and act without interference from anxiety or emotion when carrying a heavy responsibility under enemy fire.”<sup>96</sup> This last skill reflects the story above of William Thompson who recalled one of the Stanine exams where he had to try and correctly position the stylus while others were dropping marbles over his head or yelling that he was going to crash. The examiners

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<sup>95</sup> For Figure 16 and relative information, see The Aviation Psychology Program, “Stanines,” HD: 730 – STANINES: Selection and Classification for Air Crew Duty, Box 1322, RG 112, NACP.

<sup>96</sup> Lt. Col. John C. Flanagan, “Report on Survey of Aircrew Personnel in the Eighth, Ninth, Twelfth, and Fifteenth Air Forces,” 23, 42, 45-46, HD: 730, Box 1315, RG 112, NACP.

were trying to ensure he remained “calm and collected” when there were multiple distractions. These aptitudes also have connections to the contemporary masculine ideals of the period. The bombardier needed to maintain his psychological stability while under extreme duress to ensure that he fulfilled his military, and thereby manly, obligations to serve, protect, and see the job through to the end. In the end, however, even if an applicant failed the Stanines or if there was not a clear assignment for a man with low Stanines, he was “not wasted.” AAF officials reassigned these men to other duties where their skills would help them excel, whether that was as a gunner, radio operator, or mechanic.<sup>97</sup>

In addition to selection, correctly classifying an airman was very important to the AAF because officers believed that the process would either bolster a prospect’s success rate or destroy it. The Sub-Committee from New York City emphasized this fact and that psychiatry played a defining role in proper classification. Indeed, the committee wrote,

there are fighting men who can be ruined psychologically by putting them in non-combatant work; and there are workers who can perform essential functions behind the lines, but who can be ruined, both for the war and for their whole lives, by placing them under the stress of battle. The art of placement is thus seen to be essential to the building of a powerful force; and to that art the psychiatrist has an essential contribution to make.<sup>98</sup>

For the Army Air Forces, in particular, the Air Surgeon and the examiners of the Psychology Program also believed that correct classification was of utmost importance because “a man who is careful, accurate, and mathematically inclined might make an excellent navigator but fail to make the grade as a pilot,” or, in another example, “the athletic, well-coordinated and energetic

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<sup>97</sup> The Aviation Psychology Program, “Stanines,” HD: 730 – STANINES: Selection and Classification for Air Crew Duty, Box 1322, RG 112, NACP.

<sup>98</sup> Sub-Committee Representing the New York City Committee on Mental Hygiene of the State Charities Aid Association and the Emergency Committee of Neuro-Psychiatric Societies of New York City, “A Memorandum on the Selective Process in General and On the Role of Psychiatry in the Selective Process and in the Armed Forces,” August 1942, HD: 730, Box 1322, RG 112, NACP.

candidate who never got along well with his math instructor might fail miserably in navigator or bombardier training but would make an ace pilot if properly assigned.”<sup>99</sup> Thus, if they classified a man incorrectly, psychiatrists and AAF officials feared that they would ruin his potential as a member of the AAF, and, in turn, lead to his or his crew’s destruction. But the classification system was not without problems.

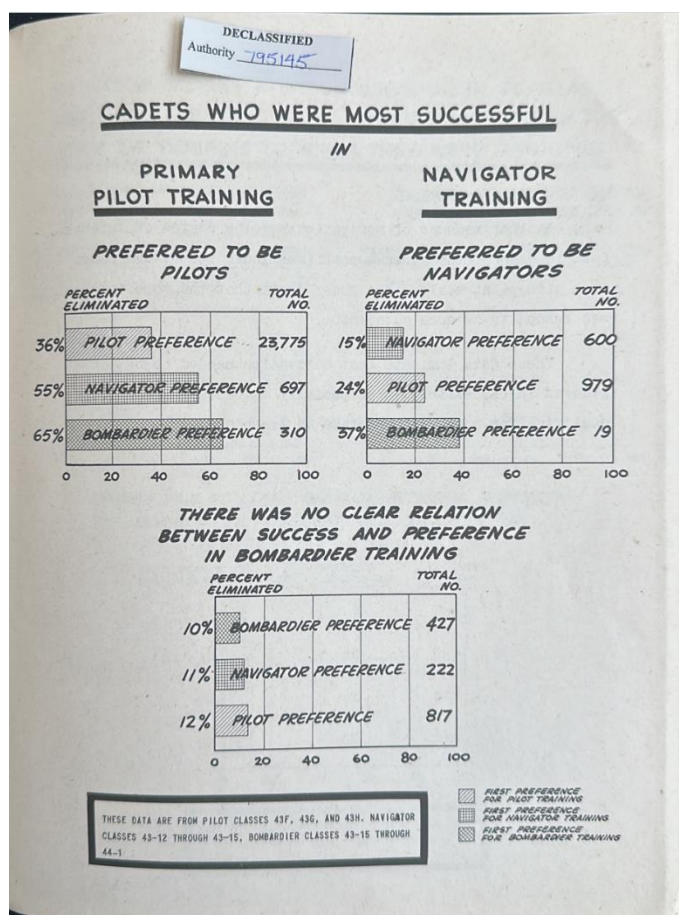
Airmen themselves raised one of the most pressing issues of the selection and classification system—they often did not have the chance to perform the occupation they preferred. The airmen and flight candidates ostensibly had a choice in the matter, but usually the decision on the classification came down to the Stanines and aptitudes, the opinion of the basic training instructors, physical factors like height and weight, and most importantly, “quota requirements.” As the Office of the Air Surgeon put it, “in many cases actual assignment did not follow either the cadet’s preference or the instructor’s recommendation, but was primarily based on the week’s quota requirements in that training area.”<sup>100</sup> For example, much like during World War I, potential pilots and applicants for the Army Air Forces volunteered for the chance to be pursuit pilots because this occupation was one of the most well-known and prestigious for many people. In fact, most bomber pilots did not enjoy the work they did (who would), because they instead wanted to serve as fighter pilots. The bomber pilots likely would have much rather flown in the occupation where they did not have operational restraints, such as formation flying and the inability to immediately measure success like the fighters in dog-fights. Many airmen expressed a “lack of confidence” in the classification system. Many pilots claimed, “the men in my class

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<sup>99</sup> The Aviation Psychology Program, “Stanines,” HD: 730 – STANINES: Selection and Classification for Air Crew Duty, Box 1322, RG 112, NACP; Office of the Air Surgeon, “A Two-Year Review,” Weigland’s Material: Early Days of the AFTAS, Box 1, RG 18, NACP.

<sup>100</sup> Lt. Col. John C. Flanagan, “Report on Survey of Aircrew Personnel in the Eighth, Ninth, Twelfth, and Fifteenth Air Forces,” 27, HD: 730, Box 1315, RG 112, NACP; McManus, *Deadly Skies*, 24-27.

who wanted to be pursuit pilots got four-engine assignments and the men who wanted four-engine got pursuit.” In one particular incident, Keith Schuyler dreamt of being a fighter pilot in a single-engine aircraft. At the end of his basic training, AAF personnel selected him for single-engine training, but administrative officials soon realized that too many men of that graduating class had been assigned to be fighter pilots. They cut twenty names, and Schuyler’s name was on that list. “His disappointment bordered on rage, and he confronted his commanding officer: ‘From the day I’ve entered the army I wanted fighters,’ . . . ‘I’ve kept my nose clean, worked my guts out, did everything that was asked of me. I came into flying for one thing: to fly



fighters.”<sup>101</sup> While Schuyler ultimately became a B-24 pilot, he originally felt that the AAF took his opportunity to serve the country from him. He was outraged with the process because he could not prove himself in the way that he wanted. While things worked out for Schuyler in terms of fulfilling his masculine responsibility by serving, other Airmen’s “lack of confidence” in the classification process had consequences that endured after the men entered combat. Indeed, an April 1944 report found “malassignment . . . to be decreasing the efficiency of the air

<sup>101</sup> McManus, *Deadly Sky*, 24-25.

force groups by a substantial amount.”<sup>102</sup> During training, if medical personnel assigned a man to a position in which he did not want to serve, he was much more likely to drop out or fail training. AAF statistics report that there was a 36-percent-washout rate for men who preferred to be pilots. However, if the AAF referred the man to pilot duty when he wanted to be a navigator or bombardier, his chances of wash-out were 55 percent and 65 percent, respectively.<sup>103</sup>

In addition to the possibility of contributing to manpower losses if incorrectly classified, the psychological and psychiatric examinations of the ARMA were short and many airmen could not recall the exam many years after the war. One veteran, when one historian asked his opinion on the medical examinations, responded, he “d[id] not recall any specific psychiatric testing for air crew.”<sup>104</sup> As Mark Wells wrote, “many veterans have only the vaguest memory of the details of the psychiatric examination, largely because of its brevity.”<sup>105</sup> And, in a time of war, the AAF needed to limit the number of disqualifications so that it could maintain a fighting force. While AAF medical personnel could not anticipate them, the lack of a detailed and thorough psychiatric test also had negative consequences. Only after the war had ended and medical personnel had the benefit of hindsight, did some medical officers realize “that every flyer who became a psychiatric casualty had successfully demonstrated an ability to learn to fly not only by aptitude tests but in

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<sup>102</sup> Lt. Col. John C. Flanagan, “Report on Survey of Aircrew Personnel in the Eighth, Ninth, Twelfth, and Fifteenth Air Forces,” 27, HD: 730, Box 1315, RG 112, NACP.

<sup>103</sup> For Figure 17, see The Aviation Psychology Program, “Stanines,” HD: 730 – STANINES: Selection and Classification for Air Crew Duty, Box 1322, RG 112, NACP; Office of the Air Surgeon, “A Two-Year Review,” Weigland’s Material: Early Days of the AFTAS, Box 1, RG 18, NACP.

<sup>104</sup> Herbert Shanker, Letter to Mark Wells, June 13, 1992, Folder One: Aircrew Questionnaires, Box 5, Series 7, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, USAFA. Multiple other veterans also could only vaguely remember or did not recall the psychiatric examination during the ARMA. See Albert Pishioneri, Letter to Mark Wells, June 18, 1992, Folder One: Aircrew Questionnaires, Box 5, Series 7, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, USAFA; Lawrence A. Re, Letter to Mark Wells, July 12, 1989, Folder Three: Aircrew Questionnaires, Box 5, Series 7, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, USAFA; Merritt E. Derr, Letter to Mark Wells, July 7, 1992, Folder Three: Aircrew Questionnaires, Box 5, Series 7, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, USAFA.

<sup>105</sup> Wells, *Courage and Air Warfare*, 9.



actual practice.”<sup>106</sup> In other words, all pilots and aircrewmen who eventually broke down under the stress of combat had not only proved themselves during the aptitude tests, but they proved that they could fly in combat, yet they still “broke.” The AAF medical personnel indeed limited the number of men who were “predisposed” to psychological issues and would not complete their masculine responsibility of serving the country and completing their tours of duty. But, before the airmen had entered combat early in the war, medical personnel, as was common in this period, did not yet understand the role of the environment as a catalyst of psychological problems. Every man whom they selected and classified after the Stanines and ARMA was susceptible to breakdowns and traumatic experiences that impeded their ability to serve.

## **Conclusion**

While many future airmen could not recall in detail the medical and psychological induction exams, Robert Bowen, a flier with the 351<sup>st</sup> Bomb Group of the Eighth Air Force, remembered that the tests “impressed [him] a great deal.” Bowen remembered, “without really understanding what was going on I assumed it was some sort of weeding out process.” He continued, “I think the reason I was impressed was that I passed while some failed. In my mind I felt those of us that passed were elite and worthy to be pilots and those who failed ‘didn’t have what it takes.’ I felt that I really had what was later referred to as ‘The right stuff.’”<sup>107</sup> In other words, Bowen felt that he, because he passed the complex selection and classification program, was a member of an elite cadre of men who were “worthy” to fly and “sustain the wings.” His success signified

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<sup>106</sup> Anderson, “Psychiatric Training of Medical Officers in the Army Air Forces,” 11-12, HD: 730, Box 1331, RG 112, NACP.

<sup>107</sup> Robert Bowen, Letter to Mark Wells, June 22, 1989, Folder Three: Aircrew Questionnaires, Box 5, Series 7, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, USAFA.

victory while others' failure meant defeat. Thus, even before he entered combat, Bowen felt a sense of accomplishment.

Aviation medicine, then, not only intended to treat and cure the ailments specific to aerial combat—it played an important role in choosing who would and would not fulfill their masculine duties of serving the country in combat. In one undated AAF document, the Office of the Air Surgeon placed the importance of aviation medicine into the broader context of the Second World War. Indeed, the Air Surgeon, David N. W. Grant, and his fellow flight surgeons perceived aviation medicine as a “a cog in the wheel” of the ultimate offensive war weapon: air superiority. As the office later reflected, “the importance of air superiority as a deciding factor in winning World War II had already become apparent, and the necessity of adequate research and medical advice and care in all its ramifications assumed a ‘priority’ position as an aid in consummating this end.” To emphasize the point even further, the medical personnel believed that they played an instrumental role in “the great machine fashioning our ultimate victory over tyranny and the villainous cruelty that has been part of this war – the latter a blot on our civilization apart and beyond the intolerable savagery of war waged within rough conventions.”<sup>108</sup> Reflecting one of the greatest fears of the 1940s, the demise of liberal democracy and the rise of totalitarianism, this statement intended to showcase the importance of the Office of the Air Surgeon and the work that it undertook in the war to save democracy.<sup>109</sup>

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<sup>108</sup> “Events Report,” Weigland’s Material: Early Days of the AFTAS (Air Force, The Air Surgeon), Box 1, Correspondence and Reports Documenting Early Planning Policy and Administration, 1942-1946, Office of the Secretary of the Air Staff, Records of the Army Air Forces, RG 18, NACP. For select readings on the Air War and importance of the AAF as an offensive weapon, see Tami Davis Biddle, *Rhetoric and Reality in Air Warfare: The Evolution of British and American Ideas about Strategic Bombing, 1914-1945* (Princeton: Princeton University Press, 2002); Richard Overy, *The Air War: 1939-45* (Sterling, VA: Potomac Books, 1980); Richard Overy, *The Bombers and the Bombed: Allied Air War Over Europe 1940-1945* (New York: Viking, 2013); Michael Sherry, *The Rise of American Air Power: The Creation of Armageddon* (New Haven: Yale University Press, 1987).

<sup>109</sup> For information on the fear of the fall of liberal democracy and the rise of totalitarianism, see Ira Katznelson, *Fear Itself: The New Deal and the Origins of our Time* (New York: Liveright, 2014), 14-15.

In order to create and sustain this offensive weapon, the Army Air Force's medical personnel were charged with selecting and classifying the men they deemed to most likely succeed in combat. To "succeed" meant to pass the classification battery, the Adaptability Rating for Military Aeronautics, training, and eventually, as the next chapter will show, to complete a successful, long tenure in combat without crumbling under the psychological distress airmen would face. Many of the era's masculine ideals, such as aggression, the importance of the physical body and fitness, and a history of stable mental health, informed this selection and classification process before airmen entered combat. But as the next two chapters will demonstrate, the selection and classification system had many controversies between medical and administrative personnel, as well as many consequences once the bullets started to fly and the flight surgeons turned their attention to the treatment and prevention of the psychological consequences of aerial combat.

## Chapter Four – The Medical Response to Psychological Problems During World War II

### Introduction

Nearly fifty years after his service in the 446<sup>th</sup> Bomb Group of the Eighth Air Force during World War II, Albert Pishioneri recalled his wartime experience in a letter to historian and Brigadier General Mark Wells. He wrote, “as for being prepared for Combat, is concerned, I doubt that anyone could be prepared for it ahead of time.” Training had helped to groom him for his service, but it did not prepare him for the traumatic experiences or the constant engagement of combat flying. According to Pishioneri, who was a gunner, combat was very “busy.” He constantly watched the skies for enemy fighters, and “that is being busy. When your [sic] are attacked, you are really busy and it is exhilarating and it’s like a game.” Much like the pursuit pilots of World War I, aircrews in World War II believed aerial combat was similar to competitive sports. Combat flying, however, was dichotomous—or as Pishioneri described it, “the great contradiction.” While at times, airmen were very busy fulfilling their appropriate roles, other times they felt peaceful even though their minds were not far from combat. Pishioneri remembered,

those beautiful sky five miles up. The white clouds. The warm sun coming through the plexiglass. One moment you become relaxed. With a little relaxation, you could doze off. . . . Then the fear when you feel the compression of air from a flak burst. Bumps your plane up and to the side like it was made of paper. Watching another bomber going down in flames. We could be next? . . . On and on goes the mind. Yes, I could write a book of the things that come to mind of a frightened crewman.<sup>1</sup>

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<sup>1</sup> Albert F. Pishioneri, Letter to Mark Wells, June 25, 1992, Folder One: Aircrew Questionnaires, Box Five, Series 7, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, McDermott Library, United States Air Force Academy (hereafter Clark Special Collections, USAFA).

The aerial combat experience evoked multiple emotions and feelings within a relatively short time frame. On one hand, aircrews were very busy, not only with trying to carry out their bombing duties but also keeping themselves and their crew alive. They had to scan the skies for enemy pilots while also paying attention to the incoming flak bursts, which many airmen often



Figure 18: "A vivid idea of the bitter defense put up by Berlin during the second American bombing raid on that city is this flak-filled sky. The planes in this photo are U.S. Army 8th Air Force Flying Fortresses." This image showcases the black smoke from exploding anti-aircraft artillery that was often deadly for American aircrews.

dreaded. Second Lieutenant Leonard "Jake" Adam, who piloted a B-24 Liberator in the Pacific Theater of Operations with the 5<sup>th</sup> Air Force, described the Japanese flak trails as "fingers of death" that reached up into the sky and grasped American bombers, plunging them to the earth.<sup>2</sup> On the other

hand, some fliers continued to romanticize aerial warfare as a game and as a form of war that broke gravity's bonds by skimming through the "white clouds" in the blue sky.

<sup>2</sup> Lisa Adam (daughter of Second Lieutenant Leonard Adam), in a phone conversation with author, February 2021. Figure 18 and caption from Photograph 342-FH-3A19517-27883AC, "A vivid idea of the bitter defense put up by Berlin during the second American bombing raid on that city is this flak-filled sky. The planes in this photo are U.S. Army 8th Air Force Flying Fortresses," National Archives and Record Administration (NARA), NARA Record Group 342, Series FH, Roll 3A19093-3A19873, National Archives-Affiliated Archives: Fold3, <https://www.fold3.com/image/39013157>.

This “great contradiction” between the peaceful blue sky where one could doze off and the same traumatic sky where men experienced the human costs of warfare caused significant psychological distress that required attention and action from AAF flight surgeons. Indeed, in World War I, the aircraft allowed airmen to fulfill their “childhood fantasies” and become “truly godlike” as they mastered the air. But, as AAF psychiatrists described, enemy pilots and flaks were the most consequential contributors to American airmen’s psychological distress, and “the death of a buddy is felt as keenly as the loss of a brother. The men suffer not only from the sense of bereavement, but from having seen the anguish of a bloody and painful death. They cannot look away when the ship flying on their wing receives a direct flak hit and bursts into flame.”<sup>3</sup> As this chapter explores, these events often culminated in severe psychological distress and breakdown among the airmen. These issues affected airmen’s abilities to fulfill their military, and consequentially their masculine, duties in World War II. Having already “selected” the airmen they deemed most likely to succeed in air combat, flight surgeons now had the responsibility to maintain airmen’s efficiency as the flak bursts and traumatic experiences took their toll on the human psyche and caused some men to waver in their responsibilities.

Aerial warfare and the juxtaposition of peace and calmness in the midst of violence and death culminated in severe psychological exhaustion that flight surgeons needed to address. One flight surgeon chronicled the difficulties that he and other flight surgeons faced as they strove to

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<sup>3</sup> Roy R. Grinker and John P. Spiegel, *Men Under Stress* (Philadelphia: Blakiston Company, 1945), 4-5, 34-35. For more information on the romanticization of flying, see Douglas D. Bond, *The Love and Fear of Flying* (New York: International Universities Press, Inc., 1952), Chapter One, “Fantasy and Flight,” and Chapter Two, “The Love of Flying,” 15-31. Bond describes the art of flying as “freedom from the restrictions of earth or of reality and has had strong religious connotations as well.” Airmen, Bond argues, perceived flight as “a supernatural achievement” which they “attributed . . . to both kind and unkind gods who have guarded the secret of flight from mortal encroachment and have punished with Icarian failure those so bold as to try,” (15). Thus, Bond further perpetuates that “great contradiction” because while American airmen partook of “the supernatural achievement,” they also placed themselves at the mercy of their deity who could punish them without notice.

treat distressed airmen. On May 3, 1943, Thurman Shuller, a flight surgeon in the 306<sup>th</sup> Bomb Group of the Eighth Air Force, aided a number of flyers who had experienced the psychological problem known as Flying Fatigue. He was not a psychiatrist nor psychologist by training, but as a flight surgeon he familiarized himself with the symptoms of mental distress. Shuller had treated many Flying Fatigue cases previously, but on May 3<sup>rd</sup> he met with a large number of flyers claiming to psychologically suffer. He even remarked that this specific day made him feel as if he was “specializing in psychological and psychiatric problems,” even though he felt incapable of truly helping the flyers. Further, in a chilling and almost poetic sentence, the flight surgeon expressed his fear that the US Army Air Forces were in danger because of the mounting emotional casualties. Shuller wrote, “I do have a feeling that we are sitting on top of a bomb shell from a psychological standpoint.” If the AAF did not carefully figure out a method to disarm this ticking bomb, flying personnel would be in grave danger. The problem, however, was that the AAF had no clear definition of what qualified as a psychological or psychiatric casualty.

Shuller chronicled many of these experiences in his diary, and May 3<sup>rd</sup> provided two examples that elucidate the nuance associated with emotional problems during a period when many people, especially military officers, considered psychological breakdown as a form of cowardice and thereby a lack of masculine fortitude. In the eyes of these officials, the willingness to continue to fight in the face of distress distinguished true psychological suffering from cowardice.<sup>4</sup> According to Shuller, Lieutenant John G. Magoffin was “one of the most stable and reliable fellows in the 369<sup>th</sup> Squadron,” but was on the verge of a complete emotional breakdown. Magoffin visited Shuller, and requested to be hospitalized in order to get some rest.

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<sup>4</sup> Thurman Shuller, *Flight Surgeon: A War Diary, 1941-1945*, ed. Vernon C. Williams (Fort Worth: TCU Press, 2021), 127-128.

Shuller concluded that the veteran flier's numerous missions led to many harrowing experiences and that he was indeed suffering from Flying Fatigue rather than shirking duty. He sympathized with Magoffin to the point of inviting the squadron commander to visit Magoffin and discuss his fatigue. This meeting had special importance because administrative personnel, such as commanding officers, did not hold psychological casualties in high regard; in fact, many thought these types of injuries were acts of manipulation to avoid combat. Shuller, trying to defuse the ticking time bomb of psychological problems, hoped that by getting "the Group Commander and a respected pilot together on neutral ground to talk things over," he would help find a solution.<sup>5</sup>

Later that day, Shuller met with a relatively new flyer, Captain Wright, who "was white as a sheet, trembling and very jittery," and he was supposed to go on a raid that day. Even though officials later canceled that mission, Wright visited Shuller and insisted that he was too afraid to go on the mission. Shuller learned that Wright had experienced a frightening event on the first day he arrived when he "immediately saw one of the squadron commanders in his Group fail to return from a mission." This case surprised Shuller. He knew that every flyer experienced fear and distress, but all the other flyers he knew were still willing to continue to fly despite their symptoms. Wright's case was the first time Shuller encountered a man who refused to fly. The flight surgeon believed that this pilot was "mak[ing] excuses" because Wright "frankly admitted . . . that there was nothing wrong with him physically, simply that he was afraid." He was even more shocked when Wright continued to refuse to fly "in spite of the fact that he realizes that he could be charged with cowardice in the face of the enemy which carries the penalty of a firing squad."<sup>6</sup> With this consistent refusal, officials no longer diagnosed Wright's case as Flying

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<sup>5</sup> Shuller, *Flight Surgeon*, 127-128.

<sup>6</sup> Shuller, *Flight Surgeon*, 128.



Fatigue. They now declared it a “Lack of Moral Fiber” (LMF). Because this case no longer qualified as a medical issue, Shuller transferred the case over to the squadron commander as an administrative issue. AAF regulations and protocol held that LMF cases carried negative consequences, including charges of cowardice. The commanding officer offered the flyer “a few days” to reconsider his decision before subjecting him to punitive proceedings. If Wright continued to refuse to fly after his “few days to reconsider,” the CO would have begun a detailed administrative and punitive process. According to administrative policy, Wright would stand before a Central Medical Board and Flying Evaluation Board to determine the extent of his problems. If they deemed that he was shirking his duties, he could have potentially been discharged under other than honorable conditions or reassigned to ground duty.<sup>7</sup> Unfortunately, Shuller does not discuss this case again. The fact still stands, however, that this man refused to

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<sup>7</sup> The following chapter will offer a deeper examination of the administrative proceedings concerning psychological issues. But, to offer context for understanding the significance of this event, a short description of the proceedings will follow. Shuller does not expound on the outcome or conclusion of this case. But if Wright continued to refuse to fly after his “few days to reconsider,” the CO would have begun a detailed administrative and punitive process. In May 1943, the AAF’s Policy Letter 200.9x.373 concerned flyers officials considered “unsuited for operational flying for reasons other than physical disability.” This letter granted commanders at the tactical level (group and squadron commanders and unit flight surgeons), the authority to diagnose the problem as Flying Fatigue or LMF. They further had authority to dictate punishment for flyers refusing to fly, even if they suffered from psychological stress that did not physically disqualify them from flight status. The Letter required the squadron commander to compose a report of the flyer, his professional status and use, and his mission history. He also needed to state whether he wanted the flyer to continue serving with the squadron. Next, the commander ordered the flyer to stand before a Flying Evaluation Board (FEB) at the tactical level. This board determined if the flyer had genuine injuries or feigned illness based on physical symptoms. The FEB forwarded the case to a Central Medical Board (CMB) at the operational level for disposition. If the commander believed the flyer could still be of use, the CMB assigned the flyer to non-combat or transportation duty in the same unit. If the commander did not want the flyer to return to the unit, the CMB transferred the flyer to another unit or back to the United States. Finally, if the CMB determined the man was not fit for flying status, it transferred him to ground duty in the same unit or in another. This policy eventually caused problems because when the flyer returned to his unit in a non-combative role, his fellow flyers garnered hard feelings toward the airman because of his perceived lack of strength and obligation. This policy underwent many revisions by the end of the war. For more information, see Carl Spaatz, “8<sup>th</sup> AF 210.8x220.8,” September 16<sup>th</sup>, 1942, Call #519.2171-1, IRIS #00215133, United States Strategic Air Forces in Europe, Air Force Historical Research Agency (AFHRA), Maxwell Air Force Base (AFB), Alabama; Carl Spaatz, “Policy Letter 200.9x373,” October 29, 1942, Call #519.2171-1, IRIS #00215133, United States Strategic Air Forces in Europe, Air Force Historical Research Agency (AFHRA), Maxwell Air Force Base (AFB), Alabama; Mark Wells, *Courage and Air Warfare: The Allied Aircrew Experience in the Second World War* (London: Frank Cass, 1995), 162-167.

fly, and because of that, many questioned his courage and ability to perpetuate the warrior ideals of the period.

After the AAF's psychology program had ostensibly removed the men most likely to break down in combat, flight surgeons soon realized that "screening" and "selection" did not entirely prevent psychological distress or breakdown. Combat conditions necessitated flight surgeons to learn, adapt, and implement various methods to deal with the rising number of psychiatric casualties. They had to find ways to defuse the ticking psychological bomb that could potentially cause great harm to the AAF's available manpower. In order to preserve the operational value of the AAF, flight surgeons devised various regimens and techniques to maintain airmen's efficiency. These methods ranged from helping airmen learn how to control their emotions to providing areas where men spent time with women workers in order to reinforce the looser sexual values associated with contemporary masculine ideals. Their methods and maintenance efforts during combat, much like the selection process before combat, reflected the gender and masculine ideals of the 1940s as flight surgeons implemented procedures that intended to keep men flying in order to preserve the manly duty of continuing to fight under fire.

### **The Army Air Forces and Aerial Combat in World War II**

While aerial warfare was, at its core, a combat mechanic to aid the US to reach its strategic, operational, and tactical objectives, the ways in which administrative officers planned and conducted aerial campaigns influenced the way that airmen experienced wartime conditions. In turn, these operations caused psychological distress that required flight surgeons to formulate care and preventative methods. It is necessary, therefore, to understand combat operations, the purpose of air power in the war, and how raids psychologically affected the men carrying out their duty. As already outlined in previous chapters, leading air power theorists in World War I,

such as Great Britain's Hugh Trenchard and the United States's William "Billy" Mitchell and Edgar Gorrell hoped that the air service would become a weapon that led to the complete destruction of the enemy. In so doing, the air service employed Clausewitz's theories of war, including ensuring the enemy remained "defenseless" and making it submissive.<sup>8</sup> While the Army Air Forces in World War II was not an independent branch of the armed forces, it did, to some extent, exercise independence in carrying out bombing offensives intended to cripple the German and Japanese economies, militaries, and morale.<sup>9</sup>

In addition to Clausewitz's theory of making the enemy submit to one's will, he outlines a theory where war is a "paradoxical trinity." Imagined as a triangle, "the people," "the government," and "the military" form each vertex. Each one is necessary to conduct and be successful in war because any theory or strategy "that ignores any one of them or seeks to fix an arbitrary relationship between them would conflict with reality . . . [and] would be totally useless."<sup>10</sup> Indeed, one historian argues that airpower has four specific roles: "control of the air;" "intelligence, surveillance, and reconnaissance" (ISR); "attack;" and "mobility."<sup>11</sup> Taken

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<sup>8</sup> Carl von Clausewitz, *On War*, trans. and eds. Michael Howard and Peter Paret (Princeton: Princeton University Press, 1984), 77.

<sup>9</sup> Richard Overy, *The Air War: 1939-1945* (Lincoln, NE: University of Nebraska Press, 2005), 1-2.

<sup>10</sup> Clausewitz, *On War*, 89; Michael Howard, *Clausewitz: A Very Short Introduction* (Oxford: Oxford University Press, 2002), 21. In Howard's work, he refers to Clausewitz's trinity as "a 'remarkable trinity', in which the directing policy of the government, the professional qualities of the army, and the attitude of the population all played an equally significant part." In more detail, Clausewitz outlined each vertex's role. The people must inherently possess "the passions that are to be kindled in war." According to Clausewitz, "the scope which the play of courage and talent will enjoy in the realm of probability and chance depends on the particular character" of the military. In other words, the military relied on "courage and talent" of its personnel to conduct war. The political purposes and objectives of war, however, rested solely with the government. See Clausewitz, *On War*, 89.

<sup>11</sup> Frank Ledwidge, *Aerial Warfare: The Battle for the Skies* (Oxford: Oxford University Press, 2018), 8-15. According to Ledwidge, "control of the air" signifies that either an air force gains "air supremacy," an "unchallenged control" of the sky, or "air superiority," which means that "enemy challenge is reduced to a minimum." ISR is the air force's attempts to reconnoiter the enemy and its positions in order to formulate a strategy to win the war. Air forces associate the role of "Attack" more closely to bombing, which "is the primary means by which airpower is exercised on land or at sea." Attack cannot occur without "control of the air" nor ISR. "Mobility" requires air power in order to transport, reinforce, or evacuate human resources and equipment. In other words, "mobility" means "logistics."

together, the policies, objectives, and methods of the Army Air Forces intended to not only remove one of the points of the triangle but all of them. The AAF, in conjunction with the Royal Air Force, would focus on “strategic bombing,” or the “attack” role, to win the war.<sup>12</sup> But, these theories and doctrine do not account for the human costs of war. On the contrary, they represent duties and objectives, but the completion of these objectives illuminated and caused the psychological cost of aerial warfare.

After its demonstration in World War I and in the years leading up to World War II, air power showcased a certain dichotomous “mystique” that made it both “exhilarating” and “threatening” not only to airmen but also to civilian populations.<sup>13</sup> World War I had a consequential impact on how British and American officers and civilians perceived air power. In the war, tactical aviation, or the use of air forces to aid and conduct ground operations, took center stage. The air services employed strategic bombing, bombing campaigns intended to achieve strategic results, in a lesser capacity due to limitations of technology and the decisions of leading administrative officers. Some scholars argue that this limited use of strategic bombing, however, catalyzed populations’ vivid imaginations of the dangers of air power. Indeed, as historian Michael Sherry argues, by the end of the war in 1918, strategic bombing only experienced “a brief trial,” but this short trial shifted military leaders’ beliefs of bombing, as “it formed a foundation for extrapolation, speculation, and zealous advocacy,” and the possibilities of strategic bombing “seemed far-reaching.” American perceptions of strategic bombing changed during World War II. AAF brass decided that airpower went from a weapon intended to “rapidly”

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<sup>12</sup> It is important to note that neither the AAF nor air power served as a deciding factor in the overall war. As historian Richard Overy argues, the air was simply one of “three arms [air, land, and sea]” that decided the outcome of the war. While the three arms worked together sporadically, they often remained in their own spheres. The AAF, however, “create[d] conditions that made possible the success on land and sea.” See Richard Overy, *The Air War: 1939-1945* (Lincoln, NE: University of Nebraska Press, 2005), xi.

<sup>13</sup> Overy, *The Air War*, 3.

intimidate or defeat opponents to a tool that “inflict[ed] sustained destruction on enemy homelands. Attrition and Annihilation replaced speed and selectivity.”<sup>14</sup> Along with this transformation of thought, military leaders, mainly independent air force advocates, circulated a message “that modern, complex, urban-based societies are fragile, interdependent, and therefore peculiarly vulnerable to disruption through aerial bombing.”<sup>15</sup> This belief dictated US airpower doctrine in the interwar period and the early years of the war.

Even before the Americans’ entrance into the Second World War, President Franklin Roosevelt understood the importance of a strong air force as evidenced by his March 1941 negotiations with Great Britain and his call for the development of an air war plan first outlined in July 1941. Britain, deep in the mire of war with Germany, called on American aerial aid in March 1941 in a conference known as the ABC-1 negotiations. During this conference, the Americans and British determined that *if* the US entered the war, it would need to participate in a prolonged aerial campaign against Germany and its allies. This campaign would ultimately open the path for an Allied land invasion. After the ABC-1 negotiations, Roosevelt called for the development of an aerial operational campaign that supported the strategic terms of the March 1941 conference. In July 1941, five months before the attack on Pearl Harbor, the War Department submitted a plan that led to the economic and military destruction of the Axis powers. The newly developed Air War Plans Division (AWPD) attached AWPD-1 to the War Department’s overall strategy. AWPD-1 further emphasized the importance of an aerial offensive and confirmed the “Europe First” approach to the war. Historian Richard Overy writes that

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<sup>14</sup> Michael Sherry, *The Rise of American Air Power: The Creation of Armageddon* (New Haven: Yale University Press, 1987), 116-117.

<sup>15</sup> Tami Davis Biddle, *Rhetoric and Reality in Air Warfare: The Evolution of British and American Ideas about Strategic Bombing, 1915-1945* (Princeton: Princeton University Press, 2002), 7-8, 11-12.

AWPD-1's "first task was 'to conduct a sustained and unremitting air offensive against Germany and Italy to destroy their will and capability to continue the war.'"<sup>16</sup> However, once the reality of war set in for the Americans as Germany's influence continued to grow after its invasion of the Soviet Union in the summer of 1941, the AWPD revised AWPD-1 into AWPD-42 in August 1942. The revised plan emphasized the growing needs of the AAF to complete its operations of "undermin[ing] German economic and military expansion" in the face of a potential Russian surrender.<sup>17</sup> In other words, both plans called for the destruction of, what Clausewitz called them, the people's passion, the military's ability to fight, and the government's capability to continue the war.

Operating under the assumption that Axis-controlled societies were vulnerable to long-range bombing, the RAF and the AAF participated in an air offensive intended to destroy enemy morale, militaries, and economies. But, in the early part of the war, the two air services were at odds with each other on how to carry out the offensive and for what purpose. The core issue revolved around how to accomplish a bombing offensive working together with two separate air forces. Furthermore, questions arose concerning target selection and command. Each of these matters then led to questions about the purpose of strategic bombing. Was it supposed to aid a ground invasion directly? Or were leaders supposed to use bombing as an indirect aid to the invasion by crippling Germany's economy and morale? Due to the heavy German defenses that caused significant casualties and losses, the RAF declared that strategic bombing was supposed to aid the invasion indirectly, and therefore it relied on "imprecise" night-time bombing. The

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<sup>16</sup> Overy, *The Air War*, 62. While AWPD-1 was an annex of the War Department's overall early strategy in Europe, it differed in one aspect: the *hope* that the air campaign would "make an invasion unnecessary." While the plan included aspects of strategy, it also included estimates of equipment. For example, the Air Staff originally called for 61,799 aircraft, 37,000 trainer planes, and 11,800 combat-ready airplanes, including at least 5,000 heavy bombers.

<sup>17</sup> Overy, *The Air War*, 62. In addition to ensuring success in the face of a possible Russian surrender, AWPD-42 expanded its needs from the original 61,799 aircraft to a total of 146,000 combat-ready planes.

Americans, on the other hand, asserted that its air force needed to participate in the much more dangerous daylight bombing when AAF aircraft was particularly vulnerable to German anti-aircraft defenses and fighters. Reflecting its inexperience and, perhaps, its naivete, the AAF believed that by bombing in the daylight, they could precisely choose and hit their targets. In doing so, they could directly help the invasion by taking out core sites of the German economy and military production.<sup>18</sup> But this approach was far more dangerous and led to significant losses and casualties, including those of a psychological nature.<sup>19</sup> In response to this rift and the significant casualties of bombing operations, in June 1943, American and British officers formulated the Combined Bomber Offensive (CBO)—the operation that dictated the Allied aerial plans until the end of the war. Together, the RAF continued to engage in night-time area bombing, whereas the Americans continued to engage in “high-altitude precision daylight bombing” on focused attacks on six specific areas: synthetic rubber, ball bearings, oil, military transport vehicles, the airplane industry, and submarine construction.<sup>20</sup> But the German fighters and anti-aircraft defenses continued to cause high losses and casualties to the point that the Allies put the CBO on pause in fall 1943.<sup>21</sup>

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<sup>18</sup> Overy, *The Air War*, 74-75; Biddle, *Rhetoric and Reality in Air Warfare*, 224-225.

<sup>19</sup> According to Wells, during the Combined Bomber Offensive, the Eighth Air Force and Royal Force “sustained casualties which exceeded 50 per cent of their aircrew strengths.” With their casualties combined, the air forces lost over 18,000 planes, 6,000 humans are still missing, and over 81,000 people lost their lives. One study of 2,085 airmen in the AAF concluded that 57 percent of them either went missing or were killed in action. Seventeen percent of these men experienced physical or psychological disabilities, and “only 25 per cent survived their operational tours [then 25 raids] unscathed.” See Wells, *Courage and Air Warfare*, 2, 45-46.

<sup>20</sup> Overy, *The Air War*, 75.

<sup>21</sup> Overy, *The Air War*, 75-76.

Ultimately, the actual experiences of World War II and the inaccuracy and vulnerability of long-range bombers thwarted the argument that modern societies were particularly vulnerable to strategic bombing.<sup>22</sup> Until late 1943, neither the AAF nor the RAF had any capable long-range fighters that could escort the bombers on their raids. Without these escorts, the bombers and their



Figure 19: "And We Thought Hunting Season Was Bad."

aircrews were not well protected. To help visualize the danger the airmen faced, years after the war, the 94<sup>th</sup> Bomb Group Memorial Association published a cartoon in a periodical that depicts ducks flying through the clouds as anti-aircraft shells whiz past them. Shells take out other ducks and planes in the background. The caption reads, "And we thought hunting season was bad." This image symbolizes the fear and danger that aircrews experienced. They perceived themselves as if they were the prey and the Germans were the hunters.<sup>23</sup> But once the AAF developed the long-range fighter escort, the

<sup>22</sup> Biddle, *Rhetoric and Reality in Air Warfare*, 9.

<sup>23</sup> Figure 19, "And We Thought Hunting Season Was Bad," *Nostalgic News: 94<sup>th</sup> Bomb Group Memorial Association* 18, no. 2 (June 1992), Folder Two: Aircrew Questionnaires, Box Five, Series Seven, SMS 1335: BGen



P-51 Mustang with droppable fuel tanks, in late 1943 and early 1944, the balance of the war shifted in favor of the Allied Powers.<sup>24</sup>

Much like the air war in the European Theater of Operation, the Clausewitzian goal of destroying the enemy's military, economy, and morale defined the aerial campaign in the Pacific Theater of Operations (PTO) but with different tactics. The AAF in the PTO sought "to take advantage of the weak economic position of Japan, first of all by overwhelming resistance through sheer numbers, secondly by a long-term programme of blockade and attrition." The airplane was vitally important to accomplish these tasks.<sup>25</sup> Much like in the ETO, the bombing campaigns of Japan focused on industrial complexes and the aircraft and shipping industries. AAF officials also strategized how to use the air force to prepare for a mainland invasion of Japan, and the AAF once again faced the problem of whether raids needed to focus on precision bombing or "indiscriminate targets." The AAF utilized both strategies as leaders transitioned from precision bombing to the indiscriminate targets. The precision bombings intended to destroy Japan's economy, but aircrew casualties, both physical and psychological, once again became a problem. In March 1945, notorious aviation icon, for better and for worse, Curtis LeMay used these high losses to his advantage by requesting authority to indiscriminately firebomb Japanese urban centers. AAF leaders believed that firebombing techniques would

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Mark Wells, USAF, Ret., Clark Special Collections, USAFA. The Schweinfurt Raids further emphasize the danger that bombers faced during combat. Schweinfurt was the location of one of the largest ball-bearing factories in Germany, and the American forces attempted to bomb it on two different occasions in August and October 1943. In the August raid, the AAF lost approximately 16 percent of the participating bombers. At the time, this was the "costliest" operation in the war for the AAF. The October raid was even more disastrous as 198 of the 291 planes received damage and 148 aircrews did not return from the operation. See Biddle, *Rhetoric and Reality in Air Warfare*, 224-225.

<sup>24</sup> Biddle, *Rhetoric and Reality in Air Warfare*, 226-227.

<sup>25</sup> Overy, *The Air War*, 95.

