"Fear of Flying": Competing notions of flying disorders in World War II and the Korean War

by

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Abstract

During World War II and the Korean War, military medical officers diagnosed many pilots with a psychological disorder known as "Fear of Flying," (FOF) which is very similar to today's Post Traumatic Stress Disorder. There were two competing paradigms regarding this problem and whether it was truly a sickness. Medical personnel such as psychologists defined Fear of Flying as a mental illness thereby establishing a "Mental-Illness" hypothesis. Administrative Personnel, such as commanding officers and other ranked officials, subscribed to the notion that the disorder was not a true sickness. They believed that the men who confessed that they suffered from FOF evinced cowardice. Therefore, officers created the "Character-Flaw" paradigm.

These two schools of thought, therefore, dictated the way psychologists and officers diagnosed, evaluated, and cured or inoculated/quarantined Fear of Flying in the Second World War and the Korean War. Examining these different stages—diagnosis, evaluation, and cure/prevention—allow one to gain a better understanding of how medical professionals and commanding officials perceived psychological illnesses in the 1940s and 1950s. Flying disorders that some World War II and Korean War pilots experienced also reveal the competing notions between the two different military factions regarding mental disorders in times of war, thereby granting scholars new analytical lenses through which they can view inner-conflict in the military and issues of masculinity in the 1940s and 1950s.

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Introduction

This master's thesis examines a little-known psychological disorder found among military pilots in World War II and the Korean War. Medical doctors and commanding officers assigned different names to one disorder, such as Lack of Incentive to Fly, Lack of Motivation to Fly, Flying Fatigue, Refusal to Fly, and Lack of Moral Fiber (LMF), or more simply, Fear of Flying. But this project is not just a history of the evolution Fear of Flying (FOF) between the two wars. Instead, it delves deeper into an extremely wide divide that FOF created between medical professionals and commanding officers, with each group endorsing two distinct paradigms. The division is perfectly evident when Korean War Flight Surgeon O. F. McIlnay wrote, "Flight surgeons can help some of those who actually believe they have fear of flying. Help them overcome this belief [of having FOF]—not help them out of the Service."[1] However, in the Korean War, Lieutenant Colonel A. E. Gromack wrote that men who were physically qualified to fly but professed FOF, expressed "efforts… to avoid hazardous duty, and in particular training for and actual combat…" and he "indicate[d] he has failed to live up to the standards of an Air Force officer and should be separated from the service."[2] Thus, this thesis examines the creation and evolution of this divide, and how it had implications on larger cultural debates about masculinity in the 1940s and 1950s.

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[1] Archival sources from the Air Force Historical Research Agency Archives will follow the suggested citation guidelines of the Agency. "History of the Crew Training Air Force," by Historical Division Headquarters, Randolph Field, Texas, 1 April 1952- 30 June 1952, p. 199, Call #K419.214, IRIS #00896886, MICFILM 23459, in the Continental Air Command Collection, Air Force Historical Research Agency (Hereafter AFHRA), Maxwell Air Force Base (AFB), AL.

[2] "Historical Summary: Promotions and Separations Division," by Lt. Colonel A. E. Gromack, 1 January 1952- 30 June 1952, pg. 5, Call #K141.01, IRIS #00469321, in the Deputy Chief of Staff Collection, AFHRA, Maxwell AFB, AL.

This study will use the phrase "medical personnel" quite often. I use it to refer to the medical officers who dealt with pilots suffering from flight neuroses. These included psychologists, psychiatrists, surgeons generals, and other similar professions which held medical authority to properly diagnose, treat, and cure men who suffered. Some of these medical officers were educated in psychology, while others likely only had the basic understanding of this field from medical school. Nonetheless, this group tended to subscribe to a mental-illness paradigm. As will be seen in chapter one, these professionals believed that Fear of Flying qualified as an actual psychological disorder. However, it should also be recognized that these medical doctors did not have a complete understanding of psychological disorders because the field of psychology was still in its incipient stages. Although they did correctly assert that Fear of Flying was a psychological disorder, they too would stigmatize men through their evaluation and curing methods. They also believed that those who were diagnosed deserved proper treatment through traditional Freudian techniques such as psychotherapy, which could also be used in some cases to cure a neurotic pilot, and thereby return him to full flight status and participation in the military.

I use the phrase, "administrative personnel," to describe ranked and commanding officers and others such as the Air Force Chief of Staff or similar positions. Typically, these men's understanding of FOF contradicted those of the medical personnel, as they believed it was not a medical disorder unless pilots evinced *severe* physical symptoms. As such, according to administrative personnel, men who suffered from FOF did not typically deserve treatment or therapy. They instead adopted a character-weakness paradigm and deemed any man who professed FOF unworthy to be a member of the Army Air Corps or the Air Force. Indeed, as one

commanding officer wrote, "when such an officer exhibits a lack of incentive for flying, he ordinarily *ceases to be of any value to the service* [italics mine]…."[3]

Therefore, this project adopts a comparison analysis of medical professionals' and officers' beliefs and actions towards Fear of Flying. There are three chapters: the first discusses the definition and diagnosis stage of each camp; the second dives into the divergence in the evaluation process; and the third focuses on the contrasting opinions of whether FOF sufferers could/should be cured or quarantined. Because this study examines FOF during World War II and the Korean Conflict, each chapter is broken down into two main sections: World War II and the Korean War. Each main section then contains two sub-sections: one with information regarding medical personnel, and the other with the information coming from administrative officials' point of view.

Thus, the main argument of this work is that beginning with the definition and diagnosis stage, these two camps and their competing paradigms were placed on separate paths which continuously diverged, thereby leading to different notions of evaluation and eradication. More importantly, through this division, we learn of a lack of care that commanding officers in the United States Army Air Forces and United States Air Force (USAAF/USAF) had towards men who suffered from what was deemed even by medical authorities at the time to be a psychological disorder. Indeed, one of the punishments that COs administered to sufferers was the "undesirable discharge." This phrase will be used throughout this project, and therefore, it is important to understand what it truly means. In World War II, there were two types of discharge

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[3] AAF Letter 35-18, "Lack of Incentive for Flying and Unwillingness to Meet Military Stresses: Letter to All Commanding Generals, All Air Forces in Theaters of Operations," by Barney M. Giles, 7 December 1944, p. 2, Folder: Fear of Flying (1944), Call #141.28G, IRIS #00114380, in Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

which became a stigmatizing factor. One was the dishonorable discharge. According to historian Allan Bérubé, "dishonorable discharges were part of the penal system and were used only for men who had been convicted of a crime and who had served their sentences." The undesirable discharge, however, "had been used to eliminate those *social misfits* [italics mine]… who psychiatrists described as psychopaths…." It also represented "the discharge of men with 'undesirable habits or traits of character'…."[4] This phrase, "undesirable habits or traits of character" will play a paramount role in the first chapter.

Those who received the undesirable and dishonorable discharge disqualified themselves "of nearly all veterans' benefits, and inflict a stigma that reduce[d] his civilian employment potential."[5] When undesirably discharged, a man had a difficult time finding employment as a civilian. According to lawyer James Hirschhorn, a nationwide study found that two-thirds of employers asked veterans about their discharge status. Over 25 percent of employers automatically rejected any person who received the undesirable discharge, and 75 percent stated that the type of discharge influenced employers' decisions in the hiring process.[6]

Not only did men face civilian-life repercussions due to the undesirable discharge, they also faced military consequences. Once officers administered the discharge, they stripped the man of his rank, uniform, awards, and earned medals.[7] The men also lost all privileges connected to their service such as the G.I. Bill and retirement benefits. They no longer had

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[4] Alan Bérubé, *Coming Out Under Fire: The History of Gay Men and Women in World War II*, Twentieth Anniversary Edition (New York: Free Press, 1990; Chapel Hill: University of North Carolina Press, 2010), 139.

[5] James H. Hirschhorn, "Due Process in Undesirable Discharge Proceedings," *The University of Chicago Law Review* 41, no. 1 (Autumn 1973): 164, https://www.jstor.org/stable/1599091.

[6] Ibid., 172.

[7] Bérubé, *Coming Out Under Fire*, 228-229.

access to free college tuition, federal home loans, or disability pensions, among a myriad of other privileges.[8]

In addition, the competing views between medical professionals and administrative officers offer a new focal point where historians can view the changing concepts of masculinity in the 1940s and 1950s, both within the US military and more broadly. This information will be discussed briefly in the conclusion of this work; however, it will be expounded upon in much greater detail as this thesis is transformed into a dissertation in order to fulfill the requirements for the Ph.D.

This examination is based on actual events, described in documents found at the Air Force Historical Research Agency's archives located at Maxwell Air Force Base in Montgomery, Alabama. The types of sources include Air Force Regulations, memoranda, letters, crew histories, and others, in order to create a cogent argument. Almost all of the Commanding Officers sections are based upon these types of sources. While there are some psychologists' reports found in the archives, most of their sections are built upon sources which were published after each corresponding war. The retrospective nature of these documents can introduce some bias into the argument because it signifies that authors had time to reflect and organize their thoughts, instead of applying these specific techniques during certain cases they encountered. However, this project is still an important contribution to the fields of military and gender history.

Within the past few decades, the historical profession has witnessed a change of focus and methodology. Most historical studies today emphasize the cultural and social aspects of past events. For example, many historians view major and minor events, such as the two World

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[8] Ibid., 229-230.

Wars, through a lens that focuses on the common person and how the wars affected their view of the world, their culture, and their society. This approach is more of a view from the bottom; it does not usually focus on one important character, such as a president or general. Cultural histories focus on issues that change the way people view society and on events which serve as catalysts of change. Studies of gender issues fall within social or cultural history because these types of projects strive to determine how gender—a social construct—changes over time because of certain occurrences, and how those transformations affect the rest of civilization. This Master's project will continue such an analytical approach. It will be a gender-based study of the military that delves deeper into a little-known aspect of World War II and the Korean War which has received extremely little attention from historians.

The fact that this study is based almost entirely upon primary archival sources serves as a major point which separates this thesis from others found within the fields of gender and military history. Most others focus on the portrayal of masculinity and soldiers in popular culture. Because this will be, in part, a gender study, it is important to note that there are many nuances within this field. For example, many studies treat the cultural implications of masculinity, others deal with the psychological impacts of a failed masculinity, and then some studies investigate the changing gender roles. These nuances, of course, can complicate research, but they also allow for added depth to historical study.

When people think of World War II veterans, they usually remember how strong and manly those soldiers appeared. People remember the veterans as part of the Greatest Generation, and many studies focus on the construction of that popular identity. Historian Andrew Huebner asserts that societies, since the beginning of humankind, have continually expressed their views

and created images of warriors. Each culture created these images in different manners.[9] The premise of Huebner's book is that these soldiers did not create the identity of manhood associated with the warrior, it was the society and culture that built those paradigms. Indeed, ". . . whether the creators of a publication (or movie or novel, for that matter) supported a particular war or not, the most salient aspect of war imagery was *sympathy and identification with the soldiers*, and not necessarily with the war effort itself."[10] Popular publications and other channels of media created the Greatest Generation, but it was during the Korean War when these same media sources played a vital part in creating "cynical and critical" views of the American soldiers and military.[11]

Other historiographical proclivities maintain that other aspects, such as the body or memory influence the concept of the Greatest Generation and masculinity. One such study contends that the United States government and military ". . . shaped the male body both figuratively and physically in an effort to communicate impressions of national strength to U.S. citizens and to other nations."[12] Indeed, the soldiers of the war served many purposes. Scholar Christina Jarvis asserts that the US military hoped that the younger American generation had the desire to be and look like World War II veterans because they were meant to symbolize the United States during the post-war period. However, the government and military did not acknowledge the true nature of the psychological and physical disabilities which many men

[9] Andrew Huebner, *The Warrior Image: Soldiers in American Culture from The Second World War to the Vietnam Era* (Chapel Hill: University of North Carolina Press, 2008), 2.

[10] Ibid., 11.

[11] Ibid., 9.

[12] Christina Jarvis, *The Male Body at War: American Masculinity during World War II* (DeKalb, IL: Northern Illinois University Press, 2004), 5.

received. Factors such as these emasculated veterans. For this reason, the military ensured that these veterans did not represent the different branches because they desired that only the most wholesome men in order to become symbolic of American virtues.[13] This desire to remove unmanly men will also play a large role in this thesis because it demonstrates there was a prejudice against the psychological casualties of war in both World War II and the Korean War. Jarvis's focus on wounded veterans is important for this work, which finds similar discomfort with the psychological casualties of war in both World War II and the Korean War.

This historiographical theme, that psychological casualties emasculated veterans, contends that the government had to acknowledge that many soldiers were returning with psychiatric problems and needed to regain their masculinity. Indeed, "…the mentally wounded veteran… became an important subject for cultural rehabilitation and remasculization."[14] According to this school of thought, those who suffered from these types of casualties were also viewed as failed men, hence the reason for "rehabilitation and remasculization."[15] Therefore, to remasculinize these men, the government, military, and even popular culture released advice literature and films that encouraged men to talk about their feelings openly in order to regain their masculinity.[16] An important note is that it was during the later years of the Second World War when the military started to acknowledge psychological disorders in an effort to destigmatize these types of casualties. Before 1943, those who suffered from psychological disorders were either medically or undesirably discharged, but after 1943, the military strove to

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[13] Ibid., 59.

[14] Christina Jarvis, "'If He Comes Home Nervous': U.S. World War II Neuropsychiatric Casualties and Postwar Masculinities," *The Journal of Men's Studies* 17, no. 2 (Spring 2009): 99.

[15] Ibid., 102.

[16] Ibid., 103.

aid men instead of casting them out, because of advancements in psychology. But leading officers such as General George Patton, viewed these as serious problems that ". . . explicitly exposed the emotional side of men and challenged the warrior ideal predicated upon bravery, self-mastery, control, and courage under fire."[17] It is during this period when one witnesses the growing fissure between psychiatrists and commanding officers. Jarvis does acknowledge the divide in her works. Instead, this is an area where this examination offers more knowledge to this trend.

While gender studies of the World War II years focus on the concept of the Greatest Generation, and the idea that these soldiers were the apotheoses of manhood, post-war studies emphasize not only a crisis of masculinity, but one which was also undergoing a massive shift society's perceptions. Men believed they had an obligation to be the protectors of society due to their role in the Second World War. Some historians argue this was no longer possible because of the technological and cultural changes which the war introduced. John J. Smith contends that men did not know where they stood in society anymore because of the lack of arenas which allowed men to express masculine qualities.

Once the Korean War started, some thought it would allow men to rehabilitate those characteristics. Instead, the war emasculated men because there was not a decisive victory as in World War II.[18] Some historians delve deeper though into the societal fears that men were becoming less manly. Many people believed that this was a serious problem at this period because "emasculated males, commentators argued, could not withstand the challenge of

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[17] Ibid., 99-101.

[18] John J. Smith, "Men of the Cold War: Warrior Ethos and Domesticity in 1950s America" (PhD diss., University of Florida, 2002), 1-3.

communist aggression."[19] Again, some historians assert that people believed the Korean War would reinvigorate American manhood, and movies at the time reinforced this idea. According to historian Zachary Lechner, movies such as *The Bridges at Toko-Ri*, show that men were less masculine, but they had to confront that weakness, and in doing so, they rehabilitated their manhood.[20] Lechner also includes the importance of Philip Wylie's ideology of momism and its impact on the emasculation of America. Mothers' constant coddling and overbearingness on their young boys created immature men, unprepared for military life and responsibility. Lechner wrote, "This motherly clinging sapped the will of soldiers and left them 'robot-like' in performing their duties."[21] Thus, according to post-war gender studies, men no longer evinced traits which allowed them to be covered by a masculine standard; they were living in a shadow created by the Greatest Generation.

Other historians note post-war males were not living according to the standard set by World War II veterans, a standard based on heroism and courage. With certainty, there was a crisis of masculinity—according to society—during this period. Historical studies that deal solely with issues of masculinity, excluding military factors, contend that this panic was unique because there was "…a real conflict between an assumed norm of masculinity and new forms of masculinity based upon notions of companionship and cooperation within the family and workplace."[22] Therefore, this strand of thought believes that these men were not failed men, they

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[19] Zachary Lechner, "'We Have Certainly Saved Ourselves': Popular Views of Masculinity during the Korean War, 1950-1953," *Comparative American Studies: An International Journal* 12, no. 4 (December 2014): 317.

[20] Ibid., 327.

[21] Ibid., 319.

[22] James Gilbert, *Men in the Middle: Searching for Masculinity in the 1950s* (Chicago: University of Chicago Press, 2005), 3.

were just undergoing a massive evolution in the definition of masculinity, which is defined by society. As mass culture expanded, manhood shifted; and although not necessarily a crisis, society became alarmed at the notions of new masculine trends.[23] However, historians also argue psychologists and other scholars of the time did not understand the notion of a changing definition; instead, they believed in a failed masculinity.

This concept, "failed masculinity," is a prevalent phrase among scholars. For example, many examinations assert that the fluid nature of masculinity led society to believe that failed men were homosexuals, communists, or juvenile delinquents.[24] Similar to the common argument found in works studying the Cold War notions of masculinity, Michael Kimmel also discusses how post-war males started to be domesticated and accept familial responsibilities in greater measure. To them, they needed to succeed as fathers because if they did not, their children would become failed men who would manifest homosexuality or a proclivity towards communism.[25] Thus, failed men displayed characteristics which were antithetical to the World War II definition of manhood.

This master's thesis will focus on military pilots during World War II and the Korean War, and therefore, an understanding of historical studies concerning pilots is necessary. There is a lack of attention from scholars regarding fear and aviation in a military context. Other than a few articles, there has been only one book that examines Lack of Moral Fiber among pilots in World War II in detail. Historian Mark K. Wells' *Courage and Air Warfare: The Allied Aircrew Experience in World War II* is a social and military history that sheds light on the airmen's

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[23] Ibid., 4

[24] Michael S. Kimmel, *Manhood In America: A Cultural History* (New York: Free Press, 1996), 155.

[25] Ibid., 160.

experience in the war. The work answers questions such as who volunteered to fly, why they did so, what combat stresses they experienced, and the role that morale played in their experiences. To answer such questions, Wells utilizes a comparative methodology to delve deeper into Britain's Royal Air Force and the United States' Eighth Air Force.

Suffering from "Lack of Moral Fiber (LMF)" served as part of this lifestyle. The role that officers had in building, maintaining, and helping men maintain high morale is an important argument made throughout this book. It also argues that commanders were sympathetic towards those suffering from LMF. For example, Wells contends, "even the terms military and medical authorities preferred to use for emotional disorder [SIC] was a strong indicator of the reluctance to stigmatize men suffering from its effects."[26] Although Wells' book is an important and necessary study because it offers a view "from below," one will see that there are fundamental disagreements between his work and this thesis project. I argue that the policies, words, and actions of medical and administrative personnel did, in fact, stigmatize these men. In addition, this thesis is different from *Courage and Air Warfare* because it examines flight neuroses during both the Second World War and the Korean War, solely focusing on the dichotomy between the paradigms of medical and administrative officers. No other work has studied this divide, and the impacts that it could have on masculinity.

Other studies attempt to break into the field of fear and military aviation by introducing the reader to the ways with which pilots coped with fear during World War II. However, they are not gender studies and do not delve into the impact that expressing fear had on masculinity. Historian S. P. MacKenzie approaches the use of superstition among pilots because he

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[26] Mark K. Wells, *Courage and Air Warfare: The Allied Aircrew Experience in the Second World War* (London: Frank Cass, 1995), 79.

understands that historians can tackle this topic objectively without judgement, whereas fellow pilots or commanding officers had more judgement towards aircrewmen.[27] These men used talismans, prayers, aircraft, and even fellow pilots in order to overcome fear and carry out their duties. His work does not discuss those who suffered and were suspended or undesirably discharged due to Fear of Flying.

Thus, many schools of thought deal with gender issues and the military. There are even more than those mentioned in this section. But it is important to note that there is a distinct break in the historiography between World War II studies and post-war projects. World War II books tend to reinforce the idea that veterans were the epitome of manhood. They evinced certain characteristics which bolstered this image such as courage, heroism, and strength. Many works approach this notion in different ways, such as Andrew Huebner's assertion that society and popular culture created that image. Others, such as Christina Jarvis, focus on the physical body and its role in creating a strong masculinity, while post-war studies acknowledge that manhood underwent a shift. These characteristics no longer defined manhood after World War II. Instead, masculinity became domesticated, and many believed that it needed to be reinvigorated and rehabilitated because if not, failed men would abound. Therefore, these historiographical approaches play an important role in this study, but the project will also be significant because it will add more knowledge and pioneer the study of flying disorders and the dichotomy between medical professionals and commanding officers.

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[27] S.P. MacKenzie, *Flying Against Fate: Superstition and Allied Aircrews in World War II* (Lawrence, KS: University Press of Kansas, 2017), 3-4.

