Silence and Selection: the "trick cyclist" at the War Office Selection Boards

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In 1939, psychiatrists wrote to the War Office of Britain to offer up their services in the likely event of war. The response? A resounding silence. This unpromising start marked the first words (and the first silence) in a discussion of psychological science that would span the war.

The “trick cyclist”, or psychiatrist, was a controversial figure during World War II. At War Office Selection Boards, psychiatrists sought a voice to speak not only of the deviant populations that they conventionally studied, but also to discuss normal and even superior members of society. Winston Churchill, amongst others, was not at all sure about this, noting the ‘immense amount of harm’ they might do. Suspicions of ‘these gentlemen’ and their affiliation with taboos such as sex, resulted in a number of enquiries into, and limitations upon, their work at Selection Boards during the war (Churchill, 2010, p.815). The most contentious site of such negotiation and contention was the psychiatric interview, where psychiatrists assessed soldiers put forward for commission.

This chapter analyses the technique of the psychiatric interview at the War Office Selection Board as the point of intersection between Army authorities, soldiers, and psychiatrists: those commissioning science, those subject to the gaze of science, and those practicing science. Silences in and around the interview punctuated larger discussions around democracy and authority, and who might speak on whose behalf. The chapter begins with a brief summary of how the problems of officering the Army were raised and how official silence on what was expected of psychiatrists provided them the opportunity to experiment in this new field. Their use of unofficial spaces for conversations about their work enabled psychiatrists and their supporters to develop their methods until they were sufficiently robust to be accepted by military colleagues. The chapter then discusses the silences in psychiatric interviews themselves. These interviews were a key method for selecting officers, and were both literally and metaphorically a place where voices might speak or be silent, through choice or coercion. They thus offered interviewees opportunities for advancement in the Army but also potential for regulation. Finally, the chapter examines who wanted to silence the psychiatrists and limit their interviews, and why; the ‘tightest hand’ was increasingly kept over them, with suspicious Army senior leadership censoring what psychiatrists were permitted to ask and even attempting to have them completely removed from officer selection work. This is balanced by a discussion of how psychiatrists attempted to resist such efforts to control their voice. Informal networks, off-the-record conversations, and manipulations of omissions in orders and instructions were key to eluding limitations and keeping psychiatrists in the battle for the borders of the discipline.

Speaking Up on Selection

It is far from self-explanatory how psychiatrists came to be involved in the work of officer selection. A long and complicated battle had to be fought to get from the first missives sent by psychiatrists (and ignored by the Army authorities) to the stage where psychiatrists were actively involved in choosing Army officers. However, J.R. Rees, psychiatrist from the Tavistock Clinic in London, had decided that he and his colleagues should be conducting work with the Army, and Rees was a
determined man.1 Speaking on behalf of his colleagues in the psychological sciences, he sent the letter to the War Office, to which there was no reply; this would not be the first time that the psychiatrists failed to have their voices acknowledged. Nor was it an unsurmountable problem; though the psychiatrists themselves were not considered worthy of a reply at this time, there were others whose status required a response who could ask on their behalf.

From this point forward, the psychiatrists used proxies wherever possible, making the case for their work to the highest military authorities via military men of established rank and respect. Thus, following the unsuccessful letter, the psychiatrists then arranged to have questions asked in Parliament about the psychiatric provision for war (Trist and Murray, 1990, p.1). The questions about psychiatry in the armed forces implied that soldiers’ mental health was at risk from the lack of experts to safeguard it, and that the British Army was in danger of repeating the mistakes of the past by failing to utilise available expertise. Mr Boyce, Member of Parliament for Gloucester, sought reassurance that the Secretary of State for War, Oliver Stanley, would ‘ensure that these men are not lost, as many of our most distinguished specialists were in the last war, in doing general services?’ Stanley had to admit that only nine officers were commissioned for employment in psychiatric work, and only one of these was employed in special work, with the others all doing general duty (House of Commons, Psychological Specialists, 1940). One of those who had been commissioned was Rees, who had managed to get himself appointed as one of the two Consulting Psychiatrists to the British Army in 1939. Such direct questioning meant that the government were unable to stay silent on the matter and were forced to address the issue; shortly after these questions, Rees was given the opportunity to appoint a number of Command Psychiatrists.