“demoralize the urban population,” and because Japanese cities were often made entirely of wood, the firebombs exacted complete destruction.<sup>26</sup>

The first raids involving the use of firebombs on Japanese civilians and cities were not operationally effective because they did little damage to the Japanese aircraft industry and economy. However, LeMay and other war planners saw the damage and now believed, unlike in the ETO, that the air war in the Pacific could end the war completely rather than serve as a preparatory step leading to an invasion. In fact, in April 1945, LeMay wrote a private letter stating “I consider that for the first time strategic air bombardment faces a situation in which its strength is proportionate to the magnitude of its task. I feel that the destruction of Japan’s ability to wage war lies within the capability of this command.”<sup>27</sup> LeMay’s letter proved prescient as firebombing continued until the eventual dropping of the atomic bombs on Hiroshima and Nagasaki in August 1945.

In order to carry out the strategic and operational objectives listed above, the AAF had to select and classify the men deemed most likely to succeed in combat. The previous chapter outlined the “characteristics” of those men whom AAF officials believed would be successful, but once they were classified, they had to put those characteristics into action. Upon completion of their training, many of the members of the bomb crew—the pilot, co-pilot, bombardier, and navigator—received commissions as officers. As the training film *Sustineo Alas* described in the introduction of the previous chapter, when a man received a commission after graduating from Officer Cadet School, he metaphorically elevated himself to a new level of prestige and honor. In

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<sup>26</sup> Overy, *The Air War*, 98-100.

<sup>27</sup> Quoted in Overy, *The Air War*, 100. For more information on the “annihilation” and development of the thought process preceding the use of firebomb techniques, see chapter five, “From Intimidation to Annihilation,” in Michael Sherry, *The Rise of American Air Power: The Creation of Armageddon* (New Haven: Yale University Press, 1987). For information about firebombing in practice during the war, see chapter ten, “The Persistence of Apocalyptic Fantasy,” in Sherry, *The Rise of American Air Power*, 301-356.

addition to their officer status, each officer received a unique aviation badge, their “wings,” that reflected their occupations and distinguished them from their enlisted counterparts. In a way, these badges and commissions symbolically represented the officer’s masculinity. As AAF psychiatrists John Spiegel and Roy Grinker stated, when a man earned his badge, “this satisfies a desire . . . for the prestige of rank.”<sup>28</sup> One AAF advertising poster tried to sell the prestige and importance of the “silver wings.” In it, a newly commissioned officer in his uniform and flight



Figure 20: "Fly" - A Recruitment Poster for the AAF during World War II.

helmet marches with chest puffed out. On his chest rests his “silver wings,” which attract the viewer’s undivided attention. The wings radiate as if they exuded a divine essence. The flier, with a toothy grin, is proud of his accomplishment as he points to his badge as he marches. It is a simple poster, but the underlying themes remain. Any flier who earned a commission and the wings overcame a difficult path of education and training in order to become “supermen.” These items provided tangible evidence of the flier’s perceived mental and physical superiority, as evidenced by the

selection and classification process.<sup>29</sup>

<sup>28</sup> Roy Grinker and John Spiegel, *Men Under Stress* (Philadelphia: Blakiston, 1945), 6.

<sup>29</sup> For Figure 20, see Stan Ekman, *Fly – U.S. Army Air Forces*, Library of Congress, War Posters – 1940-1950, LCCN 2002719581, <https://lccn.loc.gov/2002719581>. For specific information on the perception of airmen as

With their badges and commissions in hand, fighter pilots and aircrews experienced combat very differently, and because of the various natures between pursuit and bombing combat, fighter pilots were less likely to experience the same traumatic experiences as the bomb crews. As one 1944 report from the Psychological Branch of the Air Surgeon stated, fighters' and bombers' experiences varied "due to the differences in operational tasks and responsibilities as to differences in temperament of the aircrew personnel assigned." In other words, the two types of airmen fought in the same sky, but the way they carried out assigned tasks and personally perceived the war affected the way they experienced combat. Fighters were less likely to be the targets of the anti-aircraft defenses that caused so much dread among bomb crews because of their maneuverability and speed. Going even further, the report claimed that fighter pilots' duties are "ideal for high motivation." Fighter pilots, while often working with others in formation, also had exercised "considerable freedom of judgment" where he "could make his own decisions with much less responsibility for other individuals." Motivation, independence, and less responsibility were key characteristics of fighter pilots, traits that reflected the masculine norms of the period.<sup>30</sup>

Bomb crews' combat experience, however, was much different and much more dangerous. After take-off, each bomber, at the instruction of the navigator, organized into formation, typically groups of eighteen to twenty-one planes. Usually, the plane in the squadron at the forefront of the group served as "the lead plane," and it was the duty of fellow pilots to follow every move that the lead plane made. Once in formation, the pilots directed the aircraft to

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"supermen" and their physical and mental superiority, see the previous chapter in addition to Grinker and Spiegel, *Men Under Stress*, Introduction and Chapter One; Wells, *Courage and Air Warfare*, 4.

<sup>30</sup> Lt. Col. John C. Flanagan, Psychological Branch Research Division, Office of the Air Surgeon, Headquarters of the Army Air Forces, "Report on Survey of Aircrew Personnel in the Eighth, Ninth, Twelfth, and Fifteenth Air Forces," April 1944, pgs. 12-13, HD: 730 (Neuropsychiatry) – Aircrew Personnel 8<sup>th</sup>, 9<sup>th</sup>, 12<sup>th</sup>, & 15<sup>th</sup> A.F., Box 1315, Administrative Records Relating to the Zone of the Interior in World War II, 1917-1950, Office of the Surgeon General, Record Group 112, National Archives at College Park.

target locations, but fear constantly shadowed members of the crew. Air crews pondered “what reception they will get in the way of flak and fighters”—a fear that did not preoccupy most fighters. In the early period of the war, navigators usually assisted the bombardiers in locating the target in preparation for bombardment, but even though the AAF aimed for “precise bombing,” American bombing raids were not very accurate. In some theaters of the war, and with more time and experience in combat, bombardiers learned that they were more accurate when they deployed their bombs once the lead plane’s bombardier opened his bomb-bay doors.<sup>31</sup> This method was not perfect as there were outside factors that affected bomb crews, one of which was the ability to work under stress, and this method was “responsible for quite a few more failures than shown by the tabulations.”<sup>32</sup> This is one of the reasons why the selection and classification system was so important to the AAF and medical personnel *before* combat. They wanted to find the men capable of completing their duties accurately and efficiently in the face of combat stress.

In *On War*, Clausewitz writes, “If one has never personally experienced war, one cannot understand in what the difficulties mentioned really consist. . . . Everything looks simple; the knowledge required does not look remarkable, the strategic options are so obvious.” He further describes that when someone finally experiences war, then “the difficulties become clear.” Clausewitz then introduces his doctrine of “friction in war.” He classifies “friction” as those unexpected events, both big and small, that eventually accumulate and render war strategy near impossible. There is one tool, however, that can overcome friction: “Iron will-power.” This

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<sup>31</sup> Lt. Col. John C. Flanagan, “Report on Survey of Aircrew Personnel in the Eighth, Ninth, Twelfth, and Fifteenth Air Forces,” 7-11, 14-26, HD: 730, Box 1315, RG 112, NACP.

<sup>32</sup> Lt. Col. John C. Flanagan, “Report on Survey of Aircrew Personnel in the Eighth, Ninth, Twelfth, and Fifteenth Air Forces,” 23, HD: 730, Box 1315, RG 112, NACP.

power can “pulverize” enemy defenses, but it eventually wears down one’s own “war machine.” The individual soldiers, and in this case, airmen, make up that war machine, and each of them is susceptible to friction and can cause the machine to fail.<sup>33</sup> Friction can be the physical aspects of war-making, but the psychological issues that faced American airmen were also friction. The “friction” that arose by attempting to complete strategic objectives in the air war in World War II caused significant amounts of stress among the airmen. In turn, for many airmen, this friction impeded their ability not only to be accurate and efficient, but also to fulfill their duties and masculine responsibility.

### **“The Quagmire of Despair and Apathy”: Flying Fatigue, the Stresses of Aerial Combat, and Flight Surgeons**

After the AAF’s Psychological Branch carried out the selection and classification process of potential flying candidates, flight surgeons were responsible for the maintenance of the physical and mental healthcare of airmen. In addition to any physical ailments, including the physical trauma that resulted from enemy or anti-aircraft fire, one of the most important duties for AAF medical officers included the treatment of the psychological consequences of aerial combat. As AAF medical historians Mae Link and Hubert Coleman wrote a decade after the war, “the enemy of the flight surgeon now was not disease; nor was the doctor faced only with the physiological problem of treating casualties or frost-bit [sic]. To him fell the task of coping somehow with the quagmire of despair and apathy resulting from combat fatigue among the weary crews.”<sup>34</sup>

Indeed, they asserted that airmen experienced many of the same stresses as infantry men, but they also dealt with additional stressing factors. “The psychological effects of impersonal

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<sup>33</sup> Clausewitz, *On War*, 119-121.

<sup>34</sup> Mae M. Link and Hubert A. Coleman, *Medical Support of the Army Air Forces in World War II* (Government Printing Office: Washington, D. C., 1955), 556.

hazards such as anoxia, critically low temperatures, and the sea,” according to Link and

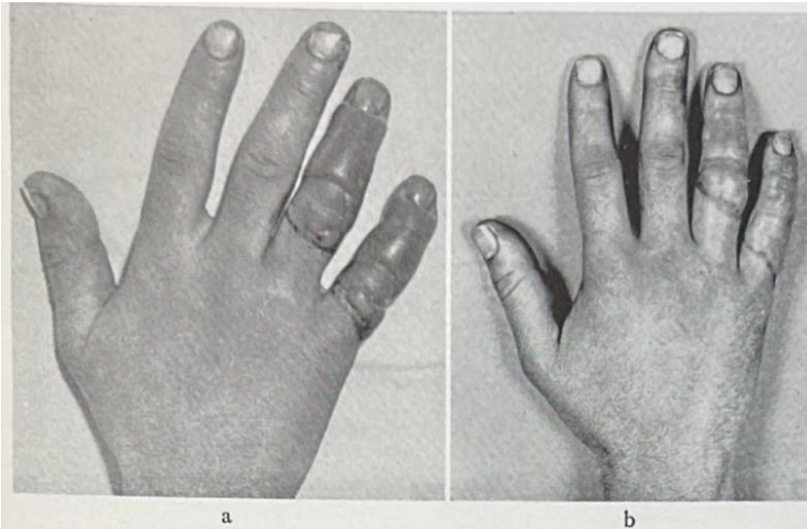


Fig. 5. a, Hemorrhagic blisters in a moderately severe frostbite. Note discoloration of the nails. b, Same hand 10 days later. The blisters have dried up and the skin has an ecchymotic appearance. Desquamation occurred later.

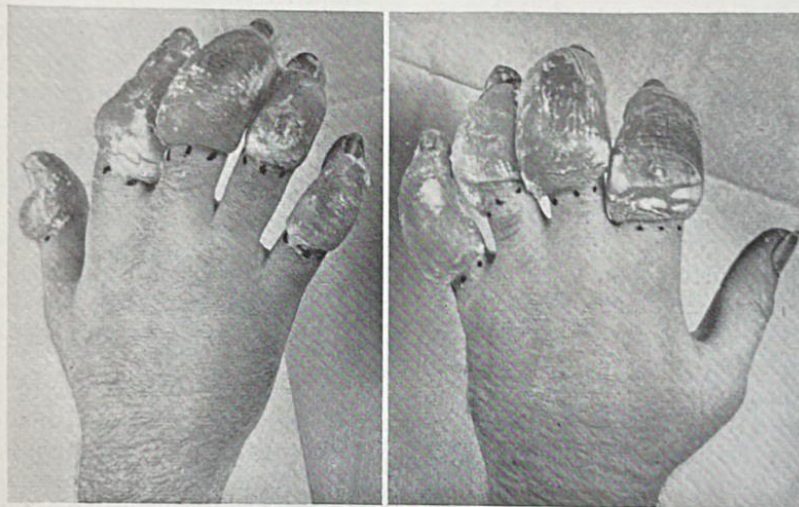


Fig. 6. Photograph showing example of severe hemorrhagic blistering in the wet type of high altitude frostbite 24 hours after injury.

*Figure 21: Graphic Images of the Consequences of Frostbite among Airmen.*

extremely bitter temperatures (-40 to -52 degrees C) that airmen endured during combat sorties.

It includes photos of aviators' frostbitten hands and fingers. As Link and Coleman declared, these work conditions and unique injuries augmented the psychological stress that airmen face as they

Coleman, “were made more intense upon return from missions through association with soldiers and civilians at air bases who did not share the singular dangers of flying personnel.” In other words, airmen faced the same traumatic experiences associated with blood, gore, fear, and the loss of comrades as infantry, but the inherent nature of aerial warfare compounded the psychological stress they experienced. One AAF publication showcases the grotesque side effects of

flew for prolonged periods of time.<sup>35</sup> Interestingly, however, flight surgeons taught that men could bolster and protect themselves psychologically if they maintained “patriotism, pride in units, and self-identification with comrades on the firing line.”<sup>36</sup> These traits, especially those of patriotism and pride, reflected masculine ideals of the period and motivated men to serve. In many of the same ways as the medical officers in World War I who believed that physical exercise and pursuing lives worthy of the Progressive Era would be prophylaxis against Staleness, World War II flight surgeons believed that society’s ideas of masculinity could protect and treat the psychological ailments of aerial warfare.

By the time the Army Air Forces actively engaged in combat in World War II, the term “staleness,” which World-War-I medical personnel used to describe the psychological issues of pilots, had fallen by the wayside. “Flying Fatigue,” though, continued to define the psychological exhaustion that airmen faced after prolonged periods of combat. The Air Surgeon, Major General David N. W. Grant, defined Flying Fatigue as “the occupational disease of the flier.” He continued, Flying Fatigue is a “syndrome . . . made up of a composite of emotional and fatigue symptoms,” “a product of chronic tension and physical tiredness manifesting itself in a state of anxiety.”<sup>37</sup> This statement, coming from the head of the AAF’s medical division, highlights how

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<sup>35</sup> Link and Coleman, *Medical Support of the Army Air Forces in World War II*, 660; Figure 21 from Loyal Davis et al., “High Altitude Frostbite: Preliminary Report,” *Surgery, Gynecology and Obstetrics* 77 (December 1943), 1, Neurology – General, Box 1332, Administrative Records Relating to the Zone of the Interior in World War II, 1917-1950, Office of the Surgeon General, Record Group 112, National Archives at College Park; Figure 4 from Davis, “High Altitude Frostbite,” 5, RG 112, NACP.

<sup>36</sup> Link and Coleman, *Medical Support of the Army Air Forces in World War II*, 660.

<sup>37</sup> David N. W. Grant, “The Medical Direction of Human Drives in War and Peace,” *Journal of the American Medical Association* 126, no. 10 (November 1944): 609, HD: 730 (Neuropsychiatry) – Psychoneurotic Reactions in Air Force Personnel, Box 1293, Administrative Records Relating to the Zone of the Interior in World War II, 1917-1950, Office of the Surgeon General, Record Group 112, NACP. For more information on defining “Flying Fatigue,” see David N. W. Grant, “Report on Flying Fatigue and Stress as Observed in the Royal Air Force,” 10 March 1941, Call #168.7248-5, IRIS #01081063, David N. W. Grant Collection, Air Force Historical Research Agency, Maxwell Air Force Base, AL.; C.P. Symonds and Denis Williams, Flying Personnel Research Committee of the Medical Directorate of the Royal Air Force, “Investigation of Psychological Disorders in Flying Personnel: Clinical and Statistical Study of Neurosis Precipitated by Flying Duties,” August 1943, HD: 730 (Neuropsychiatry) – Personnel –



medical officers perceived Flying Fatigue, its causes, and its consequences. On the one hand, Grant declared that “chronic tension and physical tiredness” caused the fatigue, which ultimately led to anxiety—a psychological symptom. Prolonged exposure and exertion in combat, then, theoretically led to intense “emotional and fatigue symptoms.” Interpreting Grant’s statement a bit deeper, Flying Fatigue arose when an airman continued to participate in combat and pushed himself to his physical limits.<sup>38</sup> By doing so, he completed his masculine duty to serve. Grant’s theory of “chronic tension” and pushing one’s self to his limits was a key factor in defining Flying Fatigue because administrative officers, as next chapter explores, would question whether a man truly psychologically suffered depending on the amount of time he spent in combat. But for flight surgeons, in particular, preventing and treating Flying Fatigue was of utmost importance because “it [was] a destroyer of individual efficiency and laterally of group morale.”<sup>39</sup> If they did not take care of the psychological time bomb, as Thurman Shuller wrote, then the individual men of the AAF would not only lose efficiency, but their fear and psychological ailments would operationally affect the fighting force.

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Flying: NP Report of Britain; Investigation of Psychological Disorders in Flying Personnel, Box 1316, Administrative Records Relating to the Zone of the Interior in World War II, 1917-1950, Office of the Surgeon General, Record Group 112, NACP; Memorandum for General Magee, “Subject: Joint Meeting of Committee on Aviation Medicine and Committee on Neuropsychiatry, March 18, 1943,” HD: 730 – (Neuropsychiatry), Air Force Aviation Medicine, Box 1293, Administrative Records Relating to the Zone of the Interior in World War II, 1917-1950, Office of the Surgeon General, Record Group, 112, NACP; Lt. Col. John M. Murray, “Psychiatric Evaluation of those Returning from Combat,” *The Journal of the American Medical Association* 126, no. 3 (September 1944): 148-150, HD: 730 (Neuropsychiatry) – Psychoneurotic Reactions in Air Force Personnel, Box 1293, Administrative Records Relating to the Zone of the Interior in World War II, 1917-1950, Office of the Surgeon General, Record Group, 112, NACP; H. G. Armstrong, “Medical Bulletin Number 27,” 5 November 1942, Folder Nine: U.S. Army Air Forces Material, Box Two, Series Three, SMS: 1335 BGen Mark Wells, Clark Special Collections, USAFA.

<sup>38</sup> In July 1942, Thurman Shuller chronicled his time as a flight surgeon, and he remarked, “A number of men are developing considerable flying fatigue because of the increasing flying since the planes came in last week.” This statement further lends credence to Grant’s theory that Flying Fatigue developed from over-exertion. See Shuller, *Flight Surgeon*, 47.

<sup>39</sup> Grant, “The Medical Direction of Human Drives in War and Peace,” 609, RG 112, NACP.

Grant's definition of "Flying Fatigue" is simple and clear. As the Air Surgeon of the AAF, his definition and words held authority. But at the tactical levels of the AAF, flight surgeons used various phrases and terminologies to define and classify the psychological effects of combat. While most of the causes and symptoms of "Flying Fatigue" remained the consensus among flight surgeons, their multiple colloquialisms of Flying Fatigue blur the clarity of Grant's definition. For example, in his diary, Thurman Shuller, the flight surgeon of the 306<sup>th</sup> Bomb Group in the Eighth Air Force often referred to Flying Fatigue as a case of "the jitters." His definition of the "jitters" offers a more detailed explanation of the causes and symptoms associated with mental distress. On May 2, 1943, Shuller wrote,

Diary, do you realize that we have lost 17 complete planes and crews in the last 4 missions? This brings the total losses for the group up to 41, of which 19 are from the 367<sup>th</sup> squadron alone. We're getting into a pretty bad state of affairs. There are now several cases of jitters. Capt. [Chester H.] May, usually a very composed individual was seen crying like a baby in his barracks tonight, just because he is tired and fed up. Lt. [David A.] Steele, a close friend of Wigginton's, is an obvious case of the jitters. Even Colonel Putnam was shaky after the raid last night, Manning said.<sup>40</sup>

In this journal entry, Shuller notes the number of casualties one of his squadrons experienced and the psychological toll that arose due to the losses. Furthermore, Shuller's notations concerning Chester May offer evidence that even the men who passed the selection and classification screenings were susceptible to Flying Fatigue. May, "usually a very composed individual," did not hide his emotion as was typical of 1940s American men. His prolonged exposure to combat made him "physically" tired.<sup>41</sup> But Shuller does not shame May for his emotional breakdown. Instead, his entry seems to offer a sense of sympathy for him and the rest of Shuller's men

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<sup>40</sup> Shuller, *Flight Surgeon*, 126.

<sup>41</sup> Because he emotionally broke down, many people would have perceived May's crying as emasculating because his emotions challenged that "warrior ideal" that American society expected men to evince. See Christina Jarvis, "If He Comes Home Nervous": U.S. World War II Neuropsychiatric Casualties and Postwar Masculinities," *Journal of Men's Studies* 17, no. 2 (Spring 2009): 99.

suffering from the “jitters.” Shuller’s words concerning May also support Grant’s statements that Flying Fatigue (or “jitters”) resulted in “emotional and physical” exhaustion.

Instead of using the phrases “Flying Fatigue” or “the jitters,” AAF psychiatrists Roy Grinker and John Spiegel defined airmen’s psychological deterioration as “combat stress.” In their studies, they further categorized “combat stress” among those men with previous psychiatric issues and those without. They believed that the men with previous issues who “slipped” through screening succumbed to “combat stress” and became “inefficient” “after exposure to what for the average combat crewman constituted minimal or slight stress.”<sup>42</sup> The “minimal stress” that these men experienced in combat stimulated and then irritated their previous psychiatric issues leading to psychological breakdown.<sup>43</sup> But, according to the psychiatrists, a much larger percentage of men who experienced “combat stress” were those without previous psychiatric issues. Among these fliers, “inefficiency appears only after very severe stress.” They further emphasized that these men continued to put forth the effort to fulfill their duty; however, Grinker and Spiegel believed that “when stimulated by repeated psychological traumata, the intensity of the emotion heightens until a point is reached at which the ego loses its effectiveness and may become altogether crippled.”<sup>44</sup> The ego is one of Sigmund Freud’s theories about the human mind. Scholar Saul McLeod writes that the ego is “the decision-making component of personality. Ideally, the ego works by reason.” It further “considers social realities and norms, etiquette, and rules in deciding how to behave.”<sup>45</sup>

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<sup>42</sup> Spiegel and Grinker, *Men Under Stress*, 82.

<sup>43</sup> Spiegel and Grinker, *Men Under Stress*, 55.

<sup>44</sup> Spiegel and Grinker, *Men Under Stress*, 82-83.

<sup>45</sup> Saul McLeod, “Id, Ego, and Superego,” *Simply Psychology*, September 25, 2019, updated on July 10, 2023, <https://www.simplypsychology.org/psyche.html>. See also Jon Sletvold, “The Ego and the Id Revisited: Freud and Damasio on the Body ego/self,” *International Journal of Psychoanalysis* 94, no. 5 (October 2013): 1021-1026.

Spiegel and Grinker incorporated Freud's teachings of the ego into their own work as they wrote that the constant psychological bombardment eventually led to the collapse of an airman's ego. They asserted that eventually, after enough psychologically traumatic experiences, the airman lost the ability to think and act rationally. Going into greater detail than both Grant and Shuller, Grinker and Spiegel offer clear examples of the emotional and physical toll that psychological stress exacted upon airmen. The afflicted men were no longer "enthusiastic" or "eager" for battle. Their short-term fears became permanent. Airmen became anxious not only during "dangerous moments over the target" but also during rest hours, and the men had trouble falling asleep. When they were able to sleep, many airmen experienced nightmares. Then, "good muscular coordination [was] replaced by uncontrollable tremors, jerky manipulations and tension." They often suffered from gastrointestinal problems and headaches, and they became "inefficient" in their duties. In short, the psychological consequences of aerial warfare affected the men in nearly every aspect of their lives.<sup>46</sup>

Whether airmen began suffering from Flying Fatigue early in their combat flying career or later in their tour of duty, the ways that flight surgeons perceived the issue reflected the gender norms of the United States in the 1940s. On the one hand, the US armed forces' and AAF's use of "combat exhaustion," "Flying Fatigue," and "combat stress," intentionally reframed the way that people perceived the psychological problems. These diagnoses did not represent a complete psychological breakdown, but by implying that exhaustion caused them, medical officers "convey[ed] a sense of masculine toughness rather than weakness."<sup>47</sup> As flight surgeon W. F. Cook wrote in a 1944 bulletin, it was not abnormal for men to experience anxiety before, during,

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<sup>46</sup> Spiegel and Grinker, *Men Under Stress*, 53-54.

<sup>47</sup> Jarvis, "If He Comes Home Nervous," 101.

and after combat, but “the important factor is that the individual is trying to control the anxiety and force himself to face the anxiety-producing situation.”<sup>48</sup> Thus, when the fliers placed themselves in the situation that caused mental distress and continually confronted it, the airmen demonstrated their courage and strength. Society and the military expected these men to be stoic and emotionally restrained so that they did not show a vulnerable temperament that challenged notions of traditional masculinity. On the other hand, some flight surgeons implied that the airmen who succumbed to stress after minimal exposure to combat had some “internal weakness.” Many of these men had “underlying insecurit[ies] and weak ego[s].” Even more scathing, some psychiatrists declared that these men “lack[ed] a conscience reaction to their failure. They ha[d] little or no sense of duty or loyalty.”<sup>49</sup> During World War II, American society lauded loyalty to friends, family, and the country as a masculine trait.<sup>50</sup> Men with previous psychological issues who quickly crumbled under combat stress were disloyal to themselves, their crew, and their country.

Some men internalized these sentiments and felt as if their mental health issues emasculated them. In his 1952 book, *The Love and Fear of Flying*, World War II flight surgeon Douglas Bond chronicled his experiences as a psychiatrist in the AAF during the war. One flyer, the commanding pilot of a Flying Fortress (the B-17), flew two successful combat missions. After the second, he divulged to his squadron commander that he could not fly anymore due to overwhelming fear. Bond revealed that this fear arose because the pilot witnessed the explosion

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<sup>48</sup> W. F. Cook, “General Information Bulletin Number 2, Volume 2: Bulletin to All Commands, Wings and Unit Surgeons,” pg. 2-3, 29 February 1944, Folder: Fear of Flying (1944), Call #141.28G, IRIS #00114380, Air Surgeon Collection, Air Force Historical Research Agency (hereafter AFHRA), Maxwell Air Force Base, Alabama (hereafter Maxwell AFB, AL).

<sup>49</sup> Spiegel and Grinker, *Men Under Stress*, 55-56.

<sup>50</sup> E. Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era* (New York: Basic Books, 1993), 3-6.

of his best friend's plane on the previous mission. The squadron commander then ordered the airman to report to the flight surgeon, who called him "yellow," an assessment with which the pilot agreed and accepted. Although not an official diagnosis, being yellow was a euphemism for being a coward. Officials ordered him to spend time at a general hospital where he tried to take his own life, and he "declared emphatically that he would rather be shot than return to combat or to flying."<sup>51</sup> Bond does not reveal what occurred to this pilot, but the message remains: because of his short time in combat, even with his traumatic experience and mental anguish, this man perceived himself as a coward. Flight surgeons likely did not intentionally try to emasculate psychologically distressed airmen, but their explanations, definitions, and the Flying Fatigue's consequences reflected the contemporary negative stereotypes of masculinity. It was, therefore, important that flight surgeons implemented methods that counteracted the combat's consequences, one of which was an emphasis on maintaining morale.

### **"Morale"**

Flight surgeons believed that if they could maintain or raise the morale of combat airmen, the men would be constantly motivated to keep flying. One personal experience highlights how flight surgeons perceived morale and its impact on motivation. In a 1944 survey on aircrews in ETO, flight surgeon Lt. Col. John Flanagan chronicled the story of one group commander stationed with the Eighth Air Force during a period when the AAF and RAF were suffering high casualties due to German defenses. This commander remarked, "The morale is high in the groups here; surprisingly so. Based on the attitude of the crews in the Second Air Force my first question on seeing combat conditions here was, 'how do you keep the crews from aborting?' However, I find that the men here want to go on missions." This officer simply questioned why American

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<sup>51</sup> Douglas D. Bond, *The Love and Fear of Flying* (New York: International Universities Press, Inc., 1952), 64-69.

airmen kept fighting when the odds were not in their favor. Coming from the Second Air Force in the continental United States where he trained combat crews, this officer must have been taken aback by aerial combat. He was surprised that the combat crews were so willing to keep fighting after experiencing combat conditions. To further prove his point that airmen were so motivated, he included a specific example where a crew expressed dissatisfaction at the prospect of not being able to fly on time. As one aircraft taxied down the runway, one of its brakes malfunctioned. The crew quickly exited the plane and headed for one of the spares so that they could still participate in the raid. The pilot, however, stayed with the original aircraft and quickly helped resolve the braking issue. When two members of the pilot's crew received the news that the original aircraft that was malfunctioning could be operational for the raid, they hurried back to the aircraft and took off to participate in the operation. Three other crewmates were unable to make it to the aircraft before it left, and they "reported to their squadron commander." When the squadron commander told the group commander, he ordered the plane, which was now in formation, to return to base. This superior officer did not want the aircraft to participate in the raid because of combat's dangers. He remarked, "All of the members of the crew were disappointed when they had to pull out of formation and return to the field, even though they would have had to fly a good distance over enemy territory with only a part of the guns manned."<sup>52</sup> In other words, this commander asserted that the mere thought of not being able to complete their duty disheartened these men. Flanagan, then, shared this experience for a specific reason—he wanted to emphasize the importance of morale in keeping men fit for combat. If flight surgeons could maintain morale, they would help the AAF remain a fighting force.

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<sup>52</sup> Lt. Col. John C. Flanagan, "Report on Survey of Aircrew Personnel in the Eighth, Ninth, Twelfth, and Fifteenth Air Forces," 59-60, HD: 730, Box 1315, RG 112, NACP.

The US military and AAF defined “morale” during the war “as ‘confidence, fidelity, and courage, . . . another as ‘a condition dependent upon moral or mental factors such as zeal, spirit, hope, confidence; a mental state as of the army.’” But to the author, these definitions were not specific enough to encompass the word. The author’s definition entails many of the descriptors found in the dictionary’ definitions, but it also includes many themes related to 1940s American masculinity. The document first outlined that, for many men, being a soldier was difficult. They gave up their homes, jobs, hobbies, wife and children, and their overall safety. The men “sacrificed” these luxuries to fight a war for the “collective security” of the nation, and two important traits defined their sense of morale: “a personal sacrifice” and “a patriotic ideal.” More clearly, “the morale of the soldier is the integration of these two factors.” If the soldier “willingly, with zeal, with energy, and with the full realization that he is sustaining serious personal losses in order to preserve the group” participated in the war, he would be “a soldier with good morale.” This type of soldier “states, ‘I want to be in the war’. ‘I want to go overseas’. . . . ‘We must win this war. Of course, I hate to leave my wife, and am worried about my mother and I often think of getting hurt, but the job must be done and I’m eager to do it.’” This description reflects the gender norms of the period as men were supposed to put their lives on hold and volunteer themselves to fight for their country. In doing so, they protected their loved ones and everything for which the country stood. If he willingly submitted to these ideals and developed “good morale,” then “his personal gain is his self respect.” In other words, he would be able to look at himself and know that he made the right choice and was fulfilling his duty.<sup>53</sup> Indeed, according to Lt. Colonel John Flanagan, a member of the AAF’s Psychological Branch Research Division,

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<sup>53</sup> “The Morale Lesion,” 3-5, HD: 730 (Neuropsychiatry) – Morale, Box 1311, Administrative Records Relating to the Zone of the Interior in World War II, 1917-1950, Office of the Surgeon General, RG 112, NACP. For more information, see Robert Westbrook, *Why We Fought: Forging American Obligations in World War II* (Washington DC: Smithsonian Books, 2004).



the men with the attributes associated with high morale were men of “good character.” An airman of good character prioritized being “a member of the group,” “a team player,” and he “puts the welfare of the group” above his own. Thus, much like “The Moral Lesion,” high morale required “good character” because it demanded sacrifice and selflessness.<sup>54</sup>

On the other hand, those who did not have “good character” stood in stark contrast as they did “not identify [themselves] with the group and refuse[d] to adopt the group point of view.” Furthermore, officials argued that, much like character, temperament played a crucial role in the development or loss of morale because it “keeps some fighting while others stop or become ineffective.” In terms of mental health, AAF flight surgeons asserted that temperament was “the extent to which the individual has a fundamental predisposition to develop anxiety when under stress.” If a flier had a poor temperament, he would likely experience mental distress and low morale and be unable to “keep fighting.”<sup>55</sup> Thus, it was imperative for flight surgeons to build character and temperament. By building character and temperament, flight surgeons prepared fliers for their masculine duties, while trying to protect them from Flying Fatigue and other psychological consequences of the air war.

Morale, however, was fickle and often ebbed and flowed according to various combat conditions, the environment, and the theater of operations. Many scholars have explored the individual experience of airmen in the ETO during the Second World War, but there are much fewer studies of the PTO. Indeed, scholars such as Michael Sherry, Tami Davis Biddle, Richard

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<sup>54</sup> Lt. Col. John C. Flanagan, “Report on Survey of Aircrew Personnel in the Eighth, Ninth, Twelfth, and Fifteenth Air Forces,” pgs. 66-67, HD: 730, Box 1315, RG 112, NACP.

<sup>55</sup> Lt. Col. John C. Flanagan, “Report on Survey of Aircrew Personnel in the Eighth, Ninth, Twelfth, and Fifteenth Air Forces,” pgs. 66-69, HD: 730, Box 1315, RG 112, NACP.

Overy have examined the operational history of the Pacific air war without investigating the personal experiences of the airmen who flew those raids.<sup>56</sup>

Like fliers in Europe, the American airmen flying in the Pacific witnessed their friends' deaths, they were susceptible to all kinds of psychological stress, and faced a harsh environment, which, in turn, lowered morale and worried flight surgeons. For example, this chapter opened with the story of Second Lieutenant Jake Adam who flew the B-24 with the Fifth Air Force. After a prolonged period in combat, nearly four hundred combat hours, those “fingers of death” and



Figure 22: "Jake" Adam, right, in San Francisco while on leave for Flying Fatigue

other stressful experiences caused Adam to experience Flying Fatigue. During this time, “quite a few of these missions have not only been

<sup>56</sup> For a very select list of the individual airman's experience in the ETO, see Kevin T. Hall, *Terror Flyers: The Lynching of American Airmen in Nazi Germany* (Bloomington: Indiana University Press, 2021); S. P. MacKenzie, *Flying Against Fate: Superstition and Allied Aircrews in World War II* (Lawrence, KS: University Press of Kansas, 2017); Donald Miller, *Masters of the Air: America's Bomber Boys Who Fought the Air War Against Nazi Germany* (New York: Simon & Schuster, 2007); Richard Overy, *The Bombers and the Bombed: Allied Air War over Europe, 1940-1945* (New York: Penguin Books, 2013); Mark Wells, *Courage and Air Warfare: The Allied Aircrew Experience in World War II* (London: Frank Cass, 1995). For a select work that explores the airman's experience in the ETO and the PTO, see John McManus, *Deadly Sky: The American Combat Airman in World War II* (New York: Caliber, 2000). For a select list of operational histories that include the PTO, see Tami Davis Biddle, *Rhetoric and Reality in Air Warfare: The Evolution of British and American Ideas about Strategic Bombing, 1914-1945* (Princeton: Princeton University Press, 2002); Richard Overy, *The Air War: 1939-1945* (Lincoln, NE: University of Nebraska Press, 2005), Michael Sherry, *The Rise of American Air Power: The Creation of Armageddon* (New Haven: Yale University Press), 1987.

long and tedious, but extremely hazardous also.” Adam’s flight surgeon recommended that he “be evacuated to the United States because of severe flying fatigue.” In his orders, the flight surgeon made sure he stated that Adam would “return to a full combat status in this or any other theatre.”<sup>57</sup> The flight surgeon assured that Adam was “an excellent pilot” with “excellent character” who had “done very excellent work upon numerous occasions.”<sup>58</sup> By emphasizing these traits and the fact that he would return to combat, the flight surgeon highlighted that Adam was not shirking his duty due to his psychological health or low morale.

Medical personnel believed that prolonged exposure to combat conditions played a central role not only in the development of Flying Fatigue but also in the lowering of morale, and both went hand-in-hand. The United States Far East Air Forces (FEAF) or the AAF in the PTO, studied the incidence rates of Flying Fatigue among its men and its correlation to length of time in service. The Essential Technical Medical Data (ETMD) study showed that in May 1944, 558 men with under eighteen months of service received medical attention for Flying Fatigue and other “neuro-psychiatric disease.” Then, of men with over eighteen months of combat service, 937 men received medical attention for the same problems—a 167 percent increase. According to the unnamed author of the report, “these important figures” were “closely related to the problems of morale . . . and operational efficiency.” The author suggested that the FEAF report the numbers to the adjutant general. Not only did flight surgeons worry about the number of psychological health cases, but they believed that the number of those cases affected the men’s

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<sup>57</sup> R. J. Sanderson to Commanding Officer, 320<sup>th</sup> Bombardment Squadron, AAF, 19 October 1944, in private collection of Lisa Adam. Figure 22 from private collection of Lisa Adam.

<sup>58</sup> R. J. Sanderson to Commanding Officer, 90<sup>th</sup> Bomb Group, 19 October 1944, pg. 1, in private collection of Lisa Adam.

morale, which, in turn, could lead to operational inefficiency and challenge men's ability to fight.<sup>59</sup>

American airmen stationed in England often lived next to population centers where they could find distractions relatively easy; however, airmen in the PTO did not have the same luxuries, and the environment, in addition to combat experiences, compounded their psychological stress and lowered morale. AAF historians Mae Link and Hubert Coleman argued that "the tropics themselves tend to be monotonous with the heat and humidity and lack of stimulating effects attributed to cool climates and changeable weather. It has been recognized that long residence in a tropical environment undoubtedly influences the mental and emotional activity." In conjunction with the ETMD report which concluded that the longer an airman remained overseas, the more likely he was to suffer from Flying Fatigue, Link and Coleman's statement demonstrates that extended time in the tropical environment led to psychological deterioration.<sup>60</sup>

Furthermore, like "The Morale Lesion" described above, medical personnel often asserted that fliers suffered from low morale when they were unable to exercise certain traits tied to 1940s masculinity. The fliers who were not able to experience the luxuries associated with "home," explicitly, the men who could not experience "normal human relationships with members of the opposite sex" were more likely to experience Flying Fatigue. In short, medical officers asserted that men who were unable to have sexual relations and thereby exercise the sexual activeness that characterized masculine norms of the period were more susceptible to

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<sup>59</sup> Essential Technical Medical Data Report for May 1944, 26 April 1945, 1-3, HD: 730 – Neuropsychiatry: Pacific Far East Air Forces, Box 1324, Administrative Records Relating to the Zone of the Interior in World War II, 1917-1950, Office of the Surgeon General, Record Group 112, NACP.

<sup>60</sup> Link and Coleman, *Medical Support of the Army Air Forces in World War II*, 849.

psychological distress. They made a clear connection between mental illness and norms of masculinity. Instead of having these “normal relationships,” flight surgeons feared that airmen could only turn to “the lonely jungles, . . . and the close association with a small group of men for long periods of time with resultant bickering and personality clashes.”<sup>61</sup> While these squabbles did not reinforce sexual promiscuity, they did allow the men to exercise their “aggressiveness.”<sup>62</sup> Although not conducted in the PTO, one AAF study determined that fliers often engaged in hyperaggressive behaviors toward fellow American airmen and women in order to reaffirm their masculinity. Indeed, combat provided men with “appropriate channels” through which they could funnel their hatred toward their enemies, but flight surgeons argued that if the bomber crews did not have these outlets, feelings of superiority and acts of aggressiveness increased on base towards other American personnel. Such acts included fights with other American flyers or shooting weapons into the air or at walls. Other “men have reported that they have seduced women, in quantity, not for ‘sexual’ satisfaction; but for the sake of subduing and conquering over their defences.” These soldiers also took their feelings out on new arrivals by describing, in gory detail, the deaths of fellow aircrewmembers and the splattering of their brain matter throughout the planes.<sup>63</sup> Thus, activities (or the lack thereof) such as fighting with other Americans or the inability to be with women, challenged the airmen’s morale and impaired his sense of self and their psychological health.

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<sup>61</sup> Link and Coleman, *Medical Support of the Army Air Forces in World War II*, 849-850.

<sup>62</sup> To further emphasize the connection between aggression and masculinity, modern science has concluded that “men may act in stereotypically masculine behaviors, such as aggression, in an attempt to reaffirm their gender status when it is threatened.” See Elizabeth C. Neilson et al., “Traditional Masculinity Ideology, Posttraumatic Stress Disorder (PTSD) Symptom Severity, and Treatment in Service Members and Veterans: A Systematic Review,” *Psychology of Men & Masculinities* 21, no. 4 (January 2020): 579.

<sup>63</sup> David G. Wright, “Report of Psychiatric Study of Successful Air Crews,” pg. 10, 11 October 1943, Folder: 8<sup>th</sup> Air Force – Report of Psychiatric Study of Successful Air Crews, Call #141.28J, IRIS #00114382, Air Surgeon Collection, AFHRA, Maxwell AFB, AL. See Neilson et al., “Traditional Masculinity Ideology,” 580.

While war, the “sacrifices” that men made, and many other issues had detrimental effects on morale, the AAF insisted that there were a few things that boosted morale and helped men to keep the fighting spirit. Flight surgeons saw themselves as important tools in helping men develop and maintain morale. AAF officials believed that the key that distinguished “good” bomb groups from “poor” groups were the flight surgeons. Documents portray the best flight surgeons as exemplars of masculinity. Indeed, “the flight surgeons doing the best job were strong, steady, masculine and aggressive personalities. They also took a real interest in the welfare of the men.” On the contrary, the poor flight surgeons grew too close to the distressed airmen and “ma[d]e excuses for them. They tended to be passive rather than aggressive in their own personalities and protected the men instead of building them up and toughening them mentally.”<sup>64</sup> Thus, while the AAF required its airmen to evince the masculine characteristics of the period, it also required the flight surgeons to put on the masculine demeanor by being “tough.” They were supposed to eschew characteristics associated with femininity like “passivity,” and they could not “coddle” the men; instead, the “good” flight surgeons reinforced stoicism and aggression. By fostering these ideals, the flight surgeons aided “in keeping these men flying and fighting” and “create[ed] and maintain[ed] good morale.”<sup>65</sup> In doing so, they believed they protected men from Flying Fatigue, but they also had other ideas concerning treatment for the men who ultimately experienced too much and suffered from psychological ailments.

## **Treatment**

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<sup>64</sup> Lt. Col. John C. Flanagan, “Report on Survey of Aircrew Personnel in the Eighth, Ninth, Twelfth, and Fifteenth Air Forces,” pg. 62-63, HD: 730, Box 1315, RG 112, NACP.

