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Behind Closed Doors: Revisiting Air Command's 'Lack of Moral Fiber and Waverer Disposal Policy' and its 'Treatment' of Neurotic Cases, 1941-1945

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Part I: Introduction

"The airman thereafter developed symptoms of an anxiety state and was treated in sick quarters for a month without improvement. In previous wars he would probably have been shot for cowardice. Today he is a "medical case", albeit a medical nuisance."¹

Edward Jewesbury MD, RAF Neuroses Specialist, 1943.

¹ Edward Jewesbury, M.D., "Work and Progress Report" to Air Command, July 1943. AIR 49/357 Papers, National Archives, Kew Gardens, London.

Forced to accept the existence of combat neuroses, but wary that too lenient of a disposal policy might encourage shirkers, Dr. Jewesbury's quote reveals the quandary facing Royal Air Force (RAF) Command during the Second World War. As Air Command (Command) reacted to the perceived threat of mass noncompliance and a rapidly increasing neurotic wastage rate, it chose to institutionalize an uncommonly harsh disposal policy in September 1941: the Lack of Moral Fiber and Waverer Disposal Policy (hereafter LMFW policy). This policy was designed to not only lower rates of neuroses, but also simultaneously to deter future cases of noncompliance through its harsh punishment of neuroses and malingering and by the stigmatization of such categorized cases. Considering recent accusations that Britain's armed forces continue to attach stigma to neurotic disorders amongst its forces deployed in Iraq and Afghanistan, it is pertinent to return to the LMFW

policy to understand its causes and consequences, and then to explore its ramifications.

Indubitably, Britain had few alternatives than to rely heavily on the RAF to fight its early defensive wars (Battles of France and Britain) and subsequent offensive war (Bomber Offensive) against the German Luftwaffe. But throughout these years, did Command actually understand the neuroses afflicting its men? If so, how did it choose to treat wartime neuroses? Moreover, did the treatment effectively rehabilitate airmen, save lives or improve Command's operational efficiency?

During the war, as Britain's infatuation with its airmen grew, the Prime Minister, Winston Churchill, and the government launched an extraordinarily successful propaganda campaign evoking the heroic resistance and purported resilience of their young airmen. However, the reality of aviation combat told a different story; indeed the lethality of air combat, especially the bombing campaign, began to take its toll on RAF personnel from the outset of the war.^{2 3} It becomes painfully clear that RAF Command not only failed to understand and treat combat neuroses, but as a result LMFW policy failed to rehabilitate airmen. This resulted in a reduction of combat efficiency and an increase in air accidents. Indeed as volunteers grappled with an ever-increasing attrition rate (the highest of Britain's three services) as well as increasingly harrowing combat experiences, the airmen began to succumb to neuroses at ever-higher rates.^{4 5} Psychiatric attrition rates in Bomber Command increased from 1.5% in 1939 to 5.4% in 1943.⁶

LMFW policy demonstrates Command's pervasive paranoia for mass outbreaks of noncompliance at squadron level – it feared that these outbreaks would render the service operational ineffective, and simultaneously dismantle the service's and nation's stylized portrayal of its men's formidable stoicism.⁷ Above all, the policy was designed to swiftly remove men from their squadrons to Neurotic Centers in order to prevent the spread of noncompliance. Evidence demonstrates that Commanding Officers (COs), Medical Officers (MOs), officers and aircrew met Command's disposal policy with con-

siderable resistance due to its bluntness, harshness, and impact on operational performance.⁸ Yet, more often than not, COs and MOs acquiesced enacting Command's disposal policy. Not only did Britain's Secretary of State deem the harshness and class-orientated nature of the policy 'indefensible in Parliament' as the war wound down in 1944, evidence reveals that it failed to stem psychiatric wastage, contributed to higher rates of air accidents, and perpetuated stigmas attached to neuroses.⁹

To explore this topic, primary documentation, complemented by secondary scholarship, finally allows for historians to fully recreate LMFW policy. Thus, it is now possible to develop a fuller understanding of the severe consequences facing airmen. Aircrew faced the policy's harshest consequences – transfer to combatant or ground duties.¹⁰ These airmen, the non-officer class, included pilots, navigator, wireless operator, bombardiers and air gunners; in fact NCOs included all trained aircrew who weren't awarded the rank of officer upon graduation from aviation school. On the other hand, the officer class in the RAF faced softer, yet still stigmatic consequences, such as demotion and isolative invaliding.¹¹ Both LMFW officers and aircrew were met with the certainty of the squadron CO stripping the flier of his coveted wings.¹²

To contextualize LMFW policy in the historiography, this paper examines the British experience with neuroses in the First World War; in particular, the harsh and ineffective treatment of neuroses during the war and the Ministry of Pensions obsessive efforts to reduce pensions for neurotics during the interwar period.¹³ This paper then studies the development of aviation psychology in the interwar period by focusing on these sources: the *Birley Report on Wartime Neuroses* (1921), Bartlett *Psychology and the Soldier* (1927) and Gillespie's *Psychological Effects of War on a Citizen and Soldier* (1942).

In light of this historiography, it becomes abundantly clear that RAF Command had an obsessive predilection, based upon Freudian concepts, that rises in neurotic rates were attributable to the character deficiencies of its wartime recruits, and not to the combined effects of prolonged exposure to combat stress and high attrition rates.

Given the above, this paper endeavors to make three

2 "At one point in 1942 RAF bomber crews had no more than 10 per-cent change of surviving a full tour of operations." Martin Francis, *The Flyer: British Culture and the Royal Air Force 1939-1945*, (Oxford: Oxford University Press, 2008), 18-20.

3 Stephen Bungay, *The Most Dangerous Enemy: A History of the Battle of Britain* (London: Aurum Press, 2000), 223.

4 Around 45% of all those who served Bomber Command died during the Second World War, 56,000 in total. Max Hastings, *Bomber Command: The Myths and Reality of the Strategic Bombing Offensive 1939-1945*, (New York: Dial Press, 1979), 1.

5 "To name, but a few - lack of oxygen in the stratosphere, anti-aircraft, lack of parachutes, planes that were impossible to escape as they fell, lynch mobs... incited by German propaganda". Francis, *The Flyer*, 108.

6 Mark Wells, *Courage and Air Warfare: The Allied Experience in the Second World War* (London: Frank Cass, 1997), 129-133.

7 "LMF could go through a squadron like wildfire if it was unchecked". Hastings, *Bomber Command*, 243.

8 Squadron Leader D. Reid to Air Command, September 14, 1942, AIR 49/357 Papers, National Archives, Kew Gardens, London.

9 Minutes on "W" Procedure, October 20, 1944, AIR 19/632 Papers, National Archives, Kew Garden, London.

10 Air Command "Memorandum on the Disposal of All Members of Air Crews who Forfeit the Confidence of their Commanding Officers" to all Commanding Officers, May 8, 1943, AIR 19:632 Papers, National Archives, Kew Gardens, paragraphs 14-16.

11 *Ibid.*, paragraphs 14-16.

12 *Ibid.*, paragraph 17.

13 Joanna Burke, "Effeminacy, Ethnicity and the End of Trauma: The Sufferings of 'Shell-Shocked' Men in Great Britain and Ireland, 1914-39," *Journal of Contemporary History*, vol. 19 (Jan. 2000): 63.

core arguments about LMFV policy.

First, the totality of the RAF's war contributed to a growing disconnect between operational expectations from the government and Command, and the reality of the war facing their airmen. During the Battle of Britain a legend of invincibility and bravery was born in the skies above Britain, witnessed in the nation's cities and villages (Churchill himself was an avid nightly watcher). From these scenes, the British government wrought a propaganda machine extolling the beauty and nobility of air warfare that gripped the public's attention through the media of film, print and poster. These political and military expectations placed on the RAF, and, subsequently, its fliers, fostered a growing disconnect between Command's expectations of them and the reality of their experience. This disconnect contributed to the disposal policy in that Command used 'transfer to combatant duty' or 'resignations' to artificially lower psychological wastage rates conforming to the expectations of British propaganda.

Second, the interwar period, the dismantlement of the Royal Flying Corps (hereafter RFC) in 1917, and the rise of conflicting theories in academic aviation psychology during the interwar period, meant that lessons learned from the First World War, the RFC's institutional memory, were lost or forgotten by 1939. Indeed, the RFC had regarded neuroses with a considerable measure of sympathy – fliers were invalided to Britain. But the interwar discipline of academic psychology shrouds this memory, instead stressing that neuroses were the function of character deficiency. This becomes explicitly evident in Freudian arguments of the late 1920s that berated the 'vulnerability' of those with 'deficient characters' Combined with the Army and Royal Navy's 'treatment' of neuroses, and the Ministry of Pensions' obsessive predilection with reducing pensions for neurotics in the early interwar period, it becomes evident that the RAF Command conflated and punished neurotic cases with malingering due to their conviction that wartime psychoneurosis amongst fliers was a flaw of character, rather than result of 'non-severe' combat stress. Air Command's psychoneurotic reports consistently rank "predisposition" as a major indicator of how to dispose of flying stress cases.¹⁴

Third, the policy embodies Command's historical preference, evidenced in the historiography of the RFC and RAF, for fliers chosen from the upper classes to fill its officer ranks. Consequently, Command had developed a deep mistrust of the lower-class wartime volunteers that flocked to join the ranks of its 'meritocratic' air service. To expand, Command had historically preferred upper class and middle-class 'public school' fliers since the inception of the Royal Flying Corps in the First World War. This was present even in the interwar and wartime period despite depictions in British propaganda of the RAF as the 'everyman's service.' In the Second World

War, this culminated in the LMFV policy that, amongst other transgressions, punished NCOs far more harshly than the officers. Primary evidence reveals that disposal policy punished aircrew more harshly than officers because Command viewed aircrew, mainly trained and recruited from the lower middle and working classes, as innately more predisposed to psychoneuroses than their officer-class counterparts. Thus, the disposal policy was intentionally designed to swiftly remove aircrew succumbing to flying stress to combatant duties (thus, deterring future cases), while merely invaliding or discharging officers with the same symptoms. While this is a complex argument, it can effectively explain both Command's conflation and punishment of neuroses and malingering amongst aircrew, and the provision of a more considerate policy for the service's officer class.

Part II: Historiography and Context of the RAF's War, 1912-1945

This historiographical section begins with the RAF's defensive and offensive wars (1939-1945), then subsequently juxtaposes these wars to the experience of the RAF's predecessor, the RFC, during the tumultuous second decade of the twentieth century (1912-1917), and concludes with an analysis of shifting attitudes toward neuroses in aviation psychology during the interwar period.

