

A SCREENING PROCEDURE FOR THE SELECTION OF RECRUITS FOR PSYCHIATRIC INTERVIEW.

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IN the opinion of psychiatrists it should be possible to detect at the time of recruitment a considerable proportion of those later destined to prove unsuitable owing to psychiatric disabilities. Examination by psychiatrists, however, takes a considerable time, and it is impossible for them to examine fully more than a certain proportion of entrants. Thus, in all countries during the war the need has been felt for a preliminary screening procedure to indicate those for whom a full psychiatric interview is desirable. It is the purpose of this paper to outline a method differing in certain ways from those previously described.

It may be recalled that the principal recorded methods of psychiatric screening consist, either singly or in various combinations, of—

- (1) The somewhat haphazard reference of candidates who at any stage strike their examiners as behaving in an unusual or queer manner.
- (2) Very brief examinations (3 minutes or sometimes considerably less) of all candidates by trained psychiatrists who try to spot those who need a more prolonged examination.
- (3) Questionnaires, such as the Cornell Selectee Index.
- (4) Intelligence tests, both to pick out the subnormal by low scores and the unstable by scattered or discrepant scores.

Psychiatrists in Great Britain have been too deficient in numbers, and perhaps also in stamina, to make the second method a practical proposition. The third method, the psychiatric questionnaire, suffers from the defect that it is unreliable except in those who are bright and literate. The indirect approach by way of intelligence tests does not appear to have proved successful; a low score indicates dullness and not neurosis, and the hopes that an unequal performance may pick up instability with any reasonable efficiency have not been realized.

The method to be described frankly uses the art of direct questioning as the main weapon in order to elicit points of psychiatric significance, intelligent women with little specialized training being used for this purpose. We believe that the flexibility of this procedure more than compensates for the loss of objectivity as compared with the questionnaire method, for each essential topic can be presented to the individual candidate in the most suitable way.

When the present procedure for recruitment into the Navy was being organized in the late summer of 1941, it was decided to appoint selected members of the W.R.N.S. (Wrens) as assistants to the naval recruiters. The naval recruiters were chief petty officers, or of equivalent rank, whose duty it was to interview all men who volunteered for the Navy, or who had expressed a naval preference at the time of their call-up for national service, the accepted proportion varying from time to time with naval needs. These selected Wrens were only given a very brief course of training, though they were subsequently supervised by experienced psychiatric social workers, whose arduous task it was to travel round so that the practical tuition of the Wrens should continue. (The supervisors were originally three in number for the whole country, but for unavoidable reasons were soon reduced to

two, and finally to one.) Instructions were provided to guide the Wrens in making inquiries into each man's past record, and in asking certain additional questions when checking up the simple forms which all naval candidates had to fill up. (These instructions are set out in Appendix 2.) The duration of the Wren's interview with any candidate seldom amounted to more than 8 minutes.

It was hoped that in the case of markedly unsuitable candidates information would be elicited which would make it clear to the naval recruiter that the man was not worth taking and should therefore be rejected. It was further hoped that in a higher proportion of cases, whilst the information elicited might not be such as to justify rejection, it would nevertheless indicate the desirability of a psychiatric examination when the man reached his training establishment.

In order to investigate the efficiency of the procedure, two experiments were carried out.

The First Experiment.

In the first experiment, Wren assistants to naval recruiters interviewed a number of neuropsychiatric cases under treatment in the neuropsychiatric unit of a naval hospital, together with surgical and medical cases to act as controls. The selection of both the psychiatric and control cases was of the simplest description, for it so happened that at the time of the experiment there was an unusually large number of vacancies in the hospital. Consequently, it became necessary to select all the patients who were in a fit condition, either physically or mentally, to proceed to the examination hall. Moreover, it was necessary to supplement the controls by adding 11 stokers, members of the hospital fire party, who were not patients at all.