<sup>65</sup> Lt. Col. John C. Flanagan, “Report on Survey of Aircrew Personnel in the Eighth, Ninth, Twelfth, and Fifteenth Air Forces,” pgs. 61-62, HD: 730, Box 1315, RG 112, NACP.

For many flight surgeons, treating Flying Fatigue and its symptoms was relatively difficult because there was not any single proven method. The advancement of medical knowledge in psychology and psychiatry led to the development of new theories and treatments, but some medical officers also relied heavily on previous methods that the Air Service used in World War I. A study between the treatment methods of World War I and World War II is important to highlight how medicine advanced between the World Wars. On one hand, new drugs and psychotherapy played important roles in aiding suffering airmen—practices that did not exist during World War I. On the other hand, the legacy of the World War I-era “rest homes” endured as the AAF expanded this program to not only rest homes but also to “aero-clubs” posted at many air bases. Changing treatment procedures showcases not only medicine’s progression but also how social norms affected the way that flight surgeons understood and treated mental health issues in the Army Air Forces.

Between the end of World War I and World War II, doctors, particularly flight surgeons, developed various advancing theories concerning psychiatry and psychology as many of them began to adhere to Sigmund Freud’s teachings.<sup>66</sup> In addition to their understandings of these

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<sup>66</sup> It is evident that between the two world wars, Sigmund Freud’s teachings became relevant to many doctors because in World War I, flight surgeons rarely, if ever, referenced Freud’s teachings. However, by World War II, many influential psychiatrists, such as Roy Grinker, John Spiegel, and Douglas Bond, relied heavily on Freud’s teachings. In some instances, the doctors referenced Freud’s teachings of the Ego, Superego, and the Id and how Flying Fatigue affected these psychological aspects of the brain. In another instance, Douglas Bond associated Flying Fatigue and fear of flying with the Oedipal Complex. This theory was a rubric that medical officers used to analyze whether a flyer would likely be successful as part of a bomber crew or whether he was predisposed to succumb to mental stress. Psychological experts taught that flyers, from a young age, had strong libidinal connections with flying because it provided a unique way to dominate something. If a person experienced a correctly resolved sexual adjustment/Oedipal conflict during childhood, then flying in an aircraft—breaking gravity’s bond—became symbolic of the parent of the opposite sex. Dr. Douglas Bond taught, “armed with his aircraft, a flyer is tempted to abuse his new position of authority by openly indulging his fantasies that are concerned with the incestuous meaning of flight and with long-repressed aggression aimed at the father.” Thus, when a man experienced a correct sexual adjustment as a child, flying allowed him to indulge and dominate his fantasies. Military flight surgeons believed that if a person’s Oedipal Conflict went unresolved, he experienced an improper sexual adjustment and was predisposed to fail as an airman. For context on the Oedipal Complex and modern interpretations, see Josephs Lawrence, “The Evolved Function of the Oedipal Conflict,” *International Journal of Psychoanalysis* 91, no. 4 (August 2010): 937-939; Luigi Caparrotta, “Oedipal Shame, Rejection, and Adolescent

fields, flight surgeons developed two scientifically-based treatments that they believed aided men in their recovery from Flying Fatigue and psychological breakdown: narcosynthesis with sodium pentothal and forms of psychotherapy.<sup>67</sup> When using narcosynthesis in conjunction with listening exercises and psychotherapy, the psychiatrists injected their patient with 0.25 to 1.0 grams of sodium pentothal. This drug induced a stupor that allowed suffering airmen “to re-experience the intense emotions which were originally associated with the traumatic battle experiences.” The drug also allowed the flier “to deal with these revived emotions in a more economical and rational manner, instead of by catastrophic defensive technics, which end in serious neurotic crippling.”<sup>68</sup> After reaching the point of narcosis, the flight surgeon guided the conversation to uncover the men’s combat experiences by having the airman believe he was actually flying in combat. In some instances, the flier rapidly divulged his experiences, and Grinker and Spiegel wrote,

the terror exhibited in the moments of supreme danger, such as the imminent explosion of shells, the death of a friend before the patient’s eyes, the absence of cover under a heavy dive-bombing attack, is electrifying to watch. The body becomes increasingly tense and rigid; the eyes widen and the pupils dilate, while the skin becomes covered with fine perspiration. The hands move about convulsively, seeking a weapon, or a friend to share the danger. The breathing becomes incredibly rapid and shallow. The intensity of the emotion sometimes becomes unbearable; and frequently, at the height of the reaction, there is a collapse and the patient falls back in bed and remains quiet for a few minutes.<sup>69</sup>

While this description graphically describes what occurred to the men who had to relive their experiences, the psychiatrists often had trouble getting other men to open up about their

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Development,” *American Journal of Psychoanalysis* 63, no. 4 (December 2003): 345-355. For Douglas Bond and his connection between fear, flight, and the Oedipal Complex, see Bond, *The Love and Fear of Flying*, 70-71. For more examples of AAF psychiatrists relying on Freud’s teachings, see Bond, *The Love and Fear of Flying*, chapters five and six; Roy Grinker and John Spiegel, *War Neuroses* (Philadelphia: The Blakiston Company, 1945), chapter four.

<sup>67</sup> Narcosynthesis and Psychotherapy are only two specific treatments. Flight surgeons relied on many other types depending on what they determined to be the best course of action for the distressed airman.

<sup>68</sup> Grinker and Spiegel, *War Neuroses*, 78-79.

<sup>69</sup> Grinker and Spiegel, *War Neuroses*, 80-81.



experiences, likely because they were trying to live up to the stoic ideals that required them to eschew emotions. These men often required multiple sessions of narcosynthesis.

Ultimately, the psychiatrists hoped that by forcing airmen to relive their traumatic experiences, they would confront their fear and overcome it along with any symptoms that it created. As Grinker and Spiegel put it, “the stuporous become alert, the mute can talk, the deaf can hear, the paralyzed can move, and the terror-stricken psychotics become well organized individuals.” While these conclusions seem hyperbolic, the ultimate goal was to help the men overcome their somatic symptoms that disqualified them from flight status and prevented them from participating in raids.<sup>70</sup>

But as is true with all medical procedures, the results fell on a spectrum where they either worked, worked to an extent, or did not work at all. Grinker and Spiegel thought that, due to masculine conformity and stoicism, real men would not be “vulnerable” without psychiatric drugs. For example, Grinker and Spiegel recalled the story of one airman who suffered from Flying Fatigue and underwent narcosynthesis. After his therapy, his psychological health seemingly improved so much that he “exhibited such eagerness to get back to combat duty.” On the day before he was scheduled to return to combat duty, he experienced a relapse when a car backfired. Upon being startled, “he threw himself into the ditch by the side of the road and lay there for ten minutes, trembling with fear, before he had the strength to get up.” For the next day, he exhibited the anxiety which affected him before narcosynthesis; however, by the second day, he returned “to his previous state of complete clinical control, and asked to be allowed to return to combat, as if nothing had happened.”<sup>71</sup> Thus, narcosynthesis exhibited varying levels of

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<sup>70</sup> Grinker and Spiegel, *War Neuroses*, 82-84

<sup>71</sup> Grinker and Spiegel, *War Neuroses*, 82-84. Douglas D. Bond, a flight surgeon with the Eighth Air Force did not view narcosynthesis as a viable nor productive treatment. He asserted that narcosynthesis helped “to keep the

success, but many AAF psychiatrists perceived it as a modern technique that returned distressed men to combat.

Progressive-Era ideals, such as abstaining from alcohol, sexual indulgences, and other “immoral” activities, played a definitive role in 1910s masculinity and the prevention and treatment of Staleness during World War I. By the time World War II began, many of these Progressive ideals fell by the wayside. One of those ideals that fizzled out was abstinence from alcohol. In the First World War, flight surgeons emphasized that by indulging in drinking, men put themselves at higher risks of losing physical conditioning and thereby suffering from Staleness. However, by World War II, flight surgeons actively promoted the use of alcohol as a form of prophylaxis against Flying Fatigue. The Office of the Air Surgeon “instigated” the use of “medicinal whiskey” for fliers returning to combat. As soon as the men returned from their raids, flight surgeons and Red Cross women greeted them at the airfield with between one and two ounces of whiskey. The men gladly accepted the drink “with ‘keen interest and pleasure.’” Furthermore, flight surgeons asserted that the alcohol “appeared to be of value in relieving tension and strain after an operation mission.”<sup>72</sup> Historian and Brigadier General Mark Wells also confirmed this assertion when he wrote, “overindulgence in alcohol was a favourite stress reliever.”<sup>73</sup> In the broader context, World War II aided in the “normalization” of alcohol after Prohibition. While some Americans tried to use the war to once again enforce prohibition,

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physician satisfied that he was effective than it did to benefit the patients.” He referred to narcosynthesis as simply a “great vogue.” He wrote that while Sodium Pentothal created the minimal conditions with which the man could return to combat, the drug did not help the men become efficient nor effective. See Bond, *The Love and Fear of Flying*, 111-112. For more examples of the use of narcosynthesis and Sodium Pentothal, see Bond, *The Love and Fear of Flying*, 107-109; Grinker and Spiegel, *War Neurosis*, 78-86; Grinker and Spiegel, *Men under Stress*, 170-178; Lt. Col. John C. Flanagan, “Report on Survey of Aircrew Personnel in the Eighth, Ninth, Twelfth, and Fifteenth Air Forces,” 84, HD: 730, Box 1315, RG 112, NACP.

<sup>72</sup> Link and Coleman, *Medical Support of the Army Air Forces in World War II*, 664.

<sup>73</sup> Wells, *Courage and Air Warfare*, 97.

“military leaders successfully argued that they would resent being deprived of alcohol” and find ways to indulge in it even if it became illegal. The US armed forces, including the AAF, perceived alcohol “as a beverage of moderation and as an aid to national morale.”<sup>74</sup> Thus, medical officers no longer asserted that alcohol *caused* psychological stress; instead, they saw it as a *preventative* measure that would lessen strain and help men fulfill their obligations to their country.<sup>75</sup>

Alcohol, however, was a double-edged sword. Flight surgeons used it to prevent crippling stress, but too much alcohol use signaled to them that men were starting to crumble under combat’s experiences. AAF psychiatrists associated *excessive* alcohol use with men who were failing their country and crewmates—in other words, as someone not living up to their masculine responsibilities. Roy Grinker and John Spiegel wrote that the men who drank too much had issues of “insecurity,” and “they have little or no sense of duty or loyalty.” To cope with their insecurities and lack “of obligation to their country,” these airmen became alcoholics who resisted authority and actively sought escape from combat. These psychiatrists did not oppose

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<sup>74</sup> Lori Rotskoff, *Love on the Rocks: Men, Women, and Alcohol in Post-World War II America* (Chapel Hill: University of North Carolina Press, 2002), 49, quoted in Rod Phillips, *Alcohol: A History* (Chapel Hill: University of North Carolina Press, 2014), 299.

<sup>75</sup> Historian Mark Wells argues that American pilots and aircrews adopted the consumption of alcohol from the Royal Air Force pilots, who were often “rowdy.” See footnote 75, Wells, *Courage and Air Warfare*, 159. Alcohol was not American airmen’s only forgotten Progressive-era ideal. Wells also writes that the airmen also gambled and played cards when they were not flying—activities that Progressives considered “vices” during the Progressive Era. While these two activities do not necessarily relate to the psychological consequences of combat, they do demonstrate how social ideals changed between World War I and World War II. Overall, Wells concludes that “in some places great attention was devoted to these activities and the entertainment became quite elaborate. If it helped take men’s minds off the possibility of death, even for only a few hours, it was helpful.” See Wells, *Courage and Air Warfare*, 150. Medicinal Whiskey would continue to be a tradition for combat airmen returning from operational raids that lasted well into the Korean War. As historian John Sherwood wrote, “alcohol was the psychiatric drug of choice during the Korean War: it was used by flight surgeons, who often had no training in psychiatry, to cure everything from anxiety to depression.” See John D. Sherwood, *Officers in Flight Suits: The Story of American Air Force Pilots in the Korean War* (New York: New York University Press, 1996), 109-110. Red Cross women also met returning aircrews at “clubmobiles,” which the men enjoyed more than the whiskey. At one point, someone suggested that men would only be entitled to the medicinal whiskey, but one pilot remarked that “there’s no way, . . . we’re going to let them trade you for an ounce of whiskey.” See Vuic, *The Girls Next Door*, 109-110.

alcohol use in moderation, but excessive use signaled that the men either needed quick psychiatric help or that they had completely broken down and no longer cared about their “responsibilities.”<sup>76</sup> Therefore, while airmen in World War II no longer defined their lives according to the Progressive Era’s beliefs on temperance (to an extent) from World War I, the AAF continued, and actually expanded upon, the Red Cross rest home system for pilots suffering from Flying Fatigue where men would be in the same vicinity as women, who offered a sense of normality.

### The American Red Cross’s Aero-Clubs and Rest Homes



Figure 23: "Moultsford Manor, England, Rest Home for Enlisted Men of the 8th Air Force

In January 1944, Ann Newdeck detailed her time working at the American Red Cross (ARC) in its rest home system for psychologically distressed pilots

and aircrews. In broken sentences, she described the ambiance and activities of Coombe House,

<sup>76</sup> Spiegel and Grinker, *Men under Stress*, 56. Wells teaches that AAF flight surgeons, with little training in psychiatry, relied on visible symptoms, including excessive alcohol intake and tremors, to determine who was nearing psychological breakdown; See Wells, *Courage and Air Warfare*, 68-69.

one of the many ARC rest homes—areas located far from combat where psychological distressed fliers found rest.<sup>77</sup> In her essay, Newdeck discussed one of the home’s occupants as he revealed to her the traumatic experiences he faced. She stated that the man was “low in his mind” and he lacked confidence in himself. “He’s tired as an infantryman, a factor worker or an actress after hard work and emotional upheaval, and like all them loses control his body and his mind as fatigue progresses towards exhaustion.” More importantly, his fatigue made the flier inefficient and unable to protect his life along with the lives of the nine other crew members in the aircraft. But because a flight surgeon sent this airman to one of the rest homes before he mentally broke down due to Flying Fatigue, Newdeck and others believed he would make a full recovery and return to combat duty. Rest homes were not military hospitals; they were a specially designed form of treatment intended to return men to their flying responsibilities. And unlike other military installations and hospitals, military culture and behavior was nearly non-existent as flight surgeons hoped men would focus on activities that allowed them to be men in order to recover from their psychological exhaustion.<sup>78</sup>

As a woman, Ann Newdeck described her experience and how her time among military fliers differed from traditional military culture as she wrote, “nevertheless Army calls is Rest Home. It looks as English as setting of Noel Coward play but even as you approach house you discover the actors and plot are American. You meet girl in scuffed saddle shoes and baggy sweater bicycling along shaded drive with dozen young men.” Newdeck believed others would “guess it was co-ed’s dream of college house party—not Military Post to which men are assigned

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<sup>77</sup> Figure 23, “Moulsford Manor, England,” AF-748 – Pictures, Box 1, Correspondence and Reports Documenting Early Planning Policy and Administration, 1942-1946, War Department – Army Air Forces, Office of the Secretary of the Air Staff, Record Group 18, NACP.

<sup>78</sup> Vuic, *The Girls Next Door*, 110.

and where girls are stationed to do job. We have so much fun that we usually forget is and so much better because house party is successful experiment to bring combat flyers back to their peak efficiency.” Newdeck was taken aback by the leisurely atmosphere that filled the rest home as men and women mingled together, but she never forgot that the purpose of the airmen’s visit was to get back to combat duty. She even discussed this matter with an AAF psychiatrist, David Wright, who visited the home to determine its effectiveness. Newdeck recalled that Wright said, “Coombe House and the others like it . . . represent best work of preventative medicine in the ETO. Very definitely I can say now that rest homes are saving lives and badly needed airmen—by returning men to combat as more efficient flyers.” This flight surgeon not only said that rest at the homes prevented Flying Fatigue, but they offered men enough rest that they supposedly became *more efficient*.<sup>79</sup>

The origin of the rest home system in World War II dated back to late 1942 and early 1943 to help prevent and treat Flying Fatigue. Because the Americans entered the war relatively late, flight surgeons had witnessed the English’s experience with battle-induced stress and

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<sup>79</sup> Ann Newdeck, ARC, “Flak Happy Isn’t the Word for It,” January 15, 1944, pgs. 1-2, 900.6161 ETO – ETO (Great Britain), Box 1535, Central Decimal Files of the American Red Cross, Records of the American National Red Cross, Record Group 200, NACP.

observed how ineffective leaves and “formal hospitalizations” were when dealing with



Figure 24: "Stanbridge Earls, The First Rest Home in England for the 8th Air Force Officers."

“exhaustion” cases. With this knowledge, on July 12, 1942, the AAF granted authority “to acquire and operate one or more rehabilitation centers for the care and

treatment of flying fatigue cases as they developed among flying personnel.” More explicitly, the AAF established the rest home system for “the promotion of morale and efficiency”—again demonstrating the importance of morale in either the promotion or deterioration of psychological health. The first home for Americans opened in November 1942 to accommodate twenty-five officers. The program grew exponentially thereafter, and between August 1, 1944 and December 31, 1944, seventeen rest homes served 6,581 officers along with 6,809 enlistees.<sup>80</sup> Flight surgeons and administrative officials sent many of these men to the homes after they completed two-thirds of their tour, or when flight surgeons judged the men to be nearing emotional

<sup>80</sup> Figure 24, “Stanbridge Earls,” AF-748 – Pictures, Box 1, Correspondence and Reports Documenting Early Planning Policy and Administration, 1942-1946, War Department – Army Air Forces, Office of the Secretary of the Air Staff, Record Group 18, NACP. Quotations from Link and Coleman, *Medical Support of the Army Air Forces in World War II*, 539-540, 662-663.

breakdown. According to one AAF officer in the Office of the Air Surgeon, bomber crews usually maintained a “favorable attitude,” while the fighter pilots “regarded rest homes as a waste of time. This attitude is undoubtedly a reflection of the eagerness for combat and low attrition rates which are typic of the fighter groups.”<sup>81</sup> This statement is similar to another AAF medical report that sought “to determine the manner and extent of which the stresses of combat flying affect the *successful men*” [my italics]. In this report, AAF psychiatrist and flight surgeon David Wright determined that these “successful men” “found by experience that they would much rather go on raids than wait for them.”<sup>82</sup> Thus, while the rest homes served some and helped them return to the type of men they wanted to be, they also prevented others from being the men they wanted. It seems that, whether an airman appreciated the homes or not, depended upon his flying role in the AAF.

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<sup>81</sup> Lt. Col. John C. Flanagan, “Report on Survey of Aircrew Personnel in the Eighth, Ninth, Twelfth, and Fifteenth Air Forces,” 79, HD: 730, Box 1315, RG 112, NACP; Armstrong, “Medical Bulletin Number 27,” 2-3, BGen. Mark Wells, Clark Special Collections, USAFA.

<sup>82</sup> David G. Wright, “Report of Psychiatric Study of Successful Air Crews,” pgs. 2-3, 10, 11 October 1943, Folder: 8<sup>th</sup> Air Force – Report of Psychiatric Study of Successful Air Crews, Call #141.28J, IRIS #00114382, Air Surgeon Collection, AFHRA, Maxwell AFB, AL.



The atmosphere of the ARC's rest homes centered around masculine activities that provided physical and relaxing opportunities that allowed airmen to escape from the stress of combat and military life. In fact, flight surgeons and the ARC intended to "make [the rest homes] as un-military as possible."<sup>83</sup> While participating in "leisurely activities," the AAF discouraged the men from wearing their uniforms and recognizing officer ranks.<sup>84</sup> Then, without these



Figure 25: Lieutenant Firmin Pranks Lieutenant Judas at Stanbridge Earls Rest Home. © IWM (D 14549)

formalities, the airmen enjoyed the homes that exhibited superior "home management and decorations." Throughout the house, "gay prints," "bowls of flowers," and "colorful pillows" created a welcoming atmosphere for the men.<sup>85</sup> Many men felt relaxed enough to play pranks on each other. For example, in one image, a Lieutenant Judas asked fellow American airman, Royal Firmin, Jr., to open his pants, and drop a penny

from his forehead into his jeans. As Firmin held his pants from his waist, Judas emptied his beer into Firmin's pants.<sup>86</sup> These resting airmen also experienced other luxuries not available at the

<sup>83</sup> Newdeck, "Flak Happy Isn't the Word for It," 3, 900.6161 ETO – ETO (Great Britain), Box 1535, RG 200, NACP.

<sup>84</sup> Wells, *Courage and Air Warfare*, 79-80; Link and Coleman, *Medical Support of the Army Air Forces in World War II*, 663.

<sup>85</sup> Barbara Graves, "Early Narrative Report on Rest Homes – September 1943," July 16, 1945, pgs. 1-3, 900.616 ETO – Rest Homes and Convalescent Centers, Box 1527, Central Decimal Files of the American Red Cross, Records of the American National Red Cross, Record Group 200, NACP.

<sup>86</sup> Figure 25, Ministry of Information Photo Division, "Country Club for US Airmen: Rest and Recuperation in the English Countryside, Stanbridge Earls, Romsey, Hampshire, 1943," D 14549, Ministry of Information Second

American airbases. Unlike the meals they had while on the combat lines, the food was always “hot” and “good.” And much like their World War I counterparts, the rest homes provided physical and recreational activities where the men could golf, shoot skeet, play ping-pong, or, if they wanted to just relax, they could read plenty of books and magazines while smoking their cigarettes. But, unlike the World War I chateaus, sports and physical activities were not the most important aspects of the homes.<sup>87</sup>



Figure 26: American Airmen have Dinner with Red Cross Women at Stanbridge Earls, 1943. © IWM (D 14532)

Instead of the emphasis on the physical recreation, the women on the American Red Cross’s payroll were “the most important single factor in the whole picture,” and while the men could not have sexual relations with them, AAF flight surgeons believed that by being in the presence of women, suffering airmen would be able to exercise their manliness and recover from Flying Fatigue.<sup>88</sup> These

World War Official Collection, Imperial War Museum, London, England, <https://www.iwm.org.uk/collections/item/object/205200120>.

<sup>87</sup> Graves, “Early Narrative Report on Rest Homes – September 1943,” July 16, 1945, pgs. 2-3, 900.616 ETO – Rest Homes and Convalescent Centers, Box 1527, Record Group 200, NACP. Figure 26 from Ministry of Information Photo Division, “Country Club for US Airmen: Rest and Recuperation in the English Countryside, Stanbridge Earls, Romsey, Hampshire, 1943,” D 14532, Ministry of Information Second World War Official Collection, Imperial War Museum, London, England, <https://www.iwm.org.uk/collections/item/object/205200115>.

<sup>87</sup> Link and Coleman, *Medical Support of the Army Air Forces in World War II*, 663.

<sup>88</sup> Barbara Graves, “Early Narrative Report on Rest Homes – September 1943,” July 16, 1945, pgs. 1-3, 900.616 ETO – Rest Homes and Convalescent Centers, Box 1527, Central Decimal Files of the American Red Cross, Records of the American National Red Cross, Record Group 200, NACP.

women did not always wear their ARC uniforms; instead, they “donned ‘the prettiest dresses they can find.’”<sup>89</sup> It was often a difficult readjustment for men to arrive at the rest homes directly from the front lines. Flight surgeons observed that men maintained their stoicism during the initial two or three days where their fatigue and anxiety weighed heavily on their minds. At first, “they were only interested in discussing combat flying” with other airmen, and their discussions



Figure 27: Kathleen Deane Plays Croquet with Captain Robert Smith. © IWM (D 14535)

were often “morbid and [the] undertone tense.”<sup>90</sup> But the medical officers observed that after that initial period, with the help of luxuries, and especially, “the Red Cross girl, who on a morally acceptable plane serves as a release and establishes a family feeling,” the men opened up and were able to find relaxation.<sup>91</sup> Red Cross

women accompanied men on walks and participated in some activities with the men, such as Kathleen Deane who played croquet with Captain Robert Smith.<sup>92</sup>

<sup>89</sup> Vuic, *The Girls Next Door*, 110.

<sup>90</sup> Link and Coleman, *Medical Support of the Army Air Forces in World War II*, 663.

<sup>91</sup> Link and Coleman, *Medical Support of the Army Air Forces in World War II*, 663.

<sup>92</sup> Figure 27, Ministry of Information Photo Division, “Country Club for US Airmen: Rest and Recuperation in the English Countryside, Stanbridge Earls, Romsey, Hampshire, 1943,” D 14535, Ministry of Information Second

Some fliers and ARC workers claimed that the airmen saw Red Cross women as siblings, “not the kind who get in your hair but the kind who is always ready to do things for and with you.”<sup>93</sup> They insisted that airmen held no intimate feelings toward the women, but one airman’s letter paints a different picture. After returning to combat, this flier wrote a letter to one of the Red Cross women at the rest home. He applauded her, along with the others who served in the home, for their hospitality and creating “a bit of heaven.” But, he concluded, “Hope all is well with you and Cecil and the gals at Bucklands. . . . Tell Cecil I was asking for her and I am still devising new means and methods of telling my honey that I love her. I haven’t filled that ring box she gave me yet.”<sup>94</sup> This statement definitely showcases that not all airmen perceived their relationship as platonic. Either way, the theme remained: flight surgeons, the AAF, and the ARC believed that men, with the help of these women, would recover from their Flying Fatigue and return to combat at peak efficiency.<sup>95</sup> As one ARC women noted, the time at the rest homes was a “complete change for a flyer.” He did not forget about his war experiences, but his time, especially with the women, “serve[d] the dual purpose of helping him do his present job with steadier nerves and giving him a little of the perspective that all good warriors need.”<sup>96</sup>

## Conclusion

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World War Official Collection, Imperial War Museum, London, England,  
<https://www.iwm.org.uk/collections/item/object/205200117>.

<sup>93</sup> Graves, “Early Narrative Report on Rest Homes – September 1943,” July 16, 1945, pgs. 3, 900.616 ETO – Rest Homes and Convalescent Centers, Box 1527, Record Group 200, NACP.

<sup>94</sup> Graves, “Early Narrative Report on Rest Homes – September 1943,” July 16, 1945, pg. 5, 900.616 ETO – Rest Homes and Convalescent Centers, Box 1527, Record Group 200, NACP.

<sup>95</sup> It is important to recognize that while the women helped the men in the psychological recovery, they put their own psychological health at risk. They, too, experienced sadness, fear, and psychological distress when they learned of the deaths of airmen with whom they had worked. For a better discussion on their experiences, see Vuic, *The Girls Next Door*, 110-111.

<sup>96</sup> Graves, “Early Narrative Report on Rest Homes – September 1943,” July 16, 1945, pgs. 3-4, 900.616 ETO – Rest Homes and Convalescent Centers, Box 1527, Record Group 200, NACP.

The operational and tactical levels of the air war in World War II changed drastically from their counterparts in World War I. With the changes in technology and operations, along with the United States's longer involvement than in World War I, aerial combat exacted a larger toll on pilots and aircrews. Men not only lost their lives in one of the more dangerous occupations of the war, but they experienced prolonged exposure to events that induced crippling psychological stress. Airmen not only suffered from the thought of death as they witnessed their comrades fall in combat, but they experienced environmental stressors that triggered fear and exhaustion. Such stressors included the freezing temperatures that caused frost bite and the concussive effects of anti-aircraft fire. Flight surgeons needed to respond to these issues to ensure that the Army Air Forces remained a viable fighting unit. Indeed, they emphasized the prevention and treatment of Flying Fatigue to aid men in their return to peak efficiency and combat.

The return to combat is, of course, a main goal of any medical personnel who treats ailing soldiers, seamen, or fliers, but in the context of the 1940s, it took on a special meaning for men because fighting in the war and defending their country became a key marker of proper American masculinity. For flight surgeons in the war, the maintenance of morale signified a core component of returning airmen to duty and also ensuring that they kept their spirits high enough to motivate them to fight. Low morale, on the other hand, played a direct role in the development of Flying Fatigue. Therefore, medical officers enacted important programs, such as the aero-clubs, clubmobiles, and rest homes, to give aircrews rest and the chance to strengthen their morale. These forms of prophylaxis and treatments showcase the connection between psychological health and masculinity. These programs instituted activities that rehabilitated men's sense of manhood, whether that meant engaging in conversations with women to offer a sense of normality or exercising their aggression in sports and physical activity.

A conflict would soon develop, however, between administrative officials, such as non-medical officers and flight surgeons regarding the proper course of action concerning the veracity of Flying Fatigue and other psychological stresses that airmen faced. One personal experience hints at the consequences that airmen potentially faced and how one flight surgeon intervened in order to prevent the flier from going through the administrative punitive process. J. Robert Shaffer flew as lead navigator and lead bombardier in the ninety-third bomb group of the Eighth Air Force, and he knew multiple Americans who either suffered from Flying Fatigue or “refused to fly” due to their traumatic experiences. He, himself, even refused to fly at one point because he had experienced too many losses. Over forty years after the end of the war, he opened up to historian Mark Wells and recalled that the AAF sent him up to Scotland to receive special training. While he trained in Scotland, his “crew were all killed over England coming back from a mission.” Upon receiving this news, Shaffer’s commanding officer recalled him back to base and ordered him “take care of the personal belongings of the other . . . officers on our crew.” After his return, Shaffer heard that another four officers, with whom he bunked, were also killed in action. As he entered the empty hut, he experienced extreme sadness, and the feelings “scared the hell out of [him]” and made him feel as if “there was no way to make it.” His officer then sent him back to Scotland to complete his training, but this made him “very nervous.” Again, after returning to his base, Shaffer recollected, “I went to the flight surgeon, took off my wings, laid them on his desk. I said ‘I refuse to fly anymore.’” Because of the sometimes harsh administrative penalties associated with “refusing to fly” and “knowing the circumstances,” the flight surgeon stated, “put your wings back on, go back to your squadron, no flying. Come back

and see me in a week.” Then, after an eventual two weeks, Shaffer and the flight surgeon “worked out the problem.”<sup>97</sup>

While this experience worked in Shaffer’s favor without administrative punishment, the same cannot be said of other airmen who experienced fear, sadness, and psychological distress in the form of nervousness. Indeed, as flight surgeons tried to work with men to overcome Flying Fatigue, many administrative officers questioned whether incapacitating psychological distress should result in a complete medical disqualification from duty or if men feigned illness simply to remove themselves from combat. In order to answer these questions, Army Air Forces commanders established multiple policies throughout the war to decipher whether the issues were real, and they relied on a unique administrative process, much to the chagrin of many flight surgeons, to determine the answer.

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<sup>97</sup> J. Robert Shaffer, Letter to Mark Wells, June 9, 1989, Folder One: Aircrew Questionnaires, Box Five, Series Seven, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, USAFA.

## Chapter Five – Administrative Policing of the Psychological Consequences of Aerial Combat in World War II

### Introduction

Before the Allied Powers' historic storming of Normandy in June 1944, they first invaded the island of Sicily in order to get a foothold in continental Europe. In August 1943, nearly a month after the beginning of the operation to occupy Sicily, General George S. Patton visited an Army hospital where Private Charles Kuhl was hospitalized for shell shock. Referring to the trauma he had experienced, Kuhl said he "just couldn't take it" anymore. Patton, widely known for his "tough" demeanor, "immediately flared up, cursed the soldier, called him all types of a coward, then slapped him across the face with his gloves." Holding onto an earlier war's understanding of shell shock as only really disqualifying if it resulted in physical incapacitation, Patton then "grabbed the soldier by the scruff of his neck and kicked him out of the tent." General Patton's "slap heard around the world" created a media firestorm, revealing both Patton and the American public's limited understanding of mental illness in the 1940s. Many Americans sent "Letters to the Editor" in a variety of national newspapers that conflated cowardice with mental illness and stigmatized both. One mother wrote that she supported Patton's actions, claiming that he was simply trying to get Kuhl "to man up" because war required real men. Even Kuhl's family believed that his hot temper provoked Patton enough to warrant the slap, not his psychological distress.<sup>1</sup>

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<sup>1</sup> See Martin Blumenson, *The Patton Papers, 1940-1945* (Boston: De Capo, 1974), 331. Quoted in Alexander G. Lovelace, "'Slap Heard around the World': George Patton and Shell Shock," *Parameters* 49, no. 3 (Autumn 2019): 79; Lovelace, "'Slap Heard around the World,'" 80; A Mother, "What People Talk about: Letters from the Editor's Mail, A Word for Gen. Patton," *Daily Boston Globe*, November 25, 1943, pg. 24; S. MacFann, Jr., "Letters to the Editor: On the Patton Case," *The Sun*, December 1, 1943, pg. 12; "Indiana Family Cites Son's Letter Telling of Slap and Kick Administered by Patton," *New York Times*, November 24, 1943, pg. 6; Douglas Bond, *The Love and Fear of Flying* (New York: International Universities Press, 1952), 60-61.



Both the academic and public population have told this story enough that it has become inseparable with Patton's career, and they have ingrained it within the American collective memory of World War II. The story itself makes it seem as if Patton had a zero-mercy and zero-tolerance policy towards psychological breakdown during wartime. Patton's contemporaries, such as Dwight D. Eisenhower, went as far as claiming that Patton "sincerely believed that there was no such thing as true 'battle fatigue' or 'battle neurosis.'"<sup>2</sup> Omar Bradley concurred with Eisenhower's point of view when he said that "Patton 'could not believe that men could break under an intense mental strain as a result of [the] hardships endured in war.'"<sup>3</sup> These opinions may be true as they reflected perceptions of psychological problems during World War I, but recent scholarship has led to a reinterpretation of these views. Historian Alexander Lovelace argues that Patton adhered "to an older definition of shell shock from his experience in World War I that viewed total immobilization as the only acceptable symptom requiring hospitalization." Anything less than total immobilization qualified as nerves, which were common in war but not enough to warrant medical intervention. In other words, a man did not have true psychological disability until his experiences left him unable to work or speak. As a high-ranking officer, Patton "knew it was the commander's job to maintain fighting strength." Lovelace concludes that Patton slapped these individuals not because "he thought they were shell-shocked, but rather because he believed they were using the hospitals to escape the front."<sup>4</sup>

While they understood that combat often incurs a significant toll on the human brain, Eisenhower and George C. Marshall questioned the veracity of psychological breakdown and the

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<sup>2</sup> Dwight D. Eisenhower, *Crusade in Europe* (Garden City, NY: Doubleday & Company, 1949), 179-180. Quoted in Lovelace, "Slap Heard around the World," 79.

<sup>3</sup> Omar N. Bradley, *A Soldier's Story* (New York: Modern Library, 1951), 162. Quoted in Lovelace, "Slap Heard Around the World," 79-80.

<sup>4</sup> Lovelace, "Slap Heard Around the World," 79-80.

larger role of psychiatry. In a December 1943 memorandum, Marshall criticized the evacuation of psychiatric casualties from the front lines to hospitals believing that many of them were “malingerers.” He asserted that psychiatric casualties demanded extensive costs from the US military, and many of these breakdowns “were the fault of their line officers being ‘unable to make soldiers of them.’” Marshall believed that the doctors were “overeager” in their treatment of the psychologically distressed, and by evacuating the men, the psychiatrists destroyed the soldier’s service to the country. Marshall openly pondered if many soldiers faked their symptoms. He blamed the American educational system; “instead of teaching youth to endure hardships to prepare for war, as our enemies had, [Americans] had encouraged them to ‘expect luxuries,’ to depend on government largesse for livelihood, and to regard ‘soldiers and war as unnecessary and hateful.’” In response to these claims, Marshall requested a reduced number of psychiatric evacuations, and in January 1944, Eisenhower appeased him. Indeed, he “ordered his commanders not to evacuate any ‘psychoneurotic’ from the theater until they had determined by ‘actual test’ that he was not fit for any type of duty.”<sup>5</sup>

Although these examples and perceptions from Patton, Marshall, and Eisenhower indicate some of the leading officers’ beliefs concerning the psychological consequences of ground combat, many of these perceptions carried over to the Army Air Forces and its cadre of administrative officers, those who wrote and carried official policies. Indeed, AAF non-medical officers also did not fully understand the full spectrum of psychological disabilities that arose in aerial combat’s wake. Much like their infantry counterparts, air officers expected that their crews and pilots would become exhausted and “fatigued” by combat. In their opinion, that was okay

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<sup>5</sup> Rebecca Schwartz Greene, *Breaking Point: The Ironic Evolution of Psychiatry in World War II* (New York: Fordham University Press, 2023), 138-139, 146-147.

and a natural consequence of war. But again, like their Army counterparts, some officers believed that, because the air war was supposed to offer a cleaner type of war, airmen were less susceptible to traumatic experiences that incapacitated them enough to warrant physical disqualification.

Worried about the ability to maintain an operational force that carried out the operational and tactical objectives of the AAF, administrative officers believed that psychological distress was unlikely to cause complete incapacitation—a belief that ultimately created a schism between them and the medical personnel. Both the medical and administrative personnel shared a similar belief and sought the same goal: that fliers needed to dedicate themselves entirely to flying as long as possible to maintain a successful and efficient flying force. While they shared these attitudes, the two sides approached the issues in two competing ways.<sup>6</sup> On one hand, as the last chapter explored, flight surgeons strove to discover the root of Flying Fatigue and treat it in various ways in order to maintain efficiency and morale—the most important attribute that kept men flying. Administrative officers, on the other hand, usually took a punitive approach to regulate psychological distress to separate the truly suffering from those feigning illness. The officers did not quite understand the airmen who claimed they could no longer fly due to Flying Fatigue, and because of this misunderstanding, they developed multiple policies throughout the war to address the issue and determine who were being truthful and who were not. Much to the chagrin of the flight surgeons, with each additional policy letter and regulation, administrative officials took on more authority in both the diagnostic and reclassification processes outlined in the respective policies concerning Flying Fatigue.

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<sup>6</sup> Mae Link and Hubert Coleman, *Medical Support of the Army Air Forces in World War II* (Washington, DC: Government Printing Office, 1955), 49.

To determine whether airmen suffered from Flying Fatigue, administrative officers based their decisions on several key factors, including the amount of time in combat and the presence of physical symptoms. Not until later in the war did officers, both medical and administrative, understand that environmental factors played a crucial role in the appearance of psychological problems. They still clung to the theory of predisposition—the idea that personality traits and susceptibility to psychological disorders, “were stable either from birth, attributable to heredity, or from early childhood, [or] attributable to socialization.”<sup>7</sup> Thus, officers believed that those who broke down early in their flying careers were likely “predisposed,” while those who continued to fly in the face of danger proved their value and dedication to the cause. Admin, instead of seeking treatment and rehabilitation as an option for those who broke down early in their flying tenures, sought a path to get the men out of the plane into ground duties or separated from the service in general. And, unlike the medical personnel who sought ways to keep men’s morale high by rehabilitating their sense of masculinity, admin officers instead questioned fliers’ masculinity with policies that created terms and phrases, such as “Lack of Moral Fiber,” that seemed emasculating. Ultimately, the AAF’s administrative personnel, while understanding that men who flew numerous sorties and had given their full effort would eventually suffer mentally, did not understand that a single traumatic event could cause crippling psychological distress. Admin approached suffering fliers through a punitive and administrative process that directly conflicted with flight surgeons’ beliefs and methods. Yet, the administrative approach also reflected the gender norms of the period because they questioned men’s sense of masculinity and courage. Starting with its first official policy in 1942 and each subsequent regulation throughout World War II, the AAF included words and actions that challenged the contemporary masculine

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<sup>7</sup> Greene, *Breaking Point*, 17.

ideals of stoicism and duty. Administrative officials continued to gain more authority with each policy and caused significant tension with medical officers. By the end of the war, medical officers lamented that the administrative officers often caused more harm than good as they pushed fliers beyond their limits.

### **Official AAF Policy Letters and Regulations**

By the time the American air forces entered combat in 1942, the Royal Air Force already had faced issues with men becoming psychiatric casualties due to combat experiences. Historian John McCarthy even wrote that on the day after Great Britain's first bombing raids over mainland Germany on March 19, 1940, top RAF administrative officers "met at the Air Ministry to agree that it was necessary to institute 'some procedure for dealing with cases of flying personnel who will not face operational risks.'" By April 22, 1940, the RAF had already implemented policies and regulations concerning the psychological breakdown of its men.<sup>8</sup> Thus, they knew quickly that these types of cases posed a particular hazard to the operational force. The American Army Air Forces had knowledge of these issues as well, even before the United States entered the war after the attack on Pearl Harbor. As previous chapters have already outlined, the AAF sent David N. W. Grant, then a flight surgeon and future head of the Office of Air Surgeon, to study the phenomenon among RAF pilots and aircrews in order to understand the problems that air combat posed to airmen. In his report, Grant introduced the Chief of the then Air Corps to problems like "Flying Fatigue," "flying stress," the "temperamentally unfit for flying duty," "constitutionally unsuitable for flying duty," the men "with less than average capacity for sustained effort," and the airmen "with average or better capacity for sustained

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<sup>8</sup> John McCarthy, "Aircrew and 'Lack of Moral Fibre' in the Second World War," *War & Society* 2, no. 2 (1984): 87-88.

effort.”<sup>9</sup> The AAF’s early administrative policies relied on a few of these terms and categorizations when trying to classify the psychological problems, or lack thereof, that American airmen experienced. In the early years of the war, the numbered air forces posted in various theaters of the war instituted individual policy letters and regulations, and they, with subtleness, changed over time with administrative officers taking on more authority concerning the disposition of the cases. As the Army Air Forces gained time and more experience in the war, its policies ultimately laid the foundation for the 1944 regulation that governed the AAF in all theaters. Although there were disagreements between medical and administrative personnel with minor differences between the policies of the various air forces, the policies demonstrate that, for the first time in American combat aviation history, the AAF standardized the diagnosis and reclassification procedure of the mental health issues that arose due to aerial combat, likely to ensure that the aerial force maintained its operational readiness.