Chapter 1 - Competing Definitions and Diagnoses of Flight Neuroses

Howard M. Fish, an aircrewman in the Army Air Corps during World War II, and later, a lieutenant general of the Air Force, had first-hand experience of the danger of flying. He remembered a statement by Hoyt Vandenberg, a general and future Chief of Staff of the Air Force, which made a lasting impression on him. In an interview years later, Fish recalled,

> Vandenberg said—in fact, I think I almost remember the words exactly. . . 'it is time the American people knew the truth. The highest casualty rates of World War II were bomber crews over Europe,' and in the subsequent colloquy that he had, he pointed out that if we would have announced the rates that we were having, of losses of bomber crews during World War II, it would have been very, very difficult to keep the people continuing to go up and volunteering for it. . . .[28]

Writing in sync with Vandenberg's observations, historian S.P. MacKenzie wrote that due to the low survival odds, shocking experiences, and extreme danger, many flyers experienced psychological collapse, which created problems in multiple aspects of life.[29] For those who experienced the trauma, there was a possibility they could suffer for the duration of their lives, and these casualties impacted the armed services and American society.

According to War and Gender scholar Christina Jarvis, psychiatric disorders among veterans—pilots included—meant that the American people had a new responsibility to aid these men and their rehabilitation after the war. American citizens also believed these mentally-unstable veterans needed to undergo a re-masculization procedure. This process had to occur because during this era, people believed that when a man psychologically collapsed due to military and combat stress, he revealed an extremely vulnerable and emotional side of males that

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[28] Archival sources from the Air Force Historical Research Agency Archives will follow the suggested citation guidelines of the Agency. Oral History Interview of Lt. General Howard M. Fish by Mark C. Cleary, 3-5 Feb 1982, typed transcript, p. 10, Call #239.0512, IRIS #01052947, in USAF Collection, AFHRA, Maxwell AFB, AL.

[29] MacKenzie, *Flying Against Fate*, 12-13.

". . . challenged a warrior ideal predicated upon bravery, self-mastery, control, and courage under fire."[30] Thus, in some ways, people viewed soldiers suffering from psychiatric problems as failed men.

During the Second World War and the Korean War, there were many different phrases and terms used to describe Fear of Flying (FOF).[31] Indeed, one may argue that these disorders and their symptoms are comparable to what we nowadays call post-traumatic stress disorder (PTSD). In fact, FOF was not a new problem among fliers during the two conflicts; historians can trace documented cases of flight neuroses back to World War I, America's first conflict fought in the air.[32] In addition, FOF and the other anxieties affected each man in different manners. Some pilots and aircrewmen manifested anxiety when in a bomber flying through flak, while others hated flying alone over water, for example. Each case was very personal and introduced unique experiences[33]; and, as will be shown, FOF cases sometimes became so severe that the disorder caused emotional and even physical complications (psychosomatic symptoms).[34] And as witnessed with the multiple terms—FOF, LOI (Lack of Incentive to Fly), RTF (Refusal to Fly), and others—it is difficult to find one classification which encompasses all

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[30] Christina Jarvis, "'If He Comes Home Nervous': U.S. World War II Neuropsychiatric Casualties and Postwar Masculinities," *The Journal of Men's Studies* 17, no. 2 (Spring 2009): 99, http://dx.doi.org/10.3149/jms.1702.97.

[31] Throughout this thesis, different phrases will be used to address Fear of Flying, Flying or Combat Fatigue, Lack of Incentive to Fly, and Refusal to Fly, in order to reduce redundancy. These phrases include, but not limited to, flight anxieties, flight neuroses, and flight disorders. Fear of Flying will also be used as a comprehensive phrase to refer to all flight problems.

[32] John D. Sherwood, *Officers in Flight Suits: The Story of American Air Force Fighter Pilots in the Korean War* (New York: New York University Press, 1996), 53.

[33] Douglas D. Bond, *The Love and Fear of Flying* (New York: International Universities Press, 1952), 12; Mark K. Wells, *Courage and Air Warfare: The Allied Aircrew Experience in the Second World War* (London: Frank Cass, 1995), 63-64.

[34] Wells, *Courage and Air Warfare*, 68-69.

aspects of the syndrome. This confusion over nomenclature is vitally important because it is in the definition and diagnosis stage of these disorders where the conflict between two paradigms— those of mental illness and character weakness—arose, with medical personnel and administrative personnel of the Army Air Corps, and later, the United States Air Force, espousing different views. This clash created opposition between the two schools of thought and made it difficult to create one comprehensive diagnosis of FOF.

Each camp defined FOF and the other related disorders according to their knowledge and experience. Medical personnel, those who created the mental-illness paradigm, strove to find empirical evidence that these problems were actual psychological disorders. Given their knowledge which arose out of the field of psychology, doctors, psychiatrists and psychologists, and Surgeons General relied heavily on Sigmund Freud's teachings to understand why trained pilots were so incapacitated by their fears that they risked punishment to avoid flying again.[35] To these professionals, there was a psychological explanation, not tied to intentional efforts to shirk their duties as soldiers.

On the other hand, commanding officers and other administrators viewed FOF as a hindrance which weakened the prestige and manpower of the Air Force. They saw these men as cowards who failed the service and their country; as such, they constructed the character-weakness paradigm. What COs could not explain so simply, however, was the intensity of pilots' anxieties, which really did physically limit them from returning to their duties. Rather than focus on the individual and his suffering, administrators instead stressed the overall potential harm caused by outbreaks of FOF on the larger Air Corps or Air Force, and they

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[35] Lucio E. Gatto, "Understanding the 'Fear of Flying' Syndrome, I: Psychic Aspects of the Problem," *U.S. Armed Forces Medical Journal* 5, no. 8 (1954): 1096-1098.

thereby stressed that any man who claimed to suffer from FOF needed to be suspended or eliminated from the military. The problem is clear in a well-known example from World War II. Legendary general George S. Patton once stopped at a hospital during the war. He visited two soldiers who were hospitalized for psychoneurotic problems. He accused them of being cowards and physically slapped them. Indeed, "many top military officers and . . . the military's culture itself did not readily recognize psychiatric cases as 'real' casualties of war."[36] Although the soldiers were not pilots, commanding officers in the Air Corps and Air Force viewed flight anxieties in very similar ways.

Therefore, these two camps, medical officials and commanding officers, initiated two different methods to define and diagnose men who could no longer fly, including those who manifested no external physical ailments. Although there are some similarities between the two camps in the early years of World War II, the differences became much more pronounced during the Korean War. These differences in diagnosis set the precedent and created a major chasm which continued to grow even after the definition stage of the neuroses.

This chapter delves deeper into the creation of this gap between the medical officers and administrative personnel. The first section examines how psychologists and administrators defined and diagnosed men with FOF during World War Two. The second section studies flight anxiety during the Korean War. Each section first introduces information from psychologists who served during the conflict, and how they defined the problem during this period. It then transitions to officers' diagnoses—or lack thereof—and their growing resistance to a medical paradigm for understanding and treating FOF. Therefore, through an analysis of competing

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[36] Jarvis, "'If He Comes Home Nervous'," 99.

definitions and diagnoses, this chapter lays the groundwork for future chapters, in which the divisions between the two schools of thought widened further.

Flight Neuroses in World War II

In 1944, an Allied bomber made a bombing run deep into Europe, and the aircraft received severe damage from both enemy fighter pilots and flak. One of the aircrewmen, the gunner in the top turret, left his station without orders from his pilot and cowered in a corner of the plane. When the crew arrived at the base, the pilot took this gunner aside, rebuked him, and told him that he could no longer fly with the crew. The gunner felt extreme remorse and apologized; he promised he would not leave his post again, and his officer forgave him and granted permission to continue to fly with the crew. The crew experienced success for a few missions until it received even more severe damage during a latter mission. As the crew tried to return home, each of the four engines on the plane failed over the English Channel. The plane hit the water and injured some of the crew members. Most of the crew were able to successfully obey orders and ditch the plane, which was a difficult task. The pilot would later receive a medal because of this success. But the gunner did not follow the order. Instead, he had left his post once again and hid himself in the tail end of the aircraft. As the plane sank, the gunner called to the pilot to help save him, but he eventually was submerged with the plane.

The pilot tried to fly after this event, but he was unable to do so; his co-pilot had to take charge. After three months, the pilot underwent a psychiatric evaluation and he rejected his decoration for saving most of the crew. He saw this as an award for killing one of his own men. He had nightmares and recalled the young gunner yelling for the pilot to save him. Eventually this man was discharged (likely in the form of an undesirable discharge) from the service due to

an incapacitating fear of flying and returned to the United States.[37] The troubling nature of the

cases, and hundreds of others like it, sent Air Corps officials—doctors and administrators—

scrambling to understand the causes of such behaviors.[38]

Army Psychologists' Reactions to Fear of Flying in World War II: David G. Wright, "Report of Psychiatric Study of Successful Air Crews," 1943.

Psychiatrists used different words to describe what would eventually become Fear of

Flying. One can find the first phrase used to describe flight neurosis in a document from 1941.

David N. W. Grant studied "Flying Fatigue" among Royal Air Force pilots in the months before

the U.S.'s entrance into the war.[39] In October 1942, the military defined the disorder as

"temperamental unsuitability," which was associated with "those airmen who might deliberately

avoid operational duty by subterfuge, feigned illness or outright refusal."[40] It was not until 1944

when the military started to use the phrase, "Fear of Flying," and even then, it was used only as

descriptive shorthand, as in a letter by Lieutenant General Barney M. Giles who commented on

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[37] Many times, throughout this work, the phrase "undesirable discharge" will be used to indicate the punishment a man received for professing Fear of Flying. This is punishment is different than the "dishonorable discharge." According to Allan Bérubé, "Dishonorable discharges were part of the penal system [in the Army] and were used only for men who had been convicted of a crime and who had served their sentences." On the other hand, "Undesirable discharges had been used to eliminate those social misfits…." Undesirable Discharge was also "the discharge of men with 'undesirable habits or traits of character….'" See Alan Bérubé, *Coming Out Under Fire: The History of Gay Men and Women in World War II*, Twentieth Anniversary Edition (New York: Free Press, 1990; Chapel Hill: University of North Carolina Press, 2010), 139.

[38] This was a factual case that psychiatrist Douglas Bond experienced during World War II. See Bond, *The Fear of Flying*, 61-64.

[39] "Report on Flying Fatigue and Stress as Observed in the Royal Air Force," by David N. W. Grant, 10 March 1941, pg. 1, Call #168.7248-5, IRIS #01081063, in the David N. W. Grant Collection, AFHRA, Maxwell AFB, AL.

[40] Mark K. Wells, *Courage and Air Warfare: The Allied Aircrew Experience in World War II* (London: Frank Cass, 1995), 162.

the Army Air Force's official regulation that standardized the "Lack of Incentive to Fly."[41] Other personnel used more generic phrases from the military lexicon that ostensibly had nothing to do with flying, often writing of the disorder as a type of "combat stress."

Nonetheless, a clear move towards a more precise medical understanding of Fear of Flying is seen in a document from October 11, 1943, composed by flight surgeon David G. Wright. Entitled "Report of Psychiatric Study of Successful Air Crews," the study aimed to help medical personnel figure out how often combat-flying stresses affected successful aircrewmen, to uncover any connections concerning personality traits and the consequences of stress, and most importantly, "to ascertain the backgrounds, histories, and personality characteristics of the successful men, for comparison with those of the men who do not withstand the stresses of combat."[42] By recognizing certain common traits among suffering men, medical personnel believed they could more easily diagnose flight neuroses among pilots. Wright's study proposed that there were many factors which would "presumably predispose him [a pilot or aircrewman] to ineffective reaction to combat." These included causes derived more from Freud's theories than from a pilot's experiences in the air: (1) "temper tantrums;" (2) "excessive timidity and fears as a child or adolescent;" (3) "fear of physical danger as evidenced by failure to participate in 'tough' or 'blood' sports;" and (4) "an unsatisfactory sexual adjustment."[43]

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[41] AAF Letter 35-18, "Lack of Incentive for Flying and Unwillingness to Meet Military Stresses: Letter to All Commanding Generals, All Air Forces in Theaters of Operations," by Barney M. Giles, 7 December 1944, p. 5, Folder: Fear of Flying (1944), Call #141.28G, IRIS #00114380, in Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

[42] "Report of Psychiatric Study of Successful Air Crews" by David G. Wright, 11 October 1943, p. 1, Folder: 8th Air Force - Report of Psychiatric Study of Successful Air Crews Call #141.28J, IRIS #00114382, in Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

[43] Ibid., 3.

The document from Dr. David Wright is important because it introduces the fact that medical officers used Freudian theory—which will be extremely important throughout this thesis—to differentiate between successful and failed pilots. One of the major theories held by these medical-psychological professionals tied Fear of Flying to a pilot's successful—or unsuccessful—child development, which, of course, is a main tenant in Freud's teachings. If a psychiatrist determined that a man evinced certain characteristics, such as those listed above, during evaluation, it facilitated the diagnosis of Fear of Flying by allowing the doctor to believe that this man probably had an improper childhood development. Even more, the theory that an unsuccessful pilot who did not experience a satisfactory sexual adjustment—which, according to psychiatrist Douglas Bond, was based on the oedipal conflict—provides clarification for why fliers were more likely to experience FOF after the death of a friend.

Douglas Bond, The Love and Fear of Flying, 1952.

Douglas Bond served as a psychiatrist and "Chief of the Laboratory of Psychiatry at the School of Aviation Medicine" in Randolph Field, Texas, and as the Chief of the Psychiatry Section in the Eighth Air Force during World War II.[44] His seminal work, *The Love and Fear of Flying* was first published in 1952, but it chronicles a series of cases that Bond observed during the Second World War. Several factors helped him, and other medical personnel discover some of the reasons which introduced anxiety into a pilot's mind, some of which were based on Freud's writings. According to Bond, Freud's work *Thoughts on War and Death* contends that successful soldiers' belief that they are invincible shields from combat neuroses. Indeed, when

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[44] "Dr. Douglas D. Bond, Psychiatrist, Dies," *The New York Times*, November 1, 1976, accessed February 6, 2019, https://www.nytimes.com/1976/11/01/archives/dr-douglas-d-bond-psychiatrist-dies-former-dean-of-case-western.html; Wells, *Courage and Air Warfare*, 168.

interviewer Mark C. Cleary asked World War II Army Air Corps veteran and future USAF Lieutenant General Howard M. Fish, about the casualty and death rates among aircrewmen, Fish responded that he was amazed by how many pilots accepted the concept of a youthful invulnerability. Fish contended that younger pilots in the war did not fear as much because they always believed they would survive; it would be the "other" guy who was killed. "It wasn't going to happen to you. No matter what the hell happened, that's what you believed."[45]

Yet with more experience and time, or in other words, once some pilots successfully accepted and adjusted to flying, they would typically begin to experience more fear. Some psychiatrists, such as Bond, believed flight anxieties occurred when there was a reversal of Freud's invincibility teaching in *Thoughts on War and Death*. When an aircrewman witnessed a friend's death or experienced their own accident, they began to realize they were, in fact, very vulnerable.[46] This vulnerability gave rise to fear. It is likely that most men experienced such trauma during their tenures in World War II, but some experienced it more acutely, leading to incapacitation or refusal to perform. The FOF case which opened this chapter exemplifies this theory and Freud's invincibility teaching. Once the pilot experienced the death of his gunner, he became susceptible to a neurosis, which ultimately ended with him being either medically or undesirably discharged (Bond does not specify the punishment) and sent back to the United States.

In connection with the case study mentioned above, Bond raised an interesting point in his book; if a civilian were to witness the death of a close acquaintance in a plane and he began

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[45] Oral History Interview of Lt. General Howard M. Fish by Mark C. Cleary, 3-5 Feb 1982, typed transcript, p. 9, Call #239.0512, IRIS #01052947, in USAF Collection, AFHRA, Maxwell AFB, AL.

[46] Bond, *The Love and Fear of Flying*, 75-81.

to ride on trains instead, people would not judge him for his choice. However, if a soldier, pilot, or aircrewman, experienced the death of a friend in an aircraft during wartime, and he refused to fly again, there would be punitive measures taken against this man.[47] The loss of a friend or acquaintance also held a much deeper meaning found in the Oedipal complex, as taught by Bond. In addition, it also provided an opportunity to doctors to probe a person's past and childhood development, thus facilitating the judgment of which servicemen would be more likely to experience problems after experiences with death.

Also influential on military psychologists like Bond was Freud's focus on childhood development, particularly the Oedipal Conflict he claimed was universal in young boys and men. Bond believed there were two main types of psychological problems among pilots, both of which, Bond asserted, were connected to the Oedipal Conflict.[48] Those who volunteered to be military pilots likely "had a strong libidinal devotion to flying since early childhood."[49] Flying served as the role of the parent of the opposite sex. The pilot "is tempted to abuse his new position of authority by openly indulging his fantasies that are concerned with the incestuous meaning of flight and with long-repressed aggression aimed at the father.... The Aircraft, which

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[47] Ibid., 9.

[48] The Oedipal Conflict is originally found in Freud's *Interpretation of Dreams*. According to Rhona M. Fear, "Freud…promulgated the notion that the wish to rid oneself of the same sex parent and to have one's opposite sex parent as a partner was *ubiquitous.*" During development, a child should have erotic feelings towards the parent of the opposite sex and feelings of unconscious hatred toward the parent of the same sex. When the conflict is correctly resolved, the person represses those erotic feelings due to guilt and shame. When the conflict goes unresolved, the child has sexual desires toward the parent of the same sex, and Freud believed that this is when a person developed psychological disorders. See Rhona M. Fear, *The Oedipus Complex: Solutions or Resolutions?* (London: Karnac Books LTD, 2016), 11-17; Lauren Dolloff, "The Oedipus Complex," *University of Vermont*, November 16, 2006, accessed February 7, 2019, http://www.uvm.edu/~jbailly/courses/tragedy/student%20second%20documents/Oedipus%20Complex.html.

[49] Bond, *The Love and Fear of Flying*, 42.

is a most appropriate symbol for both aggressive and sexual drives, is drawn into these childhood fantasies easily."[50] When the pilot experiences a traumatic event, whether of his own or the loss of a companion, "the image of the angry father has been projected onto the aircraft, making it the instrument of the father's wrath."[51] Therefore, because a person should have the inherent hatred and fear of the parent of the same sex, the aircraft now causes an anxiety and fear in the pilot, thereby leading to an incapacitating fear of flying. In short, a traumatic experience in combat will reawaken a pilot's unresolved Oedipal Conflict, which according to Freudian theory, would then render psychological disorders tied to a crippling sense of fear.

This loss of a companion, according to medical personnel, signified much more than just a death to pilots. A man could have successfully adjusted to flying, meaning he was a decent flier and carried out his duties without question and fear. But once he experienced the loss of a companion or friend, a pilot might come to terms with his own vulnerability and mortality; as a result, the formerly (sexually) exhilarating sense he derived from flying could turn into a debilitating sense of anxiety. Based on this interpretation, medical personnel believed that the man who suffered from FOF was actually exhibiting the effects of poor sexual adjustment as defined by the oedipal complex.

When taken together, Wright's and Bond's works on Fear of Flying were moving the medical community within the Air Force to adopt a Freudian approach to the ailment: to seek diagnosis through the tools of psychoanalysis that would probe a pilot's overall psychological character, ideally going far back into his childhood. Commanding officers in World War II, however, were developing a much different model to diagnose pilots with flight-based neuroses.

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[50] Ibid., 70-71.

[51] Ibid., 71.

Army Air Force Administrators' Reactions to Fear of Flying in World War II: Army Air Force Regulation 35-16, 1944

Although World War I saw the first use of airplanes as weapons, bombing runs and aerial combat expanded exponentially in World War II. Administrative personnel, such as commanding officers and other men without medical backgrounds, knew that problems would arise due to some of their subordinates refusing to fulfill their duties. On the day after the first bombing mission in the Second World War, a group of top British commanders met together to create the procedures which determined what would happen to men who refused to fly. When the United States entered the war, American officials also had to develop procedures to deal with these types of problems.

Before 1943, the military did not address psychological problems in an orderly manner. If a man broke down due to mental illness, he was immediately medically or undesirably discharged from the service. After 1943, medical personnel strove to find ways to aid suffering men and treat them in ways they considered to be more equitable.[52] But COs still did not believe that men suffering from psychological issues were true medical casualties of war. While most cases before 1943 resulted in rather quick discharge from the service, this reality changed with approval of an official Army Air Corps directive concerning flight neuroses on October 20, 1944. Regulation No. 35-16 (AAF 35-16), as it was known, was a compilation of 1942's "Policy Letter 200.9x373" and 1943's "Eighth Air Force Memorandum 75-2."[53] AAF 35-16 would

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[52] Jarvis, "'If He Comes Home Nervous," 99-100.