Approximately equal numbers of neuropsychiatric patients and controls were present at each session, and the Wrens did not, of course, know to which category a man belonged. After each session the Wrens went over the forms they had completed, dividing them into those they would have classified as positive or negative at a recruiting centre.

It is true that the neuropsychiatric cases were interviewed after their breakdown had occurred; the Wrens were, however, instructed to confine their inquiries very carefully to matters of fact which had preceded the man's entry into the Navy, and to ignore any information volunteered regarding his service career. The whole procedure was carried out exactly as at a recruiting centre. A short battery of group intelligence tests was also applied.

It became clear on inspecting the forms that the reasons for considering the findings as positive fell into two main categories: First, "mental": for example, a past history of a nervous breakdown, or a long period of disability following head injury. Secondly, "physical": for example, gastric or chest complaints. It will be realized that the Wrens were instructed to report physical complaints which might be indicative of psychiatric disorder; but since the majority of controls were hospital patients, they naturally picked up an undue proportion who gave a past history of physical ill-health.

Table I shows the numbers and percentages of cases of neuropsychiatric patients and controls classified as positive or negative by the P.O. Wrens, together with a further division of the positive cases into those so classified on mental or physical grounds respectively:

TABLE I.

<i>Neuropsychiatric cases :</i>		Number.	Percentage.
Positive on mental grounds		22	41
" " " physical" grounds		4	8
Negative		27	51
Total		53	100
<i>Controls :</i>			
Positive on mental grounds		7	13
" " " physical" grounds		12	21
Negative		37	66
Total		56	100

With one exception all the control patients classified as positive by the Wrens were examined psychiatrically. One stoker was not available as he had been removed to cells for punishment. Table II shows in each case the reason why the Wren classified the man as positive, the hospital diagnosis and the psychiatric findings:

TABLE II.—*Details of Controls Classified as Positive by the P.O. Wrens., Positive on Mental Grounds.*

	Positive history elicited by Wrens.	Hospital diagnosis.	Psychiatric findings.
1.	Nerves and chest	? Bronchiectasis	Chronic anxiety state.
2.	Faints	Vasomotor instability and ? recent ulcer	" " "
3.	Nervous breakdown and gastric	Nervous dyspepsia	Hysteria.
4.	Turns	(Stoker—staff)	Stable dullard.
5.	Nerves	Nervous dyspepsia	Negative.
6.	Chest and fatigability	Effort syndrome	"
7.	Headaches	Headaches, ? eyes	"
<i>Positive on Physical Grounds.</i>			
1.	Gastric	Pleurisy	Constitutionally inferior.
2.	Weak bladder	Enuresis	Enuretic dullard.
3.	Gastric	Nervous dyspepsia	Negative.
4.	"	Gastric (ulcer)	"
5.	"	(Stoker—staff)	"
6.	"	Fractured tibia	"
7.	Gastric and chest	Gastric (ulcer)	"
8.	Chest	Effort syndrome	"
9.	Asthma	Asthma	"
10.	Rheumatic fever	Fractured pelvis	"
11.	Giddiness and ear trouble	? Menière's syndrome	"
12.	Chest	(Stoker—staff)	Not seen (in cells).

It will be seen that no less than 3 out of the 7 controls classified as positive on mental grounds were found to be positive on psychiatric examination. Thus, if references on mental grounds only are considered, 22 out of 53 neuro-psychiatric cases were picked up, whilst out of 56 controls only 4 were judged positive without this finding being substantiated on psychiatric examination. As has been pointed out, classification as positive on physical grounds was, in any event, likely in the case of hospital patients.