These policies, much like the medical personnel’s goal, strove to maintain high morale. However, instead of sustaining and rehabilitating morale through rest and other methods, administrative officers focused on creating and sustaining morale through “air discipline” at the operational (numbered air force) and tactical (individual groups, squadrons, and crews) levels. In

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<sup>9</sup> David N. W. Grant, “Report on Flying Fatigue and Stress as Observed in the Royal Air Force,” 1-3, 10 March 1941, pgs. 3-4, 8, Call #168.7248-5, IRIS #01081063, David N. W. Grant Collection, in the Personal Collection of R.E. Skinner, Air Force Historical Research Agency (Hereafter AFHRA), Maxwell Air Force Base (Hereafter Maxwell AFB), AL. While succeeding AAF policies incorporated the terms “Flying Fatigue,” “Temperamentally Unfit for Flying Duty,” and “Unsuitable for Flying Duty,” they did not include the classifications for “with less than average capacity for sustained effort” nor “with average or better capacity for sustained effort.” Grant classified men “with less than average capacity for sustained effort” as those who may have had a strong early flying career but were likely to breakdown quickly. He attributed early breakdown to “poor pilots and flying is therefore a greater strain,” the “highly imaginative type in whom a vivid consciousness of dangers about to be faced produces an anticipatory strain, and an increased strain during operational work,” and then the “individuals who have suffered very unpleasant experiences but who continue operational flying” even though their efficiency decreased. For the men “with average or better capacity for sustained effort,” they could fly “from fifteen to twenty sorties without great effort” with “evident stress” appearing “after twenty to twenty-five sorties.” See Grant, “Report on Flying Fatigue,” 2.

one of his combat crew handbooks, General Curtis LeMay placed the “disciplinarian” role onto the individual crew’s lead officer. He wrote that the officer was in charge of creating a team in the air that worked together to accomplish their tactical and operational objectives. He wrote, “the importance of teamwork cannot be overemphasized. The individuals who are proficient in their respective duties do not necessarily make a good crew, but these same ten individuals will make a good crew if they know how to work together as a team.” In order to work together as a team, it was important that each man was selfless and dedicated himself to the “team” and its job. It was the crew commander, then, who ensured that his crew accepted these responsibilities. According to LeMay, the commander led, encouraged, and directed his fliers in the air, but while he was on the ground, he was “a training officer, disciplinarian, and general advisor. You will catch hell in the air if your ball turret man can’t operate a ball turret satisfactorily, and you will catch hell on the ground if your tail gunners gets the awful-awful in Picadilly.”<sup>10</sup> Therefore, officers of the individual crews and squadrons played an imperative role in maintaining discipline. Admin officers seemingly had an underlying perception that proper discipline served as a prophylaxis against psychological breakdown.

All of these factors, creating a team-like environment and ensuring that a crew was disciplined in the air and on the ground, were of importance because they all contributed to “air discipline.” LeMay emphasized that “air discipline” not only applied to aerial combat, but it began “on the ground because if a man is not disciplined on the ground he can’t be disciplined in the air.” An airman showcased his proper air discipline when he “perform[ed] [his] duty to the best of his ability under any condition,” because if he did not fulfill his responsibilities, “he

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<sup>10</sup> Major General Curtis E. LeMay, “Combat Crew Handbook,” Folder Three: U.S. Army Air Force Materials, Box Two, Series Three, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, McDermott Library (Hereafter Clark Special Collections), United States Air Force Academy (Hereafter USAFA).

certainly can't be relied on in the air under combat conditions.” To emphasize the point even further, as the disciplinarian, the commanding officer needed to ensure that his crew knew their responsibilities both on the ground and in the air and that his crew understood “that the fulfillment of these responsibilities is mandatory. . . . One weak individual can materially lessen the chances of a crew achieving its primary objective—more bombs on the target and a safe return.”<sup>11</sup> While LeMay does not explicitly mention psychological breakdown or succumbing to psychological stress, his message applied to all airmen and their requirements to fulfill their mandatory obligations in the plane and on the ground. If they did not, or if they were “weak individuals” who could not completely dedicate themselves to their crew, they placed themselves and their crewmembers in danger. Therefore, the policies that the AAF implemented throughout the war take a disciplinarian tone because the admin officers wanted to set an example and make sure that the men fulfilled their obligations to themselves and their country. Moreover, good discipline created within the men a sense of duty, honor, and loyalty. If they fulfilled these roles, they would do everything to try and avoid letting their crews down, especially succumbing to psychological distress.

### **Eighth AF Policy Letter 210.8 x 220.8 and Policy Letter 200.9 x 373.**

On September 16, 1942, General Carl “Tooey” Spaatz, then general of the Eighth Air Force in Europe, released the first official policy letter, “8<sup>th</sup> AF 210.8 x 220.8,” that created the classifications of psychological issues that airmen faced during wartime.<sup>12</sup> Compared to

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<sup>11</sup> LeMay, “Combat Crew Handbook.”

<sup>12</sup> Early in the war, many of the numbered Air Forces issued their own policies concerning the psychological issues of airmen. For the sake of time and space, a majority of this chapter will focus on the policies of the Eighth Air Force and the eventual regulations that governed over the entire Army Air Forces. In his book about the Eighth, Mark Wells includes a comprehensive section that examines the various policies and the delegation of authority over the psychological or non-psychological diagnoses. A lot of this section of the chapter builds upon Wells’s writings as I examine the policies through a gendered lens to discover how notions of masculinity shaped the way that the AAF



succeeding policies, this one was the most vague and did not clarify many of the procedures for classifying breakdowns. This policy incorporated the phrases and definitions included in Grant's report of flying stress in the RAF, while also expanding on the definition of each category. While this policy created "a uniform policy adopted by all commands with reference to the disposition of operational flying personnel found unsuited for operational flying for reason other than physical disability," it mostly defined the various causes while providing relatively little information concerning the disposition or reassignment to other duties. When referring to all commands, the policy applied to all the groups and squadrons of the Eighth Air Force in Europe to establish the procedure to care for or removal of the men who could not fly due to a non-physical reason, or in other words, a reason that admin officers or flight surgeons saw as subjective.

The AAF standardized the categorization of psychological problems by first creating a "Flying Evaluation Board" at the squadron level. This board composed of the squadron commander and surgeon, along with various crew commanders with the purpose of "detecting at the earliest possible moment" the following categories. Upon determining under which classification each case fell, they then moved the process forward to the next level as determined by the diagnosis. The first non-physical category that airmen could fall under was "Inaptitude." According to Eighth Air Force administrative officers, the men who fell under this category did not display any psychological impairment but were "incapable of satisfactorily carrying out their prescribed operational duties."<sup>13</sup> Historian Mark Wells asserts that the AAF usually categorized

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administrative officers regulated the psychological consequences. See Mark Wells, *Courage and Air Warfare: The Allied Aircrew Experience in the Second World War* (London: Frank Cass, 1995), 165-173.

<sup>13</sup> Major General Carl A. Spaatz, "Policy Letter 8<sup>th</sup> AF 210.8 x 220.8," 1-2, September 16, 1942, Box 12, IRIS #00215133, Call #519.2171-1 1942-1945, United States Strategic Air Forces in Europe, Air Force Historical Research Agency, Maxwell Air Force Base, Alabama; See also Major General Carl A. Spaatz, "Policy Letter 8<sup>th</sup> AF

the men who lacked the competent skills necessary to fly under this classification. One example involved the flier's inability to fly in formation, which, of course, was extremely important in the bombing campaigns of the war.<sup>14</sup> If a flier was unable to fly in formation, he not only impeded his crew's ability to perform their duties during raids, but he could also negate the efficiency and success of the entire squadron and group. If the COs desired that the men remain under their command, the officers could reassign them to other duties within the unit. However, if the CO did not "desire" the services of the "incompetent" man, he ordered the man to attend the "Replacement Centre for reassignment to duty of a type for which he is qualified." If the unit commander chose this path for the airman, he forwarded a report to the CO of the Replacement Centre in which he "describ[ed] the nature of the inaptitude and ma[de] recommendations as to the type of other duty for which the individual appears to be best suited." Therefore, the AAF did not discharge, either honorably or dishonorably, these types of cases, but did reassign them to other duties likely of non-flying nature. For many of the men who desired the "prestige of rank" and flying status, as AAF psychiatrists Roy Grinker and John Spiegel noted, this was likely a humiliating event.<sup>15</sup>

The second category, "Temperamental Unsuitability," further reflected Grant's RAF report and was a more direct challenge of 1940s masculine norms. This phrase was the precursor to what the AAF would later describe as a "Lack of Moral Fiber." Individuals who fell under this category were those who "attempt[ed] to avoid operational duty by deliberate unsatisfactory performance, by subterfuge, by refusal, or by apparently feigning illness." Again, this was a

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210.8 x 220.8," 1, September 16th, 1942, Folder Nine: U.S. Army Air Force Material, Box Two, Series Three, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, USAFA;

<sup>14</sup> Wells, *Courage and Air Warfare*, 162-163.

<sup>15</sup> Spaatz, "Policy Letter 210.8 x 220.8," 1-2; Roy R. Grinker and John P. Spiegel, *Men Under Stress* (Philadelphia: Blakiston Company, 1945), 6.

subjective category because the policy did not outline a clear-cut definition of what qualified as “subterfuge,” “refusal,” or “feigning illness.” In this policy, the procedure for the “temperamentally unsuited” was a bit more complicated than simple reassignment such as the one for “inaptitude.” If the unit commander suspected that a man might fall under this classification, he ordered the flier to appear before the Central Medical Board (CMB), which, at this time, the composure of which was unclear, for a physical examination. The Board created a report based upon the unit commander’s testimony, then forwarded it to the Command Surgeon and Commanding General of the Eighth Air Force. Together, the two factions deliberated and created a “desired action to be taken,” which they forwarded to the headquarters for disposition. The policy itself does not outline what type of actions the Command Surgeon or Commanding General could take, but Wells explains that if the CMB determined that there was a medical reason for which the man was physically disqualified, he received proper treatment. If, however, the flier was physically qualified to fly but did not continue to do so, he received some unclear “disposition.”<sup>16</sup> In other words, with a physical disqualification, tangible evidence disqualified a man from flight status, but without physical problems to warrant disqualification from flying, men could not validate and convince admin officers of their invisible psychological wounds. They faced punitive action because they could not or were not willing to continue to fulfill their responsibilities as rated flying officers. In the words of LeMay, they did not evince the proper “air discipline.” Eventually, though, such subjectiveness and processes created a rift between medical and administrative personnel.

In 1942, Policy Letter 210.8 x 220.8 dictated the administrative process for men who truly suffered and could convince admin and medical officers of their psychological suffering.

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<sup>16</sup> Spaatz, “Policy Letter 210.8 x 220.8,” 1; Wells, *Courage and Air Warfare*, 162-163.

This policy included the classification of “neurosis.” The individuals who suffered from neurosis, “commonly known as Flying Fatigue,” appeared before the Central Medical Board after disclosing their ailment to their unit flight surgeon or commander. The CMB then had the direct authority for “disposition” for these medical cases. If the CMB believed that the flight surgeons could treat a particular case within a period of six weeks, including visits to a rest home, then the man received the treatment and returned to combat duty with his original unit. If they believed that a man could only perform non-operational flying or ground duties, he appeared before the Replacement Centre for tactical reassignment. But if the suffering flier did not recuperate within those six weeks, his medical officers required him to visit “a General Hospital for further treatment.” If it was clear at the beginning of the process that the case was not going to be cleared within the six weeks, the flier went straight to the general hospital.<sup>17</sup> The final category of the fliers “unsuited for operational flying” without a physical disability was “insanity.” The procedure was clear and concise. If the unit commanders deemed a flier to be insane, the unit flight surgeon directly transferred him from the station to the general hospital for treatment and likely discharge from the service.<sup>18</sup>

This policy letter also related to the broader concerns of the AAF and its theories on “air discipline.” Officers feared each of these categories because they posed an “adverse effect on moral [sic].” AAF officers believed it was their duty to protect the country’s airmen to be the best of their ability, and just as flight surgeons believed that low morale contributed to inefficiency and poor psychological health, administrative officers needed to formulate a process that

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<sup>17</sup> Spaatz, “Policy Letter 210.8 x 220.8,” 1-2.

<sup>18</sup> For a comprehensive examination of the changing nature of “madness” and “insanity,” see Andrew Scull, *Madness in Civilization: A Cultural History of Insanity, from the Bible to Freud, from the Madhouse to Modern Medicine* (Princeton: Princeton University Press, 2015).

protected its airmen and their morale thereby hinting that these issues may cause a contagion that made its way through to healthy fliers. Therefore, officers “removed from their stations” anyone who fell under the categories of this policy letter “with the least practicable delay without at the same time imposing undue hardships on those concerned.”<sup>19</sup> By removing these men from duty, officers believed they could limit the loss of morale among the operational fliers and the further loss of morale among the afflicted in case they could return to duty.

Nearly a month after issuing the first policy, Policy Letter 210.8 x 220.8., the Eighth Air Force supplemented it with an expanded version, Policy Letter 200.9 x 373, on October 29, 1942. The purpose of the policies remained the same, but the latest policy now lumped “temperamental unsuitability and inaptitude” together and expanded upon and clarified the disposition process. Previously, the men who did not prove to have the necessary skills fell under the “inaptitude” categorization. With this new policy, these men without the necessary skill fell under the same categorization as the men who did not maintain the proper “temperamental” characteristics. Moreover, instead of simply stating that the officers and CMB needed to “dispose” of the men, it now outlined clear policies that reflected masculine norms. If the local Flying Evaluation Board believed a man to be temperamentally unsuitable or incompetent, they forwarded the case to the CMB for a physical examination. The CMB now decided if the flier could non-operationally fly, or fly in another role outside of combat, and if the unit commander wanted his services; if so, they returned him to the unit for non-operational duty. If the afflicted person was qualified for non-operational duty but his commanders did not want him back in the unit, the CMB ordered him to the “replacement center for reassignment.” But, if the board only

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<sup>19</sup> Spaatz, “Policy Letter 210.8 x 220.8,” 2.

found the individual fit for ground duties, it returned him to his unit or the replacement center according to the unit commanders' desires.<sup>20</sup>

Taken together, these two policies were the AAF's first attempts to address the psychological consequences of aerial combat. There was an emphasis on the airman's physical capacity to carry out his duties. AAF officials believed that if a flier was *physically* qualified to fly, then he should be able to do so. The policies indeed provided clarification for the treatment of those the AAF deemed to be suffering from psychological distress. However, this same reliance on a person's physical capacity placed the men with mental distress but without physical symptoms that warranted disqualification in a precarious position. If a man could physically fulfill his responsibilities, AAF officers expected him to do so in order to maintain "air discipline" and morale within his unit. If he did not have the physical symptoms, these policies brought into question the man's mental health and therefore his dedication to the war. An even more important note, the Central Medical Board controlled the process of disposition—an authority that diminished with future policies and regulations.

### **Memorandum 75-2**

Less than a year after the initial policies, the Eighth Air Force instituted Memorandum 75-2 on June 25, 1943, and with it, the AAF also incorporated a new phrase in its vocabulary when referring to non-physical disqualification from flight status. This phrase, "Lack of Moral Fiber" (LMF), was a direct attack on men's courage and ability to withstand combat stress. While not everyone whom the AAF deemed incapable of flying fell under this category, it perpetuated the

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<sup>20</sup> Major General Carl Spaatz "Policy Letter 200.9 x 373.," 1-2, 29 October 1942, Box 12, IRIS #00215133, Call #519.2171-1 1942-1945, United States Strategic Air Forces in Europe, Air Force Historical Research Agency, Maxwell Air Force Base, Alabama. See also, Major General Carl A. Spaatz, "Policy Letter 200.9 x 373.," 1-2, 29 October 1942, Folder Nine: U.S. Army Air Force Material, Box Two, Series Three, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, USAFA.

prevailing notions of the era that men needed to be stoic and brave. If they were not, they challenged the warrior image and ideal. As historian Andrew Huebner writes, “combat was an adventure—a chance to prove one’s manhood.”<sup>21</sup> But psychological breakdown or refusal to fly negated airmen’s opportunities to fly in combat and prove their manhood, thereby challenging the warrior ideal, as Christina Jarvis calls it, built upon bravery and self-sacrifice.<sup>22</sup>

The purpose of Memorandum 75-2 changed the vague “personnel found unsuited for operational flying for reason other than physical disability” to the more specific purpose of “outlin[ing] the procedure for disposition of combat crew personnel who are unsuitable for combat duty because of operational exhaustion, or because of lack of moral fiber.” This change of purpose created two distinct categories of psychological incapacitation that diametrically opposed one another. On the one hand, the memo outlined procedures for men who truly tried to fulfill their duties by flying in combat to the point of exhaustion (Flying Fatigue), which entailed psychological symptoms. On the other hand, the memorandum created the category of LMF, which applied to the men who fell under the previous designation of “temperamentally unsuited for combat.” One doctor even declared that administrative officers claimed that fliers who “went LMF” or were “Temperamentally Unfit” also “lacked intestinal fortitude.” In other words, they were either suffering from gastro-intestinal problems due to stress or were not “man” enough for their job and could not “stomach” their responsibilities.<sup>23</sup>

Flying Fatigue and a Lack of Moral Fiber became controversial topics for the Army Air Forces during World War II because of the challenges they posed in constructing and maintaining

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<sup>21</sup> Andrew Huebner, *The Warrior Image: Soldiers in American Culture from the Second World War to the Vietnam Era* (Chapel Hill: University of North Carolina Press, 2008), 5.

<sup>22</sup> Christina Jarvis, “‘If He Comes Home Nervous’: U.S. World War II Neuropsychiatric Casualties and Postwar Masculinities,” *The Journal of Men’s Studies* 17, no. 2 (Spring 2009): 99.

<sup>23</sup> Bond, *The Love and Fear of Flying*, 156.

an operational force. More importantly, Lack of Moral Fiber also diametrically opposed the masculine and “superman” identity that the AAF had created, especially in terms of “Air Discipline” and the need to maintain structure and morale. As LeMay noted in his *Combat Crew Handbook*, administrative and unit officers were in charge of maintaining discipline on the ground and in the air. If there was no order nor discipline, then the lack of discipline led to the AAF’s lack of morale and inefficiency.

Officials emphasized that flying officers would eventually suffer from Flying Fatigue due to the inherent nature of aerial warfare. When referring to Flying Fatigue, one officer wrote that these cases “are not contaminating and no stigma attaches” as long as the man had endured enough time in combat as already outlined. On the contrary, however, LMF was particularly detrimental to the AAF’s morale because the AAF believed it was contagious and would spread throughout units. To counter this, in a personal letter to the then-commanding general of the Eighth Air Force, Major General Ira Eaker, one officer wrote that LMF “should be dealt with severely. [The men who went LMF] were contaminating and carrying a stigma of cowardice. The pilot or airman should be taken off flying status, stripped of his commission and returned to the USA in disgrace.”<sup>24</sup> As one historian further confirmed, the AAF believed that “LMF was synonymous with cowardice, because it quickly implied a man had failed to do his duty.”<sup>25</sup> Moreover, LMF challenged the 1940s masculine norm of dedicating oneself to the cause and his unit because AAF officials also believed it was a character issue that demonstrated that the man’s “interest in self-preservation is greater than their feeling of identification with obligation to the

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<sup>24</sup> J. M Bevens, Letter to Major General Ira C. Eaker, May 1, 1943, Folder 9: U.S. Army Air Force Material, Box Two, Series Three, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, USAFA.

<sup>25</sup> Wells, *Courage and Air Warfare*, 165.



group.”<sup>26</sup> This assertion demonstrates that AAF officers, sometimes even medical officers, believed that the men did not live up to the sacrificial martial masculinity of the period.<sup>27</sup>

Memorandum 75-2, in contrast to the previous policies that permitted a lot of diagnostic authority to the CMB, granted more authority to the unit commander and flight surgeon to diagnose a man with Flying Fatigue or LMF. Moreover, the CMB still, to a degree, played a role in the diagnostic stage “if any doubt whatsoever exists regarding the case.” If the unit commanders were unable to clearly diagnose the case, then they forwarded the case to the CMB “for an opinion which will be reported directly back to the Unit Commander with the least practicable delay.” If the case was clear as evidenced by sufficient physical incapacitation, unit officers determined that the man, after having flown enough to qualify for exhaustion, to be suffering from Flying Fatigue, he received the necessary medical attention and eventually returned to his combat role in his unit. However, if the Flying Fatigue was too intense and limited his ability to fly, he returned to his unit in a non-operational flying role or ground duty.<sup>28</sup> Thus, the process was relatively straight-forward when unit surgeons and commanders believed that a man had proven himself long enough to warrant a Flying Fatigue diagnosis with a physical disqualification.

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<sup>26</sup> Lt. Col. John C. Flanagan, “Report on Survey of Aircrew Personnel in the Eighth, Ninth, Twelfth, and Fifteenth Air Forces,” 83.

<sup>27</sup> While historian Matthew Basso’s work explores how some men eschewed this idea of sacrificing themselves for the nation in order to protect and provide for their families at home, this idea of sacrificial masculinity was still a core tenet of American masculinity during the 1940s. See Matthew Basso, *Meet Joe Copper: Masculinity and Race on Montana’s World War II Home Front* (Chicago: University of Chicago Press, 2013), 5-6.

<sup>28</sup> Eighth Air Force, “Memorandum 75-2,” 1, 24 December 1943, Folder Nine: U.S. Army Air Force Material, Box Two, Series Three, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, McDermott Library, United States Air Force Academy. See also Eighth Air Force, “Memorandum 75-2,” 1, 25 June 1943, Box 12, IRIS #00215133, Call #519.2171-1 1942-1945, United States Strategic Air Forces in Europe, Air Force Historical Research Agency, Maxwell Air Force Base, Alabama.

The admin officers' decision whether the pilot suffered from Flying Fatigue or LMF was more nuanced because it relied on multiple considerations, such as whether the man was a flying officer or an enlisted gunner because the protocol varied depending on if the man was an officer or enlistee. Furthermore, this diagnosis also led to reclassification proceedings. At the beginning of the process, the flier received the physical examination to determine if he was physically fit to fly. If there was no clear physical disqualification, admin officers believed this was a case of LMF. When an enlisted man, like the crew gunners or radio operators, "went LMF," their CO demoted them to the rank of a private, removed them from being able to fly, assigned them to basic duty, and could administer an undeclared disciplinary action. If the unit surgeon or commander judged that an officer—a pilot, co-pilot, bombardier, or navigator—went LMF, the unit commander, not the flight surgeon, initiated the procedures to demote the man according to specified AAF administrative regulations. They suspended the officer from flight status, and then reclassified him.<sup>29</sup> Indeed, "reclassification was a euphemism for loss of commission, reassignment or separation from the service."<sup>30</sup> In other words, if a flying officer failed to exhibit physical symptoms that warranted physical disqualification, he received the LMF diagnosis, resulting in losing his place as an officer with its accompanying pay, badges, and prestige. Admin officers also could reassign the flier to ground duty, or completely separate him from the AAF.

When the administrators reassigned the former fliers to ground duty, they not only removed the airman's position in the flying fraternity, but they removed the opportunity of the men to showcase their dominance and aggression. American airmen supported society's belief that bombing crews and pilots were extraordinary "supermen" by emphasizing their daringness

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<sup>29</sup> Eighth Air Force, "Memorandum 75-2," 1-2.

<sup>30</sup> Wells, *Courage and Air Warfare*, 169.

and aggression in an aircraft. Most flyers, many psychological experts believed during World War II, shared an actual intimate connection with planes, and these bonds were overt displays of proper manhood because the men were controlling a piece of machinery while breaking the laws of gravity. As historian Ann Pfau writes, airmen themselves understood their machines as “inanimate objects,” but they still perceived the aircraft “as magnificent and sentient female entities.” The fliers believed that if they maintained a strong connection to the plane, demonstrated by treating it properly “with respect,” the aircraft “would protect ‘her crew.’” To be clear, Pfau argues that “this belief in protective, even maternal, bombers helped airmen endure the dangers of combat.”<sup>31</sup> Going beyond the protective nature of the aircraft, the intimate connection was important because as military psychiatrists Grinker and Spiegel contended, being intimately connected to airplanes allowed an airman to feel that “he thereby achieves a feeling of aggressive potency bordering on the unchallenged strength of a superman,” and by flying, he found a “perfect prescription for those that are weak, hesitant, or frustrated.”<sup>32</sup> Being airborne, for a “proper” and aggressive man, provided him the opportunity to feel better than and above—both literally and figuratively—those chained to the Earth. If men ever felt “down” or “unsuccessful,” military officials contended that flying was the cure and the prescription for those unhelpful thoughts because flying granted a sense of accomplishment. Moreover, using contemporary beliefs of aviation psychology, these psychiatrists believed that breaking the bonds with Earth’s gravity was a “denial of weakness and dependence” that proved to be “highly exhibitionistic” or almost erotic.<sup>33</sup> When the admin officers removed these opportunities for the

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<sup>31</sup> Ann Pfau, *Miss Yourlovin: GIs, Gender and Domesticity during World War II* (New York: Columbia University Press, 2008), 3. This publication is an E-Book with no page numbers. This citation comes from the third page of the introduction.

<sup>32</sup> Grinker and Spiegel, *Men Under Stress*, 5.

<sup>33</sup> Grinker and Spiegel, *Men Under Stress*, 5.

airmen, fliers no longer had these outlets where they could channel the masculine norms of the 1940s.

One particular disposition case offers a clear example of the thin line between Flying Fatigue and Lack of Moral Fiber and how the symptoms often blurred. In July 1943, under the provisions of Memorandum 75-2, one first lieutenant appeared before the Ninety-Fourth Bombardment Group's Flying Evaluation Board for either Flying Fatigue or LMF.<sup>34</sup> An official AAF report detailed the officer's symptoms and causes and demonstrated that the lieutenant's physical qualifications dictated the outcome of his case. Initially he appeared before his unit commanders because he was "nervous and tense." But his time in combat led the officers to believe that he did not qualify for Flying Fatigue. The officer flew his first raid on May 14, 1943, but on his third mission (May 21, 1943) to Emden, "one group failed to rendezvous, the 94<sup>th</sup> group, flying low, suffered the loss of three airplanes, one over enemy territory, one in the sea, and one crash landing on the English Coast." This lieutenant's crew did not suffer any casualties, but he "became very upset at witnessing one of the airplanes in the Group catch on fire at 1,000 feet over the channel, and crash into the Channel." Upon witnessing this event, the man became preoccupied with this experience, and it dominated much of this thinking. Following the May 21<sup>st</sup> raid, the officer flew his fourth mission to Kiel. On this sortie, the 94<sup>th</sup> lost nine airplanes, and enemy fire greatly damaged the lieutenant's plane. "One incident that impressed [the officer] was the loss of a airplane in his Group by an aerial bomb; he witnessed the airplanes [sic] destruction in mid-air." Then, when they were almost to base, three German fighters attacked the

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<sup>34</sup> In order to maintain some medical confidentiality, I will not use the name of this lieutenant in this chapter.

group and shot down two additional B-17s. Upon return to base, this officer “‘thinking it over’ . . . decided he could fly no more missions because ‘he could not take any more’.”<sup>35</sup>

On July 6, 1943, the Group Flying Evaluation Board met to discuss and regulate the lieutenant’s case. Five senior officers and one flight surgeon composed the Group’s FEB. The FEB’s report included minute details concerning the officer’s professional information, when he received his commission, his aeronautical ratings, and how many hours he had flown. In line with AAF Memorandum 75-2, the board issued orders “request[ing] that . . . Headquarters issue such orders as to insure removal of this Officer from our organization.” Indeed, FEB’s papers declared that the lieutenant’s “squadron officer . . . does not desire the further services of Lieutenant.” The FEB ordered the flier to then appear before the Central Medical Board to receive his physical examination.<sup>36</sup>

The lieutenant’s physical exam revealed no impairments that limited his ability to fly. In fact, the details on the record demonstrate that he was in outstanding physical condition. His body temperature measured 98.6 degrees exactly, he had great eyesight, his resting pulse rate was sixty beats per minute, while his rate during exercise averaged at 84 beats per minute. However, under the sixth question, “estimated adaptability for Military Aeronautics,” the record claimed that the officer was “unsatisfactory—temperamentally unsuited for military aeronautics because of psychoneurotic symptoms in relation to combat flying.” Thus, while under previous policies, the officer’s classification would have fallen under “temperamentally unsuitable,” but with the AAF’s implementation of 75-2, he also fell under “Lack of Moral Fiber.” Question eight

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<sup>35</sup> Headquarters, Eighth Air Force, Provisional Medical Field Service School, Central Medical Board “Report on R. N. F,” 1-2, 12 July 1943, Folder Four: U.S. Army Air Force Materials, Box Two, Series Three, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, USAFA.

<sup>36</sup> “Report of Ninety-Fourth Bombardment Group: Flying Evaluation Board,” 6 July 1943, Folder Four: U.S. Army Air Force Materials, Box Two, Series Three, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, USAFA.

queried, “is the examinee physically qualified for flying,” and he was qualified. The tenth question asked, “is the examinee incapacitated for service,” and the response was no. The AAF, then, judged him to physically qualified for flying but “temperamentally” unfit, or, in other words, he lacked moral fiber.<sup>37</sup>

The report further shed light on the officer’s background and personal history. In line with the masculine standards of the period coming out of the Great Depression, there was a detailed explanation of his employment history as well as his personal life and ability to care for his family. He had been married for ten months before going to war. The officer’s medical and family history disclosed that his father was “a garage foreman for fifteen years. He is described as hard-working, steady individual, pretty much of a ‘family man’.” However, his mother was a “housewife; described as healthy individual except that she is ‘inclined to be nervous’ and is easily upset.” By including this information and inferring that the officer’s symptoms mirrored those of his mother, the CMB seemingly feminized the man’s psychological distress. In addition, the report outlined that he had “‘always been’ somewhat nervous and given to worrying about such things as his studies in high school. . . . He is emotionally unstable and breaks down to cry very easily.”<sup>38</sup> In other words, he was not a stoic individual, and his breakdowns challenged the warrior standards of the period. Ultimately, the board determined that, under the provisions of 75-2, the officer was “medically qualified for all duties involving flying. He is temperamentally unsuited for military aeronautics because of abnormal fear in relation to combat flying. He is not suffering from operational exhaustion.” Because his crew and squadron did not want him to

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<sup>37</sup> United States Army Air Forces, “AR40-100: Physical Examination for Flying R. N. F.,” Folder Four: U.S. Army Air Force Materials, Box Two, Series Three, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, USAFA

<sup>38</sup> Eighth Air Force, Provisional Medical Field Service School, CMB, “Report on R. N. F.,” 3.

continue with them, he did not receive a reassignment to ground duties. This lieutenant ultimately received the “other than honorable discharge,” which will be explained below.<sup>39</sup>

### **AAF Regulation 35-16 and Policy Letter 35-18**

While Policy Letters 210.8 x 220.8 and 200.9 x 373 applied only to the Eighth Air Force in the ETO, by the end of 1944, the Army Air Forces instituted a regulation and ensuing policy letter that governed over the entire force, regardless of the theater of operations. Until this point of the war, each numbered air force usually had its own policy/protocol for handling the psychiatric or non-physical disqualifications.<sup>40</sup> By creating a uniform regulation that spanned across the entirety of the air forces, the AAF demonstrated that the psychological consequences of war were significant issues that required a standardized procedure. Furthermore, with the two 1944 policies, the administrative officers took near-complete control over this process as the policies placed the authority with the FEBs and commanding general of the numbered air forces.

On October 20, 1944, AAF Chief of Staff Henry “Hap” Arnold instituted Army Air Forces Regulation 35-16 with the intention of regulating “Flying Status, Suspension and Removal of Suspension from Flying, Restriction on Flying, and Evaluation of Flying Personnel.”

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<sup>39</sup> Headquarters, Eighth Air Force, “Provisional Medical Field Service School: Central Medical Board, Proceedings for 1st Lieutenant R. N. F.,” 14 July 1943, Folder Four: U.S. Army Air Force Materials, Box Two, Series Three, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, USAFA

<sup>40</sup> In the Mediterranean Theater of Operations, the Twelfth Air Force implement Memorandum no. 25-11 in early 1944. Most of the policies throughout the various air forces were similar and relied on the CMB and FEB, with the emphasis on physical capacity to fly. Verbiage sometimes differed between the theaters of operations as well. For example, The Eighth relied on “temperamentally unsuitable,” “Flying Fatigue,” and “Lack of Moral Fiber.” But the Twelfth, on the other hand, used phrases such as “disqualifying physical defects,” “psychoses usually unrelated to combat,” “Aero-anxiety neuroses,” and “Lack of Moral Fiber.” The disqualifying physical defects (physical disqualification) and Lack of Moral Fiber retained the same definition across the air forces, but the “Aero-anxiety” term applied to the “individuals who have little or no previous history of personality maladjustment, but begin to show symptoms either before their first combat mission or at sometime during the period of their first five missions.” See Lt. Col. John C. Flanagan, “Report on Survey of Aircrew Personnel in the Eighth, Ninth, Twelfth, and Fifteenth Air Forces,” 81-84, April 1944, Psychological Branch Research Division, Office of the Air Surgeon, Headquarters of the Army Air Forces, HD: 730 (Neuropsychiatry) Aircrew Personnel 8th, 9th, 12th, & 15th A.F., Box 1315, WWII Administrative Records – ZI, 730, Office of the Surgeon General, Army, Record Group 112, National Archives, College Park, MD.

The subject or purpose of the regulation no longer emphasized the medical concerns, but rather the policy focused on administrative concerns of how to evaluate or suspend the men deemed unqualified for flight status. Regulation 35-16 further declared that the reasons for men to receive suspension fell under non-medical categories, such as “change of military occupational specialty or reassignment,” “lack of proficiency in flying duties,” “failure to perform minimum flight duty,” “undesirable habits or traits of character,” “physical disqualification,” and “serious, wilful [sic] violations of flying regulations.”<sup>41</sup> Physical disqualification remained the same, but for those diagnosed with LMF, they now fell under the category of “undesirable habits or traits of character,” which declared that “evidence exists that the individual possesses undesirable habits or traits of character, emotional instability, lack of incentive for flying (combat or otherwise), or inherent characteristics of personality which preclude his continued utilization in the performance of useful flying duty.”<sup>42</sup> Thus, not only did the LMF diagnosis raise questions concerning the officer’s ability to serve, but it also raised questions concerning his character and emotional health.

With Regulation 35-16, the AAF standardized the composition of the CMB, which required five senior medical officers who did not have to be specialists in any certain field, although the AAF encouraged the board to include specialists in a variety of medical fields. The CMB maintained the authority to administer physical examinations and qualification of fliers, especially those with “undesirable habits or traits.” However, this regulation included one particular change concerning the CMB which augmented administrative officers’ authority.

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<sup>41</sup> General Henry H. Arnold, “Army Air Forces Regulation 35-16,” 5-6, 20 October 1944, *Fear of Flying* (1944), Box 10, IRIS #00114380, Call #141.28G, Assistant Chief Air Staff, Personnel, Air Force Historical Research Agency, Maxwell Air Force Base, Alabama. See also, General Henry H. Arnold, “Army Air Forces Regulation 35-16,” 5-6, 20 October 1944, Folder Nine: U.S. Army Air Force Material, Box Two, Series Three, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, USAFA.

<sup>42</sup> General Henry Arnold, “AAF Regulation 35-16,” 6.



When commanders suspected a flier who “went LMF,” they did not order the airman to appear directly before the CMB. Instead, the unit officers created a report of the airman’s symptoms or problems and then ordered him to appear before the commanding general of the numbered air force. After the general examined the report, and likely discerned the man’s “temperament,” he could then decide if the case deserved to appear before the CMB for further physical examination. The CMB then received this report and administered the exam to the flier to determine if he was physically fit to fly. If the board deemed the flier to be physically qualified, it sent him to stand before the commanding general. Relying on the report, the general then ordered the man to appear before the local FEB for reclassification.<sup>43</sup>

The new regulation also clarified the composure and purpose of the Flying Evaluation Board, which included seven senior officers. Of these seven, four were senior rated officers, two were flight surgeons, and one officer was supposed to have legal training. The AAF “appointed [this board] for the purpose of studying professional qualifications for rated flying personnel . . . and making recommendations regarding their future utilization in the performance of flying duty.”<sup>44</sup> Thus, this administrative body maintained the authority for the reclassification and disposition of any issue that impeded or affected an airman’s professionalism. For those with “undesirable characteristics,” or those who “went LMF,” the FEB indefinitely suspended the flier from flight status until they made a final decision concerning his disposition. One particularly emasculating event occurred for “the cases involving clearly substantiated refusal to fly, fear of flying, fear of combat”—the removal of the man’s aviation badge.<sup>45</sup>

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<sup>43</sup> Wells, *Courage and Air Warfare*, 171; General Henry Arnold, “AAF Regulation 35-16,” 6.

<sup>44</sup> General Henry Arnold, “AAF Regulation 35-16,” 10.

<sup>45</sup> General Henry Arnold, “AAF Regulation 35-16,” 11.

All of these administrative consequences had potential impacts on one's sense of masculinity. There is no denying that the AAF did what it believed was best for itself, its airmen, and for those trying to evade combat duty. Leaders wanted to protect the AAF's identity and its airmen from demoralization. And, if there were men who feigned illness to avoid flying, then some administrative process needed to occur. How the AAF accomplished this process, however, showcases the connection between mental health and masculinity. First, by removing an officer's commission and badges, administrative officers removed the tangible evidence of accomplishment and prestige that the men had initially earned and proudly wore to display their accomplishment. Dr. Douglas Bond, a flight surgeon, emphasized the importance and prestige associated with the badges and commissions. He wrote, "A commission in the United States Air Force and the Aviation Badge were considered legally as awards, similar to diplomas for work accomplished—not as badges of current office." Symbols of professional accomplishment, not temporary identifications, a commission was permanent and would be on the man's professional record. Bond also explained the consequence of losing a commission due to LMF. He wrote, "If a man was to be decommissioned, therefore, it was necessary for a commanding officer to state that the man had been thoroughly unsatisfactory in every department and that, in effect, he had character traits unfitting him for an officer."<sup>46</sup> Thus, he asserts that when a man lost his commission, it was not only due to his professional disqualifications but also his permanent character issues. These commissions and accompanying badges were symbols of the prestige associated with fliers and demonstrated that the airmen were members of an elite cadre. For society and airmen alike, being a flier meant that one was also a "superman."<sup>47</sup>

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<sup>46</sup> Bond, *The Love and Fear of Flying*, 169-170.

<sup>47</sup> Grinker and Spiegel, *Men Under Stress*, 6; Wells, *Courage and Air Warfare*, 4.

Following the October 1944 AAF Regulation 35-16, the AAF then released Policy Letter 35-18 in December 1944 to share Henry Arnold's specific "thoughts on the subject of lack of incentive for flying and unwillingness or refusal to meet military stresses."<sup>48</sup> Arnold believed that any officers exhibiting LMF or any fliers "who have exhibited such traits of character or change in attitude toward the wholehearted performance of their flying mission be disposed of in accordance with policies outlined herein." Thus, this policy specifically focused on LMF rather than the multitude of professional problems outlined in AAF Regulation 35-16. The AAF expected a flier to perform efficiently and successfully for as long as he could, and this policy letter perpetuated the idea that early breakdowns should not occur. Indeed, the letter reads, "usually a young, inexperienced officer on flying status has been commissioned solely for the purpose of accomplishing flying duties." If he broke down or refused to fly, "he ordinarily ceases to be of any value to the service. . . and consideration of his elimination is indicted."<sup>49</sup>

Admin officers believed that LMF and Refusal to fly were "basically a function of command." Even in the official regulation 35-18, officers emphasized that the administrative and unit officers needed "to develop a sense of moral responsibility in individual flyers and to maintain a high level of morale." To develop these attributes, the AAF urged officers to have the young flying personnel be involved in "frequent discussions led by experienced and mature flyers, squadron commanders, group commanders, and others who have had a considerable amount of combat experience."<sup>50</sup> Administrative officials wanted the experience of veteran fliers

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<sup>48</sup> General Henry H. Arnold, "US Army Air Forces Letter 35-18," 1, 7 December 1944, Fear of Flying (1944), Box 10, IRIS #00114380, Call #141.28G, Assistant Chief Air Staff, Personnel, Air Force Historical Research Agency, Maxwell Air Force Base, Alabama. See also General Henry H. Arnold, "US Army Air Forces Letter 35-18," 1, 7 December 1944, Folder Nine: U.S. Army Air Force Material, Box Two, Series Three, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, USAFA.

<sup>49</sup> General Henry H. Arnold, "US Army Air Forces Letter 35-18," 1-2.

<sup>50</sup> General Henry H. Arnold, "US Army Air Forces Letter 35-18," 2-3.

to rub off on the young pilots in order to discourage LMF and feelings that would harm the AAF's morale and efficiency.

In order to protect airmen's morale, discipline, and the strength of the operational forces from LMF, the physical qualification as determined by the CMB was the main point of emphasis for the FEB when making its decision. Even then, the FEB questioned the development of physical ailments with no medically "organic basis." If physical symptoms arose without medical cause, the CMB and FEB carefully studied all of the facts of the case to discover if there was a medical cause, then they treated the case as either a "professional deficiency or character deficiency."<sup>51</sup>

For those men whom the FEB deemed to have gone LMF, the board used additional scathing adjectives that directly attacked the 1940s definition of masculinity. Indeed, they claimed that not only did those with LMF refuse to fly, lack incentive, and demonstrate other "undesirable habits or traits of character," but these men also lacked "fundamental courage." In other words, in addition to the deprecating words against the man's character, the FEB declared that the men did not have enough courage to live up to their responsibilities. They were indeed cowards if they did not have a physical symptom that warranted physical disqualification. The board members, mostly senior officers, could reclassify the man as they wished, whether that was through reassignment, complete separation with an Other than Honorable Discharge, or, if necessary, a court-martial.<sup>52</sup>

To be sure, the AAF did declare that "harrowing experiences incident to flying is essentially a medical consideration, by reason of which an individual may be disqualified."<sup>53</sup>

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<sup>51</sup> General Henry H. Arnold, "US Army Air Forces Letter 35-18," 2.

<sup>52</sup> General Henry H. Arnold, "US Army Air Forces Letter 35-18," 2-3.

<sup>53</sup> General Henry H. Arnold, "US Army Air Forces Letter 35-18," 3.

However, this clause only applied to the men who had already flown enough time in combat to have truly experienced the psychological consequences of the air war. But the regulation also included a specific stipulation concerning physical disqualification due to psychological distress. If the flier did not exhibit a “severe psychoneurosis” or symptoms of “psychosis,” then his “minimal psychiatric symptoms or mild psychosomatic reactions” were not sufficient to disqualify him from flight status. The official policy commanded that “In the absence of other disqualifying factors, individuals who manifest such symptoms or reactions will be considered as being physically qualified for flying duty.” The regulation continues,

in the absence of a history of subjugation of the individual to extremely harrowing situations or experiences beyond average anticipated tolerance, the declaration or manifestation of the following reactions to flight will not be considered reason for physical disqualification for flying duty: (1) Fear of Combat Flying; (2) Fear of flying a particular type aircraft; (3) Fear of close formation flying; (4) Fear of high altitude flying; (5) Fear of instrument flying; (6) Fear of over-water flying; (7) Fear of night flying.<sup>54</sup>

Therefore, if the airman experienced psychological distress with minimal physical symptoms, his chance of receiving a physical disqualification due to harrowing experiences was low. Also, if the unit commanders believed that the flier did not experience enough traumatic stress “beyond average anticipated tolerance,” he was physically and mentally fit to fly.