[53] Policy Letter 200.9x373 was the military's first directive concerning disorders similar to Lack of Moral Fiber. At this point, this directive was meant for the diagnosis of "temperamental unsuitability." Memorandum 75-2 allowed for the creation of the Central Medical Boards, and redefined temperamental unsuitability as "operational fatigue." Military officers were not pleased with the organization and results of Memorandum 75-2, and thus, approved AAF

endure for the next decade, including for most of the Korean War (it was replaced in February 1953).

FOF was not an exclusive topic in Regulation 35-16. Instead, mirroring most administrative opinions of psychological problems, it was meant for pilots who evinced a wider range of undesirable characteristics. It also outlined new guidelines for the suspension and removal of such pilots. In fact, reasons for suspension from flying included military reassignment, little proficiency in flight assignments, serious breaches of flight rules, physical ailments, and most important for this study, "undesirable habits or traits of character," which as found in the Introduction, was also the definition of the "undesirable discharge." The officers defined these habits as emotional volatility and "lack of incentive for flying (combat or otherwise)," or other characteristics which made a flier of no value for combat missions.[54] Interestingly, there is no direct mention of "Fear of Flying" in this document, with the first mention coming another one and a half months after 35-16 was published. At the time, most AAF documents instead referred to the flight neuroses as "Lack of Incentive or Refusal to Fly." These statements demonstrate that officers did not focus on psychological factors. Instead, their words, statements, and definitions, emphasize refusal or the evasion of duties. And, to the dismay of medical personnel, administrations utilized another phrase— "Lack of Moral Fiber"—

Regulation 35-16, which created a more organized evaluation and punitive system (discussed in Chapter Three). See Wells, *Courage and Air Warfare*, 165-173.

[54] AAF Regulation No. 35-16: Flying Status, Suspension, and Removal of Suspension from Flying; Restriction on Flying and Evaluation of Flying Personnel, 20 October 1944, p. 5, Folder: Fear of Flying (1944), Call #141.28 G, IRIS #00114380, in the Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

which suggested these men were failing to live up to the commonly-held characteristics of manhood in the 1940s.[55]

Even without background knowledge, one can easily understand "Lack of Moral Fiber" (or LMF) to be denigrating. Arguably, it was even more disparaging in this era because society at the time strongly emphasized characteristics such as virility, bravery, courage, and heroism in its notions of manliness. LMF was the antithesis of valorous masculinity. As historian Jeff Suzik notes, once war became a realistic option in the early 1940s, "military service… resurfaced as an integral stepping stone to adult manhood."[56] This return of military service as an essential marker of manliness persisted through World War II, of course, and also into the early Cold War, when registering for the draft remained compulsory for all able-bodied men. And by accusing a man of possessing this "disorder" of LMF, an officer labelled a person as lacking certain requisite masculine qualities, thereby potentially shattering his self-confidence and psyche.[57] For this reason, psychiatrists avoided the use of the phrase "lack of moral fiber."

The dichotomy between officers and psychiatrists becomes especially clear when discussing LMF. In a bulletin, which fell just short of reprimanding administration officials, Air Surgeon W. F. Cook exhorted them not to use this expression. According to Cook, officers easily deployed the phrase in an emasculating manner in order to fulfill their agenda of making pilots do their job. Cook acknowledged that some men deserved to be diagnosed with LMF: those who, without a doubt, evaded their duties. However, in his view, most pilots did not

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[55] For more information regarding the medical personnel's dislike of the phrase, "Lack of Moral Fiber," see Wells, *Courage and Air Warfare*, 164-165.

[56] Jeff Suzik, "'Building Better Men': The CCC Boy and the Changing Social Ideal of Manliness," *Men and Masculinities* 2, no. 2 (October 1999): 158.

[57] John McCarthy, "Aircrew and 'Lack of Moral Fibre' in the Second World War," *War and Society* 2 (1984): 87.

deserve this deprecating stigma: "'Lack of moral fibre' is an elastic phrase, easily stretched to fit the bias of the moment."[58] In addition, officers should not refer to suffering pilots as cowards or equivalent terms, because these terms fail to account for an airman's underlying sickness and symptoms thereof.[59] Thus, once again, medical personnel tried to find medical-psychological terms with which to diagnose these men, while administration personnel understood flight neuroses as character weaknesses.

In reality, officers and other administration personnel did not know how to account for, nor did they even officially acknowledge, LMF. A month and a half after the issuing of AAF Regulation 35-16, Lieutenant General Barney M. Giles, the United States Army Chief of Air Staff in 1944, sent a letter to all air divisions in every theater of the war, delving deeper into Lack of Incentive to Fly and Refusal to Fly. Giles clarified certain procedures such as the role of the Flight Evaluation Boards, which are discussed in-depth in Chapter Two because they served as an instrument to evaluate airmen diagnosed with FOF. The purpose of this document was to help officers to know how to properly handle any aircrewman who exhibited undesirable traits in the form of LOI and RTF. Once a pilot manifested that he suffered from one of these problems, Giles' letter instructed COs to submit such men to medical personnel for *physical* examinations—there was still no recognition by administrative personnel of potential psychological problems. A man's punishment or rehabilitation rested on the doctor's decision whether a pilot was or was not *physically capable* of flying. If he could not fly due to physical ailments, officers did not punish him and sent him for treatment. But punishment in the form of

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[58] "General Information Bulletin Number 2, Volume 2: Bulletin to All Commands, Wing and Unit Surgeons," by W. F. Cook, 29 February 1944, p. 1, Folder: Fear of Flying (1944), Call #141.28G, IRIS #00114380, in Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

[59] Ibid., 3.

suspension, reassignment, or discharged was placed on a man if he was physically healthy but refused to do his duty.[60]

Giles's letter further establishes the division between COs and psychiatrists because it overlooks the role of traumatic experiences in the rise of psychiatric problems. Psychologists believed that bad experiences caused psychological harm, while commanding officers asserted they caused *physical harm*, if anything. Indeed, Giles wrote, "Lack of incentive for flying as a result of harrowing experiences incident to flying is essentially a medical consideration, by reason of which an individual may be physically disqualified." He continued, "Unless findings justify a definite diagnosis of psychosis or severe psychoneurosis, minimal psychiatric symptoms or mild psychosomatic reactions will not be made a basis for physical disqualification for flying duty." And "fear of combat flying," "fear of flying a particular aircraft," and other similar manifestations were not "considered reason[s] for physical disqualification for flying duty."[61] Thus, harrowing experiences, according to officers, could cause physical disqualification, not psychological disqualification as medical officials claimed. Even if these experiences introduced psychosomatic symptoms, they did not qualify men for a release from flying duty without punitive measures. This document specifically states that FOF was not a condition which warranted removal from flight status, thereby bolstering administrators' opinions that any pilot professing flight anxieties was shirking their duties; they were physically capable but not manly enough to do so.

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[60] AAF Letter 35-18, "Lack of Incentive for Flying and Unwillingness to Meet Military Stresses: Letter to All Commanding Generals, All Air Forces in Theaters of Operations," by Barney M. Giles, 7 December 1944, p. 1-2, Folder: Fear of Flying (1944), Call #141.28G, IRIS #00114380, in Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

[61] Ibid., 3-5.

Similarities exist between the medical and administrative personnel during World War II. For example, AAF 35-16 sometimes refers to a flying disorder entitled "Lack of Incentive," just like psychiatrists. However, each camp believed that the troublesome behaviors manifested by pilots in World War II were the consequences of completely different factors. Medical professionals attributed them to issues deep in a person's subconscious—things such as poor sexual adjustment and harrowing experiences—while COs believed that cowardice—a Lack of Moral Fiber—was to blame. The Second World War is important in the definition and diagnosis of Fear of Flying because it formalized it as a problem and created standardized procedures to evaluate, and, ideally, eradicate the problem, as will be seen in the following chapters. More immediately, consideration of psychologists' and COs' thinking on Fear of Flying in the Korean War, not even a decade later, illustrates how both camps continued to refine their thinking about the causes of Fear of Flying.

Flight Neuroses in the Korean War

The Korean War was markedly different in key ways from World War II. First, the American people did not support the police action in Korea with the same vigor as World War II. In addition, the suddenness and unexpected nature of the war created mobilization problems for the military. This latter factor created even more problems for the US Air Force, which had in Korea its first chance to prove itself as a separate branch of the military. Its dual struggles to raise enough man-power and transition from propeller aircraft to ultramodern jets were further complicated by the speed of the communists' sneak attack on the southern portion of Korea.

To meet its staffing needs, the USAF recalled many World War II veteran pilots.[62] Later

in the war, morale proved to be low because the military often used the same strategies and

tactics as in World War II, but they were not as successful.[63] Pilots were also losing morale

because they had trouble adapting to the new planes.[64] In April 1952, an event shook the country

and Air Force, and "for the first time, the community outside the Air Force became aware of the

fear of flying crisis."[65]

Six pilots, each with earlier experience either in the Second World War or the Berlin

Airlift, launched a "stay-down strike," and refused to train for combat in Korea. According to an

official account provided at the time by Major General J. K. Lacey, the Air Training Command

Vice Commander, the strike "resulted from concern over maintenance performed on the B-29

fleet…."[66] However, the men actually went on strike due to the USAF's poor treatment of

reservists, a good number of whom were World War II veterans like themselves. They were

angered "by the fact that the war in Korea was being fought by activated reservists while regular

officers remained 'at home pushing papers.'"[67] They did not like the fact that the USAF

mistreated World War II veterans, and therefore, they demanded that those men without

experience should fight. Interestingly, the Air Force granted the strikers *honorable* discharges

without prosecution in the form of court-martial because of prior service. As such, their strike

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[62] Donald S. Luther, "The 1952 Strike Against Combat Training," *Peace & Change* 12, no ½ (1987): 95.

[63] John J. Smith, "Men of the Cold War: Warrior Ethos and Domesticity in 1950s America," (PhD Diss., University of Florida, 2002), 3

[64] Luther, "The 1952 Strike Against Combat Training," 93.

[65] Ibid., 98.

[66] Ibid.

[67] Ibid.

was arguably successful.[68] And although COs already considered Fear of Flying an epidemic in the USAF, this event points to how intense the risk was for further resistance from pilots. Both medical and administrative personnel were keenly aware of the stakes as they pondered how to treat the growing number of Fear of Flying cases.[69]

The strike negatively influenced COs' opinions of FOF, and it led to a strong reaction. Author Donald Luther contends that the strikers were not punished as severely as other resisters because "the increasing media public storm… may have had something to do with the decisions…." to ultimately decommission the men without penalty.[70] Also, it is likely they were not charged as was originally intended because "one powerful figure… defended the strikers." Senator Lyndon Johnson argued that the strikers (and reservists) "had been 'treated very unfairly. They did their part in the last war…. One war is enough….'"[71] Even though all charges were dropped, this did not mean that COs empathized with the men.

The words administrative personnel had for these strikers illuminate the attitudes COs truly had towards those professing Fear of Flying. Air Force Chief of Staff, General Hoyt Vandenberg, excoriated these men by saying, "the strikers 'were lacking in the spirit and stamina demanded by the Air Force….There is no room in the Air Force now—there never has been—for malingerers, opportunists, or strikers, and least of all, for men who, having been trained at government expense in a difficult and essential art, refuse to fulfill their duties."[72] His statement associates the masculine traits of stamina and spirit with the Air Force. Thus, in an interesting

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[68] Ibid., 99-100.

[69] Ibid., 95.

[70] Ibid., 100.

[71] Ibid. 102-103.

[72] Ibid., 101-102.

manner, administrative personnel defined and diagnosed FOF not as a diagnosis of a medical or psychiatric problem, but rather as a problem of failed masculinity. Such assertions were a bridge too far, however, for the Air Force's medical personnel.

Army Psychologists' Reactions to Fear of Flying in Korea:
Lucio Gatto, "Understanding the 'Fear of Flying' Syndrome," 1954

In 1954, Colonel Lucio Gatto, a psychiatrist stationed at the U.S. Air Force Hospital at Sampson Air Force Base in New York, published two studies of Fear of Flying to discuss the things which medical personnel learned during the Korean War, and how to diagnose, treat, and prevent the disorder. His thinking did not represent much of a shift from that of his predecessors in World War II:

> The 'Fear of Flying' Syndrome may… be defined as a complex reaction occurring among previously adjusted flying personnel, and characterized by various defensive and maladaptive behavioral processes which express excessive anxiety over various external and internal conflicts, frustrations, insecurities, and dangers; as such, it is distinct from the base, inherent fear of being maimed, mutilated, or killed by falling through space and hitting the ground with great force. It may be characterized by statements of 'uncontrollable fear of flying' (pseudophobia) or by frank refusals to continue flying, but more often it manifests itself in one or several of the following maladaptive patterns of behavior: (1) obsessive overconcern related to the functioning of the plane; (2) true phobias (flying, claustrophobia, et cetera); (3) psychosomatic disturbances of many varieties and degrees; (4) behavioral disturbances revealing inadequacy or delinquency (emotional instability reactions, passive and/or aggressive reactions, alcoholism, and malingering); (5) true neuroses; (6) pseudopsychoses; and (7) true psychoses.[73]

This statement is one of the most accessible (at least to those with psychological training) and one of the first comprehensive explanations of Fear of Flying. An important point of this definition is the idea that medical officers could only diagnose a man with FOF if he had previously adapted to flying, but only later started to experience a number of these symptoms. For example, a common problem found among fliers suffering from anxiety was loss of

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[73] Gatto, "Understanding the 'Fear of Flying' Syndrome, I: Psychic Aspects of the Problem," 1100.

orientation and blurred or lost vision. Of course, these symptoms were very dangerous, but they

often remained unrecognized by the men unless they occurred often. During combat flying,

however, recognition of these symptoms could occur very quickly. More importantly, they led

to "one of the least known but very important symptoms—for it is peculiar to flight. . ." which

"[is] a growing cautiousness in the air…." To medical professionals, this was one of the most

dangerous problems to encounter, as it led a pilot to "obsessively" follow one safety rule while

excluding others.[74]

Although many men suffered from psychological problems, they also suffered from

physical ailments because of their condition. Robert Lifton, a first lieutenant in the Air Force

Medical Corps, stated, "nervousness, inability to sleep, poor appetite, and weight loss…" in

addition to "…upper abdominal pain, general fatigue, blurred vision, or lower back pain" were

the primary psychosomatic symptoms connected to Fear of Flying.[75] Thus, medical personnel

were becoming more successful at associating a psychological condition that manifested itself in

both physical and mental infirmities, a fact that also facilitated the diagnosis stage.

The understanding of flight disorders did not change much between the Second World

War and the Korean War, but more nuanced theories—also Freudian in origin, as in World War

II—played larger roles in the diagnosis stage. For example, Gatto articulates that pilots suffering

from Fear of Flying would commonly demonstrate problems with what he calls their "prestige

values" and "superego forces"[76] In explaining the first of these terms, Gatto he writes, "While

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[74] Bond, *The Love and Fear of Flying*, 45.

[75] Robert Lifton, "Psychotherapy with Combat Fliers," *United States Armed Forces Medical Journal* 4, no. 4 (April 1953): 526.

[76] "Superego" is another Freudian term; however, it was originally known as the Ego Ideal. In his work *The Ego and the Id*, Freud began to use "superego" to signify his earlier theory of the Ego Ideal. According to Herman

costly aircraft have become increasingly complex, highly evolved machines, requiring special

ingenuity and exceptional abilities upon the part of the pilots who fly them, the prestige,

importance, and glamor formerly accorded these fliers has considerably decreased."[77] Thus, the

technology of aircraft progressed, men felt they were now overshadowed, potentially leading

some pilots to devalue themselves and open themselves to feelings of insecurity.

As for "superego forces," Gatto explains:

[A pilot's] internalized authority, recognized as his super ego or conscience, requires him to live up to the dictates of his society, military, or civilian. When this conscience or superego is too punitive or too strong, insisting upon unremitting obedience, the anxiety arising from inner struggles often is channeled into behavioral or physical disturbances.[78]

These superego forces could even include an aircrewman's sense of duty and love for his

country. As historian Melinda Pash emphasizes, many of the men who served in Korea

"belonged to the generation after the Greatest Generation…."[79] Thus, the pilots in Gatto's study,

would have felt a need to live up to the same degree of patriotism and sense of duty. Historian

Zachary Lechner wrote that the American people and its leaders placed a unique emphasis on

Korea. This first major armed conflict in the Cold War was a "battlefield" meant to prove that

American men would not "fold in the heat of battle" and demonstrate that they still preserved

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Westerink, The Ego Ideal/Superego was when "an individual erected an ideal for himself, an image of himself which, if everything works correctly, is what he wants to be and against which he measures himself….The critical agency which always measures the ego against the ego ideal is the conscience." See Herman Westerink, *A Dark Trace: Sigmund Freud on the Sense of Guilt*, trans. Netherlands Organisation for Scientific Research (Belgium: Leuven University Press, 2009), 155, 194.

[77] Gatto, "Understanding the 'Fear of Flying' Syndrome: Psychic Aspects of the Problem," 1102.

[78] Gatto, "Understanding the 'Fear of Flying' Syndrome: Psychic Aspects of the Problem," 1105.

[79] Melinda L. Pash, *In the Shadow of the Greatest Generation: The Americans Who Fought in the Korean War* (New York: New York University Press, 2012), 8

"the physical and psychological characteristics" necessary to defeat their enemies.[80] Thus, there was a lot of pressure on these fliers, and it negatively impacted some, who found themselves more vulnerable to neuroses and other symptoms of Fear of Flying.

Therefore, in Korea, medical personnel moved beyond their World War II-era belief that Fear of Flying was typically caused by the loss of a close companion, which then exacerbated the pilot's unresolved oedipal complex. While this scenario may have still been true for some pilots, psychiatrists and other medical professionals had added to the lexicon of causes for Fear of Flying by the end of the Korean War, finding additional factors which affected a pilot's emotional and mental stability. The important thing to note though is that medical personnel, as in World War II, continued to diagnose flight anxieties as actual psychiatric problems that included psychosomatic symptoms. To them, Fear of Flying was a medical problem, and thus, they continued to operate within a mental-illness paradigm that was markedly different from the administrative personnel's paradigm.

Air Force Commanders' Reactions to Fear of Flying in Korea: Air Force Regulation 36-70, 1953

Administrative personnel's diagnosis and definition of Fear of Flying changed very little between World War II and the Korean War. In fact, well-known general Curtis Lemay, who remained central to the leadership of the Korean War, was not sympathetic towards FOF, similarly to General Patton in World War II. According to historian John Sherwood, Lemay during the Korean War still believed that the Air Force had no use for men suffering from FOF. These men did not "cut the mustard" and should be removed from the service after being court-

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[80] Zachary Lechner, "'We Have Certainly Saved Ourselves': Popular Views of Masculinity During the Korean War, 1950-1953," *Comparative American Studies: An International Journal* 12, no. 4 (December 2014): 317-318, https://doi.org/10.1179/1477570014Z.00000000091.

martialed.[81] Chief of Staff Hoyt Vandenberg also believed these men should be punished,

deeming flight neuroses an attempt to avoid one's "sworn duty." Therefore, in 1953,

Vandenberg's words reflected Regulation 35-16 and Giles' letter from World War II, in that it

still did not acknowledge FOF as a psychological condition.[82]

In fact, AAF Regulation 35-16 from 1944, remained the Air Force's directive concerning

FOF for the majority of the Korean War, despite the fact that commanders had a much more

difficult time in the diagnosis and definition stage during the Korean conflict. Many

commanders were loath to force, or even allow suffering pilots to continue flying because of the

increasingly expensive equipment. If a pilot suffered from a neurosis, and made critical and fatal

mistakes in the air, he could kill his companions—as was also the case in World War II, of

course—and he would also crash the military's newest technology, the jet aircraft. Thus, flying

disorders increasingly represented a risk to men, equipment, and most important to COs, the Air

Force's prestige.[83]

For these reasons, and in response to the 1952 airmen's strike, Air Force Regulation 36-

70, released on February 3, 1953, added more explanations and guidelines for Fear of Flying.

For example, one new portion stated, "Efforts on the part of an individual, declared

professionally and physically qualified, to avoid hazardous duty and in particular training for and

actual combat, indicate he has failed to live up to the standards of an Air Force Officer and he

should be separated from the service."[84] As such, this document articulated an even harder line

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[81] Sherwood, *Officers in Flight Suits*, 55.

[82] Ibid.

[83] Gatto, "Understanding the 'Fear of Flying' Syndrome: Psychic Aspects of the Problem," 1093.