During the Second World War, the British nation relied on the RAF as the first line of defense in the face of early German advances, after Operation Barbarossa, and Germany's opening of a second front, the service assumed a new role as the nation's primary means of striking back at the enemy. For this paper's purposes, the RAF's wartime experience will be clearly divided into two periods: the defensive total war (1939-1940) and the offensive total war (1940-1945).

On September 31st, 1939, Germany invaded Poland. The RAF fought two defensive battles, the Battles of France and Britain, before their victory over the Luftwaffe in September 1940. The Battle of France is widely regarded as a swift and effective victory for the Luftwaffe despite their loss of 1,284 aircraft against RAF losses of 931.¹⁵ After the British defeat and evacuation of the British Expeditionary Force (BEF) at Dunkirk on the May 26, 1940 and the French surrender on the June 13, 1940, the attention of the nation shifted from the Battle of France to the Battle of Britain.

Throughout the Battle of Britain, the RAF was the only service capable of defending the nation from a cross-Channel invasion; the BEF had most of their equipment in France, while the Royal Navy was incapable of defending the Channel while subject to attack by German light bombers operating from Northern France. To Britain's advantage, heavy German losses during the small naval invasion of Norway meant that the Kriegsmarine (Germany's navy) was unwilling to attempt a cross-Channel invasion until the destruction of the RAF. Thus,

14 "In diagnosing psychological disorders... their causes, particularly in relation to flying duties, and predisposition to nervous breakdown". Minutes, April 1945, AIR 2/6252 Papers, National Archives, Kew Gardens, London.

15 Anthony Beevor, *The Second World War* (London: Weidenfeld & Nicolson, 2012), 127.

on July 6, 1939, Hitler issued "Directive No.16 for Preparations of a Landing Operation against England." This document formed the basis of aviation strategy against Britain.¹⁶ Britain was utterly dependent on the RAF to defeat the German Luftwaffe in order to prevent a German invasion. This attitude can be encapsulated well in Churchill's *Finest Hour* speech,

"Upon it (the RAF) depends our own British life, and the long continuity of our institutions and our Empire. The whole fury and might of the enemy must very soon be turned on us. Hitler knows that he will have to break us in this island or lose the war. If we can stand up to him, all Europe may be freed and the life of the world may move forward into broad, sunlit uplands."¹⁷

The experience of RAF fighter pilots during Britain's defensive war would fundamentally alter national perceptions of its airmen. These airmen, greatly assisted by the invention of radar, rose multiple times a day to meet incoming Luftwaffe bombing raids. As rural and urban Britons alike witnessed the tiny RAF forces clash with the massed German bombers above, a legend of invincibility was born. Command and the British government began to exploit the legend of stoicism demonstrated by these fighter pilots, a campaign best encapsulated in Churchill's epithet, *the Few*.¹⁸

The origins of the term *the Few* can be traced to a speech of Winston Churchill's speech on August 20th, 1940, when he said:

"The gratitude of every home in our Island, in our Empire, and indeed throughout the world, except in the abodes of the guilty, goes out to the British airmen who, undaunted by odds, unwearied in their constant challenge and mortal danger, are turning the tide of the world war by their prowess and by their devotion. Never in the field of human conflict was so much owed by so many to so few."¹⁹

Evidently, the British government considered the RAF to be a national bellwether; if it demonstrated fortitude, the Brit-

ish people would be inspired to hunker down and fight out the war, yet if it displayed weakness, it could inspire defeatism amongst the people. However, RAF Command's confidence in Fighter Command would be shaken early on in the conflict. In 1941 RAF posted a 1.2% attrition rate from neuroses; this conflicted with Air Command's portrayal of its fliers as "unwearied" and "undaunted". The truth was that their airmen were already beginning to show the strain of the aviation war's stresses.

Without special attention from Command, aviation combat had already introduced unique stresses to airmen that were remarkably different than the stresses from ground or naval combat. For example, the Dowding system--the use of radar to throw the closest squadron into to the air against incoming German attacks--meant that fliers were on call throughout the day, and could fly three or four missions in a single afternoon. Anthony Beevor describes the 'dry mouth and metallic fear' of the waiting period, followed by the stress of air combat, when pilots were required to keep their "eyes skinned for enemy fighters."²⁰ Moreover, the nature of the conflict itself was terrifying; pilots flew at breakneck speeds in which reaction times to kill or be killed were miniscule. There are additional factors, which untrained military personnel would not even consider. These include the fact that fuel tanks were positioned in front of the pilot. If ignited, the fuel would cause horrific facial and body burns. Or, for example, that the wheels of fighter planes were liable to get stuck before landing. Additionally, Martin Francis records that the use of artificial mood-enhancers "Benzedrine" -- "wakey-wakey" pills was prolific, while Adam Tooze details the widespread use of methamphetamine -- Pervitin -- "pilot's chocolate" amongst aircrew.²¹ All these would contribute to the service's ever-growing number of neurotic cases.

The RAF's Bomber Offensive would expose tens of thousands of lightly trained RAFVR volunteers to an exceptionally terrifying and stressful form of aerial warfare. In contrast to Command's reliance on fighter pilots in the defensive war, the RAF now relied on bomber crews to fly sorties into occupied Germany. For starters, this meant that the proportion of airmen entering the force with a substantive military background started to decrease as Command came to rely increasingly on the volunteer reserve to fill its bombers. Moreover, in contrast to the defensive war, Command now relied on bombers manned by crews: these crews consisted of a pilot, navigator, wireless-operator, bombardier, and a varying number of air gunners. Significantly, this meant that the control each individual exerted over the plane was reduced drastically, intensifying fear experienced by aircrew.

In addition to these added stresses, aircrew's experiences were different to fighter pilots because bomber crews flew for most of their sorties over either water, or enemy territory.²² Moreover, the cumbersome size of a bomber and its

16 Anthony Beevor, *The Second World War*, 126.

17 'The Finest Hour', Churchill Center and Museum at the Churchill War Rooms, accessed on March 15th, 2013, modified July 13th, 2010, <http://www.winstonchurchill.org/learn/speeches/speeches-of-winston-churchill/122-their-finest-hour>.

18 Allan English, *Cream of the Crop: Canadian Aircrew 1939-1945* (London: McGill's University Press, 1996), 72.

19 'The Few', Churchill Center and the Museum at the Churchill War Rooms, accessed on April 8th, 2013, modified August 29th, 2008, <http://www.winstonchurchill.org/learn/speeches/speeches-of-winston-churchill/113-the-few>.

20 Beevor, *Second World War*, 135.

21 Francis, *The Flyer*, 120.

22 Francis, *The Flyer*, 121.

payload made it especially vulnerable to accidents at takeoff and landing. In total, 8,305-bomber crew died from accidents that occurred during non-operational flying.²³ Compounding these stresses, the amount of fuel and explosives carried meant that lethal accidents often led to vaporizing explosions. As an explanation for these “vaporizations”, Command listed many RAF casualties as Missing in Action (MIA) during the Bomber Offensive.²⁴

David Stafford-Clark summarized the experience of an aircrew on a night raid over Germany. He writes,

“Danger from the enemy, from sudden blinding convergence of searchlights accompanied by heavy, accurate and torrential flak, from packs of night fighters seeking unceasingly to find and penetrate the bomber stream; of danger from collision, from ice in the cloud, from becoming lost or isolated, from a chance hit in a petrol tank leading to a loss of fuel and forced descent into the sea on the way back... there was no single moment of security from takeoff to touchdown.”²⁵

The terror of these raids as well as their high attrition rates pushed Bomber Command’s psychological wastage much higher than that of Fighter Command, sparking Command’s concerns.

As psychological casualties began to mount during the bomber offensive, Command and the government had no clear idea as to the reasons underlying the significant increase of neuroses amongst their fliers. In its reaction, Command looked not to the reality of the flying experience, but rather to assumptions about the character of these men. To explain this shift in attitude, it is necessary to return to the RFC’s experience in the First World War, and to the emergence of new theories in aviation psychology during the interwar period.

King George V founded the RAF’s predecessor, the RFC, in April of 1912.²⁶ The service’s motto was “*per ardua ad astra*”, rendered as “through adversity to the stars.”²⁷ The service’s dream of becoming a permanent third service and to revolutionize the nature of war was put to the test in the following decade.²⁸

As the service’s motto insinuates, adversity was never

far away. Tragically, the first fatalities in the service occurred within weeks of its inception during a training flight over rural Britain. In July of 1912, a pilot and his observer crashed and died on Salisbury Plain. Famously, RFC command issued the following statement, “flying will continue this evening as usual.”²⁹

Interestingly, the RFC’s recruitment screening process during the wartime years reveals that it relied almost entirely on upper-class individuals who privately flew as a hobby. On both sides of the conflict, aristocratic flyers, such as Albert Ball of Britain and Baron von Richthofen of Germany, found an outlet for their talents.³⁰ The RFC itself relied upon a tiny fraction of Britain’s elite who had joined a handful of flight schools that sprung up in the early twentieth century.³¹ These schools provided training for the Fédération Aéronautique Internationale (FAI) license. This short test consisted of, “taking off, climbing to about five hundred feet, completing two successive figures-of-eight, landing, again taking off and climbing to about five hundred feet, making an approach with the engine off.”³² It only required four hours of practice flying time. Incredibly, the FAI was the only flying qualification the RFC required of prospective military pilots.

After the war broke out in 1914, there was a gradual increase in the demand for trained pilots, and recruitment programs were expanded to “college educated men.”³³ Training was eventually revamped in 1915 to include basic flight maneuvers, a consequence of the Gospert method’s success. The Gospert method was, “the brainchild of Major Smith-Barry, a student of the theory of flight who concluded that flying could be explained by relatively simple physical principles.”³⁴ Basic concepts such as dual flight control (up-down and left-right) were taught along with basic maneuvers. This change in the training program did help to produce a somewhat better flyer, but deficiencies in instruction and training equipment perpetuated a tragically poor training program that harmed operational efficiency at the front.³⁵ For example, Eric Cockcroft joined the RFC in 1917 as a private. His family owned a cotton business and he had been a Joint Circuit Auditor. He attended training at St. Leonard’s-on-Sea Sussex and was promoted to officer in late 1917. He writes of the, “twelve fatal crashes... during twelve weeks at Yatesbury,” that marred the training program.³⁶ COs at the front constantly complained about the poor quality of ‘trained’ pilots that perpetuated high casualty rates and unbelievable station turnover. Similarly, several squadrons in France suffered from one hundred percent turnover rates in a

23 Ibid., 107.

24 Francis, *The Flyer*, 108.

25 Ibid., 108.

26 “The initial force was tiny; it consisted of two squadrons of planes and a squadron of observation balloons”. Richard Cavendish, “Royal Flying Corps Founded,” *History Today*, (April, 2012): 1.