This policy treated each flyer as if his psychological threshold was the same as every other airman, or as if the AAF believed that there was one level of “stress of average flying duties” to which it compared each flier. The regulation further stipulated that “the severity and quantity of situations or experiences which precipitated an anxiety concerning flying must be evaluated in comparison with the usual quality and quantity of stress which all rated personnel may be expected to encounter.” If the FEB ruled that the airman did not experience enough time

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<sup>54</sup> General Henry H. Arnold, “AAF Letter 35-18,” 5-6.

in combat to earn a break due to harrowing experiences, it assumed that he lacked the necessary courage. The CMB, then, declared him as physically qualified to fly. To support this assertion, Letter 38-15 declares, “In general, individuals having a predisposition for the development of purely subjective symptoms or psychosomatic reactions when subjected to the stress of average flying duties, who, nevertheless, have not had such symptoms when not required to perform these duties, may be physically qualified for flying. In these cases, deficiencies of personality or temperament preclude their useful service in a flying capacity.”<sup>55</sup> But each airman suffered different external traumatic experiences that caused him to become overwhelmed with anxiety. Individual members of bombing crews, like all other soldiers, “[had] highly variable thresholds of what they perceive[d] as horrific or upsetting.”<sup>56</sup> Each person’s severity of symptoms differed. What one man saw as a mild event, another member of the same crew could believe was extremely harrowing. The men who tried to prove themselves and had significant time in combat received “consideration” and “leniency,” while those men who went LMF early in their flying careers “cease[d] to be of any value to the service.”<sup>57</sup>

The AAF regulated most medical cases due to psychological problems and also LMF cases by removing the men from the service entirely. If the LMF cases were not enough to warrant a court-martial, the men received the “other than honorable” discharge thereby disqualifying the men from veterans’ benefits that they would have received due to their service. Furthermore, by receiving an Other than Honorable discharge, the men lost their opportunity to prove their mettle, courage, and loyalty to the nation. They could no longer fight for their families or their country. And, as the 4F classification stigmatized the psychiatric rejection before

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<sup>55</sup> General Henry H. Arnold, “AAF Letter 35-18,” 6-7.

<sup>56</sup> Allan V. Horwitz, *PTSD: A Short History* (Baltimore: Johns Hopkins University Press, 2018), 4-5.

<sup>57</sup> General Henry H. Arnold, “US Army Air Forces Letter 35-18,” 2-3.

entering the war because they could not fight for their country, the Other than Honorable discharge also contained negative connotations. This type of discharge was similar to the “undesirable discharge,” which “had been used to eliminate those social misfits—alcoholics, chronic liars, drug addicts” and even homosexuals. All of these conditions definitely did not fit within the AAF’s masculine identity or notion of “air discipline.”<sup>58</sup> According to the AAF, then, any flyer lacking “manly” characteristics, such as aggression and competitiveness, loyalty, and emotional stoicism, and who did not fulfill his duty, was undesirable and did not fit within the AAF mold.

### **The Divide Between Administrative and Medical Officers**

The difficulties and disagreements concerning the Flying Fatigue and LMF process divided administrative and medical officers during World War II over the diagnosis, treatment, prevention, and disposition of the men experiencing psychological distress. Many flight surgeons believed that they were not getting enough input or authority to deal with the cases themselves. In a 1943 interview discussing Flying Fatigue, Air Surgeon and Brigadier General David N. W. Grant stated that “The term ‘flying fatigue’ I think is a misnomer. There has been difficulty in getting the Commands to cooperate with us on this subject.”<sup>59</sup> Grant believed that admin officers played just as influential of a role as the flight surgeons in detecting the psychological consequences of the air war. The two sides were often at odds with each other because of the administrative policies which erased much of the medical authority and because of the ways that each side perceived the issues. On the one hand, the medical officers wanted to treat/rehabilitate

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<sup>58</sup> Allan Bérubé, *Coming Out Under Fire: The History of Gay Men and Women in World War II*, Twentieth Anniversary Edition (New York: Free Press, 1990; Chapel Hill: University of North Carolina Press, 2010), 139.

<sup>59</sup> David N. W. Grant, “Interview with Brigadier General David N. W. Grant,” 1, 1 July 1943, Brig. General D. N. W. Grant, Box 56, IRIS #00115790, Call #142.052, Assistant Chief of Air Staff, Intelligence, Air Force Historical Research Agency, Maxwell Air Force Base, Alabama.

suffering airmen. But on the other hand, the administrative officers preoccupied themselves with maintaining enough manpower to stock a fighting air force. Thus, the divide between the two camps originally arose due to the “conflict between the medical condition and needs of the individual on the one hand and the tactical situation on the other which demanded full aircrews.”<sup>60</sup> When discussing psychiatry in the infantry forces, historian Rebecca Schwartz Greene writes that psychiatrists and, in this case, flight surgeons, often had to choose between the medical or administrative concerns. One psychiatrist declared that “Psychiatrists soon learnt . . . they had to change their oath of allegiance from . . . Hippocrates . . . to General Marshall.” They also learned that they “were working for the army not . . . the individual soldier.”<sup>61</sup> These statements reflect the ground forces, but they are still relevant to the Army Air Forces as flight surgeons became dismayed with administrative officers and their encroaching authority when it came to the diagnosing and disposition of Flying Fatigue and LMF. Indeed, some flight surgeons said things or administered diagnoses simply to appease the administrative officers in charge of the disposition process.

While the flight surgeons needed to know their fliers personally to be able to detect the early onset of fatigue, early detection was also “very much the responsibility of the commanding officer, as well.” In many cases the unit officers knew the fliers better than the flight surgeons and “will probably be able to tip the medical officer off before he himself is able to recognize the condition.”<sup>62</sup> But because of medical and admin personnel’s different perceptions of Flying Fatigue, LMF, and the other classifications and whether they were administrative or medical

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<sup>60</sup> Link and Coleman, *Medical Support of the Army Air Forces in World War II*, 671.

<sup>61</sup> Rebecca Schwartz Greene, *Breaking Point: The Ironic Evolution of Psychiatry in World War II* (New York: Fordham University Press, 2023), 7.

<sup>62</sup> David N. W. Grant, “Interview with Brigadier General David N. W. Grant,” 4.



problems, there are no reliable statistics of casualties or reclassifications due to the differing opinions. Indeed, the various policies for these problems meant that “there was never complete agreement between the line officers, the medical officers, and the psychiatrists.” This lack of agreement also created a nebulous situation where “there was no clear-cut distinction which would indicate either medical or administrative disposition.” In many cases, the situation required both a medical and administrative approach.<sup>63</sup> In addition, it is difficult to find concrete numbers because AAF personnel relied on various policies which used multiple phrases to essentially describe the same issues.<sup>64</sup> However, the main point remains: although the AAF tried to solve the problem, the inability to always correctly identify the administrative and medical cases created tension between the medical and administrative personnel. As Douglas Bond, a flight surgeon, more clearly put it when referring to “emotional disorders,” “there may be seen in practice then a continual mingling and blending of what in theory might be considered two opposites—administrative and medical considerations. Each of these classifications does justice to only one side of the problem.”<sup>65</sup> Thus, flight surgeons feared that administrative processes required psychological distress to be categorized as either administrative or medical problems. Psychological distress was not a mixture of the two. The problem, though, was that the two fields were “opposites,” and this dichotomy posed problems for both sides.

According to Bond, three particular “difficulties” caused the various disagreements between the two camps. The first difficulty was that men were able to explicitly state that they feared combat flying while being willing to fly in a non-operational role. For many

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<sup>63</sup> Mae Link and Hubert Coleman, *Medical Support of the Army Air Forces in World War II* (Government Printing Office: Washington, D.C., 1955), 671.

<sup>64</sup> Wells, *Courage and Air Warfare*, 173.

<sup>65</sup> Major Douglas D. Bond, “Factual Data, Project No. 18,” 2, Attached to “Memorandum to Surgeon, Eighth Air Force, AAF Station 101, APO 634, U.S. Army,” 1 March 1945, Folder Nine: U.S. Army Air Force Material, Box Two, Series Three, SMS 1335: BGen Mark Wells, USAF, ret., Clark Special Collections, USAFA.

administrative officers, this statement was irrational because they believed if a man could fly non-operationally, he should be able to fly in combat. If a flier was physically qualified for non-operational flying, flight surgeons should have found the flier to be physically qualified for combat flying. Admin officers could not quite understand that the environment and conditions of combat contributed to psychological distress, whereas non-operational flying did not entail the full spectrum of stress that men could face due to the lack of combat conditions. The second difficulty that caused division between medical and administrative personnel revolved around the fact “that the severest symptoms, and not uncommonly the only ones easily detectable, manifested themselves only in the aircraft and in the particular circumstances that were the focus of the phobia.” Thus, it was difficult for airmen to prove that their psychological distress caused symptoms significant enough to be removed from flight status through medical disqualification. Indeed, Bond’s statement makes sense as airmen were likely competent enough while at the air station on the ground, but when they were in the air, the combat environment itself triggered the debilitating symptoms. And when the sufferers were in the air, it was likely when flight surgeons or admin officers were not there to witness the problems that arose.<sup>66</sup> The inability to witness the symptoms, then, likely contributed to the admin personnel’s apprehension of psychological distress.

Because flight surgeons and administrative officers could not witness the symptoms as they occurred in combat, the third difficulty that arose was the emphasis on physical symptoms on the ground. The officers, therefore, “creat[ed] the paradoxical situation in which physical symptoms were given more weight in the diagnosis of emotional problems than were the

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<sup>66</sup> Bond, *The Love and Fear of Flying*, 149-150.

emotions themselves.”<sup>67</sup> The officers relied on visible signs to diagnose psychological issues. This reliance created problems as administrators, much like Patton, believed that only through physical incapacitation could a man be removed from flight status. Flight surgeons tried to convince administrative officers that the physical symptoms did not tell the entire story and made the diagnosing of LMF difficult because not all sufferers would experience physical incapacitation. The words of W. F. Cook illustrates the difficulty in determining a diagnosis between Flying Fatigue and LMF. Interestingly, Cook was not a psychological expert; he was a general flight surgeon serving in Europe from 1942 to 1945.<sup>68</sup> It is likely that during his lengthy tenure he served those who truly suffered and those who feigned illness. Thus, he understood the difficulty in finding a diagnosis. He argued that those who experienced mental distress should not receive the LMF diagnosis, but “unfortunately, not all cases of lack of moral fibre are as clear cut and obvious. . . . There are borderline states in which it is difficult to decide how serious an effort the individual has made and how severe an anxiety (or some other internal obstacle) he has to control.”<sup>69</sup> For combat fliers who suffered mental illness, their wounds were “nonvisible.” The issue was that these invisible wounds made it difficult to provide evidence of sick airmen’s injuries, which, in past experiences such as the American Civil War and World War I, “frequently led to allegations of malingering and fraud.”<sup>70</sup>

General David N. W. Grant asserted that the two sides played an equal role in detecting fatigue, but that the administrative side played a larger role in creating situations that either

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<sup>67</sup> Bond, *The Love and Fear of Flying*, 150-151.

<sup>68</sup> “Brigadier General William F. Cook,” Biographies, United States Air Force, accessed August 8, 2020, <https://www.af.mil/About-Us/Biographies/Display/Article/107374/brigadier-general-william-f-cook/>.

<sup>69</sup> W. F. Cook, “General Information Bulletin Number 2, Volume 2: Bulletin to All Commands, Wings and Unit Surgeons,” pg. 2-3, 29 February 1944, Folder: Fear of Flying (1944), Call #141.28G, IRIS #00114380, Air Surgeon Collection, Air Force Historical Research Agency, Maxwell Air Force Base, Alabama (hereafter Maxwell AFB, AL).

<sup>70</sup> Sarah Handley-Cousins, “Best Men, Broken Men: Gender, Disability, and American Veterans,” in *The Routledge History of Gender, War, and the U.S. Military*, ed. Kara Dixon Vuic (New York: Routledge, 2018), 325-26.

exacerbated compounding psychological distress or allowed the medical officers to be able to fully treat the issues.<sup>71</sup> One of the largest points of contention between medical and admin personnel was the number and intensiveness of missions between rest periods. Grant used a clear analogy when describing the problem. He emphasized that each flier had a different threshold which dictated when he could potentially break down. He wrote, “I might say that every man has a barrier and if you shove enough on him and break over that barrier you are going to cause a breakdown, call it what you wish. In flying we speak of it as ‘flying fatigue.’ If you take a brick layer who is used to laying 3,000 bricks a day, and tell him to lay 5,000 bricks instead, it is only a question of time before he will break if not rested.” With this statement, Grant asserted that if admin officers kept ordering men to keep flying too many missions when they were already tired, their exhaustion would ultimately culminate in either Flying Fatigue or a complete psychological breakdown that would render them unfit to fly. Grant compared the situation to a downhill slope, and “the further they down they go, the harder it is to be to bring them back. Any flying becomes increasingly harder and takes a greater effort.”<sup>72</sup>

Other flight surgeons maintained similar beliefs, and, with the goal of preventing or limiting flight stress, called for administrative policies that limited the amount of time and quantity of raids that fliers flew. Thurman Shuller worried that men, because they flew so much, lost “all hope.” “None of these fellows have any hope for the future,” he lamented. The fliers had “no hope but to keep on fighting until they are finally shot down.” He even noted in his diary that he did not blame the men who reached the point of quitting because they were exhausted and fearful. Thus, in one March 1943 letter to the administrative officer of the 306<sup>th</sup> Bomb Group of

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<sup>71</sup> David N. W. Grant, “Interview with Brigadier General David N. W. Grant,” 4.

<sup>72</sup> David N. W. Grant, “Interview with Brigadier General David N. W. Grant,” 1-3.

the Eighth Air Force, Shuller tried to bring the officer's attention to the fact that "the maximum combat expectancy still ha[d] not been fixed." Shuller worried that without a strict administrative limit on the number of missions, and "as a result of this indefinite state of affairs and in view of our high rate of losses the Group and Squadron surgeons all feel that the crews in this Group are on the verge of a complete psychological breakdown." To support his claim, Schuller wrote by March 1943, that the group had already "lost 20 of their original 35 combat crews," in addition to many replacement crews. He wrote that most of the crews did not even make it to fifteen missions, yet he urged the AAF to require fliers to only participate in twenty missions, even though "the chance of surviving" these sorties "over German territory is very small." Shuller believed that even though it would be difficult, the men would have "a far greater incentive to keep fighting than they now have." Again, the ultimate goal was to keep men flying, which, by doing, they'd fulfill their obligation. Further, by setting a limit on the number of missions, the AAF would not overwork the fliers and limit the chances of psychological breakdown. The flight surgeon further noted that should the AAF institute such a policy, "the number of personnel lost through completion of the maximum number of missions would actually be fewer than the number brought before the Central Medical Board for reclassification." Therefore, the implementation of such a policy would also have operational and tactical significance as men would not only be willing to dedicate themselves to the cause, but they would also have higher morale and efficiency.<sup>73</sup>

In addition to limiting the number of raids men flew, General David N. W. Grant believed that admin officials also played a role in preventing psychological breakdown by providing fliers

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<sup>73</sup> Thurman Shuller, *Flight Surgeon: A War Diary, 1941-1945*, ed. Vernon C. Williams (Fort Worth: TCU Press, 2021), 112, 427-428.

with “discipline, leave, rest periods, recreation and diversion, suitable accommodations, comfort both on and off duty.” If they did not provide these opportunities, Grant declared that the number of breakdowns would continually increase despite the medical officers’ best efforts.<sup>74</sup> While the admin officers did allow rests and visits to rest homes as outlined in the previous chapter, Shuller noted that there were limitations. He felt that the AAF admin often demoralized the men that they allowed to go on leave by recalling them to combat duty. He spoke out against the AAF’s use of “Maximum Effort” operations when the AAF recalled distressed men from leave in order to put forth the strongest fighting force possible. In his diary, he explained that this recall of fliers “ha[d] been quite a sore spot on my conscience for quite a long time.” By May 1943, Shuller believed the issue “reached the boiling point,” and as a response, he wrote a letter to his superiors knowing full well that “it lays me wide open to a slap in the face for saying what I think. . . . I know I’m right even if it does buck a General’s policy.” His May 13, 1943 letter “requested that a strong protest be immediately registered with the Commanding General, VIII Bomber Command, against the calling of combat crews back to the home stations from regular passes to participate in a so-called ‘maximum effort.’” Shuller further “strongly condemned” these administrative actions and strongly argued that not only did this admin policy end the recovery period to prevent Flying Fatigue, but it also was completely “disastrous . . . to the morale of the fighting men.” According to Schuller, not only did the recall policy impair the fliers’ morale, but “it completely nullifies the real purpose of a pass, that of complete relaxation in the knowledge that one will not be called on for duty within a definite period of time.”<sup>75</sup>

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<sup>74</sup> David N. W. Grant, “Interview with Brigadier General David N. W. Grant,” 4.

<sup>75</sup> Shuller, *Flight Surgeon*, 132-133, 429-430.

In addition to feelings that admin officers often pushed airmen beyond their psychological thresholds, flight surgeons often felt disillusioned with the reclassification and disposition process in general. According to AAF veterans and historians Mae Link and Hubert Coleman, medical officers often had to make decisions according to the administrative needs, and admin officers influenced medical decisions.<sup>76</sup> Lieutenant Colonel R. C. Anderson, the Chief of the Neuropsychiatric Department at the School of Aviation Medicine during World War II, later recalled that “The Flight Surgeon who tried to be conscientious about the psychiatric problems of his personnel soon was faced with the knowledge that he was powerless to deal with his patients as individuals.” He went as far as declaring that some flight surgeons “found it advantageous to identify themselves with the punitive attitudes of the squadron commander rather than with medical attitudes” because they could possibly receive better assignments. Anderson did not expound on this statement, but he could possibly have referred to better assignments in other theaters of the war.<sup>77</sup> Connecting this assertion back to “air discipline,” squadron officers often believed that any psychiatric casualty or LMF case reflected poorly on their command. Thus, Anderson believes that they exercised their authority over the flight surgeons in order to quell any potential fatigue or LMF case. Anderson remembered that “one young commanding officer in charge of a base in one of the combat theaters issued a flat order that there would be no neuropsychiatric diagnoses in his command” and medical personnel would not relieve any flier from “flying duty for neuropsychiatric reasons.”<sup>78</sup> This statement was

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<sup>76</sup> Link and Coleman, *Medical Support of the Army Air Forces in World War II*, 671.

<sup>77</sup> Lt. Colonel R.C. Anderson, “Psychiatric Training of Medical Officers in the Army Air Forces,” 14-15, HD: 730 (Neuropsychiatry) – Psychiatric Training of Medical Officers in the Army Air Forces, Box 1331, Administrative Records Relating to the Zone of the Interior in World War II, 1917-1950, Office of the Surgeon General, Record Group, 112, National Archives at College Park.

<sup>78</sup> Lt. Colonel R. C. Anderson, “Psychiatric Training of Medical Officers,” 14-15.

an example of medical personnel placing administrative needs before their Hippocratic oath, even if admin officers did not give them much of a choice.

Douglas Bond took issue with this administrative encroachment, however, when he wrote to the Surgeon of the Eighth Air Force in March 1945. Indeed, he strongly asserted that “to ask the physician to state a man is qualified for flying when he is not, in order to gain proper administrative action, is to make the physician who had superior knowledge of most of the facts in the case subjugate his profession to administrative opportunism.”<sup>79</sup> Unlike R.C. Anderson who discussed the issue happening at the tactical level, Bond asserted that the admin officers were doing so at the operational and strategical levels with the numbered air forces and AAF overall with the actual policies, which could have impacted flier readiness and the AAF’s strategic goals. Indeed, he wrote that he recognized that the regulations granted the medical personnel, through the CMB, had “great disposition power” on paper, “but this power is not frankly realized” as the authority eventually transitioned to the admin personnel and the FEBs.

Bond did not necessarily disagree with administrative disposition or reclassification. He only objected to administrative overreach when it came to the medical diagnosis of various cases because each was unique, yet the policies tried to standardize each case. In fact, Bond supported the reclassification process for the men who claimed to psychologically suffer but did not have any true medical origin. He clearly stated that if medical judgment found the man unfit to fly, there should be no administrative confusion, and a man’s “failure in flying should not be rewarded and that at least his aviation badge should be removed.” But by treating each unique case with administrative action, it created a sense of confusion, especially for the men psychologically unfit but physically fit. He wrote, “to qualify a man when he is not fit has further

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<sup>79</sup> Major Douglas D. Bond, “Factual Data, Project No. 18,” 1-2.



unfortunate practical difficulties. It implies there is ‘nothing wrong with him’ when it is quite evident that something is amiss.” Not only did requiring the psychologically unfit to fly when he exhibited no physical symptoms cause confusion between the medical and administrative levels, but it also “discourage[d] the understanding of these problems by denying that they exist.”<sup>80</sup> In other words, by trying to find the physical disqualifications rather than recognizing the significance of the psychological consequences, administrative personnel continued to skew the spectrum of disability towards emphasizing physical issues at the expense of mental health.

Additionally, by placing the emphasis on physical health, the whole administrative process was counterintuitive as admin officers’ goal was to prevent the contagion of LMF in order to maintain morale and efficiency. Bond, however, seemingly asserted that the policies often accomplished the opposite. To begin, Bond wrote that administrative officers “overestimated” the theory that anxiety and flying failure is a contagion. Bond cites work from the CMB, the medical body, showing that evidence does not support the contagion theory. On the contrary, Bond wrote that the CMB’s “most prominent finding was that the healthy men often had a harmful effect upon the sick by talking constantly of combat flying and its accidents.” Moreover, these same healthy fliers believed that administrative officers’ approaches to fatigue and LMF were “unjust” and detrimental to unit morale. As Bond put it, the administrative regulations and procedures caused airmen “to lessen their confidence in those in command who, they then feel, do not understand their problems. This attitude arises largely from the flyers’ realistic view that they too may become anxiety’s victims and would not appreciate such ‘unjust’ handling; and also from their own experiences flying with dangerous men who persist in spite of emotional difficulty.” Because some airmen viewed the administrative procedures as something

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<sup>80</sup> Major Douglas D. Bond, “Factual Data, Project No. 18,” 1-2.

that non-combatant AAF leaders instituted to create a punitive system, they lost confidence in the officers' abilities to empathize with combat airmen. According to Bond, these combat fliers believed they could eventually succumb to Flying Fatigue or other psychological issues, and when they did, they did not trust the administrative process to deal them a fair hand. Because of this fear, many airmen tried to live up to the masculine standards by continuing to fly even though they psychologically suffered. By doing so, crewmates felt that these men created dangerous conditions in an already unsafe occupation.<sup>81</sup>

Ultimately, a rift developed, with more unease among the medical officers, between flight surgeons and administrative officers. Medical personnel often felt that the admin focused too much on maintaining a flying force than examining the psychological consequences of air combat. The focus on physical symptoms led admin officials to disregard the psychological issues that arose. This emphasis placed flight surgeons in between a rock and a hard place as they strove to navigate between treating distressed fliers while, at the same time, aiding the AAF to maintain an operational air force prepared to conduct operations to bring the war to an end.

## **Conclusion**

For the Army Air Forces in World War II, their strategic and operational objectives were to bring the war to an end as quickly as possible through various bombing campaigns intended to cripple the Axis Powers' economic, military, and morale centers. However, early in the war, administrative and medical officials soon realized that combat exacted a mental toll on the fliers tasked to carry out the AAF's objectives. Beginning early in its tenure in the war, the AAF established official policies intended to address the psychological and physical issues. However,

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<sup>81</sup> Major Douglas D. Bond, "Factual Data, Project No. 18," 3-4. For a further discussion of the conflict between the administrative and medical personnel during World War II, see Bond, *The Love and Fear of Flying*, Chapter Nine "Diagnosis and Administrative Policy."

as the war continued, those policies adapted to grant administrative officers more authority to reclassify and dispose of the fliers whose symptoms did not warrant physical disqualification from flight duty. Again, at the expense of examining the psychological symptoms, these policies focused on ensuring that any physically able man continued to fulfill his duties to the nation and the AAF. The terminologies of the diagnoses changed over time as well to reflect stronger attacks on men's wills and their masculinities. At first, the AAF used phrasing such as "temperamentally unsuitable," but over time, the phrasing shifted to "Lack of Moral Fiber" and "Refusal to Fly." This shift, although relatively small, signaled the AAF's declaration that the inability to fly rested squarely on the men and not any medical diagnosis. They either lacked the "moral" courage to fly or they blatantly "refused" to fly—the AAF metaphorically washed its hands of any cowardice.

One of the key factors that helped determine if a man honorably pushed himself to exhaustion and suffered from Flying Fatigue or if he dishonorably bowed out due to LMF was the amount of time and experience in combat. It was difficult for administrators to comprehend the uniqueness of each case as they believed the AAF needed to hold airmen to a standard threshold of stress. Due to the lack of contemporary knowledge about the environment's role in the rise of psychological distress, admin officers believed those men who had flown extensive amounts of time in combat earned the rest and treatment associated with Flying Fatigue. Those who broke down early in their flying careers received the punitive, pejorative, and stigmatizing diagnosis of LMF. Each of these factors, whether cases of Flying Fatigue or LMF in the AAF, would create postwar legacies as veterans returned home from the war.

On the one hand, the medical and administrative officers sent men deemed to suffer from Flying Fatigue to various rest homes across the different theaters of war, not just for treatment

purposes as described in the last chapter, but also for rehabilitative purposes intended to prepare men to return to the postwar nation as independent, contributing members of American society—a new marker of American masculinity heading into the Cold War. On the other hand, for the men with the stigmatizing “other than honorable discharges” due to the psychological consequences, a movement arose in postwar America to try and destigmatize their issues. As a response to returning veterans and their mental and emotional struggles after the war, the US federal government passed its first ever legislation focused directly on the mental health of American citizens. The National Mental Health Act not only created programs meant for the rehabilitation of psychologically distressed veterans, but it also sought to educate the American public in an effort to destigmatize mental health issues. America’s war veterans played a significant role in the passage of this landmark legislation.

## **Chapter Six – Rehabilitation, Reintegration, and the National Mental Health Act of 1946**

### **Introduction**

Near the end of World War II, Army Air Forces psychiatrists Roy Grinker and John Spiegel faced a new challenge: how to prepare psychologically distressed veterans for rehabilitation and reintegration into civilian society after the war. One such veteran was a twenty-four-year-old gunner who had flown fifty-two sorties, “many of which were severe.” During these operations, this airman developed severe anxiety and nervousness, especially when he witnessed the deaths of his two best friends. He fulfilled his flying obligations as masculine norms dictated, but “the anxiety and tension he felt in combat persisted on his return to the United States.” During a furlough, his psychological health impeded his ability to reintegrate into civilian society because he was constantly “irritable, anxious and restless.” Unable to sleep at night, he especially became annoyed with his family. He would not speak to his friends nor share his combat experiences with local citizens. In fact, “he became so disturbed at home that he withdrew from all possible contacts and remained in bed as much as possible.” These mental health issues took a toll on his physical health as he developed tremors, insomnia, and gastro-intestinal problems. This veteran’s issues eventually led to his hospitalization in an AAF convalescent center where he received psychotherapy and narcosynthesis to try to overcome his problems. These treatments helped him recover to an extent, but when Grinker and Spiegel inquired if he was prepared to return to duty, the airman did not feel prepared and avoided talking about anything associated with the military. He eventually regressed in his treatment regimen and experienced severe bouts of “weeping.” Moreover, “nowhere, either at home or in the army, could he envisage gratification of his dependent needs.” Medical personnel feared that this man became too dependent upon others.

This was a fear for the doctors because the purpose of the treatment was to help men regain a sense of independence in order to prevent them from become dependent upon family and government support. Eventually, after six weeks in the convalescent hospital, “the patient had regained little independence, but he was returned for a trial at duty.”<sup>1</sup>

Although the AAF returned this man to duty, many of the same themes, such as the fear that the patients would become too dependent on others, applied to men unable to return to combat duty and to the returning veterans after the war’s end. Many of the returning men continued to experience psychological symptoms after combat—symptoms that the AAF worried affected their ability to reintegrate into civilian life. AAF officials became preoccupied that men would not reintegrate into their families or communities and would become “loners” who depended entirely upon family and government support. The Air Surgeon, David N. W. Grant further emphasized this problem when he wrote, “The greatest challenge which faces the medical profession today . . . . is the physical and psychological rehabilitation of the returning war veteran as a member of his community.”<sup>2</sup> This was not a problem unique to the Army Air Forces, but it was an issue for the entire military, government, local communities, and families themselves. Would men’s combat experiences affect them to the point of a complete inability to readjust to civilian life?

In an attempt to ensure that wartime trauma did not negatively impact airmen’s return to civilian status after their combat tours, the Army Air Forces developed a professional division and convalescent training program that strove to facilitate distressed veterans’ reintegration into

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<sup>1</sup> Roy Grinker and John Spiegel, *Men Under Stress* (Philadelphia: Blakiston Company, 1945), 232-233.

<sup>2</sup> Major General David N. W. Grant, “The Medical Direction of Human Drives in War and Peace,” *Journal of the American Medical Association* 126, no. 10 (November 1944), 607, HD: 730 (Neuropsychiatry) – Psychoneurotic Reactions in Air Force Personnel, Box 1293, Administrative Records Relating to the Zone of the Interior in World War II, 1917-1959, Office of the Surgeon General, Record Group 112, National Archives at College Park.

society. This program, which had both physical and psychological rehabilitative motives for the purpose of reintegration, built upon preexisting notions among psychiatric professionals that manhood and mental health were inherently connected. Indeed, Americans, both military personnel and civilians alike, feared that these psychological issues among veterans fostered a sense of cowardice and stigmatization that further impeded men's abilities to become fathers and employees. The convalescent program, in response to these anxieties, created a regimen that tried to solve these issues by emphasizing an educational and vocational campaign to prepare the suffering men to reenter family life and the work force.

This focus on reintegration was so important for AAF and other military leaders because masculinity in the postwar period took on new characteristics concerning civilian life, including family and employee responsibilities, that emphasized particular values of independence. As previous chapters have showcased, during World War II, contemporary masculine norms emphasized that men needed to be patriotic and selfless, willing to serve their country and defend the nation. The AAF, in particular, emphasized flying as many missions as possible because if a person mentally broke down before AAF officials believed he reached a certain number of sorties, the man was shirking his duties and had a "lack of moral fiber." However, the postwar period catalyzed a shift in the definition of masculinity in the United States. Veterans returned home and entered a new stage of their lives based on fatherhood and civilian responsibilities. With the GI Bill, they had access to higher education, business loans, and the means to buy homes in expanding suburbs, where they could raise children and fulfill new roles. No longer warriors and protectors of the country, vets were now fathers, husbands, employees, and

breadwinners, and heads of their nuclear family.<sup>3</sup> Men's number one priority was to find a stable job that provided an income to care for the family. Consumerism, domestic stability, women's expanding roles in the workforce, and white-collared jobs catalyzed a transition in masculinity after the war.<sup>4</sup> But if a man's wartime experiences caused psychological distress, AAF medical officers feared that he would be unable to fully reintegrate into society and fulfill these new responsibilities.

The issues of the returning veteran were much larger than the Army Air Forces, however. Many veterans from all the service branches required help to return to "normalcy" after the war. In order to combat the stereotypes associated with psychological health, such as cowardice, and in an attempt to prevent veterans from becoming economic dependents, a larger movement arose in the United States that pushed for national legislation. Indeed, after a man's time in combat, and after the war, the AAF faced new challenges: the continued need to help men overcome their psychological illnesses and the need to help them prepare to rejoin civilian societies as fathers, employees, and citizens. These rehabilitation issues demonstrated a changing nature of American masculinity after the war as men were no longer required to give their all to fight in war, but Americans expected these men to continue "fighting" for American democracy, their family, and for the postwar economy. But issues and fears still arose as men continued to suffer and worry about the stigmatization of their psychological health. In response, veteran movements, focused on educating society and destigmatizing their problems, led the federal government to officially recognize its role in the process and pass the National Mental Health Act of 1946 (NMHA).

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<sup>3</sup> Elaine T. May, *Homeward Bound: American Families in the Cold War Era*, rev. ed. (1988; New York: Basic Books, 2008), 58-59, 77, 161.

<sup>4</sup> May, *Homeward Bound*, 58-88; E. Anthony Rotundo, *American Manhood: Transformation in Masculinity from the Revolution to the Modern Era* (New York: Basic Books, 1993), 248-251.



The NMHA continued a long history of legislative efforts to aid veterans and vastly expanded the state's understanding of what it meant to fully rehabilitate veterans, both physically and psychologically. These efforts began during World War I when the US government passed and amended a landmark piece of legislation—the War Risk Insurance Act. This act guaranteed life insurance to veterans, while including provisions for the “rehabilitation and re-education of all disabled soldiers.” By the time the war concluded, the United States faced a significant problem—how to care for the 224,000 physically disabled veterans returning from the front lines. Thousands of other servicemembers suffered from disease, injuries, and psychological trauma. Learning from the consequences of the Civil War and the extremely high cost of veterans' pensions, American officials no longer wanted to offer lifetime pensions that burdened the country's financial status or permitted disabled veterans to become economic “dependents.” Instead, following World War I, leaders emphasized the need to “rehabilitate” disabled veterans to become both fiscally and physically independent. Americans believed that injured veterans should become fully self-sufficient by actively engaging in the rehabilitation process to overcome their disabilities and reintegrate into civilian life. If they did not put forth the effort, their lack of effort seemingly absolved Americans of their perceived responsibility to care for the returning veteran.<sup>5</sup>

Between World War I and World War II the focus of rehabilitation changed from physical to psychological disabilities. Advocates after World War I had focused on the physically disabled veteran and placed less emphasis on the mental rehabilitation of those returning with psychiatric issues. Arguably, this emphasis reflected the different eras'

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<sup>5</sup> Beth Linker, *War's Waste: Rehabilitation in World War I America* (Chicago: University of Chicago Press, 2011), 1-5, 8-9; John Kinder, *Paying with their Bodies: American War and the Problem of the Disabled Veteran* (Chicago: University of Chicago Press, 2015), 117.

perceptions of masculinity. During World War I, the Air Service, and society in general, focused on physical health of the veteran because physicality and physical fitness were important markers of manhood. Overall, the veteran programs after World War I also impelled American citizens through education “to accept disabled soldiers” back into “normal” society, but again, with the focus on physical rehabilitation and reintegration. After the Great War, the US government created the necessary infrastructure to provide physical rehabilitation. World War II, however, changed the nation’s response to postwar veteran treatment by focusing public attention on psychological reintegration and the construction of infrastructure necessary for the mental rehabilitation of returning servicemembers. This changing emphasis reflected the era’s masculine norms to ensure that men successfully reintegrated into civilian life and could fulfill their duties as fathers and employees. A new generation of veterans fought to destigmatize mental illness and rehabilitate those who suffered from it at the end of World War II with demonstrable political success. In 1946—less than a year after the war—congressional debates and hearings led to the passage of the NMHA, the first major national legislation on the subject. Veterans yet again took on the mantle of political actors and lobbied for a landmark piece of legislation that extended beyond their needs to the general public and, among other things, sought to destigmatize psychological problems by educating the public about mental health.<sup>6</sup> Before the passage of this legislation, the Army Air Forces, in particular, first created a program to facilitate airmen’s reintegration into the public sphere.

### **The Convalescent Training Program and Its Hospitals**

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<sup>6</sup> Linker, *War’s Waste*, 3; In order to avoid redundancy, this essay will use “psychiatric,” “mental,” and “psychological,” interchangeably as adjectives. When used as adjectives, there is not a significant difference. But it will be more specific when regarding psychiatry and psychology as professions and sciences as there are significant differences.

From the establishment of the Selective Service and Training Act (SSTA) in 1940, the American armed forces worried about the rehabilitation and reintegration of combat veterans into normal society, and this concern guided the selection of potential military personnel. The SSTA included a document, “Medical Circular no. 1,” that required the men enlisting in the various service branches to pass a psychiatric screening as part of the medical examination. Harry Stack Sullivan, a prominent American psychiatrist and author of Medical Circular no. 1, developed the psychiatric portion of the exam because he, along with other prominent psychiatrists, believed that the Great Depression had psychologically exhausted American men and “imbued [them] with rampant pacifism.” They hoped that the services’ various medical examinations allowed the military to “weed out” the men “unable to adjust to the rigors of military or to later readjust[ment] to civilian life.” This examination not only required screening personnel to remove men from potential service because of current psychological health problems, but it also dictated that they “look for men with possible problems in interpersonal relations who might not be able to readjust to the stress of . . . civilian life thereafter.”<sup>7</sup> This anxiety over problems of veteran reintegration, however, not only worried military medical personnel before the war. AAF doctors worried that men who experienced psychological distress *during* combat would be unable to successfully reintegrate into society.

In response to this fear, medical personnel of the Army Air Forces pushed early on in the war for a program that would help distressed airmen rehabilitate their poor psychological health and prepare them for the return to civilian society. In 1942, the Office of the Air Surgeon passed an AAF Directive that created the Convalescent Training Program. This program included

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<sup>7</sup> Rebecca Schwartz Greene, *Breaking Point: The Ironic Evolution of Psychiatry in World War II* (New York: Fordham University Press, 2023), 2, 24, 31.

specific military hospitals across the United States, to rehabilitate the men to return to combat, like the man mentioned in the opening example of this chapter, and it provided educational and vocational opportunities for the men too sick to return to the front. As Lieutenant Colonel John Murray put it, for those men with mild or moderate cases of Flying Fatigue, the Convalescent Training Program treated and rehabilitated them sufficiently to return to combat. The men too sick to return received “all forms of definitive psychiatric care known to be valuable as aids in the recovery and rehabilitation of persons so suffering,” and the hospitals served them “as teaching facilities.”<sup>8</sup> Overall, the Convalescent Program and its hospitals built the framework “for the purpose of physical and mental reconditioning, rehabilitation and retraining [both for combat and civilian life] of AAF convalescent personnel.”<sup>9</sup>

According to General Grant, the Air Surgeon, the Convalescent Training Program (CTP) had a “fourfold” approach, the first of which was the physical reconditioning of the airman. Across the United States, the convalescent hospitals housed airmen who experienced not only psychological issues, but also physical casualties of aerial combat. These hospitals’ reports showcase the time that doctors invested into providing physical therapy to help the men overcome their obstacles. In some cases, this meant treatment for specific physical disabilities, and reports also emphasize a focus on physical therapy through instruction and application. For example, at the AAF Station Hospital in Gulfport, Mississippi, the CTP report documents that

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<sup>8</sup> Office of the Air Surgeon, “A Two-Year Review of its Activities,” 6-7, Weigland’s Material: Early Days of AFTAS (Air Force, The Air Surgeon), Box 1, Correspondence and Reports Documenting Early Planning Policy and Administration, 1942-1946, Office of the Secretary of the Air Staff, Records of the Army Air Forces, Record Group 18, NACP; Lt. Col. John M. Murray, “Psychiatric Evaluation of those Returning from Combat,” *The Journal of the American Medical Association* 126, no. 3 (September 1944): 149, HD: 730 (Neuropsychiatry) – Psychoneurotic Reactions in Air Force Personnel, Box 1293, Administrative Records Relating to the Zone of the Interior in World War II, 1917-1950, Office of the Surgeon General, RG 112, NACP.

<sup>9</sup> “Annual Report of the Professional Division, Office of the Air Surgeon,” 4-5, 1 July 1945 to 30 June 1946, Professional Division – Aviation Medicine, Box 5, Correspondence and Reports Documenting Early Planning Policy and Administration, 1942-1946, Office of the Secretary of the Air Staff, Records of the Army Air Forces, RG 18, NACP.

during the month of June 1944, this single hospital engaged in 4,274 “man hours” of physical therapy and training, such as exercise on various machines.<sup>10</sup> One AAF convalescent hospital even exuberated excitement with its innovation to the CTP physical training regimen with the development of a new exercise machine. The CTP officer, James Tucci, remarked that people would probably consider the apparatus “a secret weapon” at first glance. This contraption was “far from a farce, because it’s purpose is to give a certain type of exercise to bed patients.” It was a t-shaped platform on which the patient could lay, and it had two bicycle pedals attached at the bottom where the person could perform exercise to regain muscular fitness. Tucci named this apparatus “Meek’s Folly” after Seargeant Alvah Meek, the hospital’s PT instructor. This machine was beneficial not just to the patients who used it, but also to the patients who constructed it as part of a vocational skills program (discussed later) that would help them in civilian life.<sup>11</sup> Thus, this physical-rehabilitation objective of the CTP prepared men to return to combat to continue to fulfill their masculine duty of serving the country, but it also provided some with important skills that they could use in civilian life to avoid becoming economic dependents.

The second objective of the CTP four-fold approach was the “psychiatric restoration” of airmen who experienced psychological consequences of aerial combat in the war. All medical staff distributed across the various CTP hospitals in the United States were graduates of the School of Aviation Medicine at Randolph Field near San Antonio, Texas. While they received basic psychiatric courses during their tenure at the school, once the AAF tasked them to serve in the CTP hospitals, they received “further intensive training in the dynamics of ‘operational

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<sup>10</sup> AAF Station Hospital, Gulfport, Mississippi, “CTP Report, June 1944,” CTP Monthly Reports June 1944, Box 7, Monthly Reports of the Convalescent Training Program, Records of the Army Air Forces, RG 18, NACP.

<sup>11</sup> AAF Pilot School, Greenville, Mississippi, “CTP Report, July 1944,” CTP Monthly Reports 1944, Box 7, Monthly Reports of the Convalescent Training Program, Records of the Army Air Forces, RG 18, NACP.

fatigue' and techniques of brief psychiatry." The man chosen to direct these courses of instruction was Roy Grinker.<sup>12</sup> Medical personnel did not solely rely on psychiatric treatments, such as narcosynthesis, but they also emphasized the importance of psychotherapy to help alleviate patients' psychological burdens. Today, many people associate psychotherapy with an emotional discussion between a patient and her or his therapist in order to arrive at the root of the cause of psychological distress. While this aspect is absolutely part of psychotherapy, in the 1940s, AAF doctors emphasized that it entailed "any effort to influence human thought or feeling or conduct." They could accomplish this by using humor and wisdom or music and literature. In fact, Grinker asserted that psychotherapy was simple enough that commanding officers, doctors, family members, and chaplains could resort to psychotherapy as long as they had a "human understanding and sympathy for people and their needs, which may include firmness but never sadism or intolerance."<sup>13</sup> Indeed, it was important for medical professionals to harbor these traits because they discovered that combat veterans often were apprehensive to share their feelings with others because, like "all 'nervous' people," they were "ashamed of their condition, and feeling it proves they are either freaks or weaklings."<sup>14</sup> Contemporary norms of masculinity expected men to evince pure stoicism and avoid talking about their emotions, so it was difficult for the psychotherapists to get the suffering veterans to open up.<sup>15</sup> This fear of stigmatization would also motivate veterans and their representatives to push for a national campaign to educate

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<sup>12</sup> Lt. Colonel R.C. Anderson, "Psychiatric Training of Medical Officers in the Army Air Forces," HD: 730 (Neuropsychiatry) – Psychiatric Training of Medical Officers in the Army Air Forces, Box 1331, Administrative Records Relating to the Zone of the Interior in World War II, 1917-1950, Office of the Surgeon General, RG 112, NACP.