The British Army’s “officer problem” was also becoming increasingly difficult for them to avoid addressing: there was a chronic shortage of officers for the Army, and those who were obtaining commissions were mocked as relics of an older world of ‘polished cross-straps, swagger canes, long haircuts, and Mayfair moustaches’ (Field, 2011, p.264). Between September 1939 and mid-1942, when nearly 2 million men entered the army, the method of selecting officers was very simple. Men were marked as potential officer material by commanders of training units, and then interviewed, often for only around twenty minutes, by a Commanding Officer. There was a level of official silence about what constituted a good officer; no training was given to those selecting the men, and often ‘they tended to base their conclusions on personal hunch or preconceptions that there was an “officer-producing class”’ (Broad, 2013, p.102). For example, during the little time that officer candidates were given to speak about themselves, they were reportedly often asked: ‘What school did you go to? What is your father? What private income have you? … Did you go to a public school?’ (House of Commons, Captain Margesson’s Statement, 1942). Men’s backgrounds were seen to speak louder than their personalities, and it was believed that good candidates were missing out on commissions because blinkered senior officers could not recognise their talents, instead promoting those with the right ‘old school tie’.

The resultant image of the out-of-touch gentleman officer was blamed for poor morale and battlefield failures, and mocked relentlessly in the press, particularly in the figure of “Colonel Blimp”, the creation of cartoonist David Low. There were few attempts to defend the ‘natural leadership’ of the ‘old school tie men’, such as a notorious letter to The Times by Lieutenant-Colonel Bingham, which resulted in his sacking (Bingham, 1941). However, most of the voices in the press were outspokenly scathing about the poor state of officer selection. It was seen as hurting the morale of

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1 Rees had worked with ambulance units and the Royal Army Medical Corps during the First World War, and then helped Hugh Crichton-Miller to establish the Tavistock Clinic to treat ‘functional nerve cases’ in returned servicemen, so he had a long history of work in military psychiatry.
the Army and stunting the supply of officers, as men lacking “old school ties” refused to put themselves forward only to inevitably fail. The existing selection methods were also seen as positively against British principles: the ‘simple liberal proposition that men should have equal opportunities is one of the things we surely are fighting for against the German idea of the master class and the master race’ (Jones, 1941). By overlooking the middle and working classes simply because of dialects or educational background, the Army were seen as ignoring good candidates, but furthermore they were seen as immoral.

In the early years of the war, officer selection was thus a problem lacking a solution, which psychiatrists felt that they could supply. Psychiatrists by this point had been dispatched to work with different local Army Commands. These men lacked any specific orders, and there was even complete silence from the Army hierarchy as to what their role should entail. Command Psychiatrists thus set about investigating what they felt to be the pertinent problems of their local commanding officers: top of the list for several was the matter of officer selection. The psychiatrists were supported in their work through connections and unofficial discussions with local military figures, who sought their advice on problems and took interest in their experiments. The first large-scale experiments in new methods to choose officers were prompted by Lieutenant-General Andrew Thorne of Scottish Command, who had seen new “scientific” selection methods in Germany when working there as military attaché before the war. When Thorne had previously attempted to trial new methods in Britain, the response was the explosive accusation that he was the ‘bloody Freud of the British Army!’ (Rees, 1945, p.53) It was only once Thorne had been promoted to General Officer Commanding-in-Chief and sent away to Scotland (a move lamented in his biography as having “sidelined” him from true military work) that he was able to initiate selection experiments. This supposedly peripheral role, where little was officially expected from him, enabled him to pursue innovations that had long interested him, and that would later be described by some as making “revolutionary” changes to the army (Bidwell, 1973, p.121).

Other experiments soon followed those initiated by Thorne; they were seen as great successes and received endorsement from the local military commanders. Sir Ronald Adam took over Northern Command in June 1940, and was one of those won over by their work. In June 1941, Adam was appointed Adjutant General and given the power to implement reform to selection procedures. In December 1941, the director of personnel selection Brigadier K.G. McLean and Scottish Command held a conference in Edinburgh on Selection. There, the psychiatrists and their supporters argued that the combination of intelligence tests and psychiatric interview was the only efficient method for selecting officers, and one month later an experimental War Office Selection Board (WOSB) was formed. By March, techniques for selection had been refined and the Boards were ready to be implemented across Britain and beyond. Explaining the new scheme in the House of Commons at this point, Edward Grigg noted that:

there are two questions which, the House will no doubt be interested to know, the Adjutant-General has ruled out of order. One is, “How much money have you got?” and the other is

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2 There remains historiographical debate over how much the backgrounds of officers changed as a result of changes to selection, however most historians agree that a cultural change in how the matter was approached by the Army did take place. (Crang, 2000).