27 Ibid., 1.

28 HG Wells’s novel depicts aviator’s dreams of revolutionizing war. In the novel a British worker assists a German air attack on New York City; the novel stood as a foreboding warning of the imminent escalation of air warfare. HG Wells, *War in the Air* (London: Penguin Books, 1908).

29 Cavendish, “Royal Flying Corps Founded”: 1.

30 English, *Cream of the Crop*, 22-23.

31 Ibid., 23.

32 Ibid., 43.

33 Ibid., 43.

34 Ibid., 45.

35 Ibid., 43-46.

36 Eric Cockcroft, “My Experiences as a RFC/ RAF Pilot,” *Aerospace Historian*, vol. 27 (September 1980): 248.

matter of weeks.

After the outbreak of war, the demands on RFC aircrew escalated. Defensive developments, including the integration of anti-aircraft (Ack-Ack) and spotlights along the front, added new stresses to combat flying. In combination with technological advances such as the ability to fight at higher altitudes, RFC flyers received their first taste of aviation combat stress. In total, nine thousand pilots and observers would die for the RFC and a further seven thousand were wounded.³⁷ As one historian writes, “flyers often worked alone, and were under intense psychological pressure every time that they went aloft, whether to do battle or for a simple air test... His days consisted of “long spells of idleness punctuated by moments of intense fear,” and fear was the “most intense strain to which the human nervous system could be subjected.”³⁸ Allan English defined the specific stresses facing RFC fliers as, “the sheer effort in controlling poorly designed, temperamental aircraft... cold, anoxia (lack of oxygen), G-forces and unusual aircraft attitudes.”³⁹ As a result of these stresses, psychological wastage rates increased, and the RFC was forced to react.

Critically, RFC Command’s responses to these cases of psychological wastage demonstrate a much higher level of compassion and understanding in comparison to the RAF’s later LMFW policy. While blatant cases of malingering were court martialed, psychoneurotic cases faced softer options. These men were transferred to NYDN (Not Yet Diagnosed Nervous) Centers for primary treatment, and if they were not responsive, were returned to Britain and invalided in psychiatric hospitals.⁴⁰

To understand why the RAF failed to repeat the RFC’s sympathetic treatment of its fliers, it is necessary to address the political vulnerability, and eventual dismantlement of the Service toward the end of WWI. Initially, the RFC was formed as the sole subsidiary of the army, but as of early 1914, the Royal Navy had secured the creation of a separate wing, referred to as the Royal Naval Air Service (RNAS).⁴¹ Petty competitions between the Army and Navy for aviation resources, especially flyers and equipment, would cripple the efficiency of the service throughout the war.⁴²

In 1916, German Zeppelin attacks on London helped to bring matters to a head.⁴³ The RFC’s poor showing in the face of German aggression highlighted the impotence of a split service. This enraged war-weary workers, newspapers and poli-

ticians who collectively touted the RFC’s impotence as clear evidence of the uselessness of the service in its current state.⁴⁴ These complaints would eventually lead to its dismantlement, especially as German attacks increased during 1916-7.⁴⁵ On July 11, 1917, the War Cabinet, in response to these protests, formed a special committee to consider both, “air defense and the broader and more significant problem of air organization in general.”⁴⁶ The committee’s recommendation would form the basis of the founding of the RAF in early 1918.

In December 1917, the government passed the Air Force Bill that created a third military service, the Royal Air Force. However, the bill was riddled with problems, organized in a chaotic manner, and caused a collision of politics and military affairs that would hamper the young Service’s efforts to rebuild. This caused a drain on the memory of the collective experience of its flyers, many left in protest to the government’s interference. Trenchard, appointed Chief of Staff of the RAF in February, resigned by March 1918.⁴⁷ The next chief of staff, F. Sykes, would also resign in mid-1918. These resignations were linked to government dismissals of Chiefs of General Staff, such as Sir William Robertson, and Sir John Jellicoe.⁴⁸ Evidently, the RAF was born from the political controversy surrounding the RFC’s inability to defend London from German air attacks.

Critically, the resignations of 1918-1920 meant that the RAF lost much of its institutional memory of its compassionate treatment of fliers during the First World War. Rather, as of 1939, the RAF was more likely to recall methods practiced by the British government in the 1920s and the academic Freudian publications in aviation psychology from the interwar period.

The Birley Report of 1921, the first published report on aviation psychology during the interwar period, constitutes a remarkable document in its progressiveness. In his speech to the medical community, J. L. Birley, C.B.E., argues for the existence of the phenomenon ‘flying stress’ or ‘strain’. Birley effectively dissects the phenomenon, and recommends the formation of a sympathetic policy to treat aviation stress. Birley divided every flier’s experience into three periods: the period of inexperience, the period of experience, and the period of stress.⁴⁹ Insightfully, Birley posited that, “it was absolutely certain that it [period of experience] cannot last indefinitely; autumn, or

37 Cavendish, “Royal Flying Corps Founded”, 1.

38 English, *The Cream of the Crop*, 63.

39 English, *The Cream of the Crop*, 62.

40 Ibid., 62-5.

41 Malcolm Cooper, “Blueprint for Confusion: The Administrative Background to the Formation of the Royal Air Force, 1912-1919,” *Journal of Contemporary History*, vol. 22 (July 1987): 438-440.

42 Cooper, ‘Blueprint for Confusion’, 438-9.

43 Paul Phillips, “Decision and Dissension: Birth of the RAF,” *Aerospace Historian*, vol. 18 (January, 1971): 33.

44 Ibid., 33.

45 ‘By 1917 the German airships had been reed by twin-engined Gotha bombers. While the German air raids were not very effective in destroying military targets, the disruption of production... was incalculable. This, and the effect on the morale of Londoners... added fuel to the public debate.’ Ibid, 33-4.

46 Ibid., 33.

47 Philips, “Decision and Dissension,” 36.

48 Ibid., 37.

49 John Birley, ‘The Principles of Medical Science as Applied to Military Aviation’ Lecture delivered before the Royal College of Physicians of London, *The Lancet* vol. 1 iss. 5046 (May 29, 1920): 1149.

the period of reaction, must supervene sooner or later.”⁵⁰ Thus, from Birley’s perspective, every pilot was vulnerable to flying stress, regardless of character. Critically, Birley’s theory stated, “in dealing, therefore, with the reaction inevitable in war we are dealing first and foremost with the defense mechanisms developed by the individual for his natural instinct of self-preservation. When these mechanisms are weakened by shock or prolonged strain, and the instinctive tendency comes into conflict with social standards, a condition of neurosis results.”⁵¹ The most important aspect of Birley’s Report lies in his recommendations for treatment. He argued, “We have first to assist the patient suffering from stress to understand his troubles, and then to appeal to his common sense and his character.”⁵² If Birley had published such an astute account in 1920 calling for sympathetic ‘therapy’ for patients suffering from stress, then why did Command institute such a harsh policy in 1941? It is important to note Allan English’s claim that most COs seemed to agree with Birley’s postwar report as they had utilized humane treatment methods for ‘stress’ cases, such as, posting, ‘affected aviators back to Britain.’⁵³

First, it is essential to understand that during the interwar period the Ministry of Pensions obsessively fought to reduce its pension payouts to veterans of the First World War with neurotic problems.⁵⁴ The pension service felt that the number of ‘shell-shocked’ men from the war was a ‘gross exaggeration’ leading to absurd levels of payouts.⁵⁵ Thus, the Ministry of Pensions ‘obsessively’ strove to ensure that it would not, in the future, have to pay out pensions to neurotics.

Second, the Board of Control’s earlier treatment of ‘insane serviceman’ from the Navy and Army draws a surprising parallel to the abuse of airmen in the Second World War. Instead of following the recommendations of the psychiatrist to return these men ‘peaceable conditions’, ‘insane servicemen’ were incarcerated within civilian psychiatric centers along with psychotic civilians during the early 1920s.⁵⁶ Moreover, incarcerated Army and Navy personnel were ‘given the lowest possible rations’ and made to work as hard as ‘navvies.’⁵⁷ Interestingly, the language used to describe these incarcerated men in the interwar period strikes extraordinary similarities to the description of RAF Waverers in the Second World War. One commentator wrote, “‘shell-shock’ was simply an ‘excuse for crime’, made by men who were accelerated degenerates’ even before the war and were too ‘lazy’ to find employment.”⁵⁸ The stage was set for the RAF to institute a policy that would not be

based upon the RFC’s sympathetic treatment of airmen, but on the Ministry of Pension’s wishes, the Board of Control’s experience, and the arrival of Freudian psychology in the late 1920s.

Unfortunately the combination of the political chaos that struck the RFC, the political decision to transform it into the RAF in 1917 and the ensuing resignations meant that RAF Command either forgot or decided to disregard Birley’s report along with a substantial portion of the RFC’s institutional memory by 1939.

Instead, modern, fashionable reports, based upon the writings of Sigmund Freud, came to dominate aviation psychology in the interwar period, including, for example, Frederick Bartlett’s *Psychology and the Soldier* (1927). Bartlett’s book first applied Freudian theory to military psychological disorders. Bartlett asserted in his book that, “success or failure was determined mainly by one’s temperament... ‘Weaklings’ [mentally unfit personnel] should not be allowed into the armed services, and that only men with the right kinds of temperament, the kind that gave men the strength of will to resist mental breakdown, should be kept on.”⁵⁹ This influential report would serve as one of the foundations of Command’s attitude toward non-compliance. In particular, Command would focus on Bartlett’s claim that temperament was a key indicator of breakdown. For example, Bartlett wrote, “mental breakdown nearly always had a long history of psychological problems, no matter the rank,”⁶⁰ a sentiment mirrored in an internal Command memorandum. One report states that, “family history and environment were important. Thirty-one percent of 87 cases of war neurosis came from ‘broken homes’ – where there had been death, divorce, desertion or separation.”⁶¹ It is interesting to note that as of 1939, Frederick Bartlett was granted a position on the RAF’s Flying Research Committee demonstrating the value RAF Command saw in him.⁶²

Bartlett’s Freudian attitudes toward combat stress and character are referred to in Gillespie’s wartime tome, *Psychological Effects of War on a Citizen and Soldier*. Gillespie writes of the ‘*a priori* expectation’ that had come to dominate Air Command. Gillespie defines this ‘*a priori* expectation’ as the, “expectation that the poorer the economic status of a section of a given population, the greater the incidence of psychoneurotic conditions.”⁶³ Gillespie believed that Command viewed the development of neuroses as more linked to an individual’s predisposition, than to the cumulative effects of his flying stress. Thus, Birley’s progressive report was shelved for the more fashionable, but more tenuous research of Freudian psychologists.