<sup>13</sup> Grinker and Spiegel, *Men Under Stress*, 368-369.

<sup>14</sup> Laurence Gould, "How War-Wounded Minds Are Cured," *The Family Circle* 25, no. 12 (September 22, 1944): 13, HD: 730 (Neuropsychiatry) – Training: Neuropsychiatric Training Films, Box 1328, Administrative Records Relating to the Zone of the Interior in World War II, 1917-1950, Office of the Surgeon General, RG 112, NACP.

<sup>15</sup> Christina Jarvis, "'If He Comes Home Nervous': U.S. World War II Neuropsychiatric Casualties and Postwar Masculinities," *Journal of Men's Studies* 17, no. 2 (Spring 2009): 99.

society concerning mental health. Men's stoic attitude toward therapy also played a role in the AAF developing different methods to perform psychotherapy, including the use of art, literature, and music.

In the convalescent centers themselves, these forms of psychotherapy, such as arts and crafts, music, and literature, were key components to helping men rehabilitate and reintegrate for potential service or civilian life. In one CTP Monthly Report, a convalescent officer wrote that staff began to emphasize the importance of "crafts." One local woman offered patients classes and "introduced many new crafts, such as making jewelry from shells." The CTP staff held so much faith in the program that they attempted to provide the woman with "an adequate workshop in which to work" because the projects "seem to be so interesting to the patients and are of a benefit to them."<sup>16</sup> The emphasis on crafts at this convalescent center seemingly continued as a following report remarked that during the Christmas season, men "were very anxious to make something to send home to their wives, sweethearts and sisters. The most popular item was a kerchief made of nylon."<sup>17</sup> In addition to arts and crafts to help men open up and learn vocational skills, reports draw attention to the importance of radio as a form of "musical therapy" to soothe men's psychological burdens. In fact, the hospital in Gulfport, Mississippi worked closely with the local radio studio "to install a direct telephonic communication between the studios of the local radio station and the hospital," which allowed the radio hosts to play recorded music "over the P.A. system." These stations also provided "special" programming for the patients "to be played on certain occasions over the hospital P.A."

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<sup>16</sup> Greenville Army Air Base, Greenville, South Carolina, "CTP Report, October 1944," CTP Monthly Reports 1944, Box 7, Monthly Reports of the Convalescent Training Program, Records of the Army Air Forces, RG 18, NACP.

<sup>17</sup> Greenville Army Air Base, Greenville, South Carolina, "CTP Report, December 1944," CTP Monthly Reports 1944, Box 7, Monthly Reports of the Convalescent Training Program, Records of the Army Air Forces, RG 18, NACP.

These special occasions included a Christmas program which played over the system on Christmas Eve 1944.<sup>18</sup> Overall, these various activities provided medical staff and patients with methods where “the unconscious sources of activity should be unearthed and ventilated” so that the staff could help suffering men to rebuild their ego to deal with problems “rationally and economically.” In other words, these activities theoretically soothed the men’s unconscious minds and brought peace to them so that when the time came that they had to open up in a therapy session, they would be more eager to do so.<sup>19</sup>

The third objective of the Convalescent Training Program, according to David Grant, ensured that convalescent patients received “vocational reorientation.”<sup>20</sup> CTP materials showcases that this objective was seemingly the most important because many convalescent centers spent hundreds of hours providing patients with vocational opportunities, whether that meant constructing the “Meek’s Folly” apparatus, working in multiple types of workshops, or simply listening to visiting professionals who described their careers. AAF medical personnel, therefore, intended that this vocational reorientation would provide distressed airmen with opportunities to better their work ethic and develop important professional skills to help them both psychologically and financially in the civilian world—important characteristics of the evolving masculinity after World War II.

Vocational reorientation itself had multiple purposes and objectives. On one hand, it specifically served as a psychotherapeutic tool that medical staff believed would help men recover psychologically. Grinker and Spiegel asserted that men needed “practical support—

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<sup>18</sup> Third Air Force AAF Station Hospital, Gulfport, Mississippi, “CTP Report, December 1944,” CTP Monthly Reports 1944, Box 7, Monthly Reports of the Convalescent Training Program, Records of the Army Air Forces, RG 18, NACP.

<sup>19</sup> Grinker and Spiegel, *Men Under Stress*, 370.

<sup>20</sup> Grant, “The Medical Direction of Human Drives in War and Peace,” 607.



consisting primarily of advice, guidance and assistance in the management of life situations and environmental difficulties through social service aids,” as well as a “reorienting education.” These two themes were key tenets in their theory concerning psychotherapy because if medical staff helped the men in these areas, the patients could learn how to deal with their psychological issues, including “Conscious and unconscious needs and cravings,” “attitudes of guilt, fear, hate and depression,” and “familial jealousies.”<sup>21</sup> Thus, by participating in important vocational training, men would learn how to handle their anxiety while developing skills to help them in the civilian world, a theme that also served as one of the vocational reorientation’s purposes. Indeed, in a review of its activities, the Office of the Air Surgeon referenced the CTP and declared that its program was “pioneering in convalescent training” because it “use[d] the endless days of” boredom, which exacerbated anxiety “about future insecurity” and replaced it with “a vocational training regimen” to help “the patient to return to a self-respecting, self-supporting role in his community.”<sup>22</sup> As this chapter will show, people believed men needed to be independent without relying too much on family to survive, and they needed to work in respectable jobs to be contributing members of society.<sup>23</sup> The CTP aimed to accomplish these tasks by rehabilitating the patients to become independent people by teaching them to manage their distress and learn important vocational skills to find future employment.

The Convalescent Training Program highlights the shifting masculine ideals from the emphasis on wartime service to reintegration into society and the economy. For example,

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<sup>21</sup> Grinker and Spiegel, *Men Under Stress*, 369.

<sup>22</sup> Office of the Air Surgeon, “A Two-Year Review of its Activities,” 9, Weigland’s Material: Early Days of AFTAS (Air Force, The Air Surgeon), Box 1, Correspondence and Reports Documenting Early Planning Policy and Administration, 1942-1946, Office of the Secretary of the Air Staff, Records of the Army Air Forces, Record Group 18, NACP

<sup>23</sup> Christina Jarvis, “‘If He Comes Home Nervous’: U.S. World War II Neuropsychiatric Casualties and Postwar Masculinities,” *The Journal of Men’s Studies* 17, no. 2 (Spring 2009): 110; Michael S. Kimmel, *Manhood in America: A Cultural History* (New York: Oxford University Press, 2006), 147-150.

medical personnel's perceptions of mental illness also shifted from psychological rehabilitation and treatment to return to service to the rehabilitation and treatment through vocational training to prepare men to reintegrate. CTP monthly records showcase this interesting transition in objectives. While the US was still deep in the war in 1944, many of the monthly records emphasized that vocational training intended to help men return to combat. But as the war neared its end in 1945, the reports show that the hospitals began offering more vocational opportunities that would be more beneficial in civilian life. Thus, there is a clear transition that demonstrates that the CTP itself was more consciously trying to prepare patients to be these "self-respecting, self-supporting" men in society. On the front page of the monthly reports, graphs show the "total number man hours of educational training" and "total number of patients receiving certificates for 20 or more hours of educational training." In June 1944, patients at the convalescent hospital in Gulfport, Mississippi participated in 4,753 hours of educational training. Specifically, the men attended classes such as "Aerodynamics," "Carbine," "Articles of War," or even "Medical Aid." Other non-military classes included "wood shop," "Current Events," and "Art."<sup>24</sup> By August 1945, after Germany and Japan had already capitulated, another convalescent center offered fewer courses military in military topics and additional classes in non-military courses, including "Educational Field Trips," "electricity," "religion," "Social Studies," "Finances," "Personal Affairs," "Crafts," and "Educational Film Subjects."<sup>25</sup> In addition, the CTP staff invited civilians to the center to give lectures ranging from "radio broadcasting" to "purchasing and contracting." Importantly, "the speakers brought out the possibilities of their respective fields in the post-war

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<sup>24</sup> Third Air Force AAF Station Hospital, Gulfport, Mississippi, "CTP Report, June 1944," CTP Monthly Reports 1944, Box 7, Monthly Reports of the Convalescent Training Program, Records of the Army Air Forces, RG 18, NACP.

<sup>25</sup> Station Hospital, Alexandria, Louisiana "CTP Report, August 1945," CTP Monthly Reports Third Air Force, Box 7, Monthly Reports of the Convalescent Training Program, Records of the Army Air Forces, RG 18, NACP.

era.”<sup>26</sup> The Office of the Air Surgeon confirmed that the CTP switched its points of emphases when the 1945 annual report declared, “with the cessation of hostilities program emphasis passed from military training to vocational and educational guidance counseling and preparation of the individual for his return to civilian status.”<sup>27</sup> The AAF’s CTP program actively tried to help men to develop the skills necessary to fulfill their postwar responsibilities as members of society, employees, and future fathers.

According to Grant, the last objective of the Convalescent Training Program was the airman’s “resocialization” into normal life after the war. Arguably, all three previous objectives strove to fulfill this goal by providing the patients with “physical reconditioning” to make sure that they were physically capable of participating in life after war, “psychiatric restoration” to help them learn how to properly deal with any psychological hangover due to their traumatic experiences in aerial combat, and “vocational reorientation” to provide him with necessary skills that prepared him to enter the work force in order to prevent him from becoming an economic and social dependent. Multiple AAF psychiatrists expressed the difficulties that men would encounter upon their return home because they began the war as one person but then they returned home completely changed. Grant clearly declared that combat changes the person’s nature because “when he is among his relatives and his friends in his home town” after the war, “he may be engulfed with the feeling that everything is changed, that he somehow has been cheated.” These feelings could potentially cause or exacerbate negative psychological emotions as “he feels disappointed, disillusioned, depressed and dissatisfied. . . . His lost feeling may

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<sup>26</sup> Station Hospital, Alexandria, Louisiana “CTP Report, May 1945,” CTP Monthly Reports Third Air Force, Box 7, Monthly Reports of the Convalescent Training Program, Records of the Army Air Forces, RG 18, NACP.

<sup>27</sup> “Annual Report of the Professional Division, Office of the Air Surgeon,” 4-5.

express itself in an attitude of resentment and hostility toward the people and the community he loves.”<sup>28</sup>

According to Grinker and Spiegel, a lot of these frustrated feelings arose while the men were in combat because they developed a sincere and intense desire to return home, and they remembered home as a paradisiacal fantasy where their family members were “endowed with unrealistic attributes of beauty, kindness, [and] generosity.” In particular, they remembered the women in their lives with amplified characteristics. “Mothers become the most loving and kind individuals” and the airmen’s “wives assume a beauty and character far from real.” In addition, combat airmen developed negative feelings towards civilians and members of the community which “not only cause[d] serious interpersonal difficulties but [were] the nucleus of a serious social problem.” While deployed in areas of operations, airmen read “about the high wages and luxurious life of war workers and civilians” and felt disillusioned because these civilians had high standards of living. While these “facts” were indeed exaggerated, they still created challenges for the psychiatrists and their attempts to help airmen’s resocialize.<sup>29</sup> In his writings concerning veterans and the resocialization process, Grant included a clear metaphor:

Like the various leaves in the spring, each individual has his own curve of tension imposed by combat. If the tension has been sufficient to fatigue his personality, he may be slow to spring back to the shape in which his original environment molded him. This is the challenge we face each time a war veteran returns home—to see he has full opportunity to spring back to his original personality curve.<sup>30</sup>

Therefore, the CTP program tried to help this man return to his old self so that he could successfully reintegrate into civilian society. It accomplished this task by focusing on the “four folds” of the CTP, and by helping airmen learn of the resources available to them, such as

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<sup>28</sup> Grant, “The Medical Direction of Human Drives in War and Peace,” 607.

<sup>29</sup> Grinker and Spiegel, *Men Under Stress*, 185-186.

<sup>30</sup> Grant, “The Medical Direction of Human Drives in War and Peace,” 609.

national legislation, like the GI Bill and later the National Mental Health Act of 1946, that could facilitate their return and reintegration to the postwar world.

In one such instance, the CTP invited a few local lawyers to visit the convalescent home to “discuss with convalescents a matter of vital interest to all in military service, the G.I. Bill of Rights.” The lawyers informed patients concerning the benefits of the GI Bill (the Servicemen’s Readjustment Act of 1944) and their entitlements. Apparently, this visit was popular with the men because “many questions and much comment were evidence of the interest the men have in the subject, and the knowledge of the privileges afforded by this legislation proved to be small.”<sup>31</sup> This act also sought to aid veterans and their readjustment by providing veterans with financial aid to attend college, find employment, and purchase homes.<sup>32</sup> The AAF convalescent program, therefore, informed its patients of the opportunities available to them for resocialization and reintegration. In particular, the AAF CTP and federal legislation also demonstrates that the federal government was willing to intervene in veteran affairs in postwar America. This intervention would expand not only to veteran benefits, such as home loans and educational opportunities, but to mental healthcare as well.

Overall, the medical personnel of Army Air Forces invested so much time and effort into the Convalescent Training Program because they believed that rehabilitation and reintegration was a core objective of their profession. As David Grant wrote, “In the Army Air Forces . . . we have accepted rehabilitation, psychologic as well as physical, as a function of war medicine.” Grant emphasized psychological rehabilitation and reintegration in particular because he

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<sup>31</sup> AAF Station Hospital, Gulfport, Mississippi, “CTP Report, October 1944,” CTP Monthly Reports Third Air Force, Box 7, Monthly Reports of the Convalescent Training Program, Records of the Army Air Forces, RG 18, NACP.

<sup>32</sup> Jennifer Keene, *Doughboys, the Great War, and the Remaking of America* (Baltimore: Johns Hopkins University Press, 2001), 205-214.

believed a larger number of returning veterans would “be able bodied but psychologically different from the civilians who left their communities to enter the service.”<sup>33</sup> But Grant, along with other medical professionals, worried that American society would look down upon and stigmatize these psychologically different veterans. Not only would this harm reintegration, but it would also affect distressed veterans’ perceptions of themselves as American men.

Before the war even ended, American institutions and civilians had already visualized the problems that psychological issues and reintegration posed to postwar America. Indeed, these problems caused concerns about the psychologically distressed veteran and the roles he would be able to fulfill if he returned home. One pamphlet even read, “finally, human, familial, social and economic considerations give poignant significance to the fact that the soldier who breaks may become a dependent invalid for life.” This pamphlet urged the US government and military to weed out any person likely to succumb to psychological stress during wartime because if the military allowed this type of person to serve and if he were to break under combat conditions, “a human life has been needlessly destroyed.” The pamphlet further lamented, “the family and the community have been burdened with a dependent, and robbed of the contributions of a self-respecting citizen.”<sup>34</sup> In the words of historian John Kinder, these psychologically broken men contributed to the national “problem of the disabled veteran” and raised questions concerning the government’s responsibility of caring for these men.<sup>35</sup> This was not just an individual problem,

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<sup>33</sup> Grant, “The Medical Direction of Human Drives in War and Peace,” 607-608.

<sup>34</sup> Sub-Committee Representing the New York City Committee on Mental Hygiene of the State Charities Aid Association and the Emergency Committee of Neuro-Psychiatric Societies of New York City, “A Memorandum on the Selective Process in General and On the Role of Psychiatry in the Selective Process and in the Armed Forces,” August 1942, HD: 730 (Neuropsychiatry) – Selective Service: Memorandum on the Selective Process, Box 1322, Administrative Records Relating to the Zone of the Interior in World War II, 1917-1950, Office of the Surgeon General, Record Group, 112, NACP.

<sup>35</sup> While Kinder mostly explores the veterans who returned home from combat with physical disabilities, the statement from the Sub-Committee from New York showcases that the psychologically distressed veterans were also

but a larger, societal concern. Perceptions of the psychological consequences of aerial combat perpetuated the stigma associated with mental illness. Arguments over psychologically distressed veterans who became “dependent invalids” further showcases how contemporary perceptions of mental illness were inherently connected to the era’s notions of masculinity as responsibilities transitioned from military service to the postwar idea that “successful” men were good employees and fathers.

AAF psychiatrists themselves also reinforced Americans’ fears that the psychologically ill, if left untreated, regressed and became too dependent on their family; perhaps, unintentionally, they perpetuated the stigmatization of psychological problems by asserting that the distressed veterans could not become independent without significant rehabilitation. Indeed, Roy Grinker and John Spiegel argued that the psychiatric casualty who did not receive the necessary and complete treatment demanded a level of love, support, and sympathy from others that it was as if he regressed to a child-like state. He was no longer a man, but a boy. They wrote, “who can satisfy the man who needs the amount of love usually afforded the child? Nowhere can the environment satisfy him, except possibly through caring for him as an invalid, which is the closest possible approximation to the child’s role.”<sup>36</sup> One of Grinker’s and Spiegel’s greatest fears was the idea that these men, if they did not receive the necessary amount of love and support to fulfill their unrealistic dependency requirements from their families, would resort to political groups with a strong centralized leader. This distressed veterans would use the “strong leader” as a crutch who would make every decision for them. The psychiatrists feared that the men would become fascists, but in the coming years, unbeknownst to Grinker and Spiegel, the

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an issue for communities and families. See John Kinder, *Paying with their Bodies: American War and the Problem of the Disabled Veteran* (Chicago: University of Chicago Press, 2015), 6.

<sup>36</sup> Grinker and Spiegel, *Men Under Stress*, 449.

distressed men could likely turn to Communism—which was a marker of failed masculinity during the Cold War.<sup>37</sup>

David Grant, the Air Surgeon, wanted to combat this stigmatization and outlined a suggestion to help the American public recognize that these returning airmen were not “different,” they just had experienced something that civilians could not truly comprehend. Grant wrote that it is easy for doctors to diagnose and treat a physical ailment like a kidney stone or hernia, but the medical profession and public often questioned the purpose of the field of psychiatry and its doctors. Psychiatrists relied on a person’s non-physical actions, behavior, and personality—things that seemed “esoteric” to the broader public—to treat psychological and psychiatric problems. Therefore, Grant believed that the airmen’s, and all veterans’, experiences and mental illnesses “need[ed] to be made part of a national educational campaign.” Having such a program would allow the airmen and medical personnel to begin “the elimination of the widespread misunderstanding which exists in the mind of some physicians as well as the general public as to the significance of terms like ‘psychoneurosis’ and the ‘neuropsychiatric casualty’ and as to the nature of military psychiatry.” Indeed, this educational campaign would create a culture where American civilians “believe that soldiers who have been labeled as ‘NP’—or neuropsychiatric—are no different from other people who get the jitters or become upset in difficult and harassing situations.”<sup>38</sup> While Grant may not have had a specific campaign in mind, returning combat veterans and their representatives formed a movement that pushed for such a campaign, and it ultimately culminated in the passage of the National Mental Health Act of 1946.

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<sup>37</sup> Grinker and Spiegel, *Men Under Stress*, 453-454. Scholar Michael Kimmel argues that Americans perceived any man who internalized Communist principles as someone who failed to live up to the masculine norms of the period. For more information on Communism and masculinity, see Kimmel, *Manhood in America*, 155-156.

<sup>38</sup> Grant, “The Medical Direction of Human Drives in War and Peace,” 607-608.



## **Veterans, Their Motivations, and The National Mental Health Act of 1946.**

In a pamphlet handed out to people who attended the meeting, “Reintegration of the Veteran into his Community: A Meeting of those Interested in the Rehabilitation, Readjustment, and Reemployment of the Veteran,” on December 5<sup>th</sup>, 1945, General Henry “Hap” Arnold of the US Army Air Forces declared that the Armed Forces could not stop caring for those who had served when the war ended. Instead, the Armed Forces needed to cooperate with the veterans’ “communities, industry, labor, [and] service groups” to ensure the veteran’s successful reintegration. He wrote, “Today with the return of the millions of men who flew and fought for our country to civil life we are faced with many problems of readjustment and reintegration of these men into the lives of their communities.” He further emphasized that this is a problem for the Armed Forces, for communities, industry, labor, service groups and for the individual veteran. Its solution can only come through the concerted and cooperative efforts of all of us who are deeply and sincerely concerned.”<sup>39</sup>

Arnold showcased that the returning servicemembers, regardless of military branch and occupation, were having trouble reintegrating back into civilian society. This was a problem that, according to Arnold, the veteran should not endure alone. It required the armed services and communities to work together in a joint effort to help these distressed veterans. Fellow general Omar Bradley also emphasized the point of this joint effort, but he instead focused on the “why.” Why should the military, government, and communities help the veteran? Because “veterans want the chance, first, to show they’re good civilians. They want jobs, homes, loans—the breaks

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<sup>39</sup> “Reintegration of the Veteran into his Community: A Meeting of those Interested in the Rehabilitation, Readjustment and Reemployment of the Veteran,” 5 December 1945, Daily Reports – Convalescent TNG. DIV., Box 6, Correspondence and Reports Documenting Early Planning Policy and Administration, 1942-1946, Office of the Secretary of the Air Staff, Records of the Army Air Forces, Record Group 18, National Archives at College Park.

they need to get going again where they left off for war.” In other words, veterans *wanted* to become contributing members of society. Moreover, these veterans wanted the necessary means to become fathers and employees. This process, however, required a jumpstart, and in the words of Bradley, Americans needed to do more than “write checks.” Veterans “need[ed] the intelligent counsel, the neighborly advice, the friendly assistance that can be given him down in the town where he lives. This is a job for America.”<sup>40</sup> As a job for America, then, government officials, American civilians, and returning veterans of *all* military branches joined together to push for national legislation that, as Grant hoped, would provide education and aid to distressed veterans and all Americans. Their efforts culminated in the passage of the National Mental Health Act of 1946 (NMHA).

Veterans’ fear of the stigmatization of their psychological issues highlights the context in which they lobbied for this landmark piece of legislation intended to address the psychological problems that World War II had recently exposed. According to historian Jeanne Brand, “World War II turned up some very unpleasant statistical indices of national health—none more startling than those on mental and nervous diseases.” With the extensive influence of veterans, who hoped to disassociate cowardice from mental illness, the United States Congress passed the NMHA in 1946.<sup>41</sup>

Post-World War II veteran activism for the NMHA signified a key moment in the nation’s history of mental healthcare. The passage of this act marked the end of the federal government’s apprehension to address mental health policy. Historian Gerald Grob writes that

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<sup>40</sup> “Reintegration of the Veteran into his Community: A Meeting of those Interested in the Rehabilitation, Readjustment and Reemployment of the Veteran,” 5 December 1945, Daily Reports – Convalescent TNG. DIV., Box 6, Correspondence and Reports Documenting Early Planning Policy and Administration, 1942-1946, Office of the Secretary of the Air Staff, Records of the Army Air Forces, RG 18, NACP.

<sup>41</sup> Jeanne L. Brand, “The National Mental Health Act of 1946: A Retrospect,” *Bulletin of the History of Medicine* 39, no. 3 (May-June 1965): 236.

state governments originally held responsibility for citizens' mental health due to a nineteenth-century presidential veto that forbade the federal government from legislating mental health policies. Because of this apprehension, the country's antiquated mental health system relied on county and state-funded asylums built in the nineteenth century where contemporary psychiatric professionals diagnosed and treated mental illness with little aid from communal and family support systems. With zero to little funding from the federal government, by the mid-twentieth century, these asylums were in shambles. World War II home front mobilization exposed these shortcomings and demonstrated to the American government that it needed to make changes. Because most psychological and psychiatric professionals were serving in the military, the government required conscientious objectors to serve in the local mental hospitals. These "intelligent, high-caliber attendants witnessed the neglect, over-crowding, often barbarism, in public mental hospitals throughout the country." Their accounts "jolted" American citizens and officials from inaction to action. Even as the nation experienced "a rising standard of living and general prosperity" during the war, Americans realized that mental health infrastructure was severely lacking.<sup>42</sup>

With a clear victory and permeating "good war" narrative, World War II provided veterans with an expanded opportunity to serve as influential political actors and help mitigate the emotional consequences of war. Moreover, the passage of the NMHA after the war shows that the government embraced mental healthcare as its responsibility alongside physical care.

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<sup>42</sup> Historian Gerald Grob writes that an 1854 presidential veto of a "land-grant bill" gave state governments the responsibility to care for their mentally ill, while allowing the federal government to avoid mental health policy. See Gerald Grob, *From Asylum to Community: Mental Health Policy in Modern America* (Princeton: Princeton University Press, 1991), 45; For information on conscientious objectors serving in the public mental hospitals, see Brand, "The National Mental Health Act of 1946: A Retrospect," 237-238; Grob, *From Asylum to Community*, 3-4, 45-48; For information on the "barbarous" treatment of mental health patients, see Brand, "The National Mental Health Act of 1946: A Retrospect," 244.

While complex forces spurred the act's passage, the war and disabled veterans allowed politicians to see the importance of such legislation for civilians and servicemembers alike. In a country where millions of servicemembers from World War II "exemplified the best of American grit and spirit," and a place where some advice literature asked family members to bend to veterans' desires and needs, veterans embraced a new legitimacy to help influence policymaking.<sup>43</sup>

Those servicemembers and veterans who testified on behalf of the NMHA continued a tradition of serving as political actors and laid the groundwork for future veterans to petition for better mental healthcare. Previous generations of veterans had lobbied for federal legislation, perhaps most famously for the post-World War I Bonus. Some scholars argue that the "veteran experience" for those returning home from World War I was largely negative. They returned to a country still coping with the ripple effects of isolationism. The Great War "produced limited public mobilization and little social consensus about the need to fight." This limited engagement occurred because American involvement in the war was "not a defining national experience" with no clear legacy as isolationism continued and the League of Nations failed. Outside of the Bonus March in 1932, veterans of World War I, outside of the American Legion and Veterans of Foreign Wars, engaged in relatively little activism and were not widely accepted as political authorities right after the war. World War II, on the other hand, which mobilized a much greater percentage of all Americans than World War I, produced a veteran population that engaged in widespread political activism. After the deadliest war in world history with over 400,000 Americans killed and many more suffering the physical and mental consequences of war,

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<sup>43</sup> Quotation from Gregory Daddis, *Pulp Vietnam: War and Gender in Cold War Men's Adventure Magazines* (New York: Cambridge University Press, 2021), 69; Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era*, revised ed. (New York: Basic Books, 2008), 63-66.

veterans organized in a concerted effort to pass legislation focused exclusively on mental health, and civilians and policymakers were eager to listen. Former servicemembers who advocated for the NMHA had served in various wars, from the Spanish-American War and World War I to World War II; some held positions of political power, such as Director of the Selective Service Major General Lewis B. Hershey. Others had returned from World War II and understood that other servicemembers like them needed help. Many worked behind the scenes through veterans' organizations, such as the Veterans of Foreign Wars and the American Legion. Others who testified in the congressional hearings became leading psychiatrists in post-war America. These veterans created the steppingstones for future veteran advocacy groups to lobby for even more healthcare benefits. The clearest legacy of these actions is the Vietnam Veterans Against the War, which played a significant role in getting Post Traumatic Stress Disorder codified as an official mental illness after the American War in Vietnam. Most recently, servicemembers of the Iraq and Afghanistan wars have similarly emphasized the need for expanded mental healthcare.<sup>44</sup>

The history of the NMHA reveals a rare occasion where veterans from all services, not just the Army Air Forces, mobilized for legislation that not only benefitted themselves but also the entire nation. Although each witness in the congressional hearings had a uniquely personal and professional motivation, a deeper examination of the veterans' statements during the proceedings reveals three similar motives: to educate the general public about mental illnesses,

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<sup>44</sup> On post-World War I activism, see Jennifer D. Keene, *Doughboys, the Great War, and the Remaking of America* (Baltimore; Johns Hopkins University Press, 2001); Stephen R. Ortiz, ed., *Veterans' Policies, Veterans' Politics: New Perspectives on Veterans in the Modern United States* (Gainesville: University Press of Florida, 2012); Stephen R. Ortiz, *Beyond the Bonus March and GI Bill: How Veteran Politics Shaped the New Deal Era* (New York; New York University Press, 2010). For information on the limited American engagement and its consequences in World War I, see Martin Crotty, Neil J. Diamant, and Mark Edele, *The Politics of Veteran Benefits in the Twentieth Century: A Comparative History* (Ithaca: Cornell University Press, 2020), 22. Allan V. Horwitz, *PTSD: A Short History* (Baltimore: Johns Hopkins University Press, 2018), 88-93; John Kinder, *Paying with their Bodies* (Chicago: University of Chicago Press, 2015), 277-280.

thereby fulfilling David Grant's wishes; expand the number of healthcare professionals for better psychiatric care; and most importantly, to destigmatize mental health problems. For instance, some veterans hoped that the legislation would heighten public awareness and reduce the stigmatization of mental illness that they faced, much like legislation had done for physical disabilities after the First World War. Veterans with medical experience pressed for increased research funding, which, in turn, would lead to new methods, treatments, and, most importantly, forms of prevention that doctors could utilize in both military and civilian contexts.<sup>45</sup>

In pushing successfully for the act, veterans not only helped the nation revolutionize its approach to mental illness, but also prepared the way for future mental health advocates to officially recognize and destigmatize psychological disorders in the United States. In a way, veterans' mobilization for mental health after World War II is a sequel to the movements after World War I that pushed for physical rehabilitation and reintegration. Even though the country lacked the infrastructure to provide immediate rehabilitative services for physical disabilities in the early twentieth century, the War Risk Insurance Act provided the necessary resources to create the veteran's health care system. To be sure, veterans after the First World War sought aid for their mental health, but their pleas did not result in significant federal legislation. During and after World War II, however, when an astounding number of servicemembers received psychiatric disqualifications and discharges and many more returned home suffering from the emotional scars of war, veterans realized that they needed access to mental healthcare. The NMHA culminated from this movement, and it provided the resources to develop the necessary

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<sup>45</sup> Crotty, Diamant, and Edele, *The Politics of Veteran Benefits in the Twentieth Century*, 111-115. Other veterans feared that deteriorating mental health threatened the military's human resources; See *National Neuropsychiatric Institute Act: Hearing on S. 1160, United States Senate, Seventy-ninth Cong. Second Session. 47* (March 1946) (Written Statement of Maj. Gen. Lewis B. Hershey, Director of the National Selective Service System); While this paper will examine many veterans and organizations, it will forgo discussion of William Menninger due to the vast amount of literature dedicated to his service as a military psychiatrist in World War II.

infrastructure for the research, treatment, and prevention of psychological problems not only for veterans but for every American. Therefore, the NMHA had enduring consequences as it enlarged the symbiotic relationship between the state and servicemember and helped create a more holistic understanding of healthcare.<sup>46</sup>

### **The National Mental Health Act**

During World War II, 1,767,000 men failed pre-induction psychiatric screenings, and between December 1941 and December 1945, the US Army alone discharged 980,000 men due to disability; 419,500 of them were psychiatric casualties (approximately 43 percent of all disability discharges). These numbers highlighted the prevalence of mental illness among Americans, and the country needed to take action to care for the servicemembers coming home the war. Robert H. Felix, a Coast Guard psychiatrist who later became the Chief of the Bureau of Mental Hygiene, witnessed first-hand the pervasiveness of mental illness in the military. In early 1945, Felix solicited the help of Mary E. Switzer, a social reformer, and J. Percy Priest, a Democratic congressman from Tennessee. Together, Felix, Switzer, and Priest drafted H.R. 2550: The National Neuropsychiatric Institute Act, which Priest introduced in the House of Representatives in March 1945. Claude Pepper, a Democratic Senator from Florida, introduced the same act, S. 1160, in the US Senate.<sup>47</sup>

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<sup>46</sup> Adler, *Burdens of War*, 2, 6, 12-15 Linker, *War's Waste*, 4-5. For more information on the statistics concerning World War II psychiatric disqualifications, see Greene, *Breaking Point*, Introduction and Part I.

<sup>47</sup> For statistics on rejections, see *National Neuropsychiatric Institute Act: Hearing on H.R. 2550, Before a Subcommittee on Interstate and Foreign Commerce, House of Representatives*, Seventy-ninth Cong. First Session. 5 (September 1945) (Written Statement of Watson B. Miller, Acting Administrator of the Federal Security Agency, to Clarence F. Lea, the Chairperson of the Committee on Interstate and Foreign Commerce); *National Neuropsychiatric Institute Act: Hearing on H.R. 2550, House of Representatives*, Seventy-ninth Cong. 36 (September 1945) (statement of Maj. Gen. Lewis B. Hershey, Director of the Selective Service System); *National Neuropsychiatric Institute Act: Hearing on S. 1160, Before a Subcommittee on Education and Labor, United States Senate*, Seventy-ninth Cong. Second Session. 136 (March 1946) (Written Statement of Maj. Gen. Norman T. Kirk, Surgeon General, United States Army); Greene, *Breaking Point*, 1-3; Popular media, such as advice literature and films, also emphasized the “startling” consequences of psychological illness. Scholar Christina Jarvis includes an informative section concerning veterans’ psychiatric problems and how popular media portrayed them. For example,

The legislative process lasted over a year as House Representatives and Senators debated the legislation's several measures that intended to overhaul mental healthcare in the United States. On September 18, 19, and 21, 1945, the House of Representatives heard twenty-one in-person witnesses, eight of whom were veterans or their representatives. On March 6, 7, and 8, 1946, a total of twenty-six in-person witnesses, thirteen of whom were veterans, testified before the Senate. *Every* witness, regardless of civilian or military status, hoped each American citizen would benefit from the legislation's purposes: "to provide for, foster, and aid in coordinating research relating to neuropsychiatric disorders; to provide for more effective methods of prevention, diagnosis, and treatment of such disorders; to establish the National Neuropsychiatric Institutes." Of the act's several provisions, the most far-reaching was the creation of the National Neuropsychiatric Institute (later known as the National Institute for Mental Health) because it facilitated government-funded research concerning mental health. Congressional sponsors hoped the research would lead to discoveries concerning etiologies, prevention methods, and cures for mental illnesses. The legislation also called for the creation of the National Advisory Mental Health Council, which, with the US Surgeon General's approval, would publish research and conclusions to aid federal and state-level organizations. Furthermore, by dispersing research and

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In his book, *The Veteran Comes Home*, William Waller pushes "for better medical treatment for and less discrimination toward the psychoneurotic veteran in order to avoid the economic and social readjustment problems," but he also hints that the psychologically ill veteran was "a threat to both economic and domestic order." Other works focused more on destigmatizing emotional issues. Morton Thompson's *How to Be a Civilian* emphasized that veterans who psychologically suffered needed to visit a professional for help. Hollywood movies also became a popular channel through which Americans learned of the prevalence of mental illnesses among veterans. These films include *Pride of the Marines*, *The Best Years of Our Lives*, and *Till the End of the Time*. For more information and examples see Christina Jarvis, "If He Comes Home Nervous': U.S. World War II Neuropsychiatric Casualties and Postwar Masculinities," *The Journal of Men's Studies* 17, no. 2 (Spring 2009): 101-112; Kinder, *Paying with their Bodies*, 265-271; Brand, "The National Mental Health Act of 1946: A Retrospect," 236; Grob, "Creation of the National Institute of Mental Health," 378-379; "Person Record: Robert H. Felix," the Office of History, the National Institutes of Mental Health, accessed October 19, 2020, <https://onih.pastperfectonline.com/byperson?keyword=Felix%2C+Robert+H.>; Grob, *From Asylum to Community*, 5, 48-52.



empirical findings to the public, the act promoted the widespread dissemination of knowledge about mental health. Recognizing that a lack of knowledge led to stigmatization, the bill's authors reasoned that an educational campaign would allow the public to more easily sympathize with those suffering from psychological problems.<sup>48</sup>

According to Senator Pepper, everyone at the Senate hearings had heard of someone suffering from some mental ailment. The return of veterans after the war augmented this problem. Indeed, he argued, “the enormous pressures of the times, the catastrophic world war which ended in victory a few months ago, and the difficult period of reorientation and reconstruction, in which we have as yet achieved no victory, have resulted in an alarming increase in the incidence of mental disease . . . among our people.” Therefore, Pepper believed Congress needed to pass the legislation quickly, especially with the government’s newly expanded “scope and nature of its authority” after the war.<sup>49</sup>

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<sup>48</sup> Concerning the Act’s purpose, see *National Neuropsychiatric Institute Act: Hearing on H.R. 2550, Before a Subcommittee on Interstate and Foreign Commerce, House of Representatives, Seventy-ninth Cong. First Session. 1* (September 1945); *National Neuropsychiatric Institute Act: Hearing on S. 1160, Before a Subcommittee on Education and Labor, United States Senate, Seventy-ninth Cong. Second Session. 1* (March 1946); *Hearings on H.R. 2550, 2-3*. Out of the combined forty-seven in-person witnesses during the House and Senate hearings, twenty-one of them were veterans. 45 percent of the witnesses in the hearings had some connection to the military. This is a large percentage considering that this bill was intended for the entire population of the United States. Veteran witnesses from the House Hearings include Albert Baggs, John Baird, Douglas D. Bond, Francis Braceland, Allen Challmer, Robert Felix, Lewis Hershey, Watson B. Miller, George Stevenson, and Edward Strecker. Veteran witnesses from the Senate Hearings include Albert Baggs, Daniel Blaine, Karl Bowman, Francis Braceland, Robert Felix, Lewis Hershey, William Menninger, Watson Miller, Robert Nystrom, John Williamson, and Dael Wolfle. While these witnesses were veterans from different wars and periods, not all of them testified on behalf of veterans or veteran organizations. For example, George Stevenson was a veteran, but during the hearings, he represented the National Committee for Mental Hygiene; See “In Memoriam: George S. Stevenson, M.D. 1892-1983,” *The American Journal of Psychiatry* 140, no. 10 (October 1983): 1369. *National Neuropsychiatric Institute Act: Hearing on H.R. 2550, Before a Subcommittee on Interstate and Foreign Commerce, House of Representatives, Seventy-ninth Cong. First Session. 1* (September 1945); *National Neuropsychiatric Institute Act: Hearing on S. 1160, Before a Subcommittee on Education and Labor, United States Senate, Seventy-ninth Cong. Second Session. 1* (March 1946); *Hearings on H.R. 2550, 2-3*.

<sup>49</sup> *National Neuropsychiatric Institute Act: Hearing on S. 1160, Before a Subcommittee on Education and Labor, United States Senate, Seventy-ninth Cong. Second Session. 5* (March 1946) (Claude Pepper, Chairman of the Subcommittee on Education and Labor); James T. Sparrow, *Warfare State: World War II Americans and the Age of Big Government* (Oxford: Oxford University Press, 2011), 6.

Within days of the Senate hearings in 1946, the House of Representatives dropped H.R. 2550 and introduced H.R. 4512—The National Mental Health Act. While this act's provisions essentially remained the same, there were some differences, including the name. During the hearings, some doctors explained that they did not like using the term “neuropsychiatric.” Instead, they preferred to use “mental health” because they wanted to focus on mental disorders (problems with personality and emotional traits) in addition to neurological sicknesses (ailments that affected the brain and nervous system). H.R. 4512 also amended The Public Health Service Act of 1944, which meant that the proposed institute for mental health would become part of the National Institutes of Health, thereby granting it as much significance as the National Cancer Institute. Ultimately, the House of Representatives passed H.R. 4512 on March 15, 1946, with seventy-four votes in the affirmative and ten votes rejecting the bill. The Senate then passed the bill in June 1946, and President Harry S. Truman signed it into law on July 3, 1946. As a law, the NMHA offered resources to research the prevention, treatment, and research of mental illnesses, and it created the National Advisory Mental Health Council. Furthermore, the law earmarked thirty million dollars to the council to educate, train, and recruit professionals at the state and local levels. Among other things, including the establishment of national health conferences, the law appropriated 7.5 million dollars to construct the National Institute of Mental Health.<sup>50</sup>

The act’s expansion of federal power over mental healthcare was not without fault or controversy, however. The legislation marked a large step in federal government intervention, but it did not provide state legislatures with enough funding to meet the demand for mental

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<sup>50</sup> *National Neuropsychiatric Institute Act: Hearing on H.R. 2550, Before a Subcommittee on Interstate and Foreign Commerce, House of Representatives, Seventy-ninth Cong. First Session. 5-6 (September 1945) (Written Statement of Watson B. Miller, Acting Administrator of the Federal Security Agency, to Clarence F. Lea, the Chairperson of the Committee on Interstate and Foreign Commerce); 79 Cong. Rec. Volume 92, no. 2, H2348; National Mental Health Act of 1946, Pub. L. No. 79-487, 60 Stat. (1946).*

health services. As historian Jeanne Brand declared, this shortcoming exposed the federal government as unable “to cope with the nation’s total treatment problems in mental illness.” In spite of this unsatisfactory funding, some legislators, like John W. Gwynne (R-Iowa), still asserted that the federal government encroached on states’ rights. One congressman, Clarence J. Brown (R-Ohio), rebutted these arguments by showing that many state-level organizations supported the bill. Other members of Congress concerned themselves with the financial aspects. During the New Deal era, the government had greatly extended its reach with federal policies, taking on an expanded role in the social welfare of the nation. Senator Robert Taft claimed that, due to an unsurpassed economic growth during and immediately after World War II, numerous bills requesting financial support sat on legislators’ desks in Washington. Taft feared that the constant funding of projects would “dry up all the money.” Yet, the law itself constituted a milestone in the history of American mental health policy, and the congressional hearings that led to its passage demonstrate that veterans and their organizations created similar strategies to lobby for mental health, such as emphasizing a national educational campaign and the destigmatization of psychological problems.<sup>51</sup>

### **Veterans’ Organizations and Robert Nystrom**

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<sup>51</sup> Quote concerning the nation’s inability to “cope” with mental illness from Brand, “The National Mental Health Act of 1946: A Retrospect,” 243; Sparrow, *Warfare State*, 243; 79 Cong. Rec. Volume 92, no. 2, H2293 (March 14, 1946) (John Gwynne); 79 Cong. Rec. Volume 92, no. 2, H2294 (March 14, 1946) (Clarence Brown); For Robert Taft’s quote about federal funds and “drying up”, see *National Neuropsychiatric Institute Act: Hearing on S. 1160, Before a Subcommittee on Education and Labor, United States Senate*, Seventy-ninth Cong. Second Session. 13-14 (March 1946) (Surgeon General Thomas Parran, United States Public Health Service). Winfred Overholser, the superintendent of St. Elizabeth’s Mental Hospital also opposed the NMHA. He disagreed with the provisions of creating a National Institute of Mental Health. He believed that the government should disperse funding to existing institutions, such as St. Elizabeth’s, rather than invest in a new system, see Grob, *From Asylum to Community*, 50. For more information on the Federal Government’s expanded role in the social welfare of America during the New Deal, see Anthony Badger, *The New Deal: The Depression Years, 1933-1940* (New York: Hill and Wang, 1989), Kenneth J. Bindas, *The New Deal and American Society, 1933-1941* (New York: Routledge, Taylor & Francis Group, 2022).