[84] "Air Force Regulation 36-70" by Hoyt S. Vandenberg, 1 January 1953, p. 1, Call #K419.213, IRIS #00896886, MICFILM 23459, in Continental Air Command Collection, AFHRA, Maxwell AFB, AL.

than seen previously, asserting that anyone, such as strikers, who are physically capable, but do not fly, needed to be separated from the Air Force. The document advocates for dishonorable discharge since pilots with FOF had, according to most commanding officers, "ceas[ed] to be of any value to the service…."[85]

Officers still had another difficulty determining whether a man truly had a problem or was purposely trying to avoid duty. Thus, in a follow-up regulation to AFR 36-70, and one that "amplifies and implements the provisions of AFR 36-70," Major General William E. Hall, Vice Commander of Mitchel Air Force Base, ordered officers to answer two questions in the affirmative.[86] These were: (1) "Is the individual medically and professionally qualified to perform flying duties?"; and (2) "Does an actual and incapacitating fear of flying exist, as distinguished from an attempt to evidence falsely such characteristics in an effort on the part of the individual to avoid duties which he no longer desires to perform?"[87] These questions illuminate that COs had difficulty diagnosing FOF because they did not know if aircrewmen were truly suffering, feigning illness, or lacking in morale. Whereas in World War II, COs did not typically question if a man was feigning illness, commanders in Korea, especially after the 1952 strike, now heavily doubted a pilot's claims. One must recognize that some pilots did not suffer from neuroses even though they said they did, and this exacerbated officers' distrust.

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[85] AAF Letter 35-18, "Lack of Incentive for Flying and Unwillingness to Meet Military Stresses: Letter to All Commanding Generals, All Air Forces in Theaters of Operations," by Barney M. Giles, 7 December 1944, p. 2, Folder: Fear of Flying (1944), Call #141.28G, IRIS #00114380, in Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

[86] ConAC Regulation 36-18, by William E. Hall, 17 August 1953, p. 1, Call #419.213, IRIS #00896886, MICFILM 23459, in Continental Air Command Collection, AFHRA, Maxwell AFB, AL.

[87] Ibid.

With AFR 35-16, pilots and aircrewmen could be grounded or indefinitely suspended, and in some cases, undesirably discharged from combat and from the Air Force by confessing that they suffered from flight anxieties. However, some of these penalties fell short of the undesirable discharge from the service, a fact which may have led some pilots to evade their commitments to the Air Force, just as officers had worried. One report from 1952 bemoaned that "[a]ny displeasure with the training program, the Air Force, and/or family hindrance received by rated personnel became an excuse for submission of an application for Fear of Flying."[88] A similar claim was made by Walter D. Reed, an aircrewman in World War II and Korea, who noted that flight neuroses became a form of protest. Although Reed attributed this protest to the poor treatment of pilots, it still demonstrates the difficulty that officers had when defining FOF.[89] Up until the 1952 strike, officers tended to submit suspension requests with little hesitation, although they questioned the pilot's sense of duty, patriotism, and masculine qualities.[90] But this problem caused COs to adopt new standards which will be discussed in later chapters. Suffice it to say that the Air Force, starting with the pilots' strike, did not accept voluntary requests for suspension unless the military's medical authorities documented true cases of physical incapacitation, and required these cases to appear before a Flying Evaluation Board.[91]

From the very first bombing run of World War II to the very last days of the Korean War, commanding officers and other administrative personnel knew there were men who would refuse

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[88] "History of the Crew Training Air Force," by Historical Division Headquarters, Crew Training Air Force, Randolph Field, Texas, 1 April 1952-30 June 1952, p. 190, Call #K419.213, IRIS #00896886, MICFILM 23459, in Continental Air Command Collection, AFHRA, Maxwell AFB, AL.

[89] Oral History Interview of Major General Walter D. Reed by Hugh Ahmann, 26-28 November 1984, typed transcript, p. 9-10, Call #K239.0512, IRIS #01124941, in USAF Collection, AFHRA, Maxwell AFB, AL.

[90] Luther, "The 1952 Strike Against Combat," 95.

[91] Ibid., 194.

to fulfill their obligations. According to scholar Christina Jarvis, "early in [World War II], soldiers. . . who 'broke down' under the strain of combat or military life were generally discharged instead of treated."[92] After 1943, and with the exhortation of medical professionals, psychological casualties of war were addressed, but COs still maintained that these were not true casualties. With Regulation No. 35-16, the Army Air Corps began to create procedures for men who evinced undesirable characteristics, which included Lack of Incentive and Refusal to Fly. But this regulation was not based entirely on flight neuroses. Instead, officers began to refer to these airmen as "lacking moral fiber," turning what could have been diagnosed as a psychological illness—free from the stigma of personal failure—into a basis for questioning the masculinity of the aircrewmen and insinuating that these men simply needed to try harder to man up.

One of the COs' most important claims about Fear of Flying—something they will assert with even greater volume after the 1952 pilot's strike—was that there was no such thing as a psychological disorder leading to Fear of Flying. To them, only physical ailments could affect a pilot's qualification to fly, anything else was only an excuse which men used to avoid their duty. Overall, administration personnel's definition changed very little between World War II and the Korean conflict, but many more pilots in Korea professed that they suffered from FOF only to avoid duty, thereby confirming officers' skepticism. The Korean War is also markedly different from World War II because it is during this conflict where one witnesses the divide between medical and administrative personnel growing. It is also during this period when—as will be seen in Chapter Two and Three—commanding officers adopted more draconian measures in order to identify and eradicate Lack of Moral Fiber.

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[92] Jarvis, "'If He Comes Home Nervous,'" 100.

Conclusion

During World War II, a commander ordered a young airman to visit a physician due to his flight phobia. One of the first things this man said in his interview was "that he had a yellow streak up his back a yard wide and did not know where he got it; that he never used to be yellow." He visited the physician because he experienced so much anxiety during one mission. He reported that he could not perform his obligations and his fear that some disaster was going to occur paralyzed him. After more discussion, the medical professional discovered that this pilot had recently returned to flying after accompanying the body of a friend to his home. This friend died in a training accident while in the air. The young man was with the body on a two-day train ride, during which, he pondered what his family would feel if it had been him in the coffin. When he, and the body, arrived at the dead pilot's home, the parents were devastated—they told him, "'Now our boy's gone, we want you to take his place,'" and they "treated him like a son" during his entire visit. It is not stated whether this pilot flew again or not, but he became a victim of Fear of Flying in World War II.[93]

Psychiatrist Douglas Bond recounted this case in his book on Fear of Flying cases from the Second World War. It demonstrates the role death and loss have in the creation of flight anxieties. Several decades onward, in his study of Korean War pilots, historian John Sherwood asserted that Fear of Flying is an important topic because it "is the clearest manifestation of the stress. . . ." that fliers encountered.[94] Although true, this statement does not take into account that administrative personnel of the period likely would have argued to the contrary, while medical professionals would have agreed.

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[93] Bond, *The Love and Fear of Flying*, 60-61.

[94] Sherwood, *Officers in Flight Suits*, 57.

Each camp—the medical side, and the commanding officer side—created a standard based upon their professional backgrounds. Medical professionals developed a mental-illness paradigm, while commanding officers embraced a character-weakness paradigm. Taken together, the two established a sharp contrast in the diagnosis and definition stage of Fear of Flying. As a consequence, each side embarked on diverging paths on a road which affected their opinions of the following stages, those of evaluation and, ultimately, the desired eradication of Fear of Flying.

Chapter 2 – Conflicts over the Evaluation of Flight Neuroses

In World War II, the Army Air Corps and United States Air Force *needed* to discover treatment options for Fear of Flying because flight neuroses posed a bigger threat than many military officials realized, at all stages of a pilot's flying career. Even before entering the theater of war, Fear of Flying was a problem. As military psychiatrist Douglas Bond wrote in 1952, these problems "constituted the greatest single cause for the elimination of flyers following their training and before they entered combat. . . ."[95] In order to find treatment options to lower these statistics, medical and administrative officials first needed to create an evaluation procedure. As will be shown though, this evaluation process focused on whether a pilot was physically qualified to fly, not if he was psychologically qualified. But it was the psychological ailments that were numerous and—for the person suffering from FOF—potentially debilitating. This chapter turns to the question of how medical professionals and administrators evaluated cases of Fear of Flying when pilots first manifested symptoms. It also considers what regimens were prescribed once a patient had been evaluated and was found to be suffering from a flying disorder. In both of these phases, there is a clear competition between the military's medical professionals and its administrative professionals, with each of these groups pressing for significantly different analyses of how pilots suffering from Fear of Flying should be evaluated and then either cured or quarantined—discussed in Chapter Three.

As discussed in Chapter One, medical personnel and military administrative officials understood Fear of Flying in two very different ways. The former viewed the phenomenon as a legitimate psychological condition warranting professional care. The latter viewed FOF as a

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[95] Douglas Bond, *The Love and Fear of Flying* (New York: International Universities Press, 1952), 9.

character deficiency—a 'Lack of Moral Fiber'—as they called it. Because these two paradigms were so fundamentally different, each group's opinions concerning evaluation of these disorders greatly differed. There were few options in this stage for administrative personnel. But given their tendency to see Fear of Flying as insubordination, their processes included items such as the flying evaluation boards. In addition, COs placed psychologists in difficult positions when they evaluated airmen by making them choose an ultimatum: to approve that a flyer is physically qualified or deny him on a physical basis. It will be seen in the evaluation stage that COs procedures were not meant to heal pilots, which reflects the ideology that officers did not believe FOF to be a sickness. Instead, Chapter Three will focus more on the commanders' strategies designed to prevent or effectively quarantine FOF sufferers, rather than curing them.

Thus, during this evaluation stage, a further divide is evident. Each side had contrasting goals. Medical Professionals were convinced already in World War II that FOF in some cases could effectively be treated—maybe even cured. They hoped to use evaluation in order to initiate the suffering men in a treatment regimen, with the ultimate goal of returning them to flight status, but officers sought a more rigid evaluation process that would serve to permanently remove those who professed FOF from their positions as pilots instead of treating them for the purpose of healing. This impulse was closely linked to the COs' belief that FOF could not be cured.

During World War II, medical personnel believed that their duty was to first evaluate and then treat pilots to help them return to flying status because doing so meant that the Air Corps remained operational with enough men to accomplish the many combat missions. But during this war, the dichotomy between the mental-illness and character-weakness paradigms was clear, but still in its incipient stages. As more evaluative procedures were set in motion by

commanding officers, the distinct break between the two camps became more evident, eventually

leading to commanders' exclusive takeover of the judgement portion of the entire evaluation

stage in the Korean War. This goal is evident in a certain example from World War II. A certain

commanding officer:

> Deplored the tendency for Medical Officers to argue that a pilot might be 'fit and keen to
> return to operational flying' but was 'lacking in confidence in handling multi-engined
> aircraft or unable to accept the responsibility of carrying a crew.' Nonsense, argued [this
> commanding officer], such men were a 'dead loss or worse' to the service. Medical
> officers were told to stop making such suggestions.[96]

Therefore, medical professionals did want to return men to flight status; however, the chasm was

already growing because COs opposed this goal. They wanted the evaluation process to grant

COs power to first suspend pilots in World War II—and discharge in some instances—and then

dishonorably removed them completely from the service in the Korean War.

World War II: The Creation of the 4-Step Process for the Evaluation of Fear of Flying

Although there are recorded cases of Fear of Flying in World War I, FOF was almost a

new phenomenon in World War II because of the increased use of the airplane for many different

types of missions. In addition, the field of psychology was still growing and there was not a

deep understanding of emotional and traumatic disorders. As outlined in Chapter One,

psychological casualties were either suspended or medically/undesirably discharged from the

military before 1943, and therefore, the official process for the evaluation of FOF did not release

until 1944. FOF was prevalent among pilots before 1944, and most documents between 1941

and 1944 include suggestions to help men handle their neurosis in a way so that it does not

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[96] John McCarthy, "Aircrew and 'Lack of Moral Fibre' in the Second World War," *War and Society* 2 (1984): 94.

incapacitate them in their duties, which was a goal of a psychological study performed by David N. W. Grant.

This section will begin with Grant's study of Fear of Flying among Royal Air Force pilots in 1941. This study examined measures that medical officers and commanding officers could take to protect their men from obtaining FOF. Next it will examine will the four-step process that the military implemented in 1944. Although exact details of the evaluation process are sometimes unclear and without direct statements, one can glean the following information from archival documents and case studies.

The four-step process to evaluate Fear of Flying included: 1) The pilot must manifest his problem and then confess it to his squadron commander; 2) That commanding officer then must refer the pilot to a medical authority for a *physical* evaluation; 3) The medical authority then must make a physical assessment of the pilot to determine if he is actually physically qualified to fly, and it seems that he also utilized psychotherapy techniques to assess both the psychological and physical wellbeing of the man; and 4) If the pilot is found physically qualified (minor psychosomatic symptoms did not disqualify him) but he still refused to fly, he was sent to a Flight Evaluation Board that incurred one of four judgements upon him. The Board could then decide for undesirable dismissal, a reassignment to non-flying duty if he held certain useful skills, a return to flying if the pilot wanted to honorably finish his tour (if not, he was

administered an undesirable discharge[97]), or in severe cases, it seems like he could be sent for treatment off base.[98]

This chapter will discuss the third and fourth steps in detail—those dealing with the medical evaluation and Flight Evaluation Board—because they proved to be the most important and controversial. They would have lasting consequences into the Korean conflict. The United States Army Air Corps instituted these policies towards at the end of the war in 1944 because both psychologists and officers did not yet fully understand how to properly diagnose, evaluate, and eradicate FOF. Yet, the war proved to the be a "watershed" event that created the standards for dealing with FOF into the Korean War.

This section will therefore be organized differently than the World War II material in Chapter One. It will first focus on the psychologists' documents and then transition to the first Army Air Force Regulation dealing with flight neuroses. In their respective sub-sections, these

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[97] Many times, throughout this work, the phrase "undesirable discharge" will be used to indicate the punishment a man received for professing Fear of Flying. This is punishment is different than the "dishonorable discharge." According to Allan Bérubé, "Dishonorable discharges were part of the penal system [in the Army] and were used only for men who had been convicted of a crime and who had served their sentences." On the other hand, "Undesirable discharges had been used to eliminate those social misfits…." Undesirable Discharge was also "the discharge of men with 'undesirable habits or traits of character…." See Alan Bérubé, *Coming Out Under Fire: The History of Gay Men and Women in World War II*, Twentieth Anniversary Edition (New York: Free Press, 1990; Chapel Hill: University of North Carolina Press, 2010), 139.

[98] See AAF Letter 35-18, "Lack of Incentive for Flying and Unwillingness to Meet Military Stresses: Letter to All Commanding Generals, All Air Forces in Theaters of Operations," by Barney M. Giles, 7 December 1944, Folder: Fear of Flying (1944), Call #141.28G, IRIS #00114380, in Air Surgeon Collection, AFHRA, Maxwell AFB, AL.; AAF Regulation No. 35-16: Flying Status, Suspension, and Removal of Suspension from Flying; Restriction on Flying and Evaluation of Flying Personnel, 20 October 1944, Folder: Fear of Flying (1944), Call #141.28 G, IRIS #00114380, in the Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

documents will then be analyzed to show that the Second World War set in motion the evaluation process which served into a majority of the Korean War.

David N. W. Grant, "Report on Flying Fatigue and Stress as Observed in the Royal Air Force," 1941.

David N.W. Grant, an American medical officer during World War II, was stationed in England in 1941 in order to observe "Flying Fatigue," a phrase that Psychologists used during this time to refer to Fear of Flying. His goal was to discover how the RAF treated FOF so that American Forces could implement the same strategies. Grant makes simple suggestions for the United States Army Air Force after experiencing Flying Fatigue among RAF pilots. He believed that the military could aid suffering pilots by "provid[ing] maximum comfort to combat crews," such as offering heating in the planes. He also called for a set number of hours between missions instead of allowing an airman to fly a mission whenever is necessary, even if officers needed the men for back-to-back missions. He also believed that granting men the ability to go on leave was of paramount importance, but the breaks could not be over seven days—a point that Grant strongly emphasized. The RAF used these propositions in their own air corps, but Grant does not expound upon whether they were successful or not.[99]

Grant also included three other options which would prove to be valuable to both administrative and medical personnel with the creation of Army Air Force Regulation 35-16 in 1944. Two proposed options supported the evaluation stage, they included: 1) ensuring that men had access to medical attention as soon as they started to notice a growing anxiety; and 2) the

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[99] "Report on Flying Fatigue and Stress as Observed in the Royal Air Force," by David N. W. Grant, 10 March 1941, pg. 6-7, Call #168.7248-5, IRIS #01081063, in the David N. W. Grant Collection, AFHRA, Maxwell AFB, AL; See also Mark K. Wells, *Courage and Air Warfare: The Allied Aircrew Experience in the Second World War* (London: Frank Cass, 1995), 101-103.

responsibility of medical and administrative personnel to detect early signs of the anxieties.[100]

Grant called for a cooperation between officers and psychologists. In order for the medical

professionals to recognize early symptoms, they needed to know the pilots personally; however,

this would have been difficult. Therefore, Grant recommended that the flight surgeons get to

know squadron commanders well because the COs would have more intimate knowledge of their

own pilots and know when they were acting differently. With this knowledge, doctors would be

able to detect the signs earlier and begin treatment options earlier and more efficiently.[101] Not

only would this cooperation aid in treatment, but it was necessary for evaluation.

Army Air Force Regulation 35-16, October 1944, and Barney M. Giles, "Army Air Force Letter 35-18," December 1944.

The first official policy that intended to deal with FOF was Army Air Force Regulation

35-16. It became official policy on October 20, 1944, and it instituted the very nuanced four-

step process described above. In a follow-up document issued just two months later, AAF Letter

35-18, Chief of Air Staff, Barney M. Giles clarified AAF 35-16. He outlined more clearly the

disposition of men who "exhibited such traits of character…." such as refusing to fly due to Lack

of Incentive (LOI).[102] Together, these two policy documents were meant to work together to

create that synergy that Grant suggested. Although both factions maintained their competing

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[100] "Report on Flying Fatigue and Stress as Observed in the Royal Air Force," by David N. W. Grant, 10 March 1941, pg. 4, Call #168.7248-5, IRIS #01081063, in the David N. W. Grant Collection, AFHRA, Maxwell AFB, AL.;

[101] Ibid.; See also Mark K. Wells, *Courage and Air Warfare: The Allied Aircrew Experience in World War II* (London: Frank Cass, 1995), 79-80.

[102] AAF Letter 35-18, "Lack of Incentive for Flying and Unwillingness to Meet Military Stresses: Letter to All Commanding Generals, All Air Forces in Theaters of Operations," by Barney M. Giles, 7 December 1944, pg. 1 Folder: Fear of Flying (1944), Call #141.28G, IRIS #00114380, in Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

paradigms, during World War II—or at least for the remainder of it—the policies worked well, and they seemed to create cooperation between the medical authorities and officers.

The first step required the flyer who suffered from Lack of Incentive (LOI), to hand-write and sign a statement confessing that he was sick with a flight neurosis.[103] The officer then suspended the pilots from flight status and submitted him to a medical authority who performed a physical evaluation. It must be remembered that, at this stage, "unless findings justify a definite diagnosis of psychosis or severe psychoneurosis, minimal psychiatric symptoms or mild psychosomatic reactions will not be made a basis for physical disqualification for flying duty."[104] Therefore, if no severe physical sickness was found, it was believed that the flyer suffered from an undesirable trait. And because he had been suspended from flying, the doctor then sent the case to the Central Medical Examining Board (described below).[105] If this Medical Examining Board found that the airman was physically qualified, yet refused to fly, they forwarded the pilot to the Flight Evaluation Board. The Board determined the fate of the man. If he was suspended from flight "because of physical reasons, or for reasons where lack of incentive for flying has not been the controlling factor…" he can "be reassigned to administrative duties…." However, if the man demonstrated "unwillingness or refusal to accept military stress….action will be taken at once to accomplish their elimination from the service."[106] Therefore, one sees the synergy

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[103] Ibid., 2.

[104] Ibid., 5.

[105] AAF Regulation No. 35-16: Flying Status, Suspension, and Removal of Suspension from Flying; Restriction on Flying and Evaluation of Flying Personnel, 20 October 1944, p. 8, Folder: Fear of Flying (1944), Call #141.28 G, IRIS #00114380, in the Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

[106] AAF Letter 35-18, "Lack of Incentive for Flying and Unwillingness to Meet Military Stresses: Letter to All Commanding Generals, All Air Forces in Theaters of Operations," by Barney M. Giles, 7 December 1944, pg. 3, Folder: Fear of Flying (1944), Call #141.28G, IRIS #00114380, in Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

between medical and administrative personnel. They had to work together to recognize LOI cases. The medical authority relied upon the officers when they submitted an airman to receive his examination. Then, when ordered to stand before the Evaluation Board, officers and doctors worked together to determine the consequences of confessing FOF. The following will delve into step two, three, and four with more detail and analysis.