50 Ibid., 1149.

51 Birley, “The Principles of Medical Science as Applied to Military Aviation,” 1150.

52 Ibid., 1151.

53 English, *The Cream of the Crop*, 65.

54 Burke, “Effeminacy, Ethnicity and the End of Trauma,” 63.

55 Burke, “Effeminacy, Ethnicity and the End of Trauma,” 63.

56 English, *The Cream of the Crop*, 63.

57 Ibid., 63.

58 Ibid., 64.

59 Ibid., 67.

60 Ibid., 67.

61 Symonds and Williams ‘Review of reports submitted to Air Ministry since outbreak of war’, April 1942, AIR 2/6252 Papers, National Archives, Kew Gardens.

62 Noel Sheehy, *Fifty Key Thinkers in Psychology* (London: Routledge, 2004), 34.

63 R.D. Gillespie, *Psychological Effects of War on Citizen and Soldier* (New York: WM Norton & Company, 1942), 69.

This can be evidenced in Pamphlet 100A, Orders for Medical Officers, a document that Command sent to all branches in early 1939. The pamphlet details instructions for MOs on what constituted a 'debilitating mental illness.' Command wrote of its concern that MOs had a, "tendency to assume too readily that a lack of confidence to fly or fear of flying are necessarily symptomatic of nervous illness and justify exemption from flying duty on medical grounds."⁶⁴ Attached to the pamphlet is a letter from Command that contains this directive to the MOs: "establish a *prima facie* case of illness before considering or reporting a man unfit to fly on medical grounds."⁶⁵ This presents the infamous quandary, explored by Joseph Heller in his novel *Catch 22*, that airmen had to either exhibit multiple symptoms of combat stress and psychoneurotic disorders, or undergo extremely stressful scenarios, even crash landings were oft considered insufficient, in order to be removed from combat duty honorably. But if they exhibited symptoms of combat stress without undergoing extremely stressful scenarios, they would be labeled as 'lacking moral fiber.'

Part III: Lack of Moral and Waverer Disposal Policy

Command's LMF disposal policy constituted a seemingly unconscionable solution to the RAF's problems with wastage that mounted from the outset of the conflict. As psychological casualties mounted in the early years of the war, an emergency meeting was called in March 1940. The meeting dealt with those cases where, "there is no physical disability... nothing wrong except a lack of moral fiber."⁶⁶ As a result of this meeting, an official Command policy was drafted that dictated precise orders to COs on disposal procedures for three categories of noncompliance. The policy also dictated medical procedure to MOs for acceptable medical conditions to excuse a flier. This meant fliers had to be exposed to 'exceptional flying stress' or exhibit a debilitating mental illness. While the policy allowed for the flier to request a third opinion from a trained psychiatrist (MOs were not trained in psychiatry throughout the war), this was only exercised in a fraction of the cases. Between 1943-4, only 34.1 per cent of all neurotic cases were afforded the 'luxury' of an opinion from a trained Neuropsychiatric Specialist.⁶⁷

Categories (see Table 1 on the follow page)

⁶⁴ 'Memorandum on the Disposal of Air Crews Who Forfeit the Confidence of Their Commanding Officers', May 1939, AIR 2/8591 Papers, National Archives, Kew Gardens, London.

⁶⁵ Ibid.

⁶⁶ Edgar Jones, "LMF: The Use of Psychiatric Stigma in the Royal Air Force during the Second World War," *The Journal of Military History*, vol. 70 (2006): 443.

⁶⁷ Flying Personnel Research Committee "The Occurrence of Neuroses in RAF Air Crew, 1943-4", 1944, AIR 2/6252 Papers, National Archives, Kew Gardens, London.

Command divided refusals to fly--involuntary or voluntary--into three categories.

Category i, (hereafter LMF cases), encompassed those men labeled as 'lacking in moral fiber'. Command defined this category as,

"Those who though medically fit (A1B or A3B, as appropriate) come to forfeit the confidence of their Commanding Officers without having been subjected to exceptional flying stress."⁶⁸

Evidently, officers and aircrew who had not undergone 'exceptional flying stress', nor experienced a debilitating physical or neurotic injury, were categorized as LMF. Critically, Command deemed these men had clearly demonstrated that they lacked courage in the face of the enemy, thus they 'lacked the moral fiber' of men who continued to resist.

COs categorized two types of 'cowardly behavior' as LMF cases. The first group of airmen, "gave the impression of carrying out their duties, but ...nevertheless had lost the confidence of a commanding officer."⁶⁹ This group of fliers were the infamous 'fringe merchants' or 'boomerangs' of Bomber Command. Fringe merchants skirted the edges of bombing raids and did not risk the plane in a direct attack on a target, and this was evident from cameras attached to the nose of the plane that were timed with the bomb release. Boomerangs were fliers that returned from combat early without engaging the enemy.⁷⁰ The second group of airmen, "openly admitted they did not intend to fly."⁷¹ These types of LMF cases were simple refusals to fly without exposure to exceptional stress or a debilitating injury. These men would refuse to fly for a variety of reasons including malingering and objections to area bombing, although the reason quoted most often was 'fear.'⁷²

Category ii (hereafter Waverer cases) encompassed fliers that had strong symptoms of a psychoneurotic illness, yet had not undergone exceptional flying stress. Command defined Waverer cases as,

⁶⁸ Air Command "Memorandum on the Disposal of Air Crews Who Forfeit the Confidence of Their Commanding Officers" to all Commanding Officers, September 1941, AIR 2/8591 Papers, National Archives, Kew Gardens, London.

⁶⁹ 'Rules for treatment of officer and airmen upon under the terms of Air Ministry Letter', AIR 2/8591 Papers (35D), National Archives, Kew Gardens, London.

⁷⁰ Wells, *Courage and Air Warfare*, 129.

⁷¹ "Rules for treatment of officer and airmen upon under the terms of Air Ministry Letter", AIR 2/8591 Papers (35D), National Archives, Kew Gardens, London.

⁷² "An Airman's Son," *BBC People's Series*, last modified January 27, 2004, accessed April 1st, 2013, <http://www.bbc.co.uk/history/ww2peopleswar/stories/00/a2238400.shtml>.

1a	Category (y) officers faced the following consequences,	Category (y) aircrew faced the following consequences,
Category (i): <i>Lack of Moral Fiber Cases</i>	-Loss of Employment	-Remustering
	Discharged, asked to relinquish commission or placed on probation.	Remustered to combatant or ground duties.
	-Possible Loss of Badges	-Stripped of badges
	Air Command may order Commanding Officer to strip officers of wings & flying awards.	Air Command ordered Commanding Officer to strip aircrew of flying badges.
Category (ii): <i>Waverer Cases</i>	-Marked Waverer	-Marked Waverer
	Employment form 1580 marked with a red 'W'	Employment form 1580 marked with a red 'W'
	-Invalided AND	-Same Disposal Policy as Category (i) aircrew
Category (iii): <i>Medical Cases</i>	At an RAF Hospital, for example, RAF Matlock	Paragraph 14: 'Airmen placed in this category; will, however, be disposed of in the manner described in paragraph 14 above'. [1]
	-Asked to resign commission	
	Asked to resign commission	
	-Treatment	-Treatment
Category (iii): <i>Medical Cases</i>	Treatment at station, recommendation for leave, admission to hospital, or recommendation for medical board	Treatment at station, recommendation for leave, admission to hospital, or recommendation for medical board
	-Retention of flying badges	Retention of flying badges

[1] AIR 2/8591 S.61151.8.7. (1) Memorandum on the disposal of aircrews who forfeit the confidence of their commanding officers, (September 1st 1941), Kew Gardens, London, iii.

“Those who are given a permanent medical category lower than A1B or A3B, as appropriate, solely on account of nervous symptoms and without having been subjected to any exceptional flying stress.”⁷³

Command’s rationale was based on the presumption that although these fliers had displayed symptoms of psychoneurotic illnesses, they had not undergone severe flying stress. Thus, they must have had an innate weakness of constitution or lack of character that had made them uniquely susceptible to war-time stresses. If British women could survive the Blitz, merchantmen the submarine war, and children the evacuations, shouldn’t fliers be able to handle flying stress?

Category iii (Medical Cases) encompassed fliers who

had developed a debilitating physiological or psychological injury. In very rare cases, excusals could be handed out solely based on exposure to ‘exceptional flying stress.’ These men were hospitalized in twelve RAF Hospitals throughout Britain. Command defined medical cases as,

“Those not included in (ii) above who are given a medical category lower than A1B or A3B, as appropriate. (Disposal will follow normal “invaliding” or “retention for employment within the medical category” procedure.”⁷⁴

To be categorized a “medical category lower than A1B or A3B” it was necessary to demonstrate *prima facie* symptoms of developed psychoneuroses, or a debilitating physical injury. Evidence of *prima facie* symptoms required MOs to observe fully developed psychoneuroses: anxiety, hysteria and manic depression. Thus, men in the process of developing neuroses could not be legitimately excused on medical grounds

Consequences for Categories

The consequences to LMF categorization were severe. Officers were forced to resign and hospitalized, while aircrew were stripped of their rank and ‘remustered’ to ground or combatant duties. Both officers and aircrew had their flying badges stripped at a squadron parade or upon arrival at a NYDN center. Paragraph 14 of the disposal policy states,

“If... an individual must be categorized as lacking in moral fibre... In the case of an officer, his services will be dispensed with, either by terminating his commission... or by calling upon him to resign.”⁷⁵

This left little doubt as to the consequences for an officer categorized LMF, while the stigma of such a punishment for an officer could be devastating; one Air Ministry official likened it to signing the man’s career ‘death warrant’.⁷⁶

Aircrew categorized as LMF faced harsher consequences. They were either to be transferred to ground duties within or remustered to combatant duties. Paragraph 14 of the policy states,

“Airmen so classified will be in no circumstances to fly again as members of an air crew, and it must

⁷³ Air Command “Memorandum on the Disposal of Air Crews Who Forfeit the Confidence of Their Commanding Officers” to all Commanding Officers, September 1941, AIR 2/8591 Papers, National Archives, Kew Gardens.

⁷⁴ Air Command ‘Memorandum on the Disposal of Air Crews Who Forfeit the Confidence of Their Commanding Officers’ to all Commanding Officers, September 1941, AIR 2/8591 Papers, National Archives, Kew Gardens.

⁷⁵ Ibid.