The Congressional hearings on S. 1160 and H.R. 4512 included testimony by dozens of people from different professions, thereby reflecting the growing importance of mental health. These included Dr. Thomas Parran, the US Surgeon General, and representatives from different mental health-related professional organizations and agencies, including the American Psychological Association and the American Psychiatric Association. Some professionals, such as Dr. A.J. Carlson, the President and Scientific Director of the Research Council on Problems of Alcohol, hoped that the act would uncover the root of substance abuse and provide better ways to treat and prevent drug addiction. Congress also heard the testimony of numerous experts from state-level organizations such as Frances Hartshorne, the executive secretary of the Connecticut Society for Mental Hygiene, who hoped the act would facilitate public education and specifically provide resources for individual states to develop mental health societies to better address local needs. These testimonies played vital roles in convincing members of Congress of the bill's importance and were instrumental to its passage as they revealed the federal and state governments' ability to work with one another.<sup>52</sup>

In addition to these witnesses, veterans' voices and words illustrated the prestige the military enjoyed in the immediate aftermath of World War II. When veterans spoke, Americans tended to listen. As historian James Sparrow writes, "the veteran became a cultural figure who represented the coming postwar order, with all its uncertainties as well as promise." During this period, civilians and politicians were willing to go the extra mile to support veterans—they remembered the lack of support given to Great War vets, and they did not want another "Bonus

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<sup>52</sup> *National Neuropsychiatric Institute Act: Hearing on S. 1160, Before a Subcommittee on Education and Labor, United States Senate, Seventy-ninth Cong. Second Session. 26-27 (March 1946) (Dr. A.J. Carlson, President and Scientific Director, Research Council on Problems of Alcohol); National Neuropsychiatric Institute Act: Hearing Before a Subcommittee on Interstate and Foreign Commerce, House of Representatives, Seventy-ninth Congress, First Session on H.R. 2550. 27 (September 1945) (Miss Frances Hartshorne, Executive Secretary, Connecticut Society for Mental Hygiene).*

March.” The recent passage of the Servicemen’s Readjustment Act of 1944 demonstrated this shift by showing public engagement over veterans’ affairs and what the country owed them for their service.<sup>53</sup> Historian Jennifer Keene argues that the GI Bill’s passage showcased that “wartime military service became a stepping-stone to a better life.”<sup>54</sup> The American public committed itself to helping veterans had a better lifestyle after their wartime service by providing them with educational and employment opportunities, as well as aid for their mental health.

As it happened, much of the testimony of veterans during the hearings did not come from ordinary servicemembers who served on the front lines during the war. Instead, most testimonies came from representatives of veterans’ organizations, psychological and psychiatric professionals who had served in the military, and other veterans who, at the time, held prominent leadership roles in governmental organizations such as the War Department and Selective Service Agency. Despite their varying backgrounds, these veterans constructed arguments that often intersected with and supported one another.<sup>55</sup>

The two most prominent veterans’ organizations, the American Legion and the Veterans of Foreign Wars (VFW), fought to ensure that veterans were entitled to acceptable benefits and played a significant role in the hearings. As scholar Olivier Burtin argues, veterans’ organizations, especially the Legion, “stood at the peak of its power in the postwar period.” Nearly every locale in America housed a Legion Post. With this extensive representation,

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<sup>53</sup> Sparrow, *Warfare State*, 253-254.

<sup>54</sup> Keene, *Doughboys, The Great War, and the Remaking of America*, 205.

<sup>55</sup> This section will repeatedly refer to the National Mental Health Act (NMHA) during the congressional hearings. It is, however, important to point out that during the hearings, the title of the bill was still the National Neuropsychiatric Institute Act. Thus, all witnesses testified on behalf of this act which later became the NMHA. For the purposes of this paper, I will use the NMHA interchangeably with the National Neuropsychiatric Institute Act.

organizations “could therefore exert direct influence over most of the nation’s representatives in Congress.”<sup>56</sup>

A supporter of physical rehabilitation after World War I, the American Legion focused its advocacy efforts for the NMHA on the new movement for veterans’ mental health, especially concerning public education. In the post-World War II era, the Legion represented nearly three million Americans. The national commander of the Legion, Hanford MacNider, declared that “the first duty of The American Legion is to see that those men who came back from their service, blinded, maimed, broken in health and spirit, who must live through the war forever in their homes through the country, get a square deal from the Government they fought for.” Historian Jessica Adler argues that the Legion often advocated for disabled veterans because doing so offered it a public stage and “political legitimacy.” Testifying and playing an active role in the passage of the NMHA provided the perfect opportunity for the veterans’ organizations to unite to fulfill their purposes by representing a collective voice of physically and psychologically disabled veterans.<sup>57</sup>

Through its publications, the Legion demonstrated its desire to aid the mentally ill soldier, even if its “aid” sometimes consisted of joking about mental illness. The October 1945 edition of *The National Legionnaire* included a cartoon titled “Helpful Hints for ‘Psychopathic’ GIs.” Civilians, it warned, “have been led to believe that all men fresh outa the war will return home a wee bit screwy.” This cartoon jokingly states that if families did indeed treat the veteran

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<sup>56</sup> Olivier Burtin, “Veterans as a Social Movement: The American Legion, the First Hoover Commission, and the Making of the American Welfare State,” *Social Science History* 44, no. 2 (Summer 2020): 338-339. See also Olivier Burtin, *A Nation of Veterans: War, Citizenship, and the Welfare State in Modern America* (Philadelphia: University of Pennsylvania Press, 2022), 47-49.

<sup>57</sup> For MacNider’s quote, see American Legion National Rehabilitation Committee, *The American Legion at Work for the Sick and Disabled* (1922), 157, quoted in Kinder, *Paying with their Bodies*, 156; Burtin, “Veterans as a Social Movement: The American Legion, the First Hoover Commission, and the Making of the American Welfare State,” 338-339; Kinder, *Paying with their Bodies*, 154; Adler, *Burdens of War*, 125, 255.

as if he was “screwy,” the former servicemember needs “to humor them” and “act as psychopathical as possible.” If the returned soldier followed these instructions, he would “seem perfectly normal to [his] girlfriend anyhow.” The cartoon asserts that because of a lack of mental health education, the public was unequipped to understand veterans’ mental health needs.<sup>58</sup>

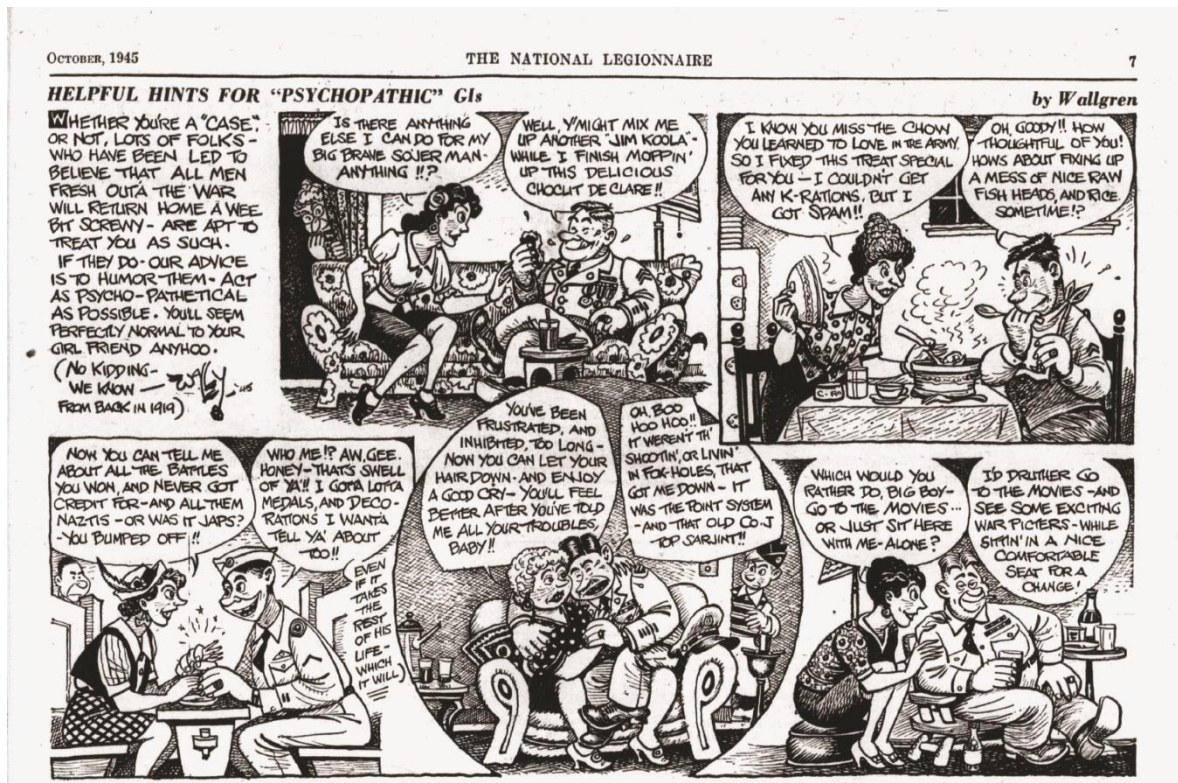


Figure 28: "Helpful Hints for 'Psychopathic' GIs." "Reprinted with permission of The American Legion Magazine, © October, 1945. [www.legion.org](http://www.legion.org)."

Another sketch demonstrates American misunderstandings of war and its psychological consequences as a veteran and his wife sit down and discuss the veteran’s service at dinner. Contrary to advice literature of the period that beseeched women to “not encourage [the veteran] to go on reliving again and again the horrors of it all,”<sup>59</sup> the wife implores the veteran—still in uniform—to tell her about his combat experience. The wife reveals her ignorance when she asks

<sup>58</sup> Figure 28. Wallgren, “Helpful Hints for ‘Psychopathic’ GIs,” *The National Legionnaire*, October 1945, 7, accessed October 2, 2020, <https://hdl.handle.net/20.500.12203/5855>.

<sup>59</sup> Alexander G. Dumas and Grace Keen, *A Psychiatric Primer for the Veteran’s Family and Friends* (Minneapolis: University of Minnesota Press, 1945), 6, 8, 9, 202, Quoted in Kinder, *Paying with their Bodies*, 267.

about “all them Nazis—or was it Japs?—[he] bumped off.” The woman did not know in which theater of operations her husband fought. Nevertheless, with a “psycho-pathetical” smile, the veteran takes his wife’s hand and squeezes it exceptionally tightly, then responds enthusiastically about the many decorations he received. The most revealing part of this cartoon asserts that the man will gladly tell his wife of his experience, but it will take “the rest of his life.” Indeed, the trauma and mental distress that the serviceman experienced affected him for the remainder of his life.<sup>60</sup> Insensitive by today’s standards, such cartoons illustrated how Legionnaires perceived the American public’s lack of understanding concerning psychological problems. Moreover, the cartoon casts civilians as ignorant of war and its effects while conveying the idea that veterans were the authorities on mental illnesses because they were the ones who experienced it.

During the September 1945 hearings before the House of Representatives, Dr. Albert Baggs, a medical consultant who testified on behalf of the Legion, criticized the government for failing to address mental health among servicemembers. He argued that politicians “did not learn anything from the preceding war.” Baggs later declared that “the medical profession . . . knows very little about psychiatry, unfortunately. The general population naturally knows less.” Baggs noted that the military discharged approximately thirteen million soldiers for medical and non-medical causes, and that this number, in addition to the number of family members affected by the mentally ill veteran, totaled twenty or thirty million of the approximate population of 140 million people. Thus, Baggs emphasized that, even though not all of these discharges were due to psychiatric causes, veterans’ psychological issues had a wider impact than just veterans themselves. Overall, his testimony reveals two different reasons for the Legion’s desire to educate the public. First, with an unprecedented number of returning soldiers, families needed to

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<sup>60</sup> Wallgren, “Helpful Hints for ‘Psychopathic’ GIs,” *The National Legionnaire*, 7.



know how to help and comfort the veteran at home. Second, a concerted educational campaign would not only create a sense of empathy, but also emphasize that mental illness was more common than many people initially thought. This prevalence and education, in turn, could remove some sense of the stigma associated with these psychological issues.<sup>61</sup>

While the VFW played a lesser role in the NMHA's hearings, the organization perceived the act as a method to improve preventative care, which, in turn, would relieve the healthcare burdens on the Veteran's Administration and military. The organization did not participate in the House hearings of September 1945, but it sent representative John C. Williamson to stand before the Senate subcommittee in March 1946. Williamson relied on statistics to provide evidence of the need for the NMHA. By December 31, 1945, 73,969 World War II veterans had been hospitalized due to psychiatric illnesses. According to Williamson, this number greatly troubled VFW leaders, "whose primary concern is the psychiatric rehabilitation . . . of our wartime veterans." Williamson then lobbied for the NMHA to ensure that veterans had efficient preventative and treatment methods. He declared that he did not minimize the significance of the treatment and diagnosis stages but affirmed the importance of the act's role in uncovering "preventative measures." Williamson argued that the government would help service members avoid psychiatric clinics and veterans' hospitals by first preventing mental disorders. Yet, for the NMHA to help prevent psychiatric problems before they turned into significant societal problems, VFW leaders insisted that more doctors were necessary for the research. The country,

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<sup>61</sup> *National Neuropsychiatric Institute Act: Hearing Before a Subcommittee on Interstate and Foreign Commerce, House of Representatives, Seventy-ninth Congress, First Session on H.R. 2550. 71-72 (September 1945) (A. N. Baggs, Medical Consultant, American Legion); National Neuropsychiatric Institute Act: Hearing on S. 1160, Before a Subcommittee on Education and Labor, United States Senate, Seventy-ninth Cong. Second Session. 73-75 (March 1946) (A.N. Baggs, Medical Consultant, American Legion); National Neuropsychiatric Institute Act: Hearing on H.R. 2550, 71-72 (September 1945) (A.N. Bagg).*

at this point, did not have enough medical professionals to begin a deep investigation of mental health—a concern that military psychiatric professionals also addressed.<sup>62</sup>

The VFW's spokesperson diplomatically but firmly critiqued the government's handling of mental health issues. Unhappy with the dearth of psychiatric clinics and services across the nation, the veterans' organization argued that current resources were "altogether inadequate to meet the needs of returning veterans." Williamson argued that the NMHA needed to ensure the expansion of clinics so that suffering soldiers could receive prompt treatment and access "preventative measure[s] to guard against the aggravation of disorders." Therefore, he emphasized that the National Neuropsychiatric Institute—later known as the National Institute of Mental Health—should play a crucial role in researching effective preventative and rehabilitation methods while also expanding the number of psychiatrists countrywide. Williamson understood that these doctors' training would take years. An institute would be critical in the interim because research could start as soon as construction was finished. Overall, while the Legion's and VFW's goals for the NMHA were different, they were also complementary. The Legion's representatives focused on public education about psychological problems, while VFW's delegate testified that prevention and rehabilitation issues were equally important.<sup>63</sup>

One unaffiliated veteran, Robert Nystrom, a Naval aviator who suffered from "manic-depressive psychosis," also lobbied for the NMHA so that medical officials could research and discover better treatments for mental illnesses. Nystrom had spent eighteen weeks in a hospital

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<sup>62</sup> *National Neuropsychiatric Institute Act: Hearing on S. 1160, Before a Subcommittee on Education and Labor, United States Senate, Seventy-ninth Cong. Second Session. 71-72 (March 1946) (John C. Williamson, Assistant Legislative Representative of the Veterans of Foreign Wars).*

<sup>63</sup> *National Neuropsychiatric Institute Act: Hearing on S. 1160, 71 (March 1946) (John Williamson); National Neuropsychiatric Institute Act: Hearing on S. 1160, 71-72 (March 1946) (John Williamson).*

due to his illness, where he experienced two types of treatments, one of which he excoriated. Calling this form of treatment “loafer’s delight,” Nystrom recounted that doctors told him to rest and give himself time because “time heals all things.” On the contrary, Nystrom insisted that this method made him feel as if he recovered only to relapse into a depressive episode a week later. He felt that he was “loafing” around—being lazy and not actively participating in treatment. He argued in front of the congressional subcommittee that this treatment would not help those who suffered. Like the AAF, which expected its men to continue to push in the face of adversity, Nystrom wanted to push himself to overcome his personal adversity. Nystrom testified that psychotherapy—therapy focused on changing emotions and behaviors—was the best treatment for the psychologically distressed and had allowed him to recuperate. Historian Jeanne Brand writes that Captain Robert Nystrom’s testimony in the March 1946 hearings “carried no self-pity, but an unquestionable sincerity of interest in the need for active treatment programs for the mentally ill. His statement moved his audience deeply.” Nystrom’s first-hand experience as a mentally ill veteran fit the narrative of the time—veterans needed to be active participants in their rehabilitation so they could become active participants in postwar society.<sup>64</sup>

Like other veteran advocates, especially those with medical expertise, Nystrom lobbied for the NMHA so that servicemembers would have greater access to mental rehabilitation, a goal that required a greater number of psychologists and psychiatrists. His hospital experience had revealed an insufficient number of psychological professionals in the military and the hospitals

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<sup>64</sup> Brand, “The National Mental Health Act of 1946,” 241-242; Ellen Herman, *The Romance of American Psychology: Political Culture in the Age of Experts* (Berkeley: University of California Press, 1995), 246-248; *National Neuropsychiatric Institute Act: Hearing on S. 1160, Before a Subcommittee on Education and Labor, United States Senate, Seventy-ninth Cong. Second Session. 100-101* (March 1946) (Captain Robert Nystrom, United States Marine Corps Reserve); *National Neuropsychiatric Institute Act: Hearing on S. 1160, 101-102* (March 1946) (Robert Nystrom); Brand, “The National Mental Health Act of 1946,” 242.

around the country. “In regard to medical judgment,” he argued, “the medical branches of our armed forces were caught mostly unprepared for the gigantic neuropsychiatric problem directly attributable to the war.” The lack of professionals and the inability to create a better regimen went hand in hand, and Nystrom hoped that the NMHA would provide the resources to solve this problem. Not only would there be more readily available doctors trained in the psychiatric disciplines, but his “associated veterans” and civilians would also benefit from modern rehabilitation techniques.<sup>65</sup> The AAF itself believed that its pioneering convalescent program provided a framework where “the Air Surgeon visualizes a parallel, post-war program in civilian hospitals” and could aid in this mental rehabilitation.<sup>66</sup> The CTP had similar goals to the NMHA, such as the need to research psychiatric topics, provide rehabilitation to suffering veterans, and provide support and education for civilian psychiatric and psychological institutions. However, to accomplish this goal, the fields of psychiatry and psychology needed more professionals.

### **Military Psychiatric Professionals**

Nystrom’s desire for the NMHA mirrored that of the psychologists and psychiatrists, many of whom were veterans and still actively serving, who argued for the necessity of more psychiatrists and better research. These medical officials relied on their professional experiences during wartime when they lobbied for the act. After treating many mentally ill veterans and seeing the damage that psychological stress caused, these professionals hoped to educate the public, reduce the stigma surrounding mental illness, and expand the number of clinics, doctors, and the amount of research being conducted. The number of psychologists and psychiatrists who testified in the

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<sup>65</sup> *National Neuropsychiatric Institute Act: Hearing on S. 1160*, 102 (March 1946) (Robert Nystrom).

<sup>66</sup> Office of the Air Surgeon, “A Two-Year Review of its Activities,” Weigland’s Material: Early Days of AFTAS (Air Force, The Air Surgeon), Box 1, Correspondence and Reports Documenting Early Planning Policy and Administration, 1942-1946, Office of the Secretary of the Air Staff, Records of the Army Air Forces, RG 18, NACP.

hearings shows how important this act was to these doctors for various reasons. During World War II, psychiatric professionals had fought to stay relevant and secure an established position in the American medical establishment. For them, the NMHA would prove that psychiatry finally received validation and authority in the medical sciences and they could further help distressed Americans.<sup>67</sup>

In the September 1945 House hearings, Captain Francis Braceland, the Chief of the Neuropsychiatry Branch in the Navy's Bureau of Medicine and Surgery, echoed David Grant's and the American Legion's argument that only education would reduce society's stigmatization of mental health. By educating general practitioners and the public, veterans would theoretically avoid any unnecessary "unhappiness" that occurred when society rejected the mentally ill veteran by not allowing him to reintegrate into civilian life or by denying him a job. The inability to find employment challenged men's sense of masculinity. Ensuring that Americans, especially veterans, did not become "economic burdens," reflected the guiding principle of legislation for physical rehabilitation after World War I. Braceland now applied this idea to the mentally ill because "the huge cost of forcing a high percentage of these persons to be economic invalids is not only wastefully extravagant but detrimental to the national morale." He further asserted that the public needed to learn about mental disabilities to understand that suffering veterans were not hindrances; society should not punish them for their ailments. He declared that "the punitive

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<sup>67</sup> Dr. Rebecca Greene's recently published book, *Breaking Point: The Ironic Evolution of Psychiatry in World War II* clearly shows that even during the war, top government officials questioned psychiatry's uses and purposes. With the thousands of psychiatric casualties mounting during the war, military leaders, including George C. Marshall and Dwight Eisenhower believed that psychiatrists' intense focus on pre-induction psychiatric screenings, intended to weed out those most likely to break under combat stress and reintegration, proved that the field had little use. In a leaked January 1944 memorandum, Marshall criticized psychiatrists for being "overeager" and evacuating too many psychiatric casualties to hospitals. Following this leaked memo, Dwight Eisenhower penned a "Dear General Letter" and "ordered his commanders not to evacuate any 'psychoneurotic' from the theater until they had determined by 'actual test' that he was not fit for any type of duty." See Greene, *Breaking Point*, 146-147. Greene asserts psychiatry slowly began to gain authority and prestige in 1944 when military psychiatrists eschewed their emphasis on screening and focused on the prevention and treatment of psychiatric casualties. See Greene, *Breaking Point*, 6-7.

attitude which characterizes most persons' intolerance of the emotionally disturbed is as anachronistic in our day and time as it is to cry at a leper 'unclean.'" Such arguments deflected any contentions that mental health was not a federal concern by making the case that it affected the nation's economic vitality.<sup>68</sup>

Braceland also testified at the Senate hearings of 1946, where he argued that doctors often lacked sufficient training because the government had not dedicated enough resources to research. Coming out of the war as victors, post-World War II Americans distinguished themselves from previous generations with an emphasis on scientific study and research in order to maintain the nation's "superpower" status. Braceland reminded the government of its role in fully funding and supporting the militarily successful Manhattan Project. The war created new avenues for research that benefitted science, and it could also advance medicine for the national welfare. In this vein, Braceland testified that government-funded research on psychiatric problems could provide many scientific breakthroughs. Increased funding would produce great strides in psychiatry, just as it had with the development of the atomic bomb.<sup>69</sup>

Major Douglas D. Bond, a psychiatrist in the Army Air Forces during World War II, also lobbied for the NMHA with the goal of promoting mental health and discouraging stigmatization. Like Braceland, Bond pushed for public education about mental disorders as he asserted "that further education, both of the public and medical men, is imperative at this time."

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<sup>68</sup> *National Neuropsychiatric Institute Act: Hearing Before a Subcommittee on Interstate and Foreign Commerce, House of Representatives, Seventy-ninth Congress, First Session on H.R. 2550. 31 (September 1945) (Francis Braceland, Chief, Neuropsychiatric Branch, Bureau of Medicine and Surgery, United States Navy); National Neuropsychiatric Institute Act: Hearing on H.R. 2550, 28-32 (September 1945) (Francis Braceland).*

<sup>69</sup> Brand, "The National Mental Health Act of 1946: A Retrospect," 232; *National Neuropsychiatric Institute Act: Hearing on S. 1160, Before a Subcommittee on Education and Labor, United States Senate, Seventy-ninth Cong. Second Session. 66-67 (March 1946) (Captain Francis J. Braceland, Chief, Neuropsychiatry Division, United States Navy).*

Bond's motivations, however, differed slightly from Braceland's in that Bond emphasized the practicality of the legislation for military personnel matters. Acutely aware of the many cases of psychological breakdown among airmen, he wanted military officials to have a better grasp on these issues because "many problems [had] arisen . . . on compensation and how psychiatric disorders should be handled upon discharge from the services."<sup>70</sup> Psychological trauma posed particular problems in the AAF, where commanders disagreed sharply over what symptoms were significant enough to warrant medical discharge. This confusion led to various types of discharges. If doctors convinced commanders that a man suffered from Flying Fatigue, he could potentially receive a medical discharge and all associated GI Bill benefits, including healthcare. However, if commanders remained unconvinced of the legitimacy of a man's mental illness, some officials claimed the flyer was a coward who had a "Lack of Moral Fiber." Such accusations possibly resulted in either a Dishonorable or Other than Honorable Discharge, both of which disqualified the flyer from veteran benefits. A psychiatrist and veteran who had served on the front lines in the war, Bond thus joined the Legion, the VFW, and Capt. Braceland in becoming a political actor, lobbying for the NMHA with hopes that it would educate society and provide for more precise definitions of psychological problems among veterans. While each of their motivations were unique, veterans and their organizations fought for common goals and rationales for this landmark legislation.<sup>71</sup>

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<sup>70</sup> *National Neuropsychiatric Institute Act: Hearing Before a Subcommittee on Interstate and Foreign Commerce, House of Representatives, Seventy-ninth Congress, First Session on H.R. 2550, 65-66 (September 1945)* (Major D. D. Bond, Chief, Psychiatric Branch, Office of the Air Surgeon, War Department); *National Neuropsychiatric Institute Act: Hearing on H.R. 2550, 65-66 (September 1945)* (Douglas Bond).

<sup>71</sup> For more information about the nomenclature, see Bond, *The Love and Fear of Flying*, 150-51. For greater discussions on Flying Fatigue and Lack of Moral Fiber, see Mark Wells, *Courage and Air Warfare: The Allied Aircrew Experience in the Second World War* (London: Frank Cass, 1995), 60-89; 161-186.

## Veterans in Prominent Governmental Roles

Despite the compelling cases veterans and their organizations made in favor of the NMHA, advocates faced resistance from some legislators in both congressional hearings and the congressional debates. As representatives of the people, certain congressmen displayed an ignorance that mirrored the public's lack of understanding of mental health issues because there was not one clear definition during this period, even among medical professionals. The testimony of Colonel Samuel Challman in the September 1945 House hearing illustrates the uphill nature of the battle that the act's proponents sometimes fought. Like Douglas Bond, Challman was a psychiatrist in World War II, serving three years in the Pacific Theater of Operations where he treated psychiatric casualties. At the time of his testimony in September 1945, he was the Deputy Director of Neuropsychiatry in the US Surgeon General's office.

During Challman's testimony, Alfred Bulwinkle (D-North Carolina) questioned him about soldiers who went absent without leave (AWOL), even implying that something had to be wrong with these men psychologically. He asked if Challman had examined any of the court-martial cases concerning these men to figure out what affected them. Bulwinkle's remarks reflect the era's conception of mental illness as a weakness—as if a suffering person was not masculine enough to fulfil his martial duties. By suggesting that those who were court-martialed for going AWOL were mentally ill, Bulwinkle perpetuated stigmatization by linking criminality, non-compliance, and mental illness.<sup>72</sup>

Challman acknowledged Bulwinkle's question and confirmed that psychological problems had indeed been factors in some AWOL cases but not all. He insisted that “frequently

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<sup>72</sup> *National Neuropsychiatric Institute Act: Hearing Before a Subcommittee on Interstate and Foreign Commerce, House of Representatives, Seventy-ninth Congress, First Session on H.R. 2550. 55-58 (September 1945) (Col. Samuel A. Challman, Deputy Director, Division of Neuropsychiatry, Surgeon General's Office, War Department).*



the disability is not such as to relieve him of the responsibility; he still has to take the consequences of his act, even though the psychiatric disability accounted in part for his behavior.” Thus, he argued that mental distress did not always cause a servicemember to commit a crime punishable by court-martial. Challman wanted Bulwinkle and the American people to know that mental health problems did not *always* cause soldiers to go AWOL or commit other grievous acts. Challman hoped that better education would sever the perceived connection between criminality and mental illness.<sup>73</sup>

While other witnesses made lengthy statements without interruptions or questions, many committee members interrupted Challman’s testimony with questions that demonstrated their limited understanding of mental illness at this time. One asked: “Did you have any of these neuropsychiatric and psychiatric cases among officers?”; and another asked “Have you studied officers who have developed the Napoleonic complex, who want everybody else to do exactly what they tell them?” The queries seemingly raise questions whether officers were equally subjected to the same type of mental illnesses as enlisted men. Another member seemed to doubt the legitimacy of diagnoses when he challenged, “Of course, psychiatric specialists test men before they are inducted into the Army; is that right?” Challman spent most of his time answering these queries. Nevertheless, his statement’s main points concerned veteran rehabilitation, reintegration into civilian society, and the fact that psychological problems caused many casualties, which ultimately weakened the US military workforce.<sup>74</sup>

If historians have largely overlooked the role of veterans like Braceland, Bond, and Challman in the NMHA hearings, one veteran who testified *has* received considerable

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<sup>73</sup> *National Neuropsychiatric Institute Act: Hearing on H.R. 2550*, 56 (September 1945) (Samuel Challman).

<sup>74</sup> *National Neuropsychiatric Institute Act: Hearing on H.R. 2550*, 54-58 (September 1945) (Samuel Challman).

attention—Major General Lewis B. Hershey. As the director of the National Selective Service System, it fell to Hershey to present most of the statistics concerning neuropsychiatric disqualifications and rejections. His professional background influenced his motivations for testifying. Having witnessed the military reject more than 1.7 million men due to psychiatric causes, he supported the NMHA as a way to strengthen the US military. These rejections had caused the Selective Service a whole subset of problems, such as communal questions as to why some men who, while seemingly physically and mentally qualified for service, were rejected; one important solution to these questions was “to have the public understand the reason for the rejection of those not acceptable” by bringing awareness to psychological problems.<sup>75</sup>

Hershey understood that mental illness greatly affected the military because many draftees looked physically healthy and prepared for military service, yet they were not qualified due to psychiatric causes. These men received a “4F” rejection—a rejection reserved for people with psychoneurotic disorders. These rejections obviously reduced the number of people who could serve, and they stigmatized men who were rejected for mental illness. He declared,

it is just as bad for the fellow that happens to have these abnormalities, if we want to call them that, and one of the most difficult things in war . . . is to try to explain to the rest of the people why you do not require military service of an individual, who, for everything they can see, looks perfectly able to carry out his military responsibility. If a man has got a leg off, he is no morale problem, but if he has one side of the internal arrangements of his head gone, you cannot see it.<sup>76</sup>

In other words, Hershey expressed concern not just for the mentally ill soldier or the mentally ill veteran but for the man whose psychological health kept him *out* of the service—a man who was misunderstood and stigmatized and thus a perceived detriment to the national morale. The 4F

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<sup>75</sup> Grob, *From Asylum to Community*, 51; Herman, *The Romance of American Psychology*, 245; *National Neuropsychiatric Institute Act: Hearing on S. 1160, Before a Subcommittee on Education and Labor, United States Senate*, Seventy-ninth Cong. Second Session. 47 (March 1946) (Major General Lewis B. Hershey, Director, National Selective Service System).

<sup>76</sup> *National Neuropsychiatric Institute Act: Hearing on H.R. 2550*, 37 (September 1945) (Lewis Hershey).

rejection instantly stained a person's record as it often shamed and embarrassed the rejected man. Employers even avoided hiring those men with the 4F rejection.<sup>77</sup>

Hershey lobbied for the NMHA because there was a “lack of knowledge in this field that prevented proper classification of men who were in the service.” He believed that the medical field's misunderstanding of psychological disorders led the Selective Service to reject some men who should have been qualified and to accept some draftees who should not have passed the screening. Better knowledge about mental illness would have led to better psychiatric screenings that disqualified those with more severe cases while allowing draftees to join if their symptoms were milder. For him, the act would have made the pre-induction screenings more efficient, which was important because “in wars, in order to win, we must use every available man.” Therefore, he believed that the NMHA, with all of its provisions, provided for better research and a more educated public, that, in turn, would create better screening processes that would bolster the US military, especially during this period leading up to the Cold War.<sup>78</sup>

Hershey drew on his World War II experiences but also testified that mental health was an ongoing problem for the nation, both in the military and civilian society. Like other military men testifying in the hearings, Hershey understood the need for a more comprehensive approach to veterans'—and other Americans'—mental health. A line of questioning by J. Percy Priest, the sponsor of H.R. 2550, in the September 1945 House hearing, demonstrates how important Hershey thought the act was for both the military *and* the country. “One of the two or three things that I feel is most vital for the future,” Hershey testified, is that “this [mental illness] ranks

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<sup>77</sup> For information on the 4F discharges see Greene, *Breaking Point*, 101-103, 118.

<sup>78</sup> *National Neuropsychiatric Institute Act: Hearing on S. 1160*, 47 (March 1946) (Lewis Hershey); For more information on “false positives” in the psychiatric screenings and the inability to correctly classify draftees, see Edgar Jones, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (London: Psychology Press, 2006), 107-109.

with one or two or three of what I think the most pressing problems the country is faced with.” Hershey urged federal intervention in both military and civilian mental health. He hoped that the NMHA would facilitate public knowledge of mental illness for the purpose of destigmatization. Hershey underscored the social costs of mental illness for servicemembers and civilians alike, and his effort to destigmatize psychological problems offers another example of veterans from various backgrounds using strategic arguments to convince Congress of the bill’s importance.<sup>79</sup>

### **Attempts to Remedy “One of the Greatest Tragedies of All Time”**

While the movement and activism for the NMHA was a concerted effort between veterans from all services, many of their objectives reflected the goals and desires of the Army Air Forces. Indeed, early in the war, the AAF instituted the Convalescent Training Program to ensure that returning airmen had the opportunity and necessary skills to reintegrate back into civilian life. The CTP sought to rehabilitate airmen so that they were physically and psychologically prepared to reenter American society, while at the same time, it provided them with skills and education that the airmen could apply in their family lives as fathers and employees. The ultimate goal was to ensure that these men did not become dependent on others and the government. The NMHA also sought to fulfill these goals, and the federal government accepted its responsibility in these efforts.

In fact, some of the assertions that politicians used in the debates reflected the motives of the veterans and other witnesses during the congressional hearings, demonstrating the enduring impact of the witnesses’ testimonies. For one example, Congressman Walter Judd (R-Minnesota) stated that “one of the greatest tragedies of all time” is the fact “that among most peoples on this

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<sup>79</sup> *National Neuropsychiatric Institute Act: Hearing Before a Subcommittee on Interstate and Foreign Commerce, House of Representatives, Seventy-ninth Congress, First Session on H.R. 2550. 37 (September 1945) (Major General Lewis B. Hershey, Director, Selective Service System).*

earth to have a mental disease has generally been considered a disgrace and a reproach, something evil and reprehensible, both to the individual himself and to his family.” Indeed, he understood that people considered mental illness an evil disease—a curse to the sufferer and his family. Congressman Judd “heartily” supported the NMHA because it allowed for “more extensive and thorough research . . . and wider dissemination of the results.” Judd acknowledged that this wider distribution of research would educate the country, but more importantly, he explicitly hoped that this better knowledge would “help the nonafflicted to realize that an abnormality of the mind or emotions *is not a stigma* but is just a disease as is an infection of a finger or a broken leg.”<sup>80</sup>

While Judd’s assertions echoed those of the veterans and other witnesses, he specifically stated how important this bill was for servicemembers returning from the war. In fact, he declared that “the most terribly tragic figures” that needed this legislation were not those who suffered physical wounds during the war; instead, it was for those “with their spirits broken.” Judd maintained that this legislation was necessary for veterans because they needed the psychiatric studies to facilitate their transition to productive and independent citizens of the United States. Just as physical rehabilitation helped World War I veterans reintegrate as independent individuals, mental rehabilitation would allow the World War II servicemembers and others to reenter civilian life without being economic burdens.<sup>81</sup>

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<sup>80</sup> Crotty, Diamant, and Edele, *The Politics of Veteran Benefits in the Twentieth Century*, 9, 111-115; 79 Cong. Rec. Volume 92, no. 2, H2299 (March 14, 1946) (Walter Judd) [my italics].

<sup>81</sup> 79 Cong. Rec. Volume 92, no. 2, H2299 (March 14, 1946) (Walter Judd); Other Congresspeople also explicitly expressed support for the Act due to the fact that it would help veterans. Arthur Miller (R-Nebraska) believed the country needed to do more to aid mentally ill veterans. He supported the bill because it would bolster hospital treatment of the psychologically ill veteran, which, in turn, would save the United States a large amount of money. Miller also did not want to see returning veterans psychologically decline upon return to the United States; he wanted to ensure they could be healthy enough reintegrate into civilian life and obtain a job, see 79 Cong. Rec. Volume 92, no. 2, H2292-2293 (March 14, 1946) (Arthur Miller).

Judd's words mirrored gender norms of the 1940s after the war. He believed that the NMHA provided the necessary opportunities for the government to teach the public that mental illnesses were not examples of cowardice—that returning veterans suffering from the psychological consequences of combat were not cowards who evaded their manly duty of being stoic in war. In addition, he worried that these psychologically affected veterans would be unable to fulfill their next masculine responsibilities of creating families and become economically independent. The NMHA would help avoid these costly consequences.

The NMHA not only provided benefits to the former servicemembers, but because a large number of the veterans who testified were psychiatrists, they helped legitimize psychology and psychiatry as respected medical sciences. Their testimonies and the NMHA transformed these fields, especially psychiatry, from “a profession primarily caring for the chronically insane in isolated institutions” to “a profession caring for everyone.” Thus, veteran advocates paved the way for future political actors to lobby for mental health “for everyone.” Veterans and civilians alike continue to benefit from the act's most enduring achievement—the creation of the National Institute of Mental Health (NIMH). Today, the NIMH continues “to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.” The Institute prides itself on its research which brings the country a better understanding of these problems; and it uses its research and discoveries to prove that “breakthroughs in science can become breakthroughs for all people with mental illnesses.” Every military conflict exacts mental costs, but the servicemembers who lobbied for the NMHA demonstrated that their psychological issues demanded as much national attention as physical disabilities and were no less deserving of stigma than physical wounds. They acted on

that conviction to begin a process, that continues today, to overhaul America's approach to mental health.<sup>82</sup>

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<sup>82</sup> For quote on the transformation of psychiatry, see Greene, *Breaking Point*, 250-251; "National Institute of Mental Health: Mission," The National Institutes of Health, updated October 12, 2021, <https://www.nih.gov/about-nih/what-we-do/nih-almanac/national-institute-mental-health-nimh>.

## **Conclusion: The Continuing Consequences of the Psychological Consequences of Aerial Warfare**

After World War II, the psychological consequences of aerial warfare continued to affect American military pilots and aircrews as the United States engaged in further combat situations. As the US entered the Cold War and participated in various wars, such as the Korean War from 1950 to 1953, the newly independent United States Air Force (USAF) faced additional challenges when some combat airmen continued to succumb to psychological distress. In one particular event during the Korean War on April 7, 1952, six reservists, five of whom flew in combat in World War II, claimed to suffer from “Fear of Flying” with hopes of being grounded. However, their commanding officers refused to ground them, and in response, the six reservists staged a sit-down strike and refused to fly due to Fear of Flying. No longer known as “Staleness,” “Flying Fatigue,” or “Lack of Moral Fiber,” the signature psychological problem of the Korean Conflict was now diagnosed “Fear of Flying.” The strike grabbed national attention when one of the strikers, Lieutenant Robert P. Hasbrook, called representatives at the *San Antonio Express*, detailing the poor treatment of reservists. USAF Air Police arrested him while making these calls. The police discovered that Hasbrook was drunk and even tried to call Walter Winchell and President Harry Truman to disclose his poor treatment.<sup>1</sup> All of these reservists were eventually arrested and charged with disobedience of orders, which the USAF could punish with courts-martial.<sup>2</sup>

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<sup>1</sup> “Charged Man Tries to Phone Harry Truman,” *San Antonio Express*, April 11, 1952, pgs. 1 & 5, NewspaperArchive; Donald S. Luther, “The 1952 Strike against Combat Training,” *Peace & Change* 12, no. 1/2 (1987): “1952 Strike against Combat Training,” 98.

<sup>2</sup> Luther, “The 1952 Strike against Combat Training,” 99.



Similar to World War I and II, gender and masculine ideals of the 1950s influenced the way that medical and administrative personnel perceived airmen's psychological problems. When writing about the six strikers, USAF Chief of Staff General Hoyt Vandenberg declared that in order to be officers in America's Air Force men needed to have "stamina, spirit, self-discipline and the highest sense of duty." He referred to the strike as "a momentary clouding of the true attitude of the Air Force" and concluded that "there is no room in the Air Force now—there never has been—for malingers, opportunists or shirkers."<sup>3</sup> In short, he asserted that the men who went on strike did not exhibit the necessary masculine characteristics to serve as officers and fliers in the United States Air Force.

These traits, "stamina," "spirit," "self-discipline," and "the highest sense of duty," reflected the positive masculine ideals of World War II, but after the war, they no longer defined manhood to the same extent. With the GI Bill and additional legislation like the National Mental Health Act, veterans had access to health care, higher education, business loans, and the means to buy homes in expanding suburbs, where they could raise children and fulfill new roles. No longer warriors and protectors of the country, vets were now fathers, husbands, employees, and serving as the breadwinner and head of their nuclear family.<sup>4</sup> Men's number one priority was to find a stable job that provided an income to care for the family. Thus, consumerism, domestic stability, and white-collared jobs shifted masculine ideals after the Second World War.<sup>5</sup> Certain prominent political figures, such as Senator Lyndon B. Johnson supported this new "civilized"

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<sup>3</sup> Historical Division Headquarters, "History of the Crew Training Air Force," 205, Randolph Field, Texas. 1 April 1952 – 30 June 1952, Call #K419.213, IRIS #00896886, MICFILM 23459, Continental Air Command Collection, Air Force Historical Research Agency, Maxwell Air Force Base, Alabama.