Step Two: Submission to Medical Authority for Physical Evaluation

As seen in administrative personnel's definition of FOF in Chapter One, COs did not recognize Flying Fatigue as a psychological condition because they signed off on sending the pilot to a *physical* evaluation. They dealt with the realistic and tangible problems such as the effect that gravitational forces had on pilots, extremely fast speeds, the lack of oxygen at high altitudes, and drastic temperature variations.[107] After the confession and during this step, the pilot was grounded or suspended from flying.[108] There is some confusion regarding the suspension process. Although one may think that being "grounded" or suspended was the same punishment, they are, in fact, different. When an officer grounded a pilot, he removed the man's flight status for thirty days or less. There were also two different types of suspension: temporary and indefinite. Temporary meant that a man lost flight status from thirty days to six months, while an indefinite suspension meant that a man would not fly for more than six months.[109] In addition,

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[107] Gatto, "Understanding the 'Fear of Flying' Syndrome, I," 1093.

[108] AAF Letter 35-18, "Lack of Incentive for Flying and Unwillingness to Meet Military Stresses: Letter to All Commanding Generals, All Air Forces in Theaters of Operations," by Barney M. Giles, 7 December 1944, p. 1, Folder: Fear of Flying (1944), Call #141.28G, IRIS #00114380, in Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

[109] AAF Regulation No. 35-16: Flying Status, Suspension, and Removal of Suspension from Flying; Restriction on Flying and Evaluation of Flying Personnel, 20 October 1944, p. 4, Folder: Fear of Flying (1944), Call #141.28 G, IRIS #00114380, in the Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

historian Mark Wells teaches that men were also categorized as either temporary or permanent casualties. If a man was suspended for more than fifteen days, he was considered a permanent casualty and "once grounded for 15 days, such men generally stayed out of combat from two to six months and were effectively lost to their crews and units." Men that received treatment for less than fifteen days *usually* returned to combat flying.[110] Then, after receiving one of these consequences, the CO forwarded the symptomatic airman to the medical authority.

Step Three: Medical Evaluation

It is during this step where the details are not very clear regarding this process. Neither AAF 35-16 and AAF Letter 35-38 explicitly state the evaluation regimen or the procedures they utilized to judge a man's qualifications. However, because Douglas B. Bond, a military psychologist, has many cases in which he used counseling techniques familiar from psychotherapy, one can infer that many medical authorities had some training in the field of psychology, and they used this knowledge to ascertain the flyer's physical *and* psychological wellbeing, although the man's psychological status would not qualify or disqualify him from flying unless there was a severe problem

Psychotherapy seemed to be one of the main tools that doctors used in the medical evaluation. Interestingly, Bond reports that he even resorted to a drug (Sodium Pentothal) in some instances to help the airmen open up about their anxieties, likely for the purpose of determining if the man suffered from "severe psychoneurosis," which did disqualify a man from his duties, as seen above. For example, the following World War II case study is found in

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[110] Mark K. Wells, *Courage and Air Warfare: The Allied Aircrew Experience in the Second World War* (London: Frank Cass, 1995), 71.

Bond's book *The Love and Fear of Flying*, published in 1952, and it demonstrates the use of both a drug and psychotherapy in the evaluation process.

A man flew Flying Fortresses over Europe in World War II and was a veteran of only two combat missions before manifesting his condition to his commanding officer (CO). It is likely that the CO then sent the man for his medical evaluation, and that is when he received psychotherapy. Therefore, one can deduce that psychotherapy was administered during the medical evaluation before being sent to the Flight Evaluation Board. During the treatment, Bond discovered that this man started to suffer because his best friend's plane blew up in front of him. The officer called this man "yellow," and the pilot agreed and tried to commit suicide. Regarding the therapeutic experience, Bond wrote,

> The patient was interviewed first under pentothal. He was asked to describe only what he saw. He immediately drew back, a look of terror on his face, and said, 'I see a big black bear coming at me with his mouth open. He's going to bite me, but I don't know where.' [Where did you see the bear before?] 'When I was a little boy. I had dreams of this bear many times.' [Why do you think of that now?] Well, I'm in bed and frightened. I see flak now, and there goes that plane.' The patient abreacted markedly. . . when he spoke of the death of his friend, saying, 'He had a wife and a child just like mine—I thought it would be me next. . . .' He reenacted his suicidal attempt without being prompted to do so, saying he would prefer death either to returning to combat or to being court-martialed.[111]

The medical specialist continued to administer pentothal sporadically in the daily psychotherapeutic sessions. The patient continued to recall vivid details such as the dropping bombs and turbulence, and he continued to suffer from FOF. Because of this, Bond was unable to fulfill his duty by helping this man return to combat. Bond does not elaborate more on how he, as the psychologist, felt about this man and his failure to return to a plane. He also does not

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[111] Ibid., 64-65.

state whether this man appeared before the evaluation panel.[112] For this reason, it is sometimes unclear what exactly occurred during or after the examination and requires one to infer the process through contextual information.

Although this specific case does not elaborate on what came next, usually, because pilots were grounded or suspended in FOF cases, the medical professional forwarded his findings to the Central Medical Examining Board for more deliberation. This board was composed "of five senior medical officers, either flight surgeons or aviation medical examiners…." and, "wherever practicable, members of the board will include medical officers well trained in internal medicine, psychiatry, ophthalmology and otolaryngology."[113] This step is also unclear. But from the documents, it seems that if the Medical Examining Board concurred with the flight doctor that a man was *physically* capable of flying, but refused to do so, then he was sent to the Flight Evaluation Board.[114]

Step Four: The Flight Evaluation Boards

In continuation with the procedure found in Regulation 35-16, if the flyer was physically qualified but refused to fly, the CO ordered the flyer to appear before an evaluation panel, while also being suspended indefinitely.[115] The Flying Evaluation Board can be likened to a judge and jury in the criminal system and therefore played an extremely valuable role. In the Second

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[112] Ibid., 70.

[113] AAF Regulation No. 35-16: Flying Status, Suspension, and Removal of Suspension from Flying; Restriction on Flying and Evaluation of Flying Personnel, 20 October 1944, p. 8, Folder: Fear of Flying (1944), Call #141.28 G, IRIS #00114380, in the Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

[114] Ibid., 8-9. See also Wells, *Courage and Air Warfare*, 163.

[115] AAF Letter 35-18, "Lack of Incentive for Flying and Unwillingness to Meet Military Stresses: Letter to All Commanding Generals, All Air Forces in Theaters of Operations," by Barney M. Giles, 7 December 1944, p. 1, Folder: Fear of Flying (1944), Call #141.28G, IRIS #00114380, in Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

World War, this panel was composed of four senior officers, two flight surgeons, and one officer with legal training.[116] According to historian John Sherwood, a typical evaluation board during the Korean War was composed of a squadron commander, other officers, and the base commander, instead of medical professionals.[117] It is important to note that highly-ranked members of the administrative personnel served as a majority on these panels, and therefore, were likely to more strongly enforce their agendas of removing neurotic pilots from the service. According to Sherwood, the evaluation board humiliated the man. Indeed, "the board, to discourage others from using FOF as a means to avoid flying, would subject the officer to a series of humiliating questions relating to the individual's patriotism and self-worth…"[118] This occurred because the military did not want these types of men to represent the nation. Men were supposed to represent the strength, patriotism, and worth of the United States.

In her work *The Male Body at War: American Masculinity during World War II*, Christina Jarvis argues that the country, military, and government "shaped the male body both figuratively and physically in an effort to communicate impressions of national strength to U.S. citizens and to other nations."[119] In fact, men of the period were supposed to evince a warrior ethos, displaying their status as the defenders of the "weaker" sex and innocent children. Men

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[116] AAF Regulation No. 35-16: Flying Status, Suspension, and Removal of Suspension from Flying; Restriction on Flying and Evaluation of Flying Personnel, 20 October 1944, p. 11, Folder: Fear of Flying (1944), Call #141.28 G, IRIS #00114380, in the Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

[117] John Sherwood, *Officers in Flight Suits: The Story of American Air Force Fighter Pilots in the Korean War* (New York: New York University Press, 1996), 55-56.

[118] Ibid.

[119] Christina Jarvis, *The Male Body at War: American Masculinity During World War II*, (Chapel Hill: University of North Carolina Press, 2008), 5.

were not supposed to express their fears or acknowledge their mortality.[120] But Fear of Flying

stood as the antithesis to these definitions of masculinity. The evaluation boards, as

representatives of the military with an administrative personnel majority, "would subject the

[pilot] to a series of humiliating questions related to the individual's patriotism and self-

worth…."[121] Not only was this experience humiliating, it undermined flyers and their manhood,

and caused them to question their own values and identity.

In addition, if the pilot did refuse to fly after being considered physically qualified, the

Flight Evaluation Board began a process to undermine the aircrewmen's manliness even more:

reclassification proceedings. If a pilot was physically qualified and held useful administrative

skills—not defined more specifically in archival documents—then he could be assigned to a non-

flying and non-rated job, which meant a loss of officer status and pay. But most of those who

refused to fly likely received an undesirable discharge from the service.[122]

As part of the reclassification proceedings, archival documents reveal another manner

that undermined masculinity. The proceedings required that any individual diagnosed with a

flight neurosis "be 'indefinitely suspended' from flying status and that he not be allowed to wear

the aviation badge. This recommendation will be made only in cases involving clearly

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[120] John J. Smith, "Men of the Cold War: Warrior Ethos and Domesticity in 1950s America," (PhD Diss., University of Florida, 2002), 12.

[121] Sherwood, *Officers in Flight Suits*, 55-56.

[122] AAF Letter 35-18, "Lack of Incentive for Flying and Unwillingness to Meet Military Stresses: Letter to All Commanding Generals, All Air Forces in Theaters of Operations," by Barney M. Giles, 7 December 1944, p. 2-3, Folder: Fear of Flying (1944), Call #141.28G, IRIS #00114380, in Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

substantiated refusal to fly, fear of flying, fear of combat, . . ."[123] Receiving a commission, and

being awarded "the Aviation Badge were considered legally as awards, similar to diplomas for

work accomplished…. If a man was to be decommissioned, therefore, it was necessary for a

commanding officer to state that the man had been thoroughly unsatisfactory in every

department and that, in effect, he had character traits unfitting him for an officer." This

relegation and removal were "without honor."[124] This may have been, in fact, a fair punishment.

However, since the beginning of air combat, pilots were known for their hypermasculinity and

self-confidence.[125] The aviation badge was symbolic of that "earned" masculinity. By stripping

a man of his ability to wear it, something that he originally earned and prided himself on, it,

arguably, was like removing part of his masculinity and identity. Thus, the importance of the

Evaluation Board as the deciding and final step of the evaluation process cannot be emphasized

enough, especially because it is this step that worsens the divide even more between the medical

and administrative personnel during the Korean War.

The Importance of the Evaluation Stage in World War II

World War II played a paramount role in the development of evaluation procedures for

Fear of Flying, and there was relatively decent cooperation between commanding officers and

medical professionals. This can likely be attributed to each faction's limited knowledge

regarding flight disorders, and the fact that they had to work together in order to carry out their

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[123] AAF Regulation No. 35-16: Flying Status, Suspension, and Removal of Suspension from Flying; Restriction on Flying and Evaluation of Flying Personnel, 20 October 1944, p. 11, Folder: Fear of Flying (1944), Call #141.28 G, IRIS #00114380, in the Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

[124] Bond, *The Love and Fear of Flying*, 169-170.

[125] Michael Wayne Hankins, "Templars of the Air: Cold War Military Aircraft and the Cult of the Lightweight Fighter, 1964-1991," (PhD diss., Kansas State University, 2018), 1-3.

goals. The problem, though, is that each side had their own separate goal which directly contradicted that of the other. The goal of medical personnel was to return the flyer to flying and combat duty. Because they adopted the "mental-illness" paradigm, through step three, "Medical Evaluation," doctors hoped to use psychotherapy in order to find the root of the airmen's neurosis. It wasted government time and money to disallow men from returning to flight status. However, when COs required medical officers to prove or disprove that the neurotic pilot suffered from a physical ailment, officers were trying to accomplish their own purpose of proving that pilots were physically qualified but were just shirking their duties.

Officers, on the other hand, needed to figure out how to deal with Lack of Moral Fiber (LMF) because, as scholar John McCarthy wrote, "Above all it was feared by senior officers that LMF would spread rapidly throughout the commands."[126] This belief mirrored that of early psychiatrists in World War II. Indeed, to administrative personnel, LMF was a physical disease that had the chance to become an epidemic that would destroy the Air Corps and later, the United States Air Force, just as other epidemics took their toll on civilizations throughout history. For this reason, neurotic pilots needed to be evaluated, grounded, suspended, placed before an evaluation board, and then removed from the service if they did not possess any other skills. Indeed, officers' definition—the "character-weakness" paradigm—of FOF dictated their campaign to evaluate and define these men as failures.   Their campaign also intensified after the implementation of AAF 35-16 in 1944 in order to fulfill their ultimate goal: the eradication of pilots who suffered from FOF and the prevention of more cases. And it would be in the Korean War when these two competing paradigms came to a head and exacerbated the divide between medical and administrative personnel.

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[126] McCarthy, "Aircrew and 'Lack of Moral Fibre' in the Second World War," 95.

The Korean War: A Divisive Turn in the Competing Paradigms

Between World War II and the Korean War, official evaluation policy for FOF did not change too much. Actually, the stipulations found in AAF Regulation 35-16 remained the authorized procedures until 1953, when the United States Air Force implemented Air Force Regulation 36-70 (AFR 36-70). Unlike the Second World War's AAF 35-16, which focused on suspension due to any "undesirable characteristics," such as Lack of Incentive, the "failure to perform minimum flight duty," or actually breaking flight rules—the 1953 declaration focused solely on Fear of Flying—which also became the official name of the disorder in this policy.[127] This document synthesizes AAF Regulation 35-16 and Barney M. Giles' AAF Letter 35-18 into one regulation. It seems that there is little change in the actual procedures, including the four-step process. Instead, the document more clearly defines the class of men who were both physically and professionally qualified yet refuse to fly in order to shirk their hazardous duty.[128] More importantly, AFR 36-70 removed the requirement of World War II's AAF 35-16, which allowed two medical personnel to sit upon the Flight Evaluation Board. With these medical authorities replaced by field officers, the already growing divide between medical professionals and administrative personnel was further worsened.

The Disenchantment of Medical Personnel:
"Understanding the 'Fear of Flying' Syndrome," by Lucio Gatto, 1954.

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[127] See AAF Regulation No. 35-16: Flying Status, Suspension, and Removal of Suspension from Flying; Restriction on Flying and Evaluation of Flying Personnel, 20 October 1944, p. 5, Folder: Fear of Flying (1944), Call #141.28 G, IRIS #00114380, in the Air Surgeon Collection, AFHRA, Maxwell AFB, AL.; "Air Force Regulation 36-70" by Hoyt S. Vandenberg, 1 January 1953, Call #K419.213, IRIS #00896886, MICFILM 23459, in Continental Air Command Collection, AFHRA, Maxwell AFB, AL.

[128] "Air Force Regulation 36-70" by Hoyt S. Vandenberg, 1 January 1953, p. 1, Call #K419.213, IRIS #00896886, MICFILM 23459, in Continental Air Command Collection, AFHRA, Maxwell AFB, AL.

While the seeds of disenchantment of medical professionals toward the commanding officers were evident in World War II, there was too little time between the implementation of AAF 35-16 and the end of the war for the division to worsen. Therefore, there was also a very limited time for officers and doctors to gain the experience of using this policy to evaluate FOF. However, Douglas Bond, a psychiatrist during World War II, expressed his distaste of the boards in his 1952 book. He believed that commanding officers and their treatments—grounding, suspension, reassignment, and evaluation boards—caused more harm than good. He contended that the panels caused more anxiety because they reflected criminal trials, where the officers seemed similar to juries preparing to sentence a man for punishment. To quote Bond, "The patient then appeared before a medical board, which derived far more from judicial than from medical precedent." In fact, this "judicial" appearance continued into the Korean War and closely resembled the Board of Inquiry—the new nomenclature for Flying Evaluation Boards in Korea. Even more, they would, sometimes, take months to arrive at a decision. According to Bond, the man who suffered from FOF had nothing to do in the interim, only worry about punishment, thereby exacerbating his fear and anxiety.[129] Thus, some medical personnel did not agree with and directly challenged the route that administrative personnel took regarding evaluation.

In World War II, two medical professionals formed a part of the membership of the Flight Evaluation Boards, along with five administrative officers. This all changed in the latter years of the Korean War when the USAF dictated that the board was to be composed of "three officers serving in the grade of colonel or higher…. A nonvoting field grade Judge Advocate

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[129] Bond, *The Love and Fear of Flying*, 108.

Officer…." and "a field grade officer without vote…."[130] It must be added that it was unlikely that a medical professional would be among the colonels who were given voting power on the Boards. Although this new regulation does not say anything about a Central Medical Examining Board as found in World War II, the process remained very similar. The suffering pilot confessed to his CO that he was suffering from FOF, the CO referred him for a medical professional for a physical evaluation, then, if it was "determined that [the pilot] [was] physically qualified for flying…." his case with all of its facts was sent to the Board of Inquiry (formerly the Flying Evaluation Board) for judgement.[131] This process disillusioned medical professionals because they no longer had authority on the board, yet they still had to provide their evaluations to the board.

In order to prepare future psychologists for the successful evaluation of FOF, Dr. Lucio Gatto created a list of twelve different steps. These mainly helped the medical professionals prepare to administer psychotherapy to determine the pilot's wellbeing, which is also similar to the therapy in the Second World War. Not all of Gatto's teachings are important for this project, but they do elucidate some of the psychologists' preoccupations with treatment. One in particular is interesting though. Because it is Gatto's last suggestion, there seems to be an added emphasis and could hint at its importance. It is representative of the growing dichotomy between the administrative and medical professionals. Gatto wrote,

> The medical officer should not fear that his responsibilities for treating the patient medically and for contributing to administrative decisions when indicated are contradictory. If this dual role implies to the patient that the medical officer is guided only by administrative direction and authoritative attitudes, the medical officer must

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[130] "Air Force Regulation 36-70" by Hoyt S. Vandenberg, 1 January 1953, p. 3, Call #K419.213, IRIS #00896886, MICFILM 23459, in Continental Air Command Collection, AFHRA, Maxwell AFB, AL.

[131] Ibid., 1-3

make it apparent that *he is really interested in helping the patient arrive at the best solution for whatever problem he may have.*[132]

By stating that a specialist should not fear, the writer implied that there have been some who have feared the consequences. As members of the evaluation boards, they were placed in a position where they needed to help other officers determine if an airman should or should not be returned to duty, thereby displacing a doctor's typical commitment to confidentiality to providing healthcare in an environment of confidentiality. After 1953, the Board of Inquiry still relied on the medical officer's evaluation notes, which still meant that the doctor was not abiding by typical medical practice, even though he did not sit on the board. Psychotherapy was supposed to be used to treat a neurotic pilot, but the military, in a way, forced counselors to use that same therapy to judge a patient's readiness to return to flight duties. But Gatto asserts the most important thing was allowing the patient to realize that the psychologist was there to help the patient so that he could fly once more—the ultimate goal of medical personnel.

The Disenchantment of Administrative Personnel: Major General William E. Hall, "ConAC Regulation 36-18," 1953.

As discussed above in the introduction, administrative personnel were becoming disenchanted with medical personnel already in World War II because they did not like the idea of returning neurotic men to flight status and combat duty. Officers tried to ensure that men did not return to flight by requiring doctors to find physical ailments even though FOF affected men primarily psychologically. By not providing them proper psychological treatment, officers arguably took away the opportunity to heal. The Board of Inquiry in the Korean War accomplished this purpose as well.

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[132] Lucio Gatto, "Understanding the 'Fear of Flying' Syndrome, II: Psychosomatic Aspects and Treatment," *U.S. Armed Forces Medical Journal* 5, no. 9 (1954): 1284.

Major General Hall's study from 1953 discussed the importance of the 1952 Strike at Randolph Field Air Force Base and the impact it had on the creation of AFR 36-70. This strike continues to be of importance because it led directly to the new regulation that completely removed medical personnel from the board, along with placing additional and more stringent evaluation measures for FOF, and as will be seen in Chapter Three, in an effort to quarantine it. Commanders believed they needed to adopt these measures because the prestige of the Air Force depended on them.

The importance of the Board of Inquiry in the evaluation and judgement of pilots suffering from FOF cannot be overstated. By the Korean War, new regulations dictated that "whenever possible, the voting membership of the Board will be composed exclusively of rated officers."[133] In addition, this ConAC Regulation 36-18 went further in defining the goal of the board:

> The Board of Inquiry is a fact-finding agency whose primary function is to determine whether the circumstances pertinent to the case justify retention of the respondent on active duty or the respondent's discharge from the military service. . . . In the event the Board recommends retention. . . it must be determined that he is qualified and capable of performing ground duties. If the respondent cannot be utilized in ground duties, his retention in the military service would be to the detriment of the United States Air Force and he should, therefore, be discharged.[134]

If one replaces the word "determine" in the first sentence of this quote with "evaluate," then it is clear that evaluation became the main tool of the board to arrive at a final judgement, whether that meant retention or discharge. And although similar to the policy during World War II, this regulation established that the panel needed to be composed entirely of officers who were

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[133] ConAC Regulation 36-18, by William E. Hall, 17 August 1953, p. 3, Call #419.213, IRIS #00896886, MICFILM 23459, in Continental Air Command Collection, AFHRA, Maxwell AFB, AL.