⁷⁶ COs demonstrated reluctance to ‘sign the “death warrant” of airmen. Minutes, October 20 1944, AIR 2/8592 Papers, National Archives, Kew Gardens, London. .

be made clear to them that they will be remustered and finally removed from air crew duty.”⁷⁷

If the aircrew had started his flight training with a ‘transferable basic skill,’ he was retained within the RAF as Aircraftman 2nd Class, and he would be forced to forfeit his aircrew badge.⁷⁸ If the aircrew had no ‘transferable basic skill(s),’ he would be transferred to the Army of Navy for combatant duties “under the provisions of the National Service Armed Forces Act of 1941.” This aircrew, too, would be forced to forfeit his air badges.⁷⁹

Critically, the policy punished officers and aircrew of the Waverer category as well. Officers deemed Waverers were invalidated and forced to resign. Aircrews placed in the category were treated in the exact same manner as LMF aircrew. As Paragraph 15 of the policy states, “[a]irmen placed in this category, will, however be disposed of in the manner described in Paragraph 14 above.”⁸⁰ It’s clear that Command treated aircrew demonstrating symptoms of neuroses, albeit without exposure to ‘exceptional flying stress,’ in the exact same manner as LMF cases.

An officer categorized as a Waverer began a process of ‘invaliding’ that would lead to his transfer to an RAF neuropsychiatric hospital, and his forced resignation. It can be surmised that the intention of this was to rid the Ministry of Pensions of responsibility for the payment of postwar pensions for these officers. Paragraph 15 of the policy states,

“Officers who are placed in the category (ii) mentioned in paragraph 2 above will not be retained in the service for employment within their lowered medical category and they will be accordingly be required to relinquish their commissions on being invalidated from the service.”⁸¹

Officers faced harsh consequences for displaying ‘symptoms of neuroses,’ but at least, to some extent, their psychological wounds were treated. At the very least, these men were in the presence of a trained psychiatrist. Officers were not alone in invaliding, other

‘fortunate’ aircrew and officers labeled Medical Cases could be sent for processing of ‘invaliding’.

After removal from the squadron, these airmen were transferred to Not Yet Diagnosed Centers (NYDN Centers) throughout Britain for processing. NYDN Centers had not improved much on their antecedents of the First World War.⁸² At NYDN Centers, airmen were treated in a harsh manner that in many ways mirrored the treatment of ‘shell-shock’ victims in early 1920s. It becomes clear that NYDN Centers were not designed for treatment, but to be an added deterrent to the men. The evidence of one flight sergeant stressed that the NYDN centers were far from treatment centers they were designed to appear. The sheer number of combined LMF and psychoneurotic cases contributed to unprecedentedly long waits for beds in neurotic hospitals insufficiently prepared to care for neurotic cases. Wells quotes the concerns of an anonymous tail-gunner,

“I spent three weeks at a station used for remustering aircrew, which included dealing with LMF personnel. I was and remain disgusted by the treatment of LMF charges. No sympathy was shown and they were treated like criminals. In one case I actually witnessed a pilot who had been decorated during his first tour but had lost his nerve during his second tour of operations. He was stripped of his rank and flying brevet and was a broken man.”⁸³

The strong language of this account leaves little to the imagination as to how cases were treated at these centers, which the research of Edgar Jones helps elucidate. He writes,

“NYDN centers... an atmosphere of shame and disgrace pervaded. Although the regimes softened during the war as the complexity of the situation became better understood, the system operated on the assumption that the man was a coward... At the NYDN Center in Brighton, for example, RAF personnel were forced to march along the seafront distinguished by uniforms, which had been stripped of their badges.”⁸⁴

It’s likely NYDN centers were not organized to improve treatment, but rather to dissuade men from opting out of operational conflict. The long waits at NYDN Centers were the most common complaint of fliers, especially those that awaited specialist opinions to reinforce their pleas for leniency to Command.⁸⁵

From these NYDN Centers, those ‘fortunate’ fliers undergoing the RAF’s ‘treatment’ regime faced transfer to RAF

77 Air Command “Memorandum on the Disposal of Air Crews Who Forfeit the Confidence of Their Commanding Officers” to all Commanding Officers, September 1941, AIR 2/8591 Papers, National Archives, Kew Gardens, London.

78 Unknown to unknown, 1943, AIR 19/632 General Filing, National Archives, Kew Gardens, London.

79 Ibid.

80 Air Command “Memorandum on the Disposal of Air Crews Who Forfeit the Confidence of Their Commanding Officers” to all Commanding Officers, September 1941, AIR 2/8591 Papers, National Archives, Kew Gardens.

81 Air Command “Memorandum on the Disposal of Air Crews Who Forfeit the Confidence of Their Commanding Officers” to all Commanding Officers, September 1941, AIR 2/8591 Papers, National Archives, Kew Gardens.

82 Robert Ahrenfeldt, *Psychiatry in the British Army, 1914-1915* (London: Routledge, 1958), 9.

83 Wells, *Courage and Air Warfare*, 201.

84 Jones, “Use of Psychiatric Stigma,” 5.

85 Ibid., 5.

Neuropsychiatric Hospitals. 'Treatment' at these hospitals was experimental and rudimentary. It was, for example, at the RAF Hospital Matlock, that Symonds conducted serious studies into flying stress that were to lay the basis of postwar aviation psychology.⁸⁶ While some progressive psychiatrists experimented with group communication sessions, deep-breathing exercises and appropriate medicines, other practitioners used electro-shock therapy or solitary confinement to bring men back to 'normality'.

To continue, it is important to return to additional punishments facing those labeled Waverers or LMF. These men faced another collective punishment: both LMF and Waverer cases had their employment forms, the Form 1580, marked with a red 'W'.⁸⁷ Command added this official label to their employment papers, under the official nomenclature 'Waverer,' to ensure that stigmatization would continue in the civilian lives of these soldiers.

Command used this infamous red 'W' to control the movement of these 'deficient characters' throughout their systems and the country. With this mark, the RAF would track their movement throughout the service's hospitals and Not Yet Diagnosed Neurological centers.⁸⁸ The red 'W' explains how Command kept these men separated from medical cases, who were also to be treated at the RAF's psychoneurotic hospitals. Moreover, the red 'W' was used to transmit information to the civil aviation authorities about the reasons for the discharge.⁸⁹ Enclosed in previously censored material, the Air Minister assured his audience during a meeting that "we were doing our utmost to prevent the employment of these individuals by Air Traffic Authorities and the Director of Personal Services agreed to arrange for a civil flying firms to impose a similar ban."⁹⁰ This damning quote reveals that Air Command was invested in ensuring that its men deemed Waverers and LMF would face difficulties in finding employment upon their return to the civil sector. In the case of aircrew, the red 'W' would be screened through the Ministry of Labour's 'Schedule for Reserved Occupation' before they returned to their industry jobs.⁹¹ This was Command's means of ensuring their LMF and W cases faced discrimination upon their return to civil employment.

A short article from 1945 helps to shine light on how this stigma followed soldiers into their civilian lives. On Jan 20th, 1945, the Manchester Guardian reported the following

article.

"R.A.F. Discharges: Protests Against Offensive Phraseology

Major W. Drake-Brockman, non-party Nationalist candidate for Heston and Isleworth, at a meeting at Hound-slow last night promised an ex-Service member of the audience that if elected he would do his best to get removed from the discharged certificates of R.A.F. air crews "the damnable letters L.M.F., which mean a lack of moral fibre". The psychological effect on any prospective employer, he said, was to give him the impression that the man had no courage."⁹²

Clearly, Drake-Brockman believed that men in his borough were being unfairly discriminated against due to their claimed wartime conduct.

The last, and perhaps most powerful, collective punishment for LMF and Waverer cases was the, "removal of permission to wear air crew badges."⁹³ In other words, Command ordered that COs at the squadron, or the NYDN Center to strip LMF and Waverer cases of their wings or aircrew badges. One memo reads, 'permission to wear the flying badge, observer's badge or air gunner's badge may be withdrawn from officers or airmen who are removed from air crew duties.'⁹⁴ The evidence makes it clear that the British government sanctioned this activity, at least in the early years. As one memo reads, "permission to wear a flying badge will be withdrawn by order of the Minister."⁹⁵

Officers and aircrew labeled LMF or Waverer were stripped of their wings during either a squadron parade or upon arrival at a NYDN center. These coveted wings were the source of great pride to many, if not all, airmen.⁹⁶ Martin Francis explains that wings and flying badges attached to the enviable 'deep blue of air uniforms' became a symbol of honor, bravery, sacrifice and national pride. He writes that the RAF's blue uniforms were associated with both heroism and sexual magnetism, particularly if accompanied by a set of silvery white fabric wings sewn above the heart.⁹⁷ With this understanding, it becomes clear why the stripping of wings was devastating as well as stigmatizing. Not only did it exclude airmen from the RAF's brotherhood, but also the absence of wings on the airman's uniform sent a clear signal to civilians that this man was out of favor. Indeed, both Category (i) and (ii) officers and aircrews had their wings stripped. Mark Wells provides an

86 Operation Log, "Royal Air Force Operations Record Book: RAF Matlock," June 1945, AIR 29/764 Papers National Archives, Kew Gardens, London.

87 Air Command "Memorandum on the Disposal of Members of Air Crews who Forfeit the Confidence of Their Commanding Officers" to all COs, September 1941, AIR 19/632 Papers, National Archives, Kew Gardens.

88 Edgar Jones, "LMF: The Use of Psychiatric Stigma," 2.

89 Minutes of Air Council, 23 July 1941, AIR 2/8591 Papers, National Archives, Kew Gardens, London.

90 Ibid.

91 Unknown to unknown, 1943, AIR 19/632 Papers, National Archives, Kew Gardens.

92 "RAF Discharges: Offensive Phraseology," *Manchester Guardian*, January 20, 1941.

93 Regulations to all Commanding Officers, 1942, AIR 19/632 Papers, National Archives, Kew Gardens, London.

94 Ibid.

95 Ibid.

96 Francis, *The Flyer*, 24-5.

97 Ibid, 23.

excellent description of the formal procedure for COs to strip wings, recalling,

“The whole squadron was formed into a square, and this sergeant-pilot was brought in under guard, the verdict read, “Cowardice in the face of the enemy”, and his rank was ripped off him there, by the flight-sergeant, and he was then literally drummed out. I thought that was an awful thing. I’ve got to admit that I’d have sooner got killed than gone through that.”⁹⁸

The man’s punishment was designed to be an entirely public affair. The whole squadron was brought out to bear witness to the CO stripping the flier of wings and rank. It is clear from this account that the disposal policy was designed to be stigmatic. In the hope this would dissuade further examples of noncompliance amongst the squadron’s remaining fliers.