<sup>4</sup> Elaine T. May, *Homeward Bound: American Families in the Cold War Era*, rev. ed. (1988; New York: Basic Books, 2008), 58-59, 77, 161.

<sup>5</sup> May, *Homeward Bound*, 58-88; E. Anthony Rotundo, *American Manhood: Transformation in Masculinity from the Revolution to the Modern Era* (New York: Basic Books, 1993), 248-251.

man and his responsibilities. He believed that family life “would help promote civic values, morals, and patriotism,” making the family the “cornerstone of [American] society.”<sup>6</sup> Family life became the focus of Cold War masculinity because it offered veterans stability in an unstable world. Instead of fulfilling the warrior ethos, these men now believed that they needed to teach their families, especially their sons, to be good citizens.<sup>7</sup>

The Korean War interrupted this new-found domestic bliss as civilian life and military life competed for men’s attention. Again in “wartime,” society focused less on domesticity and more on the warrior ideals of World War II. Indeed, the US armed forces needed warriors to fight the Communist threat. Many individual men, however, experienced problems with these sudden changes, and were torn between the survival of older notions of masculinity and their new domesticated lifestyle. Many of these new responsibilities of this new lifestyle caused significant stress for men, and USAF doctors believed that this stress, compounded by combat trauma or the military lifestyle, culminated in Fear of Flying. When referring to Fear of Flying and the men who suffered from it, Brigadier General O. F. McIlroy, the Air Surgeon at Air Training Command, wrote that they “[had] wives and children and [had] left good jobs. They have family problems.”<sup>8</sup> This assertion also applied to the men who went on strike as one of the men’s stories appeared in the *New York Times* under the headline “Pilot Cites Wife’s Fears.” The pilot, a father of five children, explicitly stated he refused to fly “because it made his wife ‘a nervous wreck.’”<sup>9</sup> The mere fact that he blamed his wife shows that he no longer prioritized defending the nation.

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<sup>6</sup> Gregory A. Daddis, *Pulp Vietnam: War and Gender in Cold War Men’s Adventure Magazines* (New York: Cambridge University Press, 2021), 30-32.

<sup>7</sup> Michael S. Kimmel, *Manhood in America: A Cultural History*, 2<sup>nd</sup> ed. (New York: Oxford University Press, 2006), 149-150.

<sup>8</sup> Historical Division Headquarters, Randolph Field, “History of the Crew Training Air Force,” 197-199.

<sup>9</sup> “Pilot Cites Wife’s Fears,” *New York Times*, April 12, 1952, 12, ProQuest Historical Newspapers; The New York Times; Luther, “1952 Strike against Combat Training,” 98-99.

Placing the blame also demonstrates that he relied on the zeitgeist of the era—protecting his family—to gain sympathy and justify his decision to participate in the strike.

Although the USAF originally charged these men with disobedience of orders, they ultimately received honorable discharges from the service as national newspapers sympathized with them. In addition to the support from the media and American citizens, the strikers received acknowledgment from one prominent political figure—Senator Lyndon B. Johnson. Johnson who had argued that family life served as the keystone of America during the Cold War, explained in a radio interview that the strikers “had been ‘treated very unfairly. They did their part in the last war and now they have been called back for double duty. One war is enough—if not too much—for the lifetime of any man.’”<sup>10</sup> The warrior spirit no longer defined American masculinity in the same way that it had previously. As the United States became engulfed in the Cold War, political and public attention turned towards the importance of raising a family rooted in American exceptionalism and democracy. USAF medical and administrative perceptions of flight trauma in the Korean War showcase these changing gender dynamics and the dichotomy of warrior ideals and domestic masculinity. Just as gender ideals informed perceptions of the psychological consequences in World War I and II, they continued to do so in other American wars.

This dissertation raises questions concerning the inherent connection between gender and mental health that deserve additional research and analysis. Gender and masculinity are fluid concepts that are continually changing according to shifting societal concerns. Definitions and ideals of masculinity shifted significantly from World War I and World War II, and these changes affected the way that the Air Service and Army Air Forces diagnosed, treated, and regulated the

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<sup>10</sup> Daddis, *Pulp Vietnam*, 31-32; Luther, “1952 Strike against Combat Training,” 102-103.

psychological consequences of aerial combat. But what happens after the World Wars as gender continued to shift? What about the changing technology and military operations of succeeding wars? Did the “Wild Weasels,” jet fighter pilots in the Vietnam War tasked with using themselves as bait to allow surface-to-air missiles (SAMs) to target their aircraft and then hopefully destroy the site before it launched its missiles, experience significant psychological distress? Did contemporary perceptions of American masculinity continue to play a factor? In modern warfare in the twenty-first century, do RPA (remotely piloted aircraft) pilots experience psychological distress, even though they are not personally flying in combat theaters? Significant research still needs to be accomplished.

These questions do not only apply to masculinity. Although women did not have flying roles in World War I, they did have flying roles in World War II. There have been many examinations of the Women Airforce Service Pilots (WASP) that explore their experiences in World War II and the women’s fights for veteran status in the postwar period. The WASP also had to undergo medical and psychiatric examinations, much like their male counterparts.<sup>11</sup> Did perceptions of gender and femininity influence how medical and administrative personnel directed the WASP program? Did these perceptions play a role in the US military’s decision to allow women to become combat fighter pilots in 1993?

The connection between gender and mental health goes beyond aerial combat. Although this dissertation focused on aerial combat due to early twentieth century perceptions of pilots and aircrews and how they symbolized the best versions of American masculinity, gender norms affect the way that both men and women experience *any* type of combat. One scientific study

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<sup>11</sup> Katherine Sharp Landdeck, *The Women with Silver Wings: The Inspiring True Story of the Women Airforce Service Pilots of World War II* (New York: Crown Publishing Group, 2020); Sarah Parry Myers, *Earning their Wings: The WASPs of World War II and the Fight for Veteran Recognition* (Chapel Hill: University of North Carolina Press, 2023).

argues that “relatively little work has examined how sex differences in PTSD emerge, but it is believed that factors related to both sociocultural gender and biological sex are involved.” In a masculine institution, such as the military, both men and women who fail to live up to the masculine standards are more likely to suffer from psychological problems, like PTSD and depression. Indeed, “rigid commitment to hegemonic masculine ideals and the subjective stress from not being able to conform to such ideals (masculine gender role stress) have previously been associated with anxiety and PTSD symptoms.” In particular, service members are likely to experience these problems when they fail to maintain “the military dominant definitions of masculinity,” including the specific traits of “physical and emotional toughness, affective suppression, self-reliance, putting up with hardship, and being action oriented.”<sup>12</sup> As one medical study concluded, “a more clear understanding of gender differences in CE [combat exposure] and post-deployment psychiatric symptoms can help providers plan for the care of newly returning service members and veterans by ensuring the provision of gender-appropriate screening and treatment.”<sup>13</sup> While this article more than likely advocates for additional medical and psychiatric studies, historical examinations are just as important.

Scholars, researchers, and medical practitioners alike cannot gain a better understanding of these problems without learning the historical context of the intersection between gender and mental health. “The Traumatic Blue Sky” provides some of this historical context to demonstrate *how* and *why* gender ideals, especially masculinity, were integral to perceptions of mental health. But instead of studying these issues within a single conflict or within a vacuum, this dissertation

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<sup>12</sup> Dorte M. Chistiansen and Emma T. Berke, “Gender- and Sex-Based Contributors to Sex Differences in PTSD,” *Current Psychiatry Reports* 22, no. 4 (April 2020): 18-19.

<sup>13</sup> David D. Luxton, Nancy A. Skopp, and Shira Maguen, “Gender Differences in Depression and PTSD Symptoms Following Combat Exposure,” *Depression and Anxiety* 27, no. 11 (November 2010): 1031-1032.

intentionally studies them over a distinct period in order to demonstrate change over time—that just as gender is fluid, so, too, are perceptions of mental health. Having an understanding of the important and evolving connection between gender and mental illness, then, is not only theoretical—this understanding provides actual practical and tangible effects. As medical practitioners gain a better understanding of this connection, they will be able to create better treatment regimens tailored to each individual person. Moreover, by continually trying to understand this historical context and the changing nature of these issues, American society and the military can learn why mentally ill service members continue to repress their illness due to fear of stigmatization and punishment. Indeed, today, as modern medicine has proved, men and women in uniform are apprehensive about sharing their psychological issues because of how the military unintentionally created a culture that asserted that people who suffered had certain character deficiencies or “lacked moral fiber.”

In closing, mental health problems expand beyond the scope of veterans, and American society still struggles to address these problems. In particular, in close relation to the subject of this dissertation, a recent *Washington Post* article showcased that commercial airline pilots often do not report their mental health issues for fear of “losing their wings.” Much like their military counterparts, commercial pilots undergo extensive medical examinations, including psychiatric and psychological tests. But, as the author of the article, Andrea Sachs, writes, “many pilots would rather ignore or hide their mental health problems than disclose their condition and risk their livelihood.” In addition to their fear of losing their wings, pilots often do not disclose their problems because of the Federal Aviation Administration’s (FAA) antiquated process of dealing with mental health issues and requiring pilots to pay for their examination out of their own pocket. Moreover, the chair of the National Transportation Safety Board strongly declared that

“the aviation industry’s approach to mental health” is “punitive and shaming. . . . ‘The safety risk comes from a culture of silence around mental health.’” On a happier note, the FAA has indeed been proactive and has confirmed that it is trying to overhaul the process for pilots so that they can receive the help they need without punishment or shame. It will take time, but it is a necessary step forward as the story of John Hauser exemplifies. In October 2021, Hauser, a nineteen-year-old student training to be a pilot, died by suicide after crashing a plane into a field. In a letter to his family, he wrote, “‘if there is anything you can do for me, get the FAA to change the rules on pilots seeking help with their mental health. I know it would change a lot of things for the better and help a lot of people out.’”<sup>14</sup>

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<sup>14</sup> Andrea Sachs, “Pilots Hide Mental Health Issues so They Don’t ‘Lose their Wings,’” *Washington Post*, December 15, 2023, ProQuest.

## Bibliography

### Primary Sources

#### Archival Collections

#### **Air Force Historical Research Agency (AFHRA). Maxwell Air Force Base, Alabama**

Arnold, Henry H. "Army Air Forces Regulation 35-16." 20 October 1944. Fear of Flying (1944). Box Ten. Assistant Chief Air Staff, Personnel. Call #141.28G. IRIS #00114380. AFHRA. Maxwell AFB, AL.

———. "US Army Air Forces Letter 35-18." 7 December 1944. Fear of Flying (1944). Box Ten. Assistant Chief Air Staff, Personnel. Call #141.28G. IRIS #00114380. AFHRA. Maxwell AFB, AL.

Cook, W. F. "General Information Bulletin Number 2, Volume 2: Bulletin to All Commands, Wings and Unit Surgeons." 19 February 1944. Fear of Flying (1944). Call #141.28G. IRIS #00114380. Air Surgeon Collection, AFHRA. Maxwell AFB, AL.

Eighth Air Force, "Memorandum 75-2." 25 June 1943. Box 12. United States Strategic Air Forces in Europe. Call #519.2171-1. IRIS #00215133. AFHRA. Maxwell AFB, AL.

Gordon, James B. Major James B. Gordon to "All Commands This Air Force." 16 July 1942. Call #519.2171-1. IRIS #00215133. United States Strategic Air Forces in Europe Collection. AFHRA. Maxwell AFB, AL.

Grant, David N.W. "Report on Flying Fatigue and Stress as Observed in the Royal Air Force." 10 March 1941. Call #168.7248-5. IRIS #01081063. David N.W. Grant Collection, AFHRA. Maxwell AFB, AL.

———. "Interview with Brigadier General David N.W. Grant." 1 July 1943. Box Fifty-Six. Brig. General D.N.W. Grant. Assistant Chief of Air Staff, Intelligence. Call #142.042. IRIS #00115790. AFHRA. Maxwell AFB, AL.

Historical Division Headquarters. "History of the Crew Training Air Force," Randolph Field, Texas. 1 April 1952-30 June 1952. Continental Air Command Collection. Call #K419.213. IRIS #00896886. MICFILM 23459. Maxwell AFB, AL.

Spaatz, Carl. "Policy Letter 210.8x220.8." 16 September 1942. 1942-1945. Call #519.2171-1. IRIS #00215133. United States Strategic Air Forces in Europe, AFHRA. Maxwell AFB, AL.

———. "Policy Letter 200.9x373." 29 October 1942. 1942-1945. Call #519.2171-1. IRIS #00215133. United States Strategic Air Forces in Europe, AFHRA. Maxwell AFB, AL.



Wright, David G. "Report of Psychiatric Study of Successful Air Crews." 11 October 1943. 8<sup>th</sup> Air Force – Report of Psychiatric Study of Successful Air Crews. Call #141.28J. IRIS #00114382. Air Surgeon Collection, AFHRA. Maxwell AFB, AL.

**Clark Special Collections, McDermott Library, United States Air Force Academy**

Crabb, Jarred. Papers, MS 3.

Dwight, Henry W. Papers, MS 5.

Kuter, Laurence. Papers, MS 18.

Mitchell, William. Papers, MS 14.

Newspaper: *The Plane News*. OS 42.

O'Donnell, Jr., Emmett. Papers, MS 43.

Risner, Robinson. Papers, SMS 1238.

Skinner, Robert. Papers, SMS 1366.

Twining, Nathan F. Papers, MS 22.

Wells, Mark. Papers, SMS 1335.

**Gilder Lehrman Institute of American History**

United States Army Air Forces. "O'er the Ramparts We Watch." Propaganda Poster, ca. 1944-1945. Collection #GLC09520.11. The Gilder Lehrman Collection, 1860-1945. The Gilder Lehrman Institute of American History, New York.

**Imperial War Museum, London, England**

Ministry of Information Photo Division. "Country Club for US Airmen: Rest and Recuperation in the English Countryside, Stanbridge Earls, Romsey, Hampshire, 1943." D 14532. Ministry of Information, Second World War Official Collection. Imperial War Museum, London, England. <https://www.iwm.org.uk/collections/item/object/205200115>.

———. "Country Club for US Airmen: Rest and Recuperation in the English Countryside, Stanbridge Earls, Romsey, Hampshire, 1943." D 14535. Ministry of Information, Second World War Official Collection. Imperial War Museum, London, England. <https://www.iwm.org.uk/collections/item/object/205200117>.

———. "Country Club for US Airmen: Rest and Recuperation in the English Countryside, Stanbridge Earls, Romsey, Hampshire, 1943." D 14549. Ministry of Information, Second World War Official Collection. Imperial War Museum, London, England. <https://www.iwm.org.uk/collections/item/object/205200120>.

**Library of Congress**

Ekman, Stan. *Fly – U.S. Army Air Forces*. War Posters – 1940-1950. LCCN 2002719581, <https://lccn.loc.gov/2002719581>.

**National Archives and Records Administration, College Park, MD**

RG 18. Records of the Army Air Forces.

RG 92. Records of the Office of the Quartermaster General.

RG 112. Office of the Surgeon General.

RG 120. Records of the American Expeditionary Forces (WWI).

RG 160. Records of the U.S. Army Service Forces.

RG 200. Records of the American National Red Cross.

RG 330. Office of the Secretary of Defense.

RG 340. Office of the Secretary of the Air Force (1928-66).

RG 341. Records of Headquarters United States Air Force (Air Staff), 1934-89.

**National Archives and Records Administration Affiliated Archives, Fold 3**

RG 120. Records of the American Expeditionary Forces (World War I).

RG 342. Records of U.S. Air Force Commands, Activities, and Organizations.

**Audiovisual Materials**

Army Air Forces Recruiting Films. *Survival of the Fittest*. Produced by Army Air Forces First Motion Picture Unit, 1944. Internet Archive, <https://archive.org/details/24964-survival-of-the-fittest-vwr>.

———. *Sustineo Alas*. Produced by Army Air Forces First Motion Picture Unit, 1943. Internet Archive, <https://archive.org/details/24964-survival-of-the-fittest-vwr>.

**Books**

Anderson, H. Graeme. *The Medical and Surgical Aspects of Aviation*. London: Henry Frowde and Hodder & Stoughton of the Oxford University Press, 1919.

Armstrong, Harry. *The Principles and Practices of Aviation Medicine*. Philadelphia: Williams & Wilkins Co., 1943.

Arnold, H. H. and Ira Eaker. *Winged Warfare*. New York: Harper Brothers Publishers, 1941

- Army Air Forces Aviation Psychology Program Research Reports. *The AAF Qualifying Examination: Report No. 6*. Edited by Frederick B. Davis. Washington D.C.: Government Printing Office, 1947.
- Bond, Douglas D. *The Love and Fear of Flying*. New York: International Universities Press, 1952.
- Bradley, Omar N. *A Soldier's Story*. New York: Modern Library, 1951.
- Eisenhower, Dwight D. *Crusade in Europe*. Garden City, NY: Doubleday & Company, 1949.
- Grider, John MacGavock. *War Bards: Diary of an Unknown Aviator*. Edited by Elliott White Springs. College Station: Texas A&M University Press, 1988.
- Grinker, Roy R. and John P. Spiegel. *Men under Stress*. Philadelphia: Blakiston Company, 1945.
- . *War Neuroses*. Philadelphia: Blakiston Company, 1945.
- Hastings, Donald W., David G. Wright, and Bernard C. Glueck. *Psychiatric Experiences of the Eighth Air Force: First Year of Combat*. New York: Josiah Macy Jr. Foundation, 1944.
- Historical Studies Branch. United States Air Force Historical Division, "Combat Crew Rotation: World War II and Korean War." Unpublished manuscript, 1968. Maxwell AFB: Aerospace Studies Institute, Air University.
- Munson, Edward L. *The Management of Men: A Handbook on the Systematic Development of Morale and the Control of Human Behavior*. New York: Henry Hold and Company, 1921.
- Parsons, Edwin. *I Flew with the Lafayette Escadrille*. Indianapolis: E. C. Seale & Co., 1937.
- Rickenbacker, Edward. *Fighting the Flying Circus*. Garden City: Doubleday, 1965.
- Shaffer, Laurance D., et al. "Surveys of Experiences of Returned Personnel." In *Army Air Forces Aviation Psychology Program Research Reports: Psychological Problems of Redistribution: Report No. 14*, edited by Frederic Wicker, 122-162. Washington, DC: US Government Printing Office, 1946.
- Shuller, Thurman. *Flight Surgeon: A War Diary, 1941-1945*. Edited by Vernon C. Williams. Fort Worth: TCU Press, 2021.
- US War Department: Air Service Division of Military Aeronautics. *Air Service Medical Manual*. Washington D.C.: Government Printing Office, 1919.
- US War Department. *Technical Manual 8-320: Notes on Psychology and Personality Studies in Aviation Medicine*. Washington D.C.: Government Printing Office, 1941.

Vaughan, David K., ed. *Letters from a War Bird: The World War I Correspondence of Elliott White Springs*. Columbia: University of South Carolina Press, 2012.

Wilmer, William H. *Aviation Medicine in the A.E.F.* Washington D.C.: Government Printing Office, 1920.

### Speeches

Roosevelt, Theodore. "The Strenuous Life." April 10, 1899. The U.S. Oratory Project: Voices of Democracy. <https://voicesofdemocracy.umd.edu/roosevelt-strenuous-life-1899-speech-text/>.

### Secondary Sources

Adams, Jon R. *Male Armor: The Soldier-Hero in Contemporary American Culture*. Charlottesville: University of Virginia Press, 2008.

Adler, Jessica. *Burdens of War: Creating the United States Veterans Health System*. Baltimore: Johns Hopkins University Press, 2017.

Agoratus, Steven. "Clark Gable in the Eighth Air Force." *Air Power History* 46, no. 1 (Spring 1999): 4-17.

Aragon, Margarita. "'Deep-Seated Abnormality': Military Psychiatry, Segregation, and Discourses of Black 'Unfitness' in World War II." *Men and Masculinities* 22, no. 2 (May 2017): 216-235.

Armengol, Josep M. "Gendering the Great Depression: Rethinking the Male Body in 1930s American Culture and Literature." *Journal of Gender Studies* 23, no. 1 (March 2014): 59-68.

Badger, Anthony. *The New Deal: The Depression Years, 1933-1940*. New York: Hill and Wang, 1989.

Basso, Matthew. *Meet Joe Copper: Masculinity and Race on Montana's World War II Home Front*. Chicago: University of Chicago Press, 2013.

Bederman, Gail. *Manliness & Civilization: A Cultural History of Gender and Race in the United States, 1880 – 1917*. Chicago: University of Chicago Press, 1995.

Bérubé, Allan. *Coming Out Under Fire: The History of Gay Men and Women in World War II*. Twentieth Anniversary Edition. Chapel Hill: University of North Carolina Press, 2010.

Biddle, Tami D. *Rhetoric and Reality in Air Warfare: The evolution of British and American Ideas about Strategic Bombing, 1914-1945*. Princeton: Princeton University Press, 2002.

- Bindas, Kenneth J. *The New Deal and American Society, 1933-1941*. New York: Routledge, 2022.
- Bishop, Thomas E. *Every Home a Fortress: Cold War Fatherhood and the Family Fallout Shelter*. Amherst: University of Massachusetts Press, 2020.
- Blumenson, Martin. *The Patton Papers, 1940-1945*. Boston: De Capo, 1974.
- Bourke, Joanna. "Psychiatry, Hate Training, and the Second World War." *Journal of Social History* 52, no. 1 (Fall 2018): 101-120.
- Bowman, Martin W. *USAAF Handbook, 1939-1945*. Mechanicsburg, PA: Stackpole Books, 1997.
- Brand, Jeanne L. "The National Mental Health Act of 1946: A Retrospect." *Bulletin of the History of Medicine* 39, no. 3 (May-June 1965): 231-245.
- Brown, Phil. "Naming and Framing: The Social Construction of Diagnosis and Illness." *Journal of Health and Social Behavior*. Extra Issue, 1995: 34-52.
- Burtin, Olivier. *A Nation of Veterans: War, Citizenship, and the Welfare State in Modern America*. Philadelphia: University of Pennsylvania Press, 2022.
- . "Veterans as a Social Movement: The American Legion, the First Hoover Commission, and the Making of the American Welfare State." *Social Science History* 44, no. 2 (Summer 2020): 329-354.
- Caparrotta, Luigi. "Oedipal Shame, Rejection, and Adolescent Development." *American Journal of Psychoanalysis* 63, no. 4 (December 2003): 345-355.
- Cappozzola, Christopher. *Uncle Sam Wants You: World War I and the Making of the Modern American Citizen*. New York: Oxford University Press, 2008.
- Capshew, James. *Psychologists on the March: Science, Practice, and Professional Identity in America, 1929-1969*. New York: Cambridge University Press, 1999.
- Carroll, Dillon. *Invisible Wounds: Mental Illness and Civil War Soldiers*. Baton Rouge: Louisiana State University Press, 2021.
- Chauncey, George. *Gay New York: Urban Culture, and the Making of the Gay Male World, 1890-1940*. New York: Basic Books, 1994.
- Christiansen, Dorte M., and Emma T. Berke. "Gender- and Sex-Based Contributors to Sex Differences in PTSD." *Current Psychiatry Reports* 22, no. 4 (April 2020): 19-29.

- Clausewitz, Carl von. *On War*. Translated and edited by Michael Howard and Peter Paret. Princeton: Princeton University Press, 1984.
- Clodfelter, Mark. *Beneficial Bombing: The Progressive Foundations of American Air Power, 1917-1945*. Lincoln: University of Nebraska Press, 2010.
- Cobden, Lynsey. "The Nervous Flyer: Nerves, Flying and the First World War." *British Journal for Military History* 4, no. 2 (February 2018): 121-142.
- Cohn, Carol, ed. *Women & Wars*. Cambridge, U.K.: Polity Press, 2013.
- Cooke, James. *The U.S. Air Service in the Great War: 1917-1919*. Westport, CT: Praeger, 1996.
- Corn, Joseph. *The Winged Gospel: America's Romance with Aviation*. Baltimore: Johns Hopkins University Press, 1983.
- Crenner, Christopher. "The Tuskegee Syphilis Study and the Scientific Concept of Racial Nervous Resistance." *Journal of the History of Medicine and Allied Sciences* 67, no. 2 (April 2012): 244-280.
- Crotty, Martin, Neil J. Diamant, and Mark Edele. *The Politics of Veteran Benefits in the Twentieth Century: A Comparative History*. Ithaca: Cornell University Press, 2020.
- Daddis, Gregory. *Pulp Vietnam: War and Gender in Cold War Men's Adventure Magazines*. New York: Cambridge University Press, 2021.
- Davis, Burke. *Warbird*. Chapel Hill: University of North Carolina Press, 1987.
- Dower, John. *War Without Mercy: Race and Power in the Pacific War*. New York: Pantheon Books, 1986.
- Dwyer, Ellen. "Psychiatry and Race during World War II." *Journal of the History of Medicine and Allied Sciences* 61, no. 2 (April 2006): 117-143.
- Fear, Rhona M. *The Oedipus Complex: Solutions or Resolutions*. London: Karnac Books, 2016.
- Fino, Steven. *Tiger Check: Automating the US Air Force Fighter Pilot in Air-to-Air Combat, 1950-1980*. Baltimore: Johns Hopkins University Press, 2017.
- Foley, Michael J. "Combat Stress and its Impacts for Fighter Squadron Commanders." Thesis., Air Command and Staff College, 1988. Available through the Defense Technical Information Center. Accessed February 20, 2021.  
<https://apps.dtic.mil/dtic/tr/fulltext/u2/a194406.pdf>.
- Folse, Mark. *The Globe and Anchor Men: U.S. Marines and American Manhood in the Great War Era*. Lawrence: University Press of Kansas, forthcoming.

- Fritzsche, Peter. *A Nation of Fliers: German Aviation and the Popular Imagination*. Cambridge: Harvard University Press, 1992.
- Gerber, David A. *Disabled Veterans in History*. Revised and Enlarged ed. Ann Arbor: University of Michigan Press, 2012.
- Gerson, Kathleen. *No Man's Land: Men's Changing Commitments to Family and Work*. New York: Basic Books, 1993.
- Gilbert, James B. *Men in the Middle: Searching for Masculinity in the 1950s*. Chicago: University of Chicago Press, 2005.
- Grandstaff, Mark. *Foundation of the Force: Air Force Enlisted Personnel Policy*. Washington D.C.: US Government Printing Office, 1997.
- Greene, Rebecca Schwartz. *Breaking Point: The Ironic Evolution of Psychiatry in World War II*. New York: Fordham University Press, 2023.
- Greenberg, Amy S. *Manifest Manhood and the Antebellum American Empire*. New York: Cambridge University Press, 2005.
- Grob, Gerald. *From Asylum to Community: Mental Health Policy in Modern America*. Princeton: Princeton University Press, 1991.
- . *Mental Illness and American Society, 1875-1940*. Princeton: Princeton University Press, 1983.
- Guttman, Jon. "The Ace Who Gave All For France." *Aviation History* 17, no. 1 (September 2006): 30-38.
- Handley-Cousins, Sarah. "Best Men, Broken Men: Gender, Disability, and American Veterans." In *The Routledge History of Gender, War, and the U.S. Military*, edited by Kara Dixon Vuic. New York: Routledge, 2018.
- Hall, Kevin T. *Terror Flyers: The Lynching of American Airmen in Nazi Germany*. Bloomington: Indiana University Press, 2021.
- Hamilton, Phillip T. "Fear and Loathing in the Air: Combat Fear and Stress in the Air Force." Master's Thesis., School of Advanced Air and Space Studies, Air University, 2005. Available through the Defense Technical Information Center. Accessed February 20, 2021. <https://apps.dtic.mil/sti/pdfs/ADA477017.pdf>.
- Hankins, Mike. *Flying Camelot: The F-15, the F-16, and the Weaponization of Fighter Pilot Nostalgia*. Ithaca: Cornell University Press, 2021.

- Herman, Ellen. *The Romance of American Psychology: Political Culture in the Age of Experts*. Berkeley: University of California Press, 1995.
- Hoganson, Kristin. *Fighting for American Manhood: How Gender Politics Provoked the Spanish-American and Philippine-American Wars*. New Haven: Yale University Press, 1998.
- Holmes, Marcia E. "The Psychologist and the Bombardier: The Army Air Forces' Aircrew Classification Program in WWII." *Endeavour* 38, no. 1 (March 2014): 43-54.
- Horwitz, Allan V. *PTSD: A Short History*. Baltimore: Johns Hopkins University Press, 2018.
- Hudson, James. *Hostile Skies: A Combat History of the American Air Service in World War I*. Syracuse: Syracuse University Press, 1968.
- Huebner, Andrew. *The Warrior Image: Soldiers in American Culture from the Second World War to the Vietnam Era*. Chapel Hill: University of North Carolina Press, 2008.
- Hussey, Ann Krueger. *Air Force Flight Screening: Evolutionary Changes, 1917-2003*. Randolph AFB, Texas: Office of History and Research, 2004.
- Hynes, Samuel. *The Unsubstantial Air: American Fliers in the First World War*. New York: Farrar, Straus and Girous, 2014.
- Jarvis, Christina. "'If He Comes Home Nervous': U.S. World War II Neuropsychiatric Casualties and Postwar Masculinities." *Journal of Men's Studies* 17, no. 2 (Spring 2009): 97-115.
- . *The Male Body at War: American Masculinity during World War II*. DeKalb, IL: Northern Illinois University Press, 2004.
- Jeffers, H. Paul. *Ace of Aces: The Life of Captain Eddie Rickenbacker*. New York: Ballantine Books, 2003.
- Jennings, Audra. *Out of the Horrors of War: Disability Politics in World War II America*. Philadelphia: University of Pennsylvania Press, 2016.
- Jensen, Kimberly. *Mobilizing Minerva: American Women in the First World War*. Urbana: University of Illinois Press, 2008.
- Jones, Edgar. *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*. London: Psychology Press, 2006.
- Katznelson, Ira. *Fear Itself: The New Deal and the Origins of our Time*. New York: Liveright, 2014.



- Keene, Jennifer. *Doughboys, the Great War, and the Remaking of America*. Baltimore: Johns Hopkins University Press, 2001.
- Kieran, David. *Signature Wounds: The Untold Story of the Military's Mental Health Crisis*. New York: New York University Press, 2019.
- Kimmel, Michael S. *Manhood in America: A Cultural History*. New York: Oxford University Press, 2006.
- Kinder, John. *Paying with their Bodies: American War and the Problem of the Disabled Veteran*. Chicago: University of Chicago Press, 2015.
- Landdeck, Katherine S. *The Women with Silver Wings: The Inspiring True Story of the Women Airforce Service Pilots of World War II*. New York: Crown Publishing Group, 2020.
- Lawrence, Josephs. "The Evolved Function of the Oedipal Conflict." *International Journal of Psychoanalysis* 91, no. 4 (August 2010): 937-958.
- Lechner, Zachary, J. "'We Have Certainly Saved Ourselves': Popular Views of Masculinity during the Korean War, 1950-1953." *Comparative American Studies An International Journal* 12, no. 4 (November 2014): 316-337.
- Ledwidge, Frank. *Aerial Warfare: The Battle for the Skies*. Oxford: Oxford University Press, 2018.
- Link, Mae Mills and Hubert A. Coleman. *Medical Support of the Army Air Forces in World War II*. Washington D.C.: Government Printing Office, 1955.
- Linker, Beth. *War's Waste: Rehabilitation in World War I America*. Chicago: University of Chicago Press, 2011.
- Loughran, Tracey. "Shell Shock, Trauma, and the First World War: The Making of a Diagnosis and Its Histories." *Journal of the History of Medicine and Allied Sciences* 67, no. 1 (January 2012): 94-119.
- Lovelace, Alexander G. "'Slap Heard around the World': George Patton and Shell Shock." *Parameters* 49, no. 3 (Autumn 2019): 79-91.
- Luther, Donald S. "The 1952 Strike Against Combat Training." *Peace & Change* 12, no. ½ (1987): 93-106.
- Luxton, David D., Nancy A. Skopp, and Shira Maguen. "Gender Differences in Depression and PTSD Symptoms Following Combat Exposure." *Depression and Anxiety* 27, no. 11 (November 2010): 1027-1033.

- MacKenzie, S.P. *Flying against Fate: Superstition and Allied Aircrews in World War II*. Lawrence: University Press of Kansas, 2017.
- May, Elaine T. *Homeward Bound: American Families in the Cold War Era*. Revised edition. New York: Basic Books, 2008.
- McCarthy, John. "Aircrew and 'Lack of Moral Fibre' in the Second World War." *War & Society* 2, no. 2 (September 1984): 87-101.
- McCurry, Stephanie. *Women's War: Fighting and Surviving the American Civil War*. Cambridge: Belknap, 2019.
- McGerr, Michael. *A Fierce Discontent: The Rise and Fall of the Progressive Movement in America, 1870-1920*. New York: Free Press, 2003.
- McLeod, Saul. "Freud's Theory of Personality: Id, Ego, and Superego." January 17, 2024. <https://www.simplypsychology.org/psyche.html>.
- McManus, John. *Deadly Sky: The American Combat Airman in World War II*. New York: Caliber, 2000.
- Meilinger, Phillip S. *Airmen and Air Theory: A Review of the Sources*. Maxwell AFB, AL: Air University Press, 1995.
- Mets, David R. *The Air Campaign: John Warden and the Classical Airpower Theorists*. Maxwell AFB, AL: Air University Press, 1998.
- Meyer, Alan. *Weekend Pilots: Technology, Masculinity, and Private Aviation in Postwar America*. Baltimore: Johns Hopkins University Press, 2015.
- Meyer, Jessica. *An Equal Burden: The Men of the Royal Army Medical Corps in the First World War*. Oxford: Oxford University Press, 2019.
- Miller, Donald. *Masters of the Air: America's Bomber Boys who Fought the Air War against Nazi Germany*. New York: Simon & Schuster, 2006.
- Mittelstadt, Jennifer. *The Rise of the Military Welfare State*. Cambridge: Harvard University Press, 2015.
- Mosse, George. *The Image of Man: The Creation of Modern Masculinity*. New York: Oxford University Press, 1996.
- Mosse, George. "Shell-Shock as a Social Disease." *Journal of Contemporary History* 35, no. 1 (January 2000): 101-108.

- Murphy, T. B. *Kiffin Rockwell, the Lafayette Escadrille, and the Birth of the United States Air Force*. Jefferson, NC: McFarland & Company, Inc. Publishers, 2016.
- Myers, Sarah P. *Earning their Wings: The Wasps of World War II and the Fight for Veteran Recognition*. Chapel Hill: University of North Carolina Press, 2023.
- National Institutes of Health. "National Institute of Mental Health: Mission." October 12, 2021. <https://www.nih.gov/about-nih/what-we-do/nih-almanac/national-institute-mental-health-nimh>.
- Neilson, Elizabeth C., Sonia R. Singh, Kelly L. Harper, and Ellen J. Teng. "Traditional Masculinity Ideology, Posttraumatic Stress Disorder (PTSD) Symptom Severity, and Treatment in Service Members and Veterans: A Systematic Review." *Psychology of Men & Masculinities* 21, no. 4 (October 2020): 578-592.
- O'Connell, Aaron. *Underdogs: The Making of the Modern Marine Corps*. Cambridge: Harvard University Press, 2012.
- Oldstone-Moore, Christopher. "Mustaches and Masculine Codes in Early Twentieth-Century America." *Journal of Social History* 45, no. 1 (Fall 2011): 47-60.
- Ortiz, Stephen R. *Beyond the Bonus March and GI Bill: How Veteran Politics Shaped the New Deal Era*. New York: New York University Press, 2010.
- , ed. *Veterans' Policies, Veterans' Politics: New Perspectives on Veterans in the Modern United States*. Gainesville: University Press of Florida, 2012.
- Overy, Richard. *The Air War: 1939-1945*. Sterling, VA: Potomac Books, Inc., 1980.
- . *The Bombers and the Bombed: Allied Air War over Europe, 1940-1945*. New York: Penguin Books, 2013.
- . *The Bombing War: Europe 1939-1945*. New York: Penguin Books, 2013.
- Paget, Steven, ed. *Allies in Air Power: A History of Multinational Air Operations*. Lexington: University Press of Kentucky, 2020.
- Pendergast, Tom. *Creating the Modern Man: American Magazines and Consumer Culture, 1900-1950*. Columbia, MO: University of Missouri Press, 2000.
- Perret, Geoffry. *Winged Victory: The Army Air Forces in World War II*. New York: Random House, 1993.
- Pettegrew, John. *Brutes in Suits: Male Sensibility in America, 1890-1920*. Baltimore: Johns Hopkins University Press, 2007.

- Pfau, Ann. *Miss Yourlovin: GIs, Gender and Domesticity during World War II*. New York: Columbia University Press, 2008.
- Phillips, Rod. *Alcohol: A History*. Chapel Hill: University of North Carolina Press, 2014.
- Pikren, Wade E. and Stanley F. Schneider, eds. *Psychology and the National Institute of Mental Health: A Historical Analysis of Science, Practice, and Policy*. Washington, D.C.: American Psychological Association, 2005.
- Putney, Clifford. *Muscular Christianity: Manhood and Sports in Protestant America, 1880-1920*. Cambridge: Harvard University Press, 2001.
- Ritchey, Russell V. *Years of the Tiger: Squadron Officer School*. Edited by Rolland F. Clarkson, Jr., Joel W. Sills, and Martin J. Costellic. Montgomery, AL: Air University Press, 2000.
- Rotskoff, Lori. *Love on the Rocks: Men, Women, and Alcohol in Post-World War II America*. Chapel Hill: University of North Carolina Press, 2002.
- Rotundo, E. Anthony. *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era*. New York: Basic Books, 1993.
- Rutenberg, Amy. *Rough Draft: Cold War Military Manpower Policy and the Origins of Vietnam-Era Draft Resistance*. Ithaca: Cornell University Press, 2019.
- Scull, Andrew. *Madness in Civilization: A Cultural History of Insanity, from the Bible to Freud, from the Madhouse to Modern Medicine*. Princeton: Princeton University Press, 2015.
- Shay, Jonathan. *Achilles in Vietnam: Combat Trauma and the Undoing of Character*. New York: MacMillan Publishing Company, 1994.
- Shephard, Ben. *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*. Cambridge: Harvard University Press, 2001.
- Sherry, Michael. *In the Shadow of War: The United States since the 1930s*. New Haven: Yale University Press, 1995.
- . *The Rise of American Air Power: The Creation of Armageddon*. New Haven: Yale University Press, 1987.
- Sherwood, John. *Officers in Flight Suits: The Story of American Air Force Fighter Pilots in the Korean War*. New York: New York University Press, 1996.
- Sletvold, Jon. "The Ego and the Id Revisited: Freud and Damasio on the Body Ego/Self." *International Journal of Psychoanalysis* 94, no. 5 (October 2013): 1019-1032.

- Skocpol, Theda. *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States*. Cambridge: Belknap Press of Harvard University Press, 1992.
- Smith, Matthew. *The First Resort: The History of Social Psychiatry in the United States*. New York: Columbia University Press, 2023.
- Sparrow, James T. *Warfare State: World War II Americans and the Age of Big Government*. Oxford: Oxford University Press, 2011.
- Stur, Heather. *Beyond Combat: Women and Gender in the Vietnam War Era*. New York: Cambridge University Press, 2011.
- Suzik, Jeffrey R. "'Building Better Men': The CCC Boy and the Changing Social Ideal of Manliness." *Men and Masculinities* 2, no. 2 (October 1999): 152-179.
- Tiemeyer, Phil. *Plane Queer: Labor, Sexuality, and AIDS in the History of Male Flight Attendants*. Berkeley: University of California Press, 2013.
- Tripp, Steven Elliott. *Ty Cobb, Baseball, and American Manhood*. New York: Rowman & Littlefield, 2016.
- United States Air Force. "Brigadier General William F. Cook." <https://www.af.mil/About-Us/Biographies/Display/Article/107374/brigadier-general-william-f-cook/>
- Venable, Heather. *How the Few Became the Proud: Crafting the Marine Corps Mystique, 1874-1918*. Annapolis: Naval Institute Press, 2019.
- Vettel-Becker, Patricia. *Shooting from the Hip: Photography, Masculinity, and Postwar America*. Minneapolis: University of Minnesota Press, 2005.
- Vlaun, Brian. *Selling Schweinfurt: Targeting, Assessment, and Marketing in the Air Campaign against German Industry*. Annapolis: Naval Institute Press, 2020.
- Vuic, Kara D. *The Girls Next Door: Bringing the Home Front to the Front Lines*. Cambridge: Harvard University Press, 2019.
- , ed. *The Routledge History of Gender, War, and the U.S. Military*. New York: Routledge, 2018.
- Wake, Naoko. "The Military, Psychiatry, and 'Unfit' Soldiers, 1939-1942." *Journal of the History of Medicine and Allied Sciences* 62, no. 4 (October 2007): 461-494.
- Wells, Mark. *Courage and Air Warfare: The Allied Aircrew Experience in the Second World War*. London: Frank Cass, 1995.

Wilkins, Mark C. *Aero-Neurosis: Pilots of the First World War and the Psychological Legacies of Combat*. South Yorkshire: Pen and Sword Books, 2019.

Wohl, Robert. *A Passion for Wings*. New Haven: Yale University Press, 1994.

Worden, Mike. *Rise of the Fighter Generals: The Problem of Air Force Leadership, 1945-1982*. Maxwell AFB, AL: Air University Press, 1998.

Young, Allan. *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*. Princeton: Princeton University Press, 1997.

## **Vita**

Jorden Pitt was born in Rock Springs, Wyoming. He is the son of David Pitt and Brandy Pitt and Tammy Macy and Robert Macy. He graduated from Rock Springs High School. After taking three years off from attending school, he attended the University of Wyoming and graduated Summa Cum Laude with a Bachelor of Arts with a major in History and minor in Spanish in December 2015.

In 2017, Jorden earned a graduate assistantship from Kansas State University, where he graduated in 2019 with his Masters of Arts degree in History. In August 2019, Jorden earned a graduate assistantship from Texas Christian University to begin the PhD Program in History. While working on his doctorate, Jorden earned the Ross and Winnie Day Cannon Scholarship for Graduate History Tuition in 2021-2022 and 2023-2024. He also earned fellowships and awards from various organizations to attend different conferences. In 2022, he earned the prestigious Fellowship in the History of Space Technology from the American Historical Association and National Aeronautics and Space Administration. While working on his dissertation in 2023, Jorden began working at the United States Air Force Academy as an instructor of history.

Jorden is married to Kylee Rae Pitt of Afton, Wyoming. They have three children.