[134] Ibid.

less sympathetic to flight anxieties, and instead of using grounding, temporary suspension, and indefinite suspension as the punitive measures, this policy commands that those who could not be of more use, be entirely *discharged* from the Air Force. It is likely that COs took charge of the evaluation boards due to the overwhelming number of requests that occurred during the Korean War. Then, as described in chapter one, some men, such as those who began the 1952 strike, utilized FOF to shirk their duties. By composing a board entirely of officers, they could remove any medical bias and thereby dictate the punishment stage.[135]

The quotation above also boldly stated that neurotic flyers were essentially worthless to the Air Force in the eyes of these commanders, once again displaying the disparity of belief between officers and physicians, who thought that these men should, whenever possible, return to flying status. According to the Secretary of the Air Force, Thomas Finletter, men made their own decisions and volunteered to begin flight training and preparation for combat. They could have chosen to serve in other capacities. But Finletter wrote that once a person chose to receive the government training to become a pilot or aircrewman, the country and Air Force expected him to dedicate himself to the occupation with all due diligence and to use the skills he obtained for the benefit of the Service. But once he "shirked hazardous duty," even though he was professionally and physically qualified, he evinced characteristics that administrative personnel did not accept. Thus, "it was necessary. . . to terminate his commission and to separate him from the Service."[136]

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[135] Donald S. Luther, "The 1952 Strike Against Combat Training," *Peace and Change* 12, no. ½ (1987): 97.

[136] History of the Office of the Secretary of the Air Force: Flying Status Program, 1 January 1952-30 June 1952, Call #K168.101-6, p. 216, IRIS #01109475, in the Secretary of the Air Force Collection, AFHRA, Maxwell AFB, AL.

Conclusion

The dichotomy between medical and administrative personnel, which began during the Definition and Diagnosis of flight neuroses, widened in the evaluation stage, when each had an objective that clearly contradicted the other. For the medical personnel, they believed their duty depended upon the successful return of pilots to flight status. Commanding officers, on the other hand, believed that these men could not be treated because the disorder was not a sickness, it was a character weakness. Even though these competing paradigms were present from the beginning, there seemed to be a relatively strong amount of synergy between the two factions in World War II. This can be attributed to the fact that there was such little time between the implementation of AAF 35-16 and the end of the war.

AAF 35-16 introduced the procedures that both medical and administrative personnel used to evaluate Fear of Flying together, just as flight surgeon David N. W. Grant suggested in 1941. The process began with the pilot's confession to his CO, who then grounded or suspended him and ordered the pilot to visit a medical authority to receive a physical evaluation. Then, because the CO suspended all pilots in FOF cases, his case was automatically referred to the Central Medical Examining Board who reviewed the facts of the case. If they found that the man did not have a severe physical symptom, they ordered him to appear before the Flight Evaluation Board who then determined the man's punishment. Medical and administrative authorities worked together in the four-step process; however, that changed in the Korean War.

Officers and their policies found in AFR 36-70 and ConAC Regulation 36-18 were meant to maintain the strength and masculine vitality of the Air Force. In order to accomplish this purpose, COs removed all medical authorities from the evaluation boards. This caused a certain amount of disillusionment among the medical community and widened the divide between the

two camps, because the boards still relied on the otherwise confidential medical records of the pilots. This board then decided the punishment for suffering pilots and did so in a way that ensured humiliation. It questioned the self-worth, patriotism, and sense of duty of the aircrewmen, with the process becoming more draconian between World War II and the Korean War. The next chapter will discuss in more detail why and how COs took control of the evaluation boards in order to ensure men were removed and prevent a feared "epidemic" of Fear of Flying. The purpose of these boards was to remove the honor of being a pilot from men that had earned it. But their focus was not on treatment; they, instead, emphasized prevention, akin to inoculation against a pathogen, and, when that failed, they preferred the draconian tool of quarantine in order to eradicate the contagion of Fear of Flying.

Chapter 3 – The Eradication of Flight Neuroses: Cure versus Inoculation and Quarantine

Throughout World War II and Korea, Fear of Flying affected airmen with many levels of flight experience; it was not exclusive to new flyers.[137] The type and severity of symptoms differed widely from individual to individual and affected their performance to varying degrees. Military medical officers and Air Force administrative officers needed to develop some type of mechanism to remove this disorder from among the ranks. They also wanted a tool for preventing such problems before they arose. This chapter considers the inoculation of pilots to a limited degree. It will, however, also focus heavily on efforts to rid the current pilot corps of Fear of Flying, and as seen in earlier chapters, this realm exhibits a marked contrast between medical personnel's efforts to treat and cure sufferers and administrative personnel's rival strategies of inoculating unaffected men and "quarantining" neurotic pilots—first by isolating them away from active-duty servicemen and then by seeking their discharge from the Air Force.

When examined from a wider lens, both medical and commanding officers sought a common goal of eradicating Fear of Flying. Both camps aspired to fulfill the objective of keeping aircrewmen prepared to fly; thus, all could agree with the assertion of Dr. Lucio Gatto in 1954: that emotional instability and other anxiety disorders would ideally "be uncovered and eliminated early enough to prevent such undesirable reactions as 'fear of flying.'"[138] Both commanding officers and doctors would help the early elimination of FOF through a combination of medical and administrative actions, which actually proved to be successful with time. Doctors hoped to use psychotherapy as the major tool to cure a sufferer, while for COs, the

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[137] Lucio E. Gatto, "Understanding the 'Fear of Flying' Syndrome, I: Psychic Aspects of the Problem," *U.S. Armed Forces Medical Journal* 5, no. 8 (1954): 1094.

[138] Ibid.

effective treatment involved a more rigorous regime of indoctrination for pilots early in their

service and the implementation of procedures meant to raise morale in the pilot corps.[139]

Because the government wanted its soldiers to embody the nation's strength, men needed

to be both physically and psychologically healthy. Indeed, during World War II, to avoid having

"psychologically-weak" men represent the country, the military began instituting policies that

aimed at preventing psychological disorders before men entered combat.[140] The entrance

standards and requirements of the Armed Services "reflected the idea that the military was

interested in the concept of a 'whole body'—a body of sound mental and physical health." For

the first time, the government required psychological screenings of those drafted or who

volunteered for service. These screenings vetted entrants "for existing nervous disorders and

'personality defects,' which might lead to a breakdown in combat, and for 'moral defects' like

homosexuality and other 'sexual perversions.'"[141] If one of these reasons disqualified a man, he

was categorized as IV-F (4-F). This meant that he did not evince the necessary psychological or

physical characteristics necessary to represent the United States in World War II. Sadly, this

categorization entered popular culture and became a stigmatizing factor. Examples such as

songs and "lyrics equate the IV-F man with failed masculinity and failed humanity."[142] These

early screenings were only a small portion of the regimen designed to eradicate flight neuroses,

since they failed to prevent outbreaks in Fear of Flying in both World War II and Korea.

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[139] Ibid.

[140] Mark K. Wells, *Courage and Air Warfare: The Allied Aircrew Experience in the Second World War* (London: Frank Cass, 1995), 6-12.

[141] Christina Jarvis, *The Male Body at War: American Masculinity During World War II*, (Chapel Hill: University of North Carolina Press, 2008), 59.

[142] Ibid., 60.

This chapter primarily examines efforts focused on such outbreaks among pilots already commissioned. The focus is on different procedures, beliefs, and policies that both medical and administrative personnel used in order to cure or quarantine anxiety problems that arose in the Army Air Forces (USAAF) and United States Air Force (USAF). Inevitably, there were different approaches due, once again, to the dichotomy found in the definition/diagnosis and evaluation stages. Medical personnel not only evaluated pilots with FOF, but they *also* hoped to cure them—and they believed that they could do so. But commanding officers believed FOF represented a permanent character flaw. For this reason, quarantine was their preferred choice; they believed in the removal (or isolation) of pilots so that the new generation did not fall prey to the "contagion" of FOF. Furthermore, when inoculating these healthy pilots, they relied on two major techniques to prevent Lack of Moral Fiber: indoctrination and creating a strong esprit de corps.

Medical Personnel and Curing Fear of Flying in World War II and the Korean War

This section follows a unique organizational structure so that the reader understands the competing notions of cure and inoculation/quarantine. The following information is all based upon medical personnel's sources, which will follow a chronological order. Interestingly, these sources make clear psychologists' desires to truly cure FOF so that the airmen did not have to experience the punitive hands of the commanding officers.

Medical professionals believed some airmen could be cured of the disorder, and one can sum up their entire objective in the following statement by General O. F. McIlnay, a flight surgeon during the Korean War years. He stated, "flights surgeons can help some of those who actually believe they have fear of flying. Help them overcome this belief—not help them out of

the Service."[143] In order to accomplish this purpose, doctors and psychologists relied on different options, some of which can be defined as examples of evaluation and treatment. Some of these options were simple, but others required intensive therapy and follow-up. Psychologists' main tool for curing a man was psychotherapy, which practitioners like Dr. Gatto were convinced could render significant hope for recovery: "[It] has been demonstrated that, through early understanding and proper treatment of emotional conflicts, preventive aviation psychiatry can play an important role in maintaining flying personnel at a high level of effectiveness, or in restoring impaired persons to their previous effectiveness."[144] Although psychotherapy served as a tool to evaluate whether a man was physically qualified, as covered in Chapter Two, it also served as a way to delve deeper into the flyer's inner conflict. If doctors could do this successfully, they believed that they could cure a man and return him to flight status, and in some instances, they were correct and accomplished their purpose.

David N. W. Grant, "Report on Flying Fatigue and Stress as Observed in the Royal Air Force," 1941.

To solve the enigma of Lack of Incentive (LOI), sometimes simple solutions served as the answer; it did not always take multiple doctors or diagnoses or even extensive psychiatric evaluations to cure a man's Lack of Motivation to Fly. Instead, some solutions were as simple as distancing a pilot from his family while still on base or undergoing further training. Air Surgeon David N. W. Grant spent time with the Royal Air Force (RAF) during the beginning of World War II. His mission was to study psychiatric disorders, including Flying Fatigue, among RAF

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[143] "History of the Crew Training Air Force," by Historical Division Headquarters, Randolph Field, Texas, 1 April 1952- 30 June 1952, p. 199, Call #K419.214, IRIS #00896886, MICFILM 23459, in the Continental Air Command Collection, AFHRA, Maxwell AFB, AL.

[144] Lucio Gatto, "Understanding the 'Fear of Flying' Syndrome, II: Psychosomatic Aspects and Treatment," *U.S. Armed Forces Medical Journal* 5, no. 9 (1954): 1289.

pilots and aircrewmen. One tactic that he learned to prevent an exacerbation of anxiety which would lead to FOF: "Domestic and financial worries contribute to breakdown." He suggested that wives should not live close to training fields or Air Force bases because this caused unneeded stress, which in turn made a pilot more vulnerable to flight neurosis.[145] It is likely that Grant is referring to pilots who are not deployed, but simply stationed at a base undergoing training, because wives could not be near combat zones.

Another type of simple cure that psychologists realized functioned very well actually contradicted their ultimate goal of returning men to combat flying duty. In World War II, psychiatrist Douglas Bond sometimes removed severe cases from combat in order to treat the person for FOF through rest and psychiatric evaluation. Although this contradicted one of his original treatment ideas—keeping a man flying—it supported COs' goals. The aircrewmen viewed it as a punishment, but it did cure FOF in some of the men and enabled them to return at least to non-flight duty (it may have been that COs prevented these men from being fully rehabilitated to flight duty, though I lack the documentary evidence at this stage to say what happened for certain).

During the war, medical officers performed an experiment that included fifty flyers who were sent to rest homes away from combat. This was not a formal hospital, and Bond describes it almost as a resort, but "within three to six weeks almost all of the ill men were fit for noncombatant duty…. Practically none of them were able, however, to return to combat

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[145] "Report on Flying Fatigue and Stress as Observed in the Royal Air Force," by David N. W. Grant, 10 March 1941, pg. 8, Call #168.7248-5, IRIS #01081063, in the David N. W. Grant Collection, AFHRA, Maxwell AFB, AL.; See also Mark K. Wells, *Courage and Air Warfare: The Allied Aircrew Experience in the Second World War* (London: Frank Cass, 1995), 62-63.

flying."[146] They did not return to flight status due to non-somatic ailments and less-severe symptoms such as nightmares.[147] This is interesting because as discussed in Chapter Two, only "severe psychoneurosis" was supposed to disqualify a man from flight duty. "Minimal psychiatric symptoms," nightmares, for example, *did not* disqualify a man from flight status.[148] It is difficult to deduce from contextual information whether COs intervened to permanently ground these men. But it is certainly the case that that treatment cured these men enough to return to non-combatant duties, even during a time when undesirable discharge could have served as punishment.

In addition, medical personnel seemingly wanted to cure flyers so that they did not receive those punitive measures. In 1944, Acting Air Surgeon W. F. Cook, trying to empathize with men who suffered from Flying Fatigue, wrote that some pilots endured excruciating inner conflict because they suffered from nervous disorders, yet they did not confess to their superior officers due to fear of humiliation and punishment. Cook contended:

> It is frequently possible in a psychotherapeutic interview to give such men sufficient insight into their behavior to enable them to make a better effort, and thus avoid the serious consequences of their behavior. Desire to escape unpleasant situations is present to some extent in everyone, and it is our duty as Doctors and Flight Surgeons to make every effort to rehabilitate the individual, to fortify his moral fibre, so to speak. Only

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[146] Although Bond does not clarify this rest home experience, they seem to be what Mark Wells describes as "flak farms." They were homes designed to give pilots suffering from Flying Fatigue a break from combat. The rest homes offered leisure activities, hostesses, and other opportunities in order "to divert aircrews' minds completely from combat operations…." See Wells, *Courage and Air Warfare*, 80.

[147] Douglas Bond, *The Love and Fear of Flying* (New York: International Universities Press, 1952), 105.

[148] AAF Letter 35-18, "Lack of Incentive for Flying and Unwillingness to Meet Military Stresses: Letter to All Commanding Generals, All Air Forces in Theaters of Operations," by Barney M. Giles, 7 December 1944, pg. 5, Folder: Fear of Flying (1944), Call #141.28G, IRIS #00114380, in Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

when all efforts have failed, should he be turned over to the administrative authorities for disciplinary action.[149]

Cook believed that medical personnel needed to help men—through psychotherapy—gain a better understanding of their fear. Also, pilots needed to learn how to better handle their neuroses so that they could make an exerted effort in performing their duties while avoiding the punishments such as grounding, suspension, or even undesirable discharge. Cook also addressed the chasm between the administrative personnel and medical personnel. He asserted that they, as medical professionals, needed to cure neurotic aircrewmen so that, hopefully, the neurotic pilots would not have to undergo punitive measures. By expressing hope in a cure and a distaste for the COs' punitive mentality, Cook directly challenged the administrative faction's entire outlook on flight anxieties.

Lucio Gatto, "Understanding the 'Fear of Flying' Syndrome," 1954.

Psychotherapy and its importance in curing men of FOF is clear in one of Dr. Lucio Gatto's case studies. After a twenty-three-year-old pilot arrived in Japan for combat duty over Korea, personnel admitted him to a hospital because he suffered from "evident depression, feelings of anxiety, crying spells, fears that he would 'never see his family alive again,' and insistent demands that he be permitted to give up flying forever." Doctors diagnosed this person with the FOF syndrome, and he underwent psychotherapy. Gatto discovered that this man had enjoyed his job and flying. Others considered him an "excellent pilot" and he could have had a future career in either the military or civilian aviation. During his evaluations, he repeatedly demanded to be sent home on some days, and then on other days, he insisted to assume flying

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[149] "General Information Bulletin Number 2, Volume 2: Bulletin to All Commands, Wing and Unit Surgeons," by W. F. Cook, 29 February 1944, p. 3-4, Folder: Fear of Flying (1944), Call #141.28G, IRIS #00114380, in Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

duties. Gatto deduced that he began to suffer once he left his wife and child at home. He also

believed that this man had never experienced true responsibility and things were "made 'easy for

him.'" Gatto asserted that "his dependency needs and timidity in accepting the responsibilities of

reality in marked conflict with his fear of failure and loss of prestige."[150]

In order to cure this man of his disease, the psychiatrist used the aircrewman's "need to

succeed and to avoid failure in the eyes of those whom he respected and loved" to motivate him

once more to return to flying status after CO approval. Medical professionals continued to use

his fearful conscience as a means to strengthen him for "short periods of time." Through this

process, "he quickly stabilized and, by his own decision to accept military flying, was sent to

Korea again." This man did suffer one more episode, but with a high amount of support from his

psychologist, squadron leader, and squadron, he began combat flying. "From that time on he

flew successfully and completed his combat tour in an outstanding manner." In a way that

passively suggests that COs' proclivities toward punitive measures were incorrect, Gatto wrote

that it would have been very easy to administer an undesirable discharge to this man. But with

time, treatment and "no punitive attitude was assumed. . . and no threats of disciplinary action

were made," his superego was rebuilt, and he had a successful flying career.[151]

Gatto also expounded upon the responsibility that doctors had in curing men who already

suffered from Fear of Flying. Psychologists could fulfill this duty through what Gatto called

"Preventive Aviation Psychiatry." He believed that through extensive and in-depth evaluation of

certain "emotional disturbances," doctors could cure men currently suffering from flight

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[150] Lucio E. Gatto, "Understanding the 'Fear of Flying' Syndrome, I: Psychic Aspects of the Problem," *U.S. Armed Forces Medical Journal* 5, no. 8 (1954): 1110-1111.

[151] Ibid., 1111-1112.

neuroses. They could also prevent FOF's reoccurrence in those flyers who evinced incipient anxiety problems. But if medical *and* commanding officers delayed or neglected treatment of the emotional instabilities, then that could lead "flying personnel into disabling behavior, or cause them to give up their flying duties forever."[152] For this purpose, finding a cure for those who already suffered, and preventing the recurrence of FOF was extremely important.

In a certain case which Gatto referenced in his review of the treatment and preventative measures of FOF, one pilot had been suspended due to Refusal to Fly (RTF).[153] He did not want to fly because of fear, and he felt that the Air Force failed to live up to its promise of allowing him to become an instructor. His superior ordered him to visit medical professionals and seek a diagnosis. The physician deemed him qualified to keep flying, even though he was fearful and refused. He did not undergo psychotherapy or any type of treatment; instead, he had been threatened with undesirable discharge. After some discussion, he retracted his claim of FOF and continued to fly because he did not want to embarrass his family or children. In order to cope with his anxiety, he turned to alcoholism and extramarital affairs, though he ultimately finished his tour of duty.[154] Although there is no statement about whether medical personnel condoned this type of behavior, they did acknowledge that these options served as ways to displace fear so that men could accomplish their duties successfully.

Resignation served as a tool for the curing of FOF, as well; however, there is little description of how a pilot could resign his post. In a "Sample Letter of Notification of Intention to Recommend Discharge," which was a letter written for the purpose of advising a man that he

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[152] Gatto, "Understanding the 'Fear of Flying" Syndrome, Part I," 1095.

[153] Refusal to Fly is another disparaging phrase used by Administrative Personnel to refer to Fear of Flying.

[154] Lucio Gatto, "Understanding the 'Fear of Flying' Syndrome, II: Psychosomatic Aspects and Treatment," *U.S. Armed Forces Medical Journal* 5, no. 9 (1954): 1269-1270.

would be discharged due to FOF, it outlines that a man could "apply for voluntary retirement if eligible, or tender your resignation…."[155] Therefore, this document hints that a man must have likely reached a certain number of years in the service in order to submit their retirement or resignation. In doing so, they removed themselves from the service without being subjected to the Board of Inquiry.[156] But this was likely not an option that psychologists appreciated due to their hope of returning men to flight status, they realized that it did cure men of the disorder because the pilots were no longer placed in situations which exacerbated their anxieties, thereby demonstrating that medical professionals placed mental health above everything else, even if it meant the patient could no longer serve. An example is found in a case during the Korean War, under Gatto's watch.

This case study is particularly jarring but demonstrates how resignation served as a "cure." One pilot, "a highly regarded and very capable officer" submitted his resignation due to an incapacitating Fear of Flying. He did not think he was a coward, but he did not want to be in the Air Force any longer. He wrote, "My fear of flying is comparable to the fear I would have if I were being forced to watch a truck drive down the street and crush one of my children. It is a fear that a person has when he knows a horrible death stalks or awaits him." This officer believed that if he continued flying, he would become so mentally ill that the Air Force would have to not only suspend him, but to separate him completely from the service. This, in turn,

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[155] "Sample Letter of Notification of Intention to Recommend Discharge," Attachment to Air Force Regulation 36-70, 3 February 1953, pg. 7, Call #419.213, IRIS#00896886, MICFILM 23459, in the Continental Air Command Collection, AFHRA, Maxwell AFB, AL.