While LMF allowed some COs to opt out of pursuing the harsher consequences, it also encouraged other COs to pursue harsher agendas according to their temperament. One CO wrote,

“I was ruthless with moral fiber cases, I had to be. We were airmen not psychiatrists. Of course we had concern for any individual whose internal tensions meant that he could no longer go on; but there was the worry that one really frightened man could affect others around him. There was no time to be compassionate as I would have liked to have been. I was flying too, and we had to get on with the war.”⁹⁹

This particular CO clearly held little compassion for LMF cases. In his mind, the totality of the conflict necessitated an unsympathetic attitude toward cases of fearful airmen. This understandable, but abused sentiment will be explored in the next section. As discussed above, consequences to being labeled LMF or W were not confined to the squadron, and the label LMF or W meant a long path through NYDN centers to hospitalization, retirement or ‘remustering’ to combat duties. Thus, the stripping of wings was merely the first step in removing the fliers from aviation brotherhood.

Case Examples

In 1945, RAF psychiatrist Richard Symonds published a report of over three hundred different case examples of LMF, Waverer and medical cases. While Symonds continued to stress the need to prevent predisposed individuals from joining the military, he also articulately argued for better treatment of military personnel suffering from neuroses to extend their

combat effectiveness. The report helps contemporary audiences to comprehend the arbitrary nature of the distinction between Command’s three categories.

Case 225, a, ‘definite example of a LMF case,’ demonstrates the fluidity of Command’s categories. Symonds describes,

“Case 225: A Sergeant Air gunner, aged 27, 120 hours, no operations, reported to the medical officer at a Heavy Conversion Unit, having experienced an acute fear reaction while flying. A Halifax went out of control, the patient had to abandon aircraft but at first could not open turret. He was very afraid. He did not fly for a week; when he did so he again experienced acute fear in the air... The M.O.’s comment was “A good type who had made every effort to get over it. He might have been OK if he had flown soon after the incident, but I doubt if he could make much of ops...” He was consequently referred to executive disposal without reference to a psychiatrist.”¹⁰⁰

The station MO decided that the man had not experienced exceptional flying stress, and therefore his refusal to fly and his symptoms, which including insomnia, vomiting on operations and nightmares, were not considered valid medical reasons for an excusal from flying.¹⁰¹ Consequently, he was disposed of in accordance with LMF guidelines: remustering to combatant duties. In Symond’s opinion, an opinion that AC clearly concurred with, the aforementioned flier’s experience of being trapped in a plexi-glass turret falling from the stratosphere was not evidence of exceptional flying stress. Thus, in their mind, his subsequent refusal to fly was merely evident of a flawed character that should have been rejected during training

Case 79 demonstrates a borderline Waverer case that was disposed of along LMF guidelines; however, Command conceded that it could well have been a Category (iii), a genuine Medical Case. The flight sergeant, an air gunner, presumably from the RAFVR, had completed eight bombing raids and had been shot down twice. On his third sortie, the plane was hit and the captain ordered the crew to bale out. One of his fellow crewmen, the rear gunner, had a broken parachute. Case 79 encouraged the man to cling to him and share his parachute. They fell in their tragic embrace, as Case 79 went to open the parachute the rear gunner’s grip slipped, the air gunner plummeted to his death. Symonds clearly states that the

100 Flying Personnel Research Committee ‘Investigation into psychological disorder in flying personnel: The occurrence of neurosis in Royal Air Force Aircrew 1944-1945’, 1945, AIR 2/6252 Papers, National Archives, Kew Gardens, London.

101 Flying Personnel Research Committee ‘Investigation into psychological disorder in flying personnel: The occurrence of neurosis in Royal Air Force Aircrew 1944-1945’, 1945, AIR 2/6252 Papers, National Archives, Kew Gardens, London.

98 Wells, *Courage and Air Warfare*, 199.

99 Wells, *Courage and Air Warfare*, 200.

classification of this case depended entirely on the judgment of the station CO. As the report opens, "the outcome of which depend partly on the unit medical officer. This was so in Case 79."¹⁰² The report states,

"Case 79: A Flight Sergeant, air gunner, aged 26, 200 hours flying, 8 night bombing sorties in Lancasters, reported to his unit medical officer with headaches, dizziness and insomnia. On his first sortie with a strange crew was shot up over Berlin. On his eight sortie both engines cut out over Munich, an order to abandon aircraft was given and countermanded; the aircraft went on to Corsica on 2 engines where it crash landed, the rear gunner was killed. The patient's wife and mother were opposed to continual flying... (He was given rest, then...) He returned to operational flying and the M.O. stated "Provided no untoward incidents occur he should finish his tour with no further trouble". On the 15th sortie the crew had to abandon aircraft, the rear-gunner's parachute was U/S (broken) so he jumped clinging to the patient but was unable to maintain his hold as the parachute opened. Later the patient reported sick with depression and anxiety."¹⁰³

This tragic report on Case 79's wartime experience allows contemporary readers to understand how bluntly LMFW policy was enacted. This man had clearly undergone three separate scenarios that could have induced exceptional flying stress. However, as it was up to the discretion of the flier's CO and MO, the man was not classified as having undergone 'exceptional flying stress,' but rather he was labeled as an in-between case that was eventually categorized as a Waverer.

Evidently, the judge, jury and executioner were the squadron COs and MOs of RAF Fighter and Bomber Command. These executive officers governed modestly sized stations at the outbreak of the war when the average fighter squadron was twenty planes. Yet as bomber squadrons grew, and fighter squadrons amalgamated in sprawling air bases, the size of squadrons under the purview of COs and MOs grew into the thousands of personnel. High attrition rates led to high squadron turnover rates which further prevented MOs and COs from being fully informed on an individual's flying experience or mental health. Moreover, divisions in officer and aircrew messes kept MOs and COs from socializing with aircrew – a possibly key factor in the lack of any sympathetic manner toward these men. Here, one of the most fundamental flaws of the policy becomes evident.

One postwar report on neuroses claimed that of 5,000

cases of fliers referred to two different specialists that these specialists had an "even chance of agreeing upon the determination of lack of confidence."¹⁰⁴ The ramifications of this fact are profound; it means that the distinguishing line between noncompliance on account of 'malingering and cowardice' or 'neuroses' was arbitrary at best.

Stigma to LMFW Policy

Command intentionally attached stigmas to LMFW disposal policy that would ensure the expulsion of fliers from RAF brotherhood, the cessation of officers and aircrew's military and civil careers, and a reduction of social standing in the civilian sphere.

Since the declassification of a considerable amount of material on the LMFW policy in the early 1970s, a historical debate has grown surrounding the harshness of the policy, and whether this harshness was warranted. From this debate, undertaken by a small handful of authors including Allan English, Mark Wells and Martin Francis, it is possible to garner a large amount of evidence concerning the policy's actual effects on fliers. Edgar Jones' article argues that LMFW policy was intentionally designed to be inherently stigmatic and harsh.

Edgar Jones writes, "as a general deterrent, driven by the belief that anxiety was contagious, the RAF sent those suspected of LMF to assessment centers where they were shamed by the loss of rank and privileges."¹⁰⁵ It becomes clear that fliers not only lived in fear of death in the air, but also in fear of the harshness of LMFW. The viciousness of LMF policy terrified officers, and the social stigma after a sudden resignation or psychological hospitalization followed by discrimination in civil employment exacerbated the problem. The ramifications of LMFW policy wreaked havoc on a middle-/or upper-class individual's future prospects for a job, a wife, or a position in the community. The viciousness of the policy was even more apparent for aircrew, insofar as aircrew faced more severe consequences for noncompliance. A sudden transfer to combatant duty, industry, or hospital combined with the loss of the flying badges could be at best be a shameful affair, at worst a lethal one, for aircrew.

But did airmen themselves regard the label LMF seriously? To answer this question, it is important to turn to two cases of airmen LMF who committed suicide rather than receive the RAF's 'treatment' regime.

Primary evidence of a suicide within the operations log from RAF Matlock Hospital helps to expand this discussion. RAF Matlock was a psychoneurotic hospital founded in Derbyshire that treated officers that had been invalidated either under the Waverer or Medical Case. On February 20th, 1942,

102 *Ibid.*

103 Flying Personnel Research Committee 'Investigation into psychological disorder in flying personnel: The occurrence of neurosis in Royal Air Force Aircrew 1944-1945', 1945, AIR 2/6252 Papers, National Archives, Kew Gardens, London.

104 Allan English, *The Insubordinate and Noncompliant: Case Studies of Canadian Mutiny and Disobedience, 1920 to present* eds. by Howard Coombs, (Toronto: The Dundurn Group, 2007).

105 English, *The Insubordinate and Noncompliant*, 439.

the log records one entry. It reads that on February 20th, 1941, Sgt. Ellis S.C., “fell from a window at the hospital and sustained multiple injuries from which he died immediately.”¹⁰⁶ Although this can only be conjecture, it is difficult to characterize this event as an accident given its location and manner: ‘falling from a window.’

The second suicide is found in the story of Squadron Leader Maurice Roy Skeet. After he discovered the story of his father’s suicide in his teens, Skeet’s son turned to investigative research to determine the causes of the matter. According to his research, Squadron Leader Maurice Skeet served in the Middle East, where he flew Wellington light-bombers from Habbaniya.¹⁰⁷ Skeet’s son claims that upon his father’s return to Europe he learned of Command’s switch to the controversial tactic of ‘area bombing,’ or the total war tactic of bombing civilian centers to paralyze industry and military movement. Allegedly, motivated by profound disgust, the Squadron Leader refused to comply with the order and lead sorties. Skeet maintains that Command labeled his father LMF because he would not comply with orders and had not experienced exceptional flying stress. On the day he was labeled LMF, Squadron Leader Roy Skeet shot himself in the head at his air base at Linton-on-Ouse, York.¹⁰⁸ Herein, it is possible to have some measure of just how greatly fliers feared the stigma attached to the label LMF.

In June 1943, Dr. Jewesbury submitted a report to Command from his psychoneurotic center. He writes,

“It is unfortunate therefore that the recent Air Ministry Memorandum... makes no distinction between the disposal of the “executive” cases... Category {i} of the memorandum and the “medical” cases... of Category {ii} of the memorandum)... One can only wonder, in passing, why, if the officers are to be invalided, the airmen are normally “transferred to the Army for combatant duties”. ”¹⁰⁹

Dr. Jewesbury’s next comments are particularly informative:

“The present type of “blanket” disposal disregards

all the issues upon which the unit medical officer, neuropsychiatric specialist and consultant in neuropsychiatry are asked to advise and it deals with all the cases who have not been exposed to exceptional flying stress as if they are lacking in moral fiber. This procedure not only ignores the work and efforts of the medical branch, but it perpetuates injustices to their patients which it is their duty to prevent.”¹¹⁰

Evidently, Dr. Jewesbury viewed Command’s use of medical personnel as disingenuous. This was not an uncommon view. Others have argued that MOs were superfluous as the real differentiating factor in LMF, Waverer and Medical Cases was the CO’s determination of ‘exposure to flying stress.’ Jewesbury clearly resonates with Command’s orders for MOs to differentiate between legitimate and illegitimate psychoneuroses.