Turning to the neuropsychiatric cases, Table III summarizes the diagnoses in relation to the Wrens' classification:

TABLE III.—*Diagnoses of Neuropsychiatric Patients in Relation to the Wrens' Classification.*

Diagnosis.	Total number.	Number positive on mental grounds.	Number positive on physical grounds.	Number negative.
Affective	19	6	1	12
Hysteria	8	6	2	..
Psychopathy	6	2	1	3
Schizophrenia	2	1	..	1
Mental deficiency	3	2	..	1
Post-concussional	8	2	..	6
Epilepsy	4	2	..	2
Enuresis and stammer	2	1	..	1
Organic mental reaction	1	..	..	1
	53	22	4	27

The results of applying group intelligence tests were negative, apart from the discovery that the 11 stoker controls were of lower average mentality than the other controls or the psychiatric patients—a point not relevant to the experiment. Comparing these last two groups there was no appreciable or systematic difference in mean performance, nor was the psychiatric group more variable.

The Second Experiment.

It was decided to repeat the first experiment on a somewhat larger scale, and to include a sample of psychiatric out-patients with normal naval ratings to serve as their controls. This experiment was carried out at two naval hospitals and at a naval barracks. Four P.O. Wren assistants to naval recruiters carried out all the interviewing.

Those interviewed comprised:

(1) 97 neuropsychiatric in-patients who included all whose condition made it possible for them to proceed to the examination room and co-operate in an interview.

(2) 77 in-patient controls from the surgical and medical wards. Gastric cases were excluded owing to the high incidence of neurosis in this group. Obvious surgical cases, e.g. those with bandages, splints, etc., were also excluded. Apart from this there was no selection.

(3) 50 out-patients on the attending list of the neuropsychiatric specialist at the barracks.

(4) 98 control ratings. These were simply men detailed by executive officers just as any working party would be chosen.

Intelligence tests were not applied owing to the negative result in the first experiment. As before, roughly equal numbers of neuropsychiatric patients and controls were present at each session, the Wrens being unaware which men were patients and which controls. The first experiment showed that reference on physical grounds is relatively unproductive, and screens off considerable numbers suffering from purely physical ailments, e.g. bronchitis. In the second experiment, therefore, it was decided to consider as positive "mental" references only; physical findings were ignored unless there was some additional evidence pointing to a neurotic element in the disability.

All the forms were scrutinized by us (without knowledge as to whether the case was a neuropsychiatric one or not) and, on the basis of the facts recorded by the Wren regarding school and work record, together with the answers to the stability questions, we classified the forms into two groups: (1) Those which in our judgment indicated that a psychiatric interview was desirable, and (2) those which were purely negative or in which the indications were not strong enough. The results are shown in Table IV:

TABLE IV.

<i>Out-patients and Normal Sailors.</i>	Positive.	Negative.	Percentage positive.
Neuropsychiatric cases	25	25	50
Controls	16	82	16
<i>Hospital Patients.</i>			
Neuropsychiatric cases	60	37	62
Controls	12	65	16

It will be seen that 28 men, either non-psychiatric hospital patients or presumably normal sailors, yielded sufficient positive evidence to indicate the desirability of a psychiatric examination. Once again special interest attaches to this group, because these men had not previously had a psychiatric interview, and might be taken to represent a sample of positive pick-ups amongst the ordinary population, none of whom had so far broken down.

All 12 in-patients were seen and 9 out of the 16 normal sailor controls. (Unfortunately 7 of these latter were missed, as they were no longer available when the scrutiny of the forms had been completed.) It is a striking fact that of the 21 men seen, no fewer than 12 presented at least some evidence of psychiatric abnormality. In certain cases the abnormality was relatively gross and the outlook for the man very poor. In view of the importance of these 12 cases, a summary is presented in Table V.

TABLE V.—*Summary of Findings in 12 Control Ratings in whose Case Evidence of Instability was Elicited by the P.O. Wrens, this Finding being Confirmed on Psychiatric Examination.*

In-patients.