[156] Ibid., 7-8.

would mean that he was no longer of any value to the service. The case confounded Gatto because he did not know why this successful pilot no longer wanted to pursue his passion.[157]

After putting this man through psychotherapy, Gatto learned the basis of this man's FOF. The officer was actually a safety official. While deployed for combat, he became concerned about the lack of replacement parts for damaged aircraft. He continued to request these parts to no avail. He became increasingly fearful while flying because he knew about the lack of maintenance. And, "as though to verify his fears, a fatal crash occurred in which, because of his various responsibilities, he played an important reality role." A faulty and ill-maintained engine caused the crash. The officer served as an investigator of the accident and became overridden with guilt and submitted his resignation.[158] Gatto deduced that other factors influenced this pilot's decision. He came to believe treatments should "recognize that. . . conflicts, insecurities, and frustrations of many types play a much greater role in the 'fear of flying' syndrome. . . ."[159] This man did not return to flight duties, and as a result no longer suffered from his problems. Indeed, "After his decision to terminate flying he had no further feeling of anxiety; in fact, when he submitted his resignation, even though he knew its possible punitive or stigmatizing consequences, he felt as great a sense of relief as though an oppressing burden had been lifted from him bodily."[160]

Gatto proposed some more suggestions, which he likely learned during the Korean War, and did so for the benefit of any doctor who encountered flight neuroses thereafter. Medical

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[157] Lucio E. Gatto, "Understanding the 'Fear of Flying' Syndrome, I: Psychic Aspects of the Problem," *U.S. Armed Forces Medical Journal* 5, no. 8 (1954): 1095-1096.

[158] Ibid., 1096-1097.

[159] Ibid., 1100.

[160] Gatto, "Understanding the 'Fear of Flying' Syndrome, I," 1098.

personnel believed that some cases arose due to conflicts with a man's superego/conscience. Gatto contends that this occurred when the pilots could not live up to society's standards, such as their new, deeply-held ideas of patriotism and a sense of duty to one's country. However, as witnessed in the case that opened this section, psychiatrists believed that these superego forces could also "be used to help a person resolve his problems and even motivate his return to effectiveness."[161] Therefore, this quote demonstrates that psychiatrists also believed in the power of will; however, unlike their administrative counterparts, doctors felt they had the obligation to teach flyers how to *strengthen* and *fortify* pilots' superego forces, whereas commanding officers believed it was the man's responsibility to do so.

Reflective of this concept, Dr. Gatto also advised doctors that men who suffered from FOF due to motivational factors—or Lack of Incentive—could learn to accept their duty. He wrote, "many such men, if handled firmly, decisively, and with tact at the site of their combat duties, can be motivated by external authority to live up to the requirements demanded. . . ."[162] Gatto did not specify what he meant by "external authority"; however, one may interpret that he referred to the help offered by psychiatrists, other pilots, and commanding officers. Medical professionals helped him refocus his anxiety into performing his duties; they did not punish him, nor did they degrade him for not living up to the standards of an Air Force Pilot.

Medical personnel believed that curing a man of FOF meant that they needed to help an already suffering aircrewman return to combat once again, when possible. It was not about preventing the sickness from spreading through the new generation of pilots. They needed to remedy these men because it was their responsibility as doctors, but it is also likely that they did

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[161] Gatto, "Understanding the 'Fear of Flying' Syndrome, I," 1105

[162] Gatto, "Understanding the 'Fear of Flying' Syndrome, II," 1276-1277.

not want to subject them to the punitive hands of the administrative personnel, similar to what

W. F. Cook argued in World War II. However, the following suggestion was another option

which is similar to options used by COs, and this one will serve as a transition from medical

personnel to administrative personnel, and as will be seen, it serves as a transition from "cure" to

"inoculation" and "quarantine."

According to Lucio Gatto, the cure for FOF came in many shapes and sizes, but he also

wrote,

> What more can be done to prevent trained flying personnel, when faced with
> overwhelming anxiety, from retreating into the 'fear of flying' syndrome? Perhaps a clue
> may be found in the many men, who despite similar problems and frustrations, function
> successfully in their flying duties, not just because their personalities are more integrated
> or their personal defenses are more acceptable, but because the mutual regard and
> acceptance derived from their group relationships give them a sense of "oneness" and
> belonging which further stimulates them to participate fully in all Air Force activities.[163]

Thus, medical officers suggested that prevention could be found in the camaraderie of

aircrewmen. Helping suffering pilots become part of this esprit de corps, rather than isolating

them from it, was admittedly a task for soldiers themselves to undertake. However, it was

possible for both the medical and administrative personnel to structure their management of Fear

of Flying cases to harmonize as much as possible with a spirit of brotherhood amongst pilots.

Indeed, the officers and officials of the Air Force were highly enthusiastic of such a plan, though

directed more at newly enlisted pilots, rather than those already suffering from FOF.

Administrative Personnel and the Inoculation and Quarantine of Fear of Flying in World War II and the Korean War

The overall thrust of CO actions, both in World War II and Korea, was to "isolate"

suffering pilots from the rest of the Air Corps and the Air Force, given their contagion threat,

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[163] Ibid., 1286.

which could have destroyed the prestige and image of the Service. There may not necessarily be evidence that an officer specifically stated a man cannot be cured of FOF, but COs' actions demonstrate this belief. For example, Chief of Air Staff, Barney Giles in 1944 included a very powerful statement in his letter meant to clarify Army Air Force Regulation 35-16. Concerning a man who professed FOF, Giles wrote, "When such an officer exhibits a lack of incentive for flying, he ordinarily ceases to be of any value to the service. . . and consideration of his elimination is indicated."[164] If a commander believed that FOF was curable, he would want to give the pilots a chance to recuperate, but Giles offers no such opportunity. In fact, given COs' main focus on the threat of the "contagion," they were quite eager to use the draconian tools of undesirable discharge and separation from the service. Additionally, in order to protect incoming pilots from obtaining FOF, they instituted important procedures during the Korean war to "inoculate" those pilots from the disorder, by changing the way pilots were indoctrinated and creating a stronger esprit de corps in flying units.

Efforts to Eradicate Fear of Flying in World War II

All of the differences between the mental-illness paradigm and character-weakness paradigm which occurred during diagnosis and evaluation continued into the third and final stage: cure and prevention. However, because the Second World War was almost over by the time administrators implemented AAF 35-16, there are a few examples of quarantine from this conflict.

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[164] AAF Letter 35-18, "Lack of Incentive for Flying and Unwillingness to Meet Military Stresses: Letter to All Commanding Generals, All Air Forces in Theaters of Operations," by Barney M. Giles, 7 December 1944, p. 2, Folder: Fear of Flying (1944), Call #141.28G, IRIS #00114380, in Air Surgeon Collection, AFHRA, Maxwell AFB, AL.

One example of punishment playing a role in this area is when a man lost his commission in World War II due to FOF as discussed in Chapter Two. According to scholar John McCarthy, society and the military even tried to ensure that no man professed a disorder by threatening his livelihood and career after the war. He wrote that if a man was diagnosed with LMF during World War II, he lost his commission, but also, "the Air Ministry made it plain that he would be prevented from getting a 'lucrative job' in civil aviation."[165] Thus, it is obvious that these scare tactics were used with the purpose of dissuading men from confessing. Instead, officers likely hoped that the pilots would "man up" and fulfill their required duties, for which they volunteered.

Other simpler solutions included certain types of "screenings," similar to how the military began using psychiatric evaluations before enlistment to determine if a man was likely to suffer from a breakdown or not, as described by Christina Jarvis in the introduction of this chapter.[166] This occurred both during World War II and the Korean War. In 1941, Allied officers exhorted the military to create a more selective induction process so that those men who were more likely to "go LMF" were removed before enlistment.[167] But during the Korean War, the United States Air Force created a new type of screening, which, of course, did not focus on psychological evaluation because they did not fully recognize those types of problems.

Inoculating New Pilots Against Fear of Flying:
The Revitalized Pilot Training Program, 1950.

During the Korean War, the Air Force needed to change its training program because officers realized that attrition rates were growing at an alarming rate. 53% of men "washed out"

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[165] John McCarthy, "Aircrew and 'Lack of Moral Fibre' in the Second World War," *War and Society* 2 (1984): 88.

[166] Jarvis, *The Male Body at War*, 59-60.

[167] McCarthy, "Aircrew and 'Lack of Moral Fibre' in the Second World War," 90.

of flight training in 1950-1951. 43% of that number quit or was discharged due to flying deficiencies, while 34% of the total were disqualifications due to flight disorders related to motivational factors such as FOF, LOI, and RTF.[168] In order to lower these numbers, the USAF began screening and testing enlistees during training in different types of aircraft to weed out the men who displayed undesirable characteristics which served as catalysts for FOF.

The newly-created program was called the "Revitalized Pilot Training Program," which presented the first curriculum that included "provisions for the early elimination of potentially unsatisfactory students…." for the purpose of not wasting governmental funds on wash-outs. The agenda introduced enlistees to a light-plane screening phase whose purpose "was to eliminate students with fear of flying problems, chronic air sickness, and motivational deficiencies."[169] After some time, the military administration decided to extend this phase, which meant that officers could continue to remove any man who failed, but also allow those who succeeded to "adapt more rapidly" without being surrounded by others who demonstrated undesirable characteristics.[170] This proved important because it allowed for another method to disqualify any man who COs believed to carry qualities that made him vulnerable to flying disorders. By removing them early in the program, they protected their standards and kept the other men who would carry out combat and military objectives safe from contagion. This new training programs was an example of quarantining affected pilots, while inoculating the others that did not experience a flight neurosis through new teaching methods.

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[168] Ann Krueger Hussey, *Air Force Flight Screening: Evolutionary Changes, 1917-2003* (Randolph AFB, Texas: Office of History and Research, 2004), 15.

[169] Ibid., 19.

[170] Ibid., 20.

Colonel Russel V. Ritchey, *Years of the Tiger,* Circa 1948-1953.

The Department of the Deputy Chief of Staff of Personnel (DCS/P) wanted to begin orientating flyers toward the importance of their role in combat. Department member and Captain David K. Westheimer wrote in 1952, "Plans were made to reduce attrition of pilot trainees caused by fear of flying or improper motivation by indoctrinating all students in their role in the Air Force mission and by related means." This quote is important because it is one of the first mentions of FOF and "improper motivation."[171] This phrase actually reflects World War II's phrases "Lack of Motivation" or "Lack of Incentive," and thus demonstrates that commanders associated Fear of Flying with motivational and morale problems. Therefore, with these examples, one can glean that during the Korean War, COs believed they could combat FOF during the indoctrination phase, when future pilots were still "students." As such, trainings would focus on efforts to eliminate FOF through "inoculation." One of the most important tools to accomplish this purpose was Project Tiger, a program which trained the next generation of Air Force officers, and it is important to create an understanding of the significance of this project.

According to Ann Hussey, this project meant "to identify and solve the problem of poor motivation and morale in pilot trainees," and its philosophy and curriculum were built "around the premise that each student was being trained to fly a jet aircraft in combat. By paying greater attention to the development of leadership, discipline, competitive spirits, and a will for combat, they theorized that motivational problems could be mitigated."[172] If left unchecked, motivational problems, as described above, would lead to FOF. In addition, regarding indoctrination—meant

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[171] "Personnel Summary, 1 January 1952-30 June 1952," by Captain David K. Westheimer, USAF Historical Officer, p.ix-x, Call #K141.01, IRIS #00469321, Folder: Jan-Jun 1952, in the Deputy Chief of Staff, Personnel, Collection, AFHRA, Maxwell AFB, AL.

[172] Hussey, *Air Force Flight Screening*, 22.

to prevent FOF and motivational weaknesses—and helping pilots understand their role in combat, the DCS/P asserted "an excellent application of this philosophy was the Project Tiger program of the Air Training Command, in which everyone having contact with flying students worked to improve motivation toward flying in general and flying jet aircraft in particular and to foster in Air Training Command graduates a desire for combat training."[173] Thus, to administrative professionals, Project Tiger was extremely important.

Air Force Colonel Russel V. Ritchey created this project, which was literally a school and curriculum. Located on Maxwell Air Force Base in Montgomery, Alabama, the school was called Squadron Officer School (SOS), and its curriculum was named Squadron Officer Course (SOC). His writings and program were placed in an edited collection known as *Years of the Tiger*. According to the editors, "Colonel Ritchey and his staff developed a tough, practical, problem-oriented curriculum to promote military professionalism in Squadron Officer Course students—to make "'every man a tiger' in a short period of time."[174] One important aspect of this and other Air Force programs was to emphasize the importance of the instructor. SOS hired the USAF's best officer pilots to instruct the new students to prevent the motivational problems.[175] But this practice pre-dated the SOS; indeed, the Army Air Forces used it during World War II, as well.

Although the following statements were made in the Second World War, their words demonstrate the importance that the Air Corps and Air Force placed on the teachers. The

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[173] "Deputy Chief of Staff, Personnel: History, 1 July-31 December 1952," p. ii, Call # K141.01, IRIS #00469321, in the Deputy Chief of Staff, Personnel, Collection, AFHRA, Maxwell AFB, AL.

[174] Russell V. Ritchey, *Years of the Tiger: Squadron Officer School*, ed. Rolland F. Clarkson, Jr., Joel W. Sills, and Martin J. Costellic (Montgomery, AL: Air University Press, 2000), ix.

[175] Ibid., xi.

USAAF relied on combat-experienced flyers because they could "affect the efficiency and spirit of future combat crews."[176] Upon returning home, while still members of the USAAF, the administrative personnel demanded that these returned pilots continuously honor the military through discipline and courtesy. If they acted contrary to that of the standards of an officer, it reflected poorly on the Service, but it also affected the soon-to-be deployed men. "It must be kept in mind, in particular, that the behavior of returned combat personnel in this respect is of highest importance in maintaining the spirit and the professional competence of men. . . ."[177] Thus, it is interesting that this branch of the military believed that instructors truly played a crucial role in developing a sense of duty in the men they taught. Only through obtaining that sense of obligation could the aircrewmen be impervious to Fear of Flying.

In Project Tiger, the instructor had a much more significant role than just presenting his students with a good example; they were to be ingrained in every aspect of their class' lives. Twelve students were assigned to individual groups called a section, and they would go through the program with this section with the purpose of instilling a deep sense of camaraderie. SOS commanders assigned one instructor to each group, and "he was everything to the student—teacher, counselor, commander, confessor, trainer, coach, and fellow player on the sports field."[178] As one can deduce, this role included a lot of responsibility, but the SOS allowed him a great amount of freedom. He could teach his section in any manner that he wanted as long as it

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[176] "Memorandum: Conduction of Combat Crew Personnel After Return to States," by H. H. Arnold, 9 April 1944, p. 1, Call #519.2171-1, IRIS #002115133, in the United States Strategic Air Forces in Europe Collection, AFHRA, Maxwell AFB, AL.

[177] Ibid., 2.

[178] Ritchey, *Years of the Tiger*, 48.

followed Tiger philosophy. If his methods failed, then he did not need to fear punishment from top officials. He could, instead, call it "a miss" and try again.[179]

In one of the student manuals, teachers tried to use fear in a way that resembled a form of propaganda. For example, the manual read, "Fear can SAVE YOUR LIFE—OR, it can KILL YOU."[180] Another example that placed fear in a positive light: "Some men are at their best and enjoy themselves most when they are scared."[181] It also included suggestions to overcome feelings of fear. These were under a subsection titled "Other Ways to Minimize Fear." The advice found here included nurturing one's self-confidence, psychologically preparing for flights and missions, and the book especially emphasized good morale. Indeed, "some name good morale as an important 'fear killer.'" E. Paul Torrance, the author, continued, "If you keep your morale well up, your brain works better. When your morale is down, everything looks bleak and you feel afraid."[182] Here one sees that in this form of inoculation, administrative personnel tried to use instruction manuals such as this, to teach pilots that fear was a common sentiment; however, with the help of the instructor and camaraderie of the group, fear could be used to save a man, instead of ending his career. While this reflected the type of doctrine that instructors taught at SOS at Maxwell, Project Tiger also initiated other procedures to follow up on the advice of keeping good morale, but also, more importantly attracting new aircrewmen to join the Air Force.

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[179] Ibid., 48-49.

[180] "Human Factors Operations Research Labs-Psychological Aspects of Survival-A Study of Survival Behavior," by E. Paul Torrance, January 1954, p. 1, Call #K237.0744, IRIS #01041364, MICFILM 35431, in the Human Factors Operations Research Laboratories Collection, AFHRA, Maxwell AFB, AL.

[181] Ibid.

[182] Ibid., 6.

John B. Ackerman, "Fear of Flying and Lack of Motivation to Learn to Fly," 1952 and Project Tiger.

Many do not realize the extent to which FOF hit the USAF during the Korean War. Not only did it affect the current pilots who were fighting in Korea, but it also affected incoming generations of pilots. The military branch actually had a difficult time filling personnel quotas. Interested youth were no longer joining the USAF. According to one memorandum, "only forty-six out of 7,151 ROTC graduates have applied through 1 February 1952 for flying training…." And even after an Air Force publicity drive, they could only fill 700 out of 1,600 quota slots.[183] The author then suggested that they create "a spiritual awakening throughout the Air Force and nation to the position in history that the Air Force occupies," again, hinting at a drive to create a sense of good morale.[184] Another document included other options to help prevent FOF and influence the younger generation into joining the Air Force once again.

In a letter from Brigadier General John B. Ackerman titled "Fear of Flying & Lack of Motivation to Learn to Fly," he asserts that the problem of FOF "will not be solved until a realistic approach…is established." In order to quarantine the problem so that it did not affect newly enlisted men or officers, he wrote, "the question now arises as to providing a solution. Certainly if the situation is as serious as is set forth. . . a high degree of urgency is indicated." Ackerman continued with his solutions: lowering the age for jet training so younger men could interact with the aircraft; "Create an elite Corps spirit of which is felt to be an essential requirement for fighter pilots"; attract younger men by emphasizing aircraft safety; "let our best fighter pilots endorse cigarettes and other items widely publicized"; create a television program

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[183] "Memorandum for Record," 28 March 1952, p. 1, Call #K419.213, IRIS #00896886, MICFILM 23459, in the Continental Air Command Collection, AFHRA, Maxwell AFB, AL.

[184] Ibid., 2.

which attracts both men and their parents; and "subsidize a popular comic strip to cover aviation cadet life. . . ."[185] These suggestions are intriguing, but taken together they demonstrate the emphasis that commanders placed on creating a good image of the Force, and creating the elite spirit of high morale.

To create this form of inoculation, Project Tiger reinforced men's masculinity by increasing participation in sports and other forms of competition among the different sections of the Squadron Officer School (SOS).[186] Administrative leaders believed that these types of activities would boost the morale and friendship among the ranks of men at Maxwell. And in an example which truly demonstrates the competitiveness in the men, commanding officers created a sign-up sheet for the different sports. About 50% of all men did not enroll in the activities. 22 signed up for volleyball, 18 for softball, 11 for touch football, 9 for soccer, 63 men registered for golf, and 21 others for tennis. These numbers even angered the head official of SOS. In response, he created a graph comparing SOS to the Royal Air Force's sports registration. The results proved that the RAF played more sports than the Americans, and more British men were interested in the "manlier, tougher" sports. Americans, on the other hand, were more focused on what the commanders believed were the feminine sports. Ritchey wrote that this angered the men and spurred better enrollments and created a better athletic program.[187]

Not only did sports bring a spirit of competition, they also introduced other factors meant to build an esprit de corps. With the different sections serving as different teams, commanders

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[185] "Fear of Flying and Lack of Motivation to Learn to Fly," by John B. Ackerman, Brigadier General, 1 April 1952, p. 8-10, Call #K419.213, IRIS #00896886, MICFILM 23459, in the Continental Air Command Collection, AFHRA, Maxwell AFB, AL.

[186] Ritchey, *Years of the Tiger*, 54-58.