Effects on Operational Efficiency

This section expands upon the numerous failures of LMF policy. In particular, how these failures contributed to the adversity that airmen and the RAF faced throughout the war.

There exists very little hard data on LMF policy. However, a small section of one report is enlightening. It states that the neuroses attrition rate rose to 2,503 cases in 1942-3, further rising to 2,989 cases in 1943-4.¹¹¹ During 1944-4, the rate plateaued at the high rate of 2,910 cases annually.¹¹² The policy evidently did not reduce psychological wastage rates, as it increased for two years after its implementation, and therefore it failed in its primary goal of preventing wastage that in turn would pose a threat to operational efficiency.

More perturbingly, this paper claims that the fear of LMF policy forced fliers suffering from neuroses to stay in the air beyond the point at which they should have received medical treatment. This contributed to the RAF’s inexplicably high level of air accidents during the Second World War, which led to 8,705 deaths.¹¹³ Arguably, these aforementioned fears of the policy not only forced fliers to don a mask of stoicism in face of innumerable dangers, but it also meant that simple palliative cures for psychoneurotic illnesses were not pursued. Thus, fliers remained in the air and in danger out of a misplaced sense of stoicism.

Mark Wells concludes that the problem of LMF was, ‘never big enough to affect the RAF’s combat effectiveness.’¹¹⁴ However, I would argue that LMF harmed operational efficiency. There is significant evidence that LMF policy kept

106 Operation Log, ‘Royal Air Force Operations Record Book: RAF Matlock,’ February 20 1942, AIR 29/764 Papers National Archives, Kew Gardens, London.

107 “An Airman’s Son,” *BBC People’s Series*, last modified January 27, 2004, accessed April 1st, 2013, <http://www.bbc.co.uk/history/ww2peopleswar/stories/00/a2238400.shtml>, 1.

108 “Secret shame of the forgotten casualties of war”, *BBC Inside Out Series*, last modified 24 March, 2003, accessed 10 November, 2012, http://www.bbc.co.uk/pressoffice/pressreleases/stories/2003/02_february/24/inside_out.shtml.

109 Edward Jewesbury, “Work and Progress Report” to Air Command, July 1943, AIR 49/357 Papers, National Archives, Kew Gardens.

110 Ibid, 13.

111 Flying Personnel Research Committee “Investigations into Psychological Disorder in Flying Personnel,” 1945, AIR 2/6252 Papers, National Archives, Kew Gardens.

112 Ibid.

113 Francis, *The Flyer*, 107.

114 Wells, *Courage and Air Warfare*, 187.

volunteers vulnerable to sudden psychoneurotic attack in the air when they should have been grounded. If this man was a fighter pilot, he was merely a danger to himself, but if a bomber pilot had a neurotic attack, then he was a danger not only to himself, but also to the rest of his six, seven, eight or nine-man crew, as well as the bomber formation. Intense air fights or terrifying scenarios could lead to enormous pressure on an individual that would later spark in-flight hysteria, anxiety or paralysis, and this may have contributed to a significant portion of air accident fatalities during the war.

One wartime report helps contextualize how air accidents forced neurotics to keep flying to the danger of themselves and others. The report describes the case of a tail-gunner who underwent severe mental strain. It should be noted that contemporary audiences would deem his experiences to be 'exceptional flying stress,' but to Command, his story held nothing particularly 'exceptional.' Jewesbury writes,

"His story... "He has completed 16 operational trips and a sea search. During the last 6 trips he has begun to show signs of nerves. He has tried his best to fight against this."¹¹⁵

Herein it is possible to see that the CO acknowledged that the man showed 'signs' of nerves, symptoms, but also that he was fighting to suppress them. Jewesbury continues,

"On his last sortie, his aircraft was attacked and badly damaged by an enemy aircraft. This experience was too much for him. His work and conduct prior to this lapse has been excellent."¹¹⁶

Clearly, the man's sudden refusal to fly was not a result of deficiency of character. He had not only volunteered for combat duties, but joined the RAF at the most dangerous position of tail-gunner. Tail-gunners had the highest death rate of all air-crew positions because they flew alone at the rear section of the plane and were thus unable to bale out of the plane properly. Yet the case becomes even more interesting. Jewesbury writes,

"Once he had seen a man burnt to death on the station and he could not get this out his mind... Many machines were lost from his station and several of his close friends were missing... On one occasion he was attacked by a night fighter. His machine was badly damaged, he made a safe return, but in a very nervous state."¹¹⁷

This passage clearly demonstrates that the man had undergone extraordinary combat stress in a variety of ways. The next passage elucidates on how his symptoms developed during his final six missions.

"He was depressed, slept badly and sometimes dreamt of crashes. He was easily jumpy and often felt his heart thumping. When flying he was shaky, fidgety and very sweaty and anxious while over the target area."¹¹⁸

For six missions this air gunner flew while unwell. At some point, he refused to fly and was deemed 'unfit for any further flying duties.'¹¹⁹ Clearly, this man was unfit to man a plane, and could very well have caused an air accident during the six sorties that he flew unwell. Because he was forced to fly or face the consequences of the LMFV policy, it is certainly plausible that the LMFV policy indirectly caused air accidents by intimidating unfit men to fly.

In 1942 Squadron Leader Reid submitted a report titled "The Influence of Psychological Disorders in Operational Flying" to Command. In the report, Reid claims that LMFV had contributed to an untold number of air accidents. Reid stresses that the inherent 'harshness' of the policy was keeping fliers in the air when they were undergoing serious neurotic trauma. Furthermore, these fliers were causing numerous forms of operational inefficiency, such as air accidents, early returns from action, reporting sick on ops, etc. Reid writes, 'the employment of air crew suffering from psychological disorders may conceivably be the cause of much operational inefficiency and avoidably casualties.'¹²⁰ Reid continues,

- "(1) that 70-80% of accidents are due to the psychological or physical failure of the crew in a critical situation
- (2) that the failure of the pilot due to merely medical reasons is rare.
- (3) that the psychological make-up of a pilot makes or mars his future and
- (4) the typical fact about flying accidents due to psychological causes is that the same mistakes, the same failures, with their resultant consensus appear again and again and they are due to fear."¹²¹

Not only did this CO believe that the policy was forcing fliers suffering from psychological disorders to keep flying, but he

115 Jewesbury, M.D., "Work and Progress Report" to Air Command, July 1943. AIR 49/357 Papers, National Archives, Kew Gardens, London

116 *Ibidem*.

117 Jewesbury, M.D., "Work and Progress Report" to Air Command, July 1943. AIR 49/357 Papers, National Archives, Kew Gardens, London.

118 *Ibid*.

119 *Ibid*.

120 Squadron Leader D. Reid to Air Command, 'The influence of psychological disorders on efficiency in operational flying', 14 September 1942, AIR 49/357 Papers, National Archives, Kew Gardens.

121 *Ibid*.

also believed these fliers were accounting for most of the RAF's air accidents. Evidently, Command's disposal policy forced fliers incapable of operational flying to continue with their tour, despite evidence that these fliers were accounting for a considerable portion of air casualties. The enclosure of this report in Command's files, and the lack of any response from Command, is implicit evidence that Command read, discussed and ignored Reid's theory.

In sum, LMFW policy not only failed to reduce psychological wastage, but may also have contributed to untold numbers of air accident fatalities and the concomitant loss of vital men and war materials.

Prejudice in Policy

This section attempts to grapple further with Dr. Jewesbury's question to his superiors at Command: "one can only wonder, in passing, why, if the officers are to be invalidated, the airmen are normally to "transferred to the Army for combatant duties.""¹²² It asks whether there was intent within Command to bias the harsher consequences of this policy toward aircrew as opposed to officers. If so, and the policy was predicated upon punishing those with a predisposition, then did command believe that its aircrew were particularly more predisposed to psychoneuroses than its officers? If yes, then where did Command's presumptions about their aircrew originate from, and how were they perpetuated?

The disposal policy punished aircrew more harshly than officers because Command viewed aircrew, mainly trained and recruited from the lower and lower-middle classes, as innately more predisposed to psychoneuroses. Taken together with the knowledge that Command believed noncompliance to be as contagious as a 'rot,' it can be effectively posited that Command greatly feared that the reactions of the lower-middle class aircrew were the cause of its psychoneurotic wastage. Command decided to enact a policy that harshly punished the originators of the problem, those aircrew so predisposed to flying stress, while merely invaliding or discharging officers that had merely had their constitutions weakened through such exposure to predisposed aircrew.

This argument can effectively explain why Command punished psychoneuroses and malingering amongst non-officer aircrew as one and the same, while providing a more considerate policy for its officer class. Command's presumptions about the aircrew's greater predisposition lay in their historical preference for 'public-school fliers,' which led to an implicit prejudice against lower/ lower-middle class fliers that would join the service in droves when the RAFVR was established in 1936.

Based on Command's interpretation of aviation psychology, the policy was focused on those 'predisposed' to

LMFW due to innate or learned character deficiency. Hidden in a Command file, a copy of *The Lancet* published in 1941 contains an interesting speech.

"In taking a parting glance at the psychoneurotics of the RAF I cannot do better than to reflect on them in Dr. Stephen Taylor's words in the *Lancet* of March 6th, 1941: -

"The great majority are the weaker brethren who have started life with only half a talent. They are a burden which every community has to bear – the grumpy, the worrying, the nagging, the over-particular, the selfish, the humourless, the unsatisfied and the cowardly. In times of trouble, the uniformity of their behavior makes many of us see them for the first time as a coherent group. They flood the services psychiatric hospitals. They crowd into the deepest shelters that they may live through the blitz to grumble at the peace. In quieter times, they fill our outpatients halls; they drink medicines, they collect certificates; they cost the state a lot of money and society a lot of misery. We may occasionally be tempted to despise them, but it is not their fault they are what they are. We must pity them, but for their own sake we must not make out pity. As doctors, we can help a little, but less than we would."¹²³

Evidently, these psychiatrists believed that the segment of British society that was vulnerable to 'cowardice' comprised those 'weaker brethren' who have started life with 'only half a talent.' Moreover, these men came from a segment of society that 'cost the state a lot of money' and 'society a lot of misery.' Indeed, Taylor insinuates that this group 'collects certificates', that is, benefits. Clearly, this stigma is associated with those lower down the socioeconomic scale, which informs contemporary audiences that AC viewed 'psychoneurotics,' who were in AC's eyes predisposed to their condition, as originating from lower social ranks. This assumption is referred to in the mid-war publication of a RAF psychiatrist, when he writes, 'the *a priori* expectation is that the poorer the economic status of a section of a given population, the greater the incidence of psychoneurotic conditions.'¹²⁴ Given what psychiatrists were publishing, it is easy to see why the RAF viewed those lower down the socioeconomic scale as more predisposed to such conditions.