1. Hospital diagnosis: Inguinal hernia and arteriosclerosis.
Wren's report: Weak heart since childhood. Bad sleeper. Indigestion. Occasional fits of tiredness. Worries over trifles. Doesn't make friends easily.
Psychiatric report: Constitutional inferiority with anxiety. Prognosis in R.N. doubtful.
2. Hospital diagnosis: Osteomyelitis.
Wren's report: Constantly ill during school days with "rheumatic fever." Was partially crippled and could not walk about. Always felt pain in winter in one leg. Found long hours trying and got bad headaches.
Psychiatric report: Positive finding confirmed. Off work for "nervous debility" six times two or three weeks at a time. Anxious. Moods of depression. Father committed suicide in depression.
3. Hospital diagnosis: Old infantile paralysis.
Wren's report: Suffered from headaches for 18 months after concussion in 1937. Becomes dizzy at heights.
Psychiatric report: Positive finding confirmed. Slight post-concussional state and anxiety symptoms since accident.
4. Hospital diagnosis: Urinary investigation.
Wren's report: Worried because he is backward. Did not make friends easily. Childish fears of "pictures" in the dark (age 25).
Psychiatric report: Mental defective and constitutionally anxious. Anxiety state since being torpedoed in December, 1942. Reacted with exacerbation of low back pain and frequency when made fit for draft recently.
5. Hospital diagnosis: Muscular rheumatism.
Wren's report: Very bad work record. Left second job for health reasons. Doctor told him he was heading for bad nervous breakdown. Has always slept badly. "Gastritis" for 12 months after leaving above job. Improved after a year, but was kept by parents without regular jobs for four years, as he was in "failing health."
Psychiatric report: Constitutional inferiority with hysteria. Prognosis very poor. Has been almost constantly in hospital since joining the Navy 2½ years ago. (Since transferred to psychiatric unit.)
6. Hospital diagnosis: Fibrositis.
Wren's report: Thirteen jobs and inadequate reasons for leaving them (age 42). Has always been nervous and easily tired.
Psychiatric report: Hysterical hypochondriasis precipitated by difficulties in adjusting to service life and domestic worries. Of dull intelligence; has always been managed and carried along by more efficient wife. (Since transferred to psychiatric unit.)
7. Hospital diagnosis: Mastoid.
Wren's report: Suffered from gastritis for about 17 years. Very strict diet in civilian life. Says he never sleeps more than three hours at a stretch. Left all his jobs for health reasons.
Psychiatric report: A nervous, anxious man about whom I would have been doubtful from his past record, but who, in fact, appears to have done quite well. Would seem a doubtful risk.
8. Hospital diagnosis: Rheumatoid arthritis.
Wren's report: Naturally bashful. Worries a lot. Says he gets a sinking feeling in the pit of his stomach.
Psychiatric report: Anxiety state in a chronically anxious man.

Normal Sailor Controls.

- Of the 9 out-patients seen, 4 presented evidence of psychiatric abnormality.
1. Wren's report: Gastric attacks at frequent intervals since 1935. Has attended doctor regularly and taken medicine. Worried over job and over sleeplessness at one period.

- Psychiatric report: This man speaks in macabre tones of the insanity and T.B. in his family. He was nervous as a child and enuretic until 9 years. Apprehensive about his service future. Opinion chronic anxiety state. A good pick-up.
2. Wren's report: Has always been tired since the age of 12 (aged 18). After two years in hospital, age 10, did not make friends with other boys.
Psychiatric report: In the service less than three months, he does not display the normal entrant's desire to be away on draft, but is already showing a pathological aversion. He is nervous of air raids, afraid of heights and terrified of sea service. Opinion: Chronic anxiety state of mild degree. No indication for intervention yet, save of a stimulating kind, but a bad bet.
3. Wren's report: Poor school record. Prolonged sickness after accident (compensation), followed by pain attributed by doctor to nerves.
Psychiatric report: A constitutionally timid dullard whose nerves sent him to bed during the London blitz. A good pick-up, though will probably make a satisfactory adjustment in his rating (special repair), which is for shore service.
4. Wren's report: Always worried over bad memory and difficulty in learning. This caused breakdown, 1941-2. Under doctor 18 months. Digestion poor. Always a bad sleeper.
Psychiatric report: A tense, fussy, over-conscientious individual with a history of two brief "breakdowns." Tends to get keyed up and flustered easily. No affective disturbance apparent now.