[187] Ibid., 58.

introduced team colors, flags, pennants, new traditions, and even trophies. This pageantry aided

morale by instituting a sense of loyalty to the school, the section team, and fellow team

members. In addition, each team competed for the most prestigious trophy offered at Maxwell:

The Air Force Chief of Staff Trophy. As hinted at by the name, the USAF Chief of Staff

awarded this cup to the team that won the sports tournament. The presentation included a dinner

banquet and celebration.[188] But more importantly, the importance of all of these actions is

demonstrated in Colonel Ritchey's closing statement in *Years of the Tiger*:

> The Squadron Officer Course had two curriculums; the formal and the unwritten. Much
> of its prestige came from the unwritten curriculum, which consisted of the traditions,
> practices, and relationships between the faculty and the students. Many of the practices
> about which we were criticized were our greatest teachers: dinings-in, field leadership
> exercises, social behavior, student-section leader relationships, cups, pennants, colors,
> streamers, section parties, and sports. All made up the unwritten curriculum that made
> the Squadron Officer Course meaningful. Take all of those away and the course could be
> taught as well by correspondence. I mention this because we sometimes lose sight of the
> extreme value of the unwritten curriculum in the military school.[189]

Prevention, thus, could occur through the development of a strong education program and

high morale. As Captain David K. Westheimer wrote, Project Tiger allowed for the "excellent

application" of indoctrination in order to immunize new pilots from FOF by discouraging

instances of improper motivation and thereby "reduc[ing] attrition of pilot trainees."[190] Project

Tiger was the most useful tool for the USAF to combat Fear of Flying because it encompassed

both a strong indoctrination program, but it also helped create strong superego forces and senses

of duty. Thus, the administrative personnel hoped that through these programs, they could

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[188] Ibid., 82-85.

[189] Ibid., 125.

[190] "Personnel Summary, 1 January 1952-30 June 1952," by Captain David K. Westheimer, USAF Historical
Officer, p.ix-x, Call #K141.01, IRIS #00469321, Folder: Jan-Jun 1952, in the Deputy Chief of Staff, Personnel,
Collection, AFHRA, Maxwell AFB, AL.

immunize pilots who had not already professed FOF, along with the new pilots who entered the military branch.

Quarantining Pilots Already Diagnosed with Fear of Flying: Administrators Take Control of the Evaluation Boards, 1951-1952.

While indoctrination and the creation of an esprit de corps played the largest roles in inoculating new pilots, other actions sought to quarantine those pilots who later manifested FOF symptoms in combat. As in World War II, these actions usually came in the form of punishment. For example, the Flight Evaluation Boards served as the embarrassing treatment option for this disorder. It represented the panel, much like a judge and jury, which decided which penalty the man would receive, whether it was suspension, reassignment, or undesirable discharge. However, this also served as a literal and metaphorical form of quarantine. Military historian John Sherwood wrote that the Board of Inquiry not only assigned sentences but another goal was "to discourage others from using FOF as a means to avoid flying. . . ."[191] Thus, the Air Force used the boards to literally remove men from the service, but they also used them metaphorically to ensure that other men would witness the humiliation that came with this "remedy" so that they would not be willing to submit themselves to the same type of embarrassment, thereby instilling a sense of "inoculation."

During the Korean War, officers were increasingly worried that men were using FOF as a method to get out of flying and combat duties when they truly did not have the syndrome. This caused superior officers to become skeptical to the point that they almost entirely shut down the process in order to prevent more cases. But due to the rising rate of requests to be released from

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[191] John Sherwood, *Officers in Flight Suits: The Story of American Air Force Fighter Pilots in the Korean War* (New York: New York University Press, 1996), 55-56.

flight duties due to flight neuroses, officers ordered medical personnel to limit those requests by automatically denying any application where the pilot "merely professed" FOF. The men had to have evidence that they were suffering. Types of "acceptable evidence" included "affadavits [sic] by crew members, airplane commanders, or instructors," or "statements from flight surgeons of their observations made before, during, and after flights." In addition, they commanded psychiatrists to scrutinize each man more intensively during the evaluations to determine if he had an incapacitating physical ailment.

It was also during this period when the Air Force's top brass changed the procedures and make-up of the Flying Evaluation Boards. During World War II, two flight surgeons sat on the panel. Now, only combat-experienced officers (who were also pilots) could serve on the board. This occurred because the USAF argued that these types of men knew how to tell if an aircrewman truly suffered and was not qualified physically or mentally for combat duty. This is an interesting point because this move seems to suggest that COs valued other officers' opinions on a medical issue more than those who have received medical degrees and training. The officers on the board now ordered that if a man was just shirking duty, they would begin the reclassification process to demote and undesirably discharge a pilot.[192]

Donald Luther wrote that those who applied for release due to FOF but were denied due to the new limitations, were "returned to duty and were placed under surveillance." If the man did not change his attitude or make adjustments, he had his commission revoked, he was demoted, and could face a court-martial.[193] Therefore, COs believed that they could quarantine

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[192] The information of the previous paragraph and this one can be found in Donald S. Luther, "The 1952 Strike Against Combat Training," *Peace and Change* 12, no. ½ (1987): 97-98.

[193] Ibid., 98.

FOF and prevent more cases and protect the Air Force standards by either limiting the number of requests, taking control of the evaluation process by requiring combat-experience pilots to sit on the Flying Evaluation Boards, or threatening punishment once again if the pilot did not evince physical symptoms.

Conclusion

Cure, inoculation, and quarantine were all strategies of eradicating Fear of Flying, but the differing priority given to each alternative strategy once again demonstrated the dichotomy between the medical personnel's mental-illness paradigm and commanding officers' character-flaw paradigm. First and foremost, the difference came in the fact that doctors hoped to cure men who already suffered from this sickness that they defined as a mental disorder. Cure and prevention to them rested upon the idea that they, as medical professionals, needed to remove and prevent the reoccurrence of flight neuroses among men whom they had previously diagnosed. Whereas according to administrative personnel, there was no cure for this problem because it was an undesirable characteristic which defined a man. They defined this stage by ensuring the quick and efficient removal—or the quarantining—of neurotic pilots from their duty so that they did not infect other flyers, and thus, hopefully immunizing other pilots and the new generation of pilots from becoming vulnerable to this emasculating sickness. However, both camps worked towards the same goal: the eradication of Fear of Flying.

Each camp had its own programs and procedures to begin this cure or quarantine stage. The psychiatrists focused on solutions which were sometimes simple, such as understanding that resignation cured FOF, even if it contradicted their objective. They also created the Reconversion Program after World War II meant to aid psychological casualties in the reconversion to civilian life. It introduced qualities that urged the pilots to suffocate those

common attributes associated with 1940s masculinity like aggression, competition, and sexual promiscuity, and instead, focus on returning home, creating a family, and supporting it through suburban life and a job.[194]

Administrative personnel, on the other hand, believed in a few different options for quarantining and inoculating a flight neurosis. The two main ones included indoctrination and the creation of high morale. Surely, they tried to stifle FOF by taking control of voluntary requests to be suspended from flight duty, or by creating a more intensive psychiatric and flight screening process that would weed out "undesirables" before they suffered mental breakdowns, thereby allowing prevention by removing it from the Service once again. But the most important tools for preventing flight neuroses were the instructors and activities. Indeed, the instructors were combat-experienced flyers who could impart their wisdom and experience to the up-and-coming pilots. They would focus their teachings on instilling a sense of duty in these men from their earliest days as enlistees. Project Tiger served as the home where there were both important instructors as well as those activities meant to fortify the esprit de corps. Through vigorous sports competitions, and the forging of collegial but competitive traditions, Project Tiger instilled in Air Force officers a new sense of loyalty and camaraderie, once again for the purpose of destroying problems with Lack of Incentive and Motivation. Taken together, these two competing camps allow one to realize that there truly was a large gap between doctors and officers.

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[194] William F. Fagelson, "'Nervous out of the service': 1940s American Cinema, World War II Veteran Readjustment, and Post War Masculinity," (PhD diss., University of Texas at Austin, 2004), 3.

Conclusion

In his work, *Flying Against Fate: Superstition and Allied Aircrews in World War II*, historian S. P. MacKenzie discusses that many aircrewmen turned toward superstition to increase their chances of survival. He also writes that during the war, other men were more rational and viewed the superstitious pilots in a condescending manner. MacKenzie then asserts that historians today can tackle the topic of superstitious pilots in a more objective manner because seventy-five years have passed.[195] In a similar manner, historians nowadays can approach Fear of Flying dispassionately, understanding its symptoms were very much like PTSD, a very dangerous and traumatic sickness which even commanding officers today treat as a medical condition. In addition, those who study history can objectively examine the actions taken by medical and administrative personnel. They can also investigate how the different and contrasting diagnoses, evaluation procedures, cures and prevention tools offer a new lens through which one can view internal conflict within the military and competing paradigms.

The purpose of this thesis was to take a little-known disorder from World War II and Korea and demonstrate that it serves as a tool to uncover an important tension within the military's leadership corps. Starting with the diagnosis and definition stage, medical authorities and administrative officials were placed on separate paths which led to contrasting theories regarding the evaluation and, ultimately, prospects for eradication of Fear of Flying. To begin with, psychologists applied the mental-illness paradigm to FOF and perceived it as an actual psychological disorder that introduced psychosomatic ailments. In order to treat this neurosis throughout both the Second World War and Korea, they adopted a traditional Freudian

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[195] S. P. MacKenzie, *Flying Against Fate: Superstition and Allied Aircrews in World War II* (Lawrence, KS: University Press of Kansas, 2017), 3-4

evaluation and treatment regimen focused on psychotherapy, with the ultimate goal of returning

a pilot back to flight. There were other factors and concepts that doctors believed could be used

to treat FOF, such as flying in less stressful non-combat settings, but the most consistent option

was through therapeutic sessions. They, however, eventually were undermined by commanding

officers and other administrative officials.

During World War II and the majority of the Korean Conflict, medical personnel were

required to sit upon Flight Evaluation Boards, whose main purpose was to sever suffering pilots

from their positions without the prospect of therapeutic treatment. Arguably, such work, when

done by a medical doctor beholden to the Hippocratic oath, can be considered malpractice.

Medical priorities were subsumed by officers' concerns about regimen morale and their efforts to

ensure that suffering men did not return to flight duties.

During the definition stage, commanders did not believe that Fear of Flying was a

psychological problem, but rather a character flaw. For this reason, they advanced the character-

weakness paradigm; many of these officers were adamant in their belief that claims of

psychiatric trauma were baseless attempts to shirk one's duty. Because of this fact, when a pilot

confessed to his CO that he had FOF, the officer questioned the man's patriotism and self-worth,

then submitted him to the medical personnel—but only for a *physical evaluation*, thereby, almost

eliminating the prospect of proper treatment from the psychologists. If the man was deemed

physically qualified but still refused to fly, officers initiated mechanisms designed to purge the

soldier from his position. Their main tool was the Flight Evaluation Board. It was this panel's

job to judge whether a man would return to duty, generally by reassignment to a non-flying duty,

or would receive an undesirable discharge from the service. Underlying these actions was the

fear that FOF represented a contagion which could destroy the United States Army Air Corps

and the Air Force. Thus, officers focused their attention on the inoculation and quarantine (to use a medical term) of Fear of Flying, which came via a strict regimen of indoctrination and the creation of an esprit de corps for units and expulsion of those men deemed a threat to such unit cohesion.

The significance of this project lies in this dichotomy between the two paradigms and the implications it can have on masculinity. Within the military itself, the medical professionals believed it was their duty to help men heal, while also maintaining their flight status in the military; officers, however, believed the opposite. They wanted these men suffering from FOF out of the service because the COs believed they had proven themselves to be failures.

However, this thesis includes a purpose that is supposed to be more salient than just delving into the dichotomy between those two paradigms. Through FOF, one can gain also gain a better understanding of the issues and crises of masculinity in the 1940s and 1950s. As historian Andrew Huebner wrote, "To paraphrase Shakespeare's fictionalized Henry V, combat was an adventure—a chance to prove one's manhood."[196] Of course, when a pilot suffered from a flight neurosis, he lost the opportunity to prove his manhood in combat. According to scholar John McCarthy, when commanders labeled these men as sufferers of Lack of Moral Fiber, "a man's concept of himself possessing stereotypical masculine qualities could be directly attacked. The possible penalties placed, therefore, upon an individual psyche were severe."[197] Therefore, studying these ailments allows historians to view issues of masculinity through a new lens. No

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[196] Andrew Huebner, *The Warrior Image: Soldiers in American Culture from The Second World War to the Vietnam Era* (Chapel Hill: University of North Carolina Press, 2008), 5.

[197] John McCarthy, "Aircrew and 'Lack of Moral Fibre' in the Second World War," *War & Society* 2 (1984): 87.

other historian to date has examined FOF and the ways it was enmeshed in the masculinity norms of World War II and the Korean War.

As I realize this Masters thesis only lays the groundwork for such a study, this conclusion also serves as an introduction. The thoughts and suppositions that follow regarding masculinity are at this stage only tentative and provisional. They will be fleshed out as part of a dissertation, in which more secondary and primary research can aid in the creation of a full and cogent argument. For now, I offer a few examples from both the diagnosis and treatment/cure stage that provide examples of how FOF can be used as a lens to view masculinity in the 1940s and 1950s.

Fear of Flying, Homosexuality, and the Challenges of Masculinity.

World War II provided an opportunity for men to express notionally manly qualities. It was an arena which allowed them to prove that they were "dedicated providers and protectors."[198] However, life after the war required a difficult readjustment. Some men were challenged when they no longer were permitted to be the protectors or providers they had been. In addition, many, including pilots suffered from "war shock, difficulty reintegrating, unexplained lethargy, emotional mood swings, and nightmares. . . ."[199] These traits were antithetical to the common attributes associated with proper masculinity. Homosexuality represented an even more extreme form of failed manhood—at least according to societal perceptions—in both the Second World War and the Korean War. And yet, it too broke through into the public sphere during the war years with greater intensity and a broader geographical reach than ever before in US history.[200]

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[198] Michael S. Kimmel, *Manhood in America: A Cultural History* (New York: Free Press, 1996), 147.

[199] Ibid., 147-148.

[200] See John D'Emilio, *Sexual Politics, Sexual Communities: The Making of a Homosexual Minority in the United States, 1940-1970* (Chicago: University of Chicago Press, 1998).

During this period, society and psychiatrists viewed homosexuality as "a failure of individual development, a stunted personality, and a revolt against the responsibilities of manhood. The homosexual, like the weaker male primate in a violent confrontation, took on a cringing female role when faced with a stronger opponent."[201] Thus, homosexuality, with its purportedly feminized, passive sexual role, was a symptom of failed masculinity. Indeed, in a memorandum written by professionals in the Medical Corps on September 9, 1942, being gay "was 'considered to be a definite mental abnormality,' a form of 'sexual psychopathy' without any cure."[202] Interestingly, this "symptom" arose in some cases of FOF during the Korean War. A pilot continually confessed that he suffered from Fear of Flying, which included both physical and emotional symptoms. Psychologists worried about his "eccentric behavior" and believed he also experienced problems with masturbation and proclivities towards homosexuality. Indeed, this pilot also "would talk of worries over masturbation and fears of homosexuality." After administering psychiatric evaluation, he was deemed physically qualified, and removed from the service. Gatto does not expound on this, but one can assert that the pilot was removed for two reasons: for refusing to fly while being physically qualified; and for shying away from his duty.[203] Thus, similar to historian James Gilbert's claim that people of the time believed the homosexual shied away from conflict, so too did this pilot. When it was necessary to prepare for

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[201] James Burkhart Gilbert, *Men in the Middle: Searching for Masculinity in the 1950s* (Chicago: University of Chicago Press, 2009), 64-65.

[202] Christina Jarvis, *The Male Body at War: American Masculinity during World War II* (DeKalb, IL: Northern Illinois University Press, 2004), 74.

[203] Lucio Gatto, "Understanding the 'Fear of Flying' Syndrome, II: Psychosomatic Aspects and Treatment," *U.S. Armed Forced Medical Journal* 5, no. 9 (1954): 1276.

his duties, including combat, medical personnel believed he cowered and, although not explicitly stated, was a failed man.

From this case study, one learns that psychologists associated a trait which society believed represented failed masculinity with a flying disorder. Therefore, because psychologists made this connection, even though they seemed to be more sympathetic to airmen than commanding officers, they also were diagnosing some suffering pilots as failed men. And just as the argument was made throughout the thesis that officers wanted to separate those pilots who professed FOF from the service, associating a man with homosexuality strengthened that such arguments. After all, homosexuality was outlawed in the military during this period. And "during World War II, the focus shifted from punishing the act of sodomy to 'introducing into military policies and procedures the concept of the homosexual as a personality type unfit for military service and duty.'"[204]

The correlation between Fear of Flying and homosexuality in the military are surprising. Allan Bérubé's *Coming Out Under Fire: The History of Gay Men and Women in World War II* is the seminal work on homosexuality in the Second World War. As one carefully examines Bérubé's study along with this thesis, there are many similarities between the diagnosis, evaluation, and eradication of homosexuality and FOF.[205]

In addition, those airmen diagnosed with FOF received many of the same treatments as gay soldiers in World War II. Before 1942, being caught in homosexual acts resulted in court-martial and imprisonment. Indeed, one man was sentenced to fifteen years in prison for being a

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[204] Jarvis, *The Male Body at War*, 73.

[205] Alan Bérubé, *Coming Out Under Fire: The History of Gay Men and Women in World War II*, Twentieth Anniversary Edition (New York: Free Press, 1990; Chapel Hill: University of North Carolina Press, 2010), 2.

"sodomist." He received the sentence and then was dishonorably discharged without pay. This soldier's parents appealed and pleaded for leniency because the soldier's income was all they had to survive. The military declined because they were "defending their need to exact such a 'heavy penalty' in order to bring about the 'eradication of this evil'…."[206]

After 1942, administrative personnel, under the direction of Army Chief of Staff, George C. Marshall, stopped using the court-martial system for sodomy because it reflected poorly on the Army and demonstrated a "lack of leadership." They, therefore, instituted a new discharge process which also mirrors that of Fear of Flying.[207] If one recalls Chapter Three, the information dealt exclusively with the eradication. Thus, one can almost place homosexuality and Fear of Flying together on a commander's list of "sicknesses" that they considered "evil." To both the COs and psychiatrists, they needed to do everything in their power to remove these factors—or in their words, "contagions."

Psychotherapy, Self-Revelation, and the Threat to Masculinity

In Chapter Two, there were twelve treatment ideas that Dr. Lucio Gatto introduced in order to prepare, recognize, and treat men through psychotherapy. All were important; however, one of these points in particular stressed that the pilot must speak openly about internal conflict and his feelings. This is interesting because it represented something which challenged contemporary notions of masculinity, yet was necessary for a man to overcome his disorder, and more importantly, regain his manhood. Gatto contended that a key factor for medical personnel to begin treatment was whether neurotic aircrewmen truly confessed to suffering. Only a few were able to swallow their pride and do so—perhaps this is a reason Douglas Bond used Sodium

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[206] Ibid., 130.

[207] Ibid., 135.

Pentothal in World War II. Instead, psychiatrists had to focus on behavioral patterns, and base their treatment upon those.[208] But men did not like confessing because they felt "mentally deranged" by admitting fault.[209] This is likely because of the strict coda placed on men's behaviors before and after World War II.

Scholar Jeff Suzik wrote, "Americans. . . were overwhelmingly concerned—obsessed, even—with proving their independence and their self-reliance. American society perceived dependence of any kind as weak, and labeled those who were unduly dependent on others as sissies."[210] By undergoing psychiatric and emotional therapy, a man believed that he depended too much on another person, thus, detracting from the opportunity to prove his independence. Many boys and men felt pressure "to prevent the possibility of permanent emasculation, or, to coin a phrase, 'sissification.'"[211] This also caused many men to go above and beyond to display such autonomy by joining the military and going to war. Indeed, at the end of World War II, the American public viewed psychiatric disorders as symptoms of overdependence, character weakness, and failed masculinity—much like commanding officers did. Clearly, the medical advice of psychologists like Dr. Gatto—to discuss one's inner conflicts and feelings as a process of 'restor[ing] the wholeness of the man"[212] —would have evoked pushback from many men and other societal authorities in the 1940s and 1950s.

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[208] Gatto, "Understanding the 'Fear of Flying' Syndrome, I," 1102.

[209] Ibid., 1282.

[210] Jeff Suzik, "'Building Better Men': The CCC Boy and the Changing Social Ideal of Manliness," *Men and Masculinities* 2, no. 2 (October 1999): 155-156.

[211] Ibid., 156.

[212] Jarvis, "If He Comes Home Nervous," 102-103.

More importantly, as this conclusion is meant to close this master's thesis, this topic will prove even more valuable in the coming years. Historian John Sherwood asserted that there are documented cases of Fear of Flying in World War I.[213] Even more, I have found archival documents from the Vietnam War discussing Fear of Flying at the Air Force Historical Research Agency Archives. This project will prove extremely valuable as it transforms into a PhD dissertation because there are many instances which reflect the dynamic nature of masculinity, and especially the concept of "toxic masculinity" among the events and descriptions of commanding officers. As toxic masculinity becomes a more polemic topic among societies, it is likely that historians will press more attention to it, and Fear of Flying will prove to be a fruitful vein to study it as well during the twentieth century.

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[213] John Sherwood, *Officers in Flight Suits: The Story of American Air Force Fighter Pilots in the Korean War* (New York: New York University Press, 1996), 53.

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