The formation of the RAF Volunteer Reserve (1936) created a volunteer pool that for the first time in RAF's history opened the doors to 'all classes.' The men that joined the RAFVR in droves, grammar school boys of the lower and middle classes, signed up to access technical training and al-

122 Jewesbury, M.D., "Work and Progress Report" to Air Command, July 1943. AIR 49/357 Papers, National Archives, Kew Gardens, London

123 M.D., "Work and Progress Report" to Air Command, July 1943. AIR 49/357 Papers, National Archives, Kew Gardens, London.

124 Gillespie, *Psychological Effects of War on the Citizen and Soldier*, 69.

leged meritocratic promotion structure.¹²⁵ This suited the RAF in two senses: it allowed for good propaganda of the RAF as meritocratic, while it to built a pool of reservists for the approaching war with Germany.

After the outbreak of war, the RAF became deeply unhappy with these men of the RAFVR bomber crews. Command felt that it had made the recruitment criteria too low, consequently letting in far too many cases with a 'predisposition' to combat stress. The high attrition rates during the bomber offensive and relentless need for crews forced the RAF's hand on whether or not to actually employ these RAFVR in combat. It did so with great reluctance, whilst retaining commissions for public-school boys hailing from the higher socio-economic order.¹²⁶ At the same time as the RAF's employment of these men, the intensity and danger of the bombing offensive had already begun to rise steeply.

The RAF's interpretation of aviation psychology dictated that although it would acknowledge heightened stress as a cause of fatigue for a flier, his breakdown was far more contingent on his innate predisposition, than cumulative stress. This, then, was why Command leveled such harsh consequences at aircrew. The Service's obsession with predisposition, and its belief that its wastage problems were primarily due to its recent influx of predisposed cases from the lower and lower-middle class recruits led to the design of a policy that reinforced a class bias counter to the logical conclusion that wastage inevitably increases with combat intensity. Command's fears are perhaps best articulated in the words of one Command official: 'there are indications in a number of directions that we are not getting a reasonable percentage of the young men of the middle and upper classes, who are the backbone of this country, when they leave the public schools.'¹²⁷

Evidently, Command has a clear distrust of aircrew. To return to Stephen Taylor's speech in the Lancet one RAF report brutally concludes, "in a combatant service in wartime, the interest of the individual is overwhelmed by that of the group. Every effort must be made to make the individual into a useful component of the group, but if it becomes evident that this is impossible, then the individual must be discarded without further delay."¹²⁸ As Well states, '[d]espite the incredible skill and fortitude demonstrated by the overwhelming majority of airmen, there always seemed to be an undercurrent of doubt in the Air Ministry and even occasionally at the command level regarding morale and the discipline of flyers, especially NCOs.'¹²⁹ The next few paragraphs will explore Well's 'sense' of an 'undercurrent' and relate it back to the earlier discussion of interwar Freudian concepts of character.

It is possible to trace Command's preferences for 'public-school fliers' back to the early years of the RFC. As discussed earlier, the RFC relied initially on those aristocrats attached to flying clubs upon the service's inception. Throughout the First World War, the RFC demonstrated a clear preference for individuals that were better educated and of a higher class. English has summarized the Canadian RFC's screening process effectively. He writes, 'the RFC's ideal candidate was expected to demonstrate "gentlemanliness, educational attainment, mechanical aptitude, and physical excellence, with a measure of recklessness thrown in." All these allude to a preference for upper-class men. Thus, although RFC recruitment standards expanded in the First World War, then did not expand passed the 'college-educated' barrier.

The RAF's reluctance to commission anyone but public-school educated boys in the Second World War suggests a perpetuation of its historical preference. Mark Wells argues that during the Second World War, 'even as the requirements for manpower expanded, the Royal Air Force maintained the philosophical mind-set of a very small, elite service manned by regulars... the fundamental benchmark for commissioning during the pre-war years had been "displaying officer like qualities"... These in turn once again reflected requirements for character, intelligence and ability to set a good example –public school ethos.'¹³⁰ Wells was correct that Command maintained its preference in wartime policy. For example, the Air Ministry awarded only a third of its graduating fliers with a commission, when the school called for more than half to receive commissions. Furthermore, Wells notes that Flying Training Command often fell well short of the goal. In fact, he recounts the words of one officer who stated, "of the 43 pilots who finally completed their training, only 11 were granted commissions as Pilot Officers. It was noted that all these had been educated at public school."¹³¹

One American volunteer stated more explicitly, "unlike the US Army Air Corps, commissioned rank is not conferred on all. Ordinarily they are granted only to those with the Old School tie and/or who play rugger. Seriously the situation is just that."¹³² The RAF's decision to confine commissions to officers educated in 'public-schools' reflects a long time preference for public school educated pilots, as is evident in recruitment preferences of WWI and interwar. When the circumstances of WWII forced the RAF to expand its ranks to volunteers of all classes, it did so, but gave officer commissions to only those that met its 'requirements.' To reinforce this claim, Wells states that, "65 percent of Bomber Command's aircraft were flown by these sergeant (sic) pilots.... of course, complete non commissioned aircrew were just as common."¹³³ This claim means that Command had and continued to commission its officer corps along pre-war preferences for 'public-school' officers even as its

125 Wells, *Courage and Air Warfare*, 118.

126 Wells, *Courage and Air Warfare*, 123.

127 Hastings, *Bomber Command*, 242.

128 Jewesbury, M.D., "Work and Progress Report" to Air Command, July 1943. AIR 49/357 Papers, National Archives, Kew Gardens, London.

129 Wells, *Courage and Air Warfare*, 132.

130 Wells, *Courage and Air Warfare*, 122.

131 Ibid., 123.

132 Ibid., 123.

133 Wells, *Courage and Air Warfare*, 123.

ranks, including pilots, expanded to include volunteers of all classes. Francis confirms the supposition. He states, "the problem was that most senior RAF commanders identified good character in terms of the qualities exemplified by the private schools and elite universities they themselves had attended. As a consequence, pilot selection proved to be heavily dependent of the right accent or the familiar stripes of an old school tie."¹³⁴

As psychological wastage increased during the course of the war, Command believed that wastage was due to the Service's weakening of its recruitment criteria. Expansion had allowed the recruitment of individuals further down the socioeconomic spectrum, and in their minds these men were innately predisposed to neuroses. Thus, Command reacted logically from this perspective with a disposal policy that punished malingering and psychoneurotic cases amongst aircrew as one and the same, because in their opinion, they were one in the same. The malingering and the psychoneurotic case had been caused due to the man's innate predisposition due to who he was, and where he had been born on the socioeconomic scale. Or, as one RAF psychiatrist put it in his mid-war publication, "[s]ocial factors comprise mainly family life, education, outside the family and marital, economic and occupational and social opportunities; but probably the greatest of these is the family."¹³⁵ Accordingly, Command's fears of predisposition were founded upon historical class prejudices, which gripped the service's leadership.

On the 16th of July 1940 the Deputy of Personnel Services for Command (hereafter DPS) chaired a conference to consider the 'medical aspects of "wavering."¹³⁶ Present at the meeting were the Director General of Medical Services (hereafter DGMS), Group Captains Burton and Symonds (neurologists), and four civilian consultants. The DPS stated in an exclusive meeting: 'wavering' was a matter that called for strong action to prevent a 'rot.' At the same he realized that there was the, 'problem of genuine medical case.'¹³⁷ The DPS's opening statement demonstrates the mistrust Command had in its recruits, and moreover shows a clear dislike of neurotics. To describe men who risked all for their nation, as a 'rot' constitutes shocking language that calls into question the very integrity of Command. Command's use of the term 'rot' is synonymous with its failure in treating RAF personnel. Similarly, the RAF instituted a class-orientated disposal policy that arbitrarily categorized and punished men for developing neuroses, neuroses that John Birley had declared some twenty-two years earlier as an unavoidable response to war's conflict with the individual's, 'instinct for natural self-preservation.'

Part IV: Conclusion

In September 1941, the RAF Air Command decided to institutionalize an LMFV policy in response to a growing number of neurotic casualties. The policy was not rooted in the experiences of the RFC during the First World War (encapsulated in the Birley Report), but was based upon the politics of the 1920s, and the Freudian aviation psychology of the early 1930s. By design, the policy was not intended primarily to treat neuroses and rehabilitate men, but to punish airmen succumbing to neuroses as a deterrent to future cases, and to speedily remove the 'rot' from the RAF. The LMFV policy not only reflected the RAF's historical preference for recruits further up the socioeconomic scale, but it also ensured that the policy's harshest consequences were targeted towards the lower-class bomber crew recruits of the RAVR.

The RAF had to resist the Luftwaffe and subsequently follow orders to take the offensive campaign over mainland Europe. This paper questions the validity of LMFV as the most effective means of conserving manpower, rehabilitating men, maintaining operational efficiency and carrying war to the enemy. The LMFV policy failed to conserve manpower as psychological wastage rates increased throughout the declaration of the war. It also floundered in its aim of rehabilitating men as an aircrew resource all the while practicing a discriminatory policy toward the lower socio-economic orders. Lastly, the LMFV policy did not encourage operational efficiency since it coerced traumatized fliers to remain in the air, endangering themselves and their comrades, and in so doing, contributed to the RAF's high accident rate and the wastage of precious manpower and equipment. In conclusion, it was an ineffective policy that cost lives and failed to meet its intended aims.

This project has opened up a number of avenues for further research. I believe it is important to explore the allegations of the use of LMF amongst Britain's Royal Navy and Army during the Second World War and to trace the consequences in postwar Britain. There are allegations that LMFV policy remained in place until the late 1950s, meaning that fliers during the Korean War would have been subject to its rules. Furthermore, the absorption of a stigma attached to neuroses into military culture after the official dismantlement of the policy warrants further investigation. Clearly, this stigma continues to effect the lives of military personnel, but the how, why and what of the matter are still left largely unanswered. It is clear, however, that the legacy of the policy may still have impact on today's military combatants.

¹³⁴ Francis, *The Flyer*, 15.

¹³⁵ Gillespie, *Psychological Factors of War on Citizen and Soldier*, 62-3.

¹³⁶ Minutes 'Disposal of Air Crews Who Forfeit the Confidence of Their Commanding Officers', July 1940, AIR 2/8591 Papers, National Archives, London, Kew Gardens.

¹³⁷ Ibid., 19.

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