It was shown in Table IV above that of 97 in-patients, sufficient positive information regarding pre-service career was elicited in 60 to justify reference for a psychiatric opinion. Amongst the 50 out-patients the corresponding number was 25. It would naturally be anticipated that a larger number of in-patients would be predictable.

Table VI shows a broad classification of the neuropsychiatric cases, together with the numbers which were positive and negative in each category:

TABLE VI.

<i>Neuropsychiatric In-patients.</i>	Positive.	Negative.	Percentage positive.
Affective	23	10	70
Hysteria	15	3	83
Psychopathy	7	5	58
Schizophrenia	2	2	..
Mental deficiency	2	2	..
Post-concussional	2	2	..
Epilepsy (inc. "observation epilepsy")	9	7	56
Enuresis . . . . .	..	4	..
Organic mental reaction . . . . .	..	2	..
	60	37	62
<i>Neuropsychiatric Out-patients.</i>			
Affective	16	20	44
Hysteria	4	1	..
Psychopathy	3	..	..
Post-concussional	1	1	..
Epilepsy (inc. "observation epilepsy")	1	2	..
Enuresis . . . . .	..	1	..
	25	25	50

It will be observed that, as in the first experiment, hysterics were picked up with notable success. Combining both experiments, 19 out of 24 gave information respecting their pre-service career justifying psychiatric reference. It will also be observed that 36 out of 50 out-patients fall into the affective groups and that less than half have been picked up. This is not surprising, as many were admirable

men who had given good service, but they had been exposed to severe stress and had developed anxiety states as a result. It would not be expected that such breakdowns would be readily predictable.

Discussion.

Combining the results of the two experiments, and considering the "mental" pick-ups only of the first experiment, out of 200 psychiatric patients the method employed yielded positive findings in 107 (53 per cent.). Out of 231 controls only 35 (15 per cent.) were classified as positive. It must be noted, however, that of the 28 controls picked up as positive who were subsequently examined psychiatrically, no fewer than 15 presented some evidence of appreciable psychiatric abnormality.

It seems fair to conclude, therefore, that the method is relatively efficient; women of intelligence, common sense and tact, after brief instruction only, can elicit information which indicates the desirability of a psychiatric examination in a reasonably high proportion of those subsequently destined to break down; on the other hand, they will not pick up at the same time an unduly high proportion of candidates subsequently found to be psychiatrically negative.

As is shown in the first experiment, it is, not unnaturally, difficult for the interviewer to distinguish genuine physical complaints from those having a neurotic basis. Reference on "physical" grounds is, therefore, relatively unproductive, and it is doubtless best for the initial interviewer not to refer for psychiatric opinion a case with a history of a physical complaint unless there is additional evidence of a neurotic background.

It is true that in these experiments the information was elicited (except in the case of the controls) after the man's breakdown; and although the information referred only to the history prior to entry, it might be contended that this would at recruitment sometimes have been concealed, wilfully or otherwise. This would undoubtedly be true in some instances, but it was only known to have occurred in a handful of the group investigated. The usual story obtained from psychiatric cases seen in the Navy is that they have never been asked questions bearing on such topics by the initial medical board. It may be said of neurotic individuals as a class that they are only too willing to discuss their past experiences if any interest is shown. It is indeed likely that relevant information bearing on instability is more easily elicited by a sympathetic Wren than by a Medical Board; moreover, women seem to have a remarkable capacity for carrying on repetitive work of this kind without becoming irritated or bored.

It is also true that the results obtained in set experiments of this kind might be unduly encouraging owing to the natural desire of the interviewers to do their best; this incentive might well be considerably weaker under routine conditions of work. It is difficult to estimate the importance of this factor, and doubtless the results presented should be regarded as optimal. Nevertheless, we do feel that with well selected examiners, careful supervision and the knowledge that the work they are doing is appreciated and valuable, the results under routine conditions should not fall far short of those set forth in this paper. The Wrens selected for the experiment were not chosen because they were the best interviewers, but were, in fact, considered by the supervisors to be a fair sample. We have compared the results obtained by the four Wrens in the second experiment, and found that the proportion of psychiatric in-patients picked up as positive hardly differed at all, whereas two of the Wrens were definitely superior to the others in picking up the less marked abnormalities displayed by the out-patients. This difference confirmed the forecast made by the supervisors. Given favourable conditions we do not feel that individual differences in the efficiency of screening are as great as might have been anticipated.

Summary.

The screening procedure described comprises a short interview by intelligent women who have received brief instruction only. They assess school and work record and, without using a set form of questions, discuss a selected list of topics bearing on stability. It is found that this method, without rousing resentment, can yield a reasonable proportion of pick-ups for subsequent psychiatric interview, at which it will indeed be found that psychiatric abnormality is frequently present.

On the other hand, relatively few persons are picked up in whom significant psychiatric abnormality is not present.

In the course of two experiments the procedure was applied to psychiatric in-patients and out-patients, non-psychiatric in-patients and normal sailors serving as controls. Pre-service history only was considered, and the interviewers were not aware which men were psychiatric patients and which controls. The result was as follows:

	Picked up.	Not picked up.	Percentage picked up.
Psychiatric patients	107	93	53
Controls	35	196	15

Of the controls picked up no less than half proved on examination to present appreciable psychiatric abnormality.

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APPENDIX I.

Neuropsychiatric Patients.

The following is a strictly random sample of pre-service positive findings elicited by the Wrens indicating the desirability of a psychiatric examination:

1. Very fidgety at work and worried by long hours; period of past sleeplessness; advised by doctor to change work and rest. (Diagnosis: Affective.)
2. Never had settled job—twelve or more by age 22. Left last one to join up because noise gave him headaches. (Diagnosis: Hysteria.)
3. Police conviction quashed on grounds of mental state a year ago, since when treated by a psychiatrist. (Diagnosis: Psychopathy.)
4. Lifelong fear of tuberculosis—even healthy sport motivated by this. Excitable and also nervous in company. Vague hopes of becoming a missionary, but has taken no steps (? personality determination of prolongation of headaches). (Diagnosis: Post-concussional.)
5. Could never stand the same people round him all the time; got "fed up" and often asked for change of job as a dyer. Fussy about his food. "Worried over the least thing." Always had to reassure himself over trifling activities (light switches, gas, etc.). Broken sleep. (Diagnosis: Affective.)
6. Could not concentrate as had too many people round him when at night school for short period. More nervy in winter than in summer as bad weather always depressed him. Nerves got better during nine months' labouring and ate and slept better after leaving office. Three times "on the verge of a nervous breakdown." Went to doctor for his nerves. Always a bad sleeper. Afraid of insanity since the age of 12, and suffered from feelings of unreality at night and in strange places. Has a horror of going away from home. Could not bear to look up at the stars. (Diagnosis: Affective.)
7. Afraid of the dark as a child and since (aged 22); used to worry terribly over his studies and had nightmares which woke him up. Suffered from very bad headaches after studying or after a long working day. Has always worried very much. (Diagnosis: Affective.)
8. Is aged 20. Had nervous breakdown aged 12½, when working for a scholarship. Fainted six to eight times a week and all school work stopped for six months. Had headaches up to 14 and had to be careful over his food. Was dieted for his blood pressure at 16. Liable to nightmares. Mother said he worried even while at school. Got tired when doing errands. Could not bear enclosed spaces. (Has a good work record.) (Diagnosis: Affective.)
9. Five jobs by the age of 20; left the third after "telling the boss off," and the fourth (a kitchen boy in a mental home) because it was too confined. Whilst in that job had stomach trouble. (Diagnosis: Affective.)

10. Aged 18; drove milk van for father. Always highly strung and easily excited. Used to go five times a week to the cinema, and if film was too exciting used to tear his clothes where he was. Fractured skull at 16. (Diagnosis: Hysteria.)

11. Joined the army when under age, but purchased his discharge to become a professional boxer. Had a bad concussion boxing and doctor told him to rest for six months. Has never had many fights. Highly strung as a child; could never sleep until 4 a.m. before a fight. Says he only got into top standard at school because his father kept at him with a big cane. Gets easily tired and has little energy except when in gymnasium. Says he has a "terrible" inferiority complex. (Diagnosis: Hysteria.)

12. Aged 42. Was invalided from the army for shell-shock and from the Royal Marines for neurasthenia. Couldn't stick his next job. Joined the Merchant Navy, from which he was also invalided for his nerves. Always unable to concentrate on anything for any time. Was always restless and could never settle anywhere. Was a policeman for year before he joined up. (Diagnosis: Psychopath.)

13. Has not been strong since childhood—very highly strung and nervous (aged 18). Does not sleep very well and his appetite has never been good. Had to avoid rich or heavy foods. Says he suffers from fainting turns. Has felt worse since experience of blitz in Bristol. (Diagnosis: Psychopath.)

14. Head and nerves affected by blast sustained in 1941, since when has been depressed; has slept badly and has had poor appetite. (Diagnosis: Post-concussional.)

15. Poor work record—six jobs by age of 32 and inadequate reasons for changing. Suffers from indigestion. Sometimes cannot sleep and always inclined to worry. Says he is critical and easily irritated. Likes to be on his own and not interested in fellow workmen. (Diagnosis: Observation epilepsy.)

16. Gave up at least one of his six jobs for health reasons. At that time had shocked nerves; started dreaming of falling stones (worked in mine). Couldn't eat and slept badly. Says he took after mother, "a very nervous type." (Diagnosis: Affective.)

17. Always timid as a child and felt inferior to everyone (aged 23). A sleep-walker and has nightmares. Once cut his head whilst walking in his sleep. Never a good sleeper. (Diagnosis: Affective.)

18. Occasional bad headaches brought on by excitement and travel, and worry since fractured skull ten years ago. Worries about his work. Says he has spasms of lassitude often each year. Dislikes crowds. (Diagnosis: Affective.)

19. Hospital from 6 to 11 years old. Stomach ulcers 16 to 30 years. Always poor sleeper; sleep-walker. Health record always worried him. "Always been very nervous." Took outdoor job for health reasons. (Diagnosis: Hysteria.)

20. "Mother says I was highly strung." Volunteered information that he chose Navy because he did not like heights. Afraid of dark as a child. (Diagnosis: Post-concussional.)

APPENDIX 2.

Instructions to Wrens on the Assessment of Stability.

As regards the assessment of work record the relevant passages from the skeleton outline provided were as follows:

"Remember that opportunities for work have been much better since the war. The work record since the war may therefore be misleading, especially in the case of older men. When pressed for time, and again especially in the case of older men, concentrate on the work record in the last five years before the war. Remember, too, that many men change their jobs a good deal in their 'teens before they settle down, and this may give a misleadingly poor impression.

"Look for suspicious points in the work record. Put in general terms, you should be suspicious of any man who has been much unemployed (except in certain areas), who has failed to earn more as he grows older, or who has frequently changed his job. Here, again, the history of the last five years before the war is more illuminating than what goes before.

"The reasons for changing jobs are often indicative of neurotic tendencies, instability or lack of persistence. Be suspicious of any man who frequently changes

his job for no good reason, or who changed his job because he thought it was bad for his health, or who alleges that a doctor stated this. The same applies to men who have sought 'lighter work,' whether on their own initiative or on (alleged) medical advice. Again, certain neurotic individuals seek outdoor work, not so much because they like outdoor life, but because they believe, or say they were told, that 'the fresh air would be good for them.' Other suspicious reasons are finding noise trying or becoming easily fatigued; and finally, there is a group who cannot stick at a job because of difficulties that repeatedly arise with their fellow workers or with those over them.

"When such suspicious points are elicited, the facts should be recorded, but without comment.

"When eliciting the work record, it may save time (a) to find out first of all whether what is given as the 'main occupation' was the one that was held up to the time of call-up, and (b) to concentrate on the last five years, especially when confronted with a complicated work record. In such cases the questions, 'How many jobs have you held in the last five years?', and 'How much time (just roughly in months) have you been off work in the last five years?' will often give valuable information quickly. These questions can in suitable cases be supplemented by such other questions as 'Were you out of work just because of bad luck, or was it because you were not fit?'"

In addition the Wrens were given certain questions or rather topics for special investigation. It was emphasized that information on those topics could often best be elicited when inquiring about the work record or if the occasion arose in other ways, and that inadequate or misleading information would be likely to result from popping a series of bare questions at the end of the interview.

The skeleton outline provided regarding these questions or topics was as follows:

"(a) On special interests and hobbies and how spare time is employed, the questions to be asked are 'What are you keen on doing in your spare time?', 'Have you any special hobbies or interests?', and in certain cases, 'What do you really look forward to doing when you are off work?'"

"Unlike the subsequent questions you should always write something down, for the fact that a man does nothing in his spare time and has no special hobbies or interests is as important a fact as that he should be a pillar of his local Y.M.C.A., keep pigeons or play football.

"What is really valuable for stability is evidence of a *sustained* capacity of interest and activity, as is the converse for instability. Remember that the output of physical energy of neurotic individuals tends to be low, and that the majority of neurotics do not relish team games or activities in which they can hurt themselves.

"(b) 'For what illnesses have you been off work?' When pressed for time, this again may be supplemented by 'during the last five years.' The essence here is to determine whether the man feels that he has made a complete recovery or not. 'Are you quite fit again now, or do you still have to go slow in any way?' If a man admits he has had a nervous breakdown, this fact should be doubly underlined, and its date, duration and any hospital admission recorded.

"(c) 'Has your health been good? Have you had to go to your doctor a certain amount? Or often?' Here, again, the essence is to try to determine whether a man feels he has been handicapped by his health during recent years, or whether he had to restrict his activities in any way because of health reasons. Quite a lot of people visit their doctor rather frequently because they feel 'run down' or 'need a tonic.' This sort of fact if elicited should be recorded if it has occurred at all frequently during recent years.

"(d) 'What about your digestion? Do you have to be at all careful in what you eat?' (and if so) 'Do you have to take a special diet or medicine?' Here once more the recent history is the important one. If a man has been on a special diet (or medicine for his indigestion) continuously for over a year up to the time of call-up this should be trebly underlined.

"(e) 'How do you sleep? Do you sleep well? Have you always been a good sleeper?' Perhaps the majority of nervous troubles, whether in the present or in the past, are associated with poor sleep. The history of a period of poor sleep in the past should prompt further inquiry as to the associated symptoms.

"(f) 'What about your powers of endurance? Do you get easily tired?'"

More so than other men?' Here, again, positive statements should always be supplemented by factual illustrative data.

"(g) 'Would you regard yourself as sensitive or highly strung? Have you ever had any trouble with your nerves?' The same rule applies. Positive statements must invariably be accompanied by illustrations as to how exactly pleasure and activities were diminished or restricted.

"It may be said with some confidence that *persistently* negative answers to the above questions would suggest some failure in the technique of eliciting the required information. Nor need you be afraid of manufacturing symptoms; for it is only possible to suggest symptoms of the kind you are seeking to the potentially unstable or unsatisfactory."

Any fear that this type of interviewing might be resented would readily have been dispelled by seeing the Wrens at work. The interviews were, in fact, accepted without question; many thousands of men have been seen, and only a negligible number of complaints have been received.

(P.S.—The "sleep" questions produced some ribald replies—principally in Glasgow.)