3 Adam had taken one of the intelligence tests, and not only completed it in a fraction of the time allotted, but also scored at the very top of the scale; it is possible that a degree of his support for the psychiatrists stemmed from the silent reinforcement at this moment of the idea that he himself was ideal leadership material.
"How much money has your father got?" Those two have been completely ruled out (Grigg, 1942).

This would be the first mandate about what could and could not be said at WOSBs, but not the last.

**Strategic and Problematic Silences at Selection Boards**

Talking and silence were strategically alternated at the selection boards. Upon the arrival of a new batch of candidates, the President of the Board addressed them, with the aim of reassuring them that the WOSB ‘was interested neither in the status of our family nor in the place of our education’ (Fleming, 1944). The President had thus addressed concerns linked with the perceived unfairness of the old selection procedure before they could be voiced. Following this, the psychiatrist was introduced and asked ‘to say a few words.’ These few words fulfilled a key purpose for the psychiatrists, as men were ‘told that if their notion of a psychiatrist is simply to get mental defectives out of the Army and neurotics into and out of hospital, then they have something new to learn’ (Rickman, 2003, p.150). In a few minutes, one group of officer-candidates at a time, psychiatrists were attempting to push back the culturally constructed boundaries of their profession that had limited them to the role of alienist who worked with strange behaviour in asylums. These few words, aimed to dispel notions of what a psychiatrist was not, were an attempt to legitimise the idea that their subject included “normal” men. However, they were silent on what a psychiatrist was, leaving candidates to form their own ideas over the three days that the WOSB took place.

Not only did psychiatrists attempt to broaden what their discipline could study, they aimed to extend psychological thinking to other members of the WOSBs too. The military men who headed the WOSBs as Presidents underwent a process of psychologization whereby they were trained to view situations from a psychological viewpoint. The President was to be trained by his psychological colleagues because he was ‘better… the more he has been trained in first principles. How else can he make successful adaptations to changing conditions?’ (Smith, n.d.). This training was not only intended to increase the psychological voice and make practices more generalizable, it was also intended to prevent ‘the temptation to superimpose unchecked judgements instead of evaluating the evidence, and to “interfere”’ (Harris, 1949, p.212). In training others in their principles, psychological staff hoped to silence what they saw as unscientific opinions.

Psychiatrists also aimed to initiate a dialogue with the candidates; men were told that ‘the WOSB’s tests are a new experience and they are invited to participate in them as observers…. and to feel free to ask questions’ (Rickman, 2003, pp.150–151). Whilst this appeared to give officer candidates a voice in a way that sharply contrasted the older interviews that the WOSBs replaced, it was also a method of gaining the co-operation of the psychiatrists’ subjects. By inviting him to participate in the process, a candidate at WOSBs was thus converted from a passive subject ‘into a proto-psychologist and encouraged to adopt a scientific gaze’ (De Vos, 2010, p.161). Men were not simply encouraged to give their opinions, they were encouraged to critically participate in a psychological procedure; in a subtle and indirect way, the nature of the opinions and questions they could voice was structured by their construction as “observers”.

The “conversation” between officer candidates and psychiatrists began before the WOSB interviews themselves. Before the interview, there was often an ‘informal “cocktail party” type of meeting’ to establish initial contact between individual candidates and the psychiatrist before the interview. In addition, psychological pointers, questionnaires, and group tests were all conducted in advance of the interviews so that the psychiatrists would have a bank of information from which to draw. This enabled the psychiatrists to strategically allocate their precious time:
Where the interviewer felt he knew the candidate from his previous contact he would devote a shorter time to him in interview. Conversely, where a candidate presented a complex picture he could be given more time (Chapter 5, Trist, Eric, Sutherland and Morris, n.d., p.5).

The officer candidate’s identity was thus established as much through unspoken revelations on paper and in a group as it was in conversation at the interview itself. In some cases, this silent communication of personality was even given more weight than the interview: the more that the candidate was believed to have “said” about himself in these tests, the less time was necessary for an interview. The psychiatrists noted that ‘the increasing amount of discussion amongst the observer team of candidates on the basis of... preliminary contacts added to [the] tendency to make the interview directed to the elucidation of specific aspects of the candidate’ (Chapter 5, Trist, Eric, Sutherland and Morris, n.d., p.5). The more that others had already discussed a candidate, the less he was required to divulge one-to-one. In some cases, the candidates were expected to be totally unaware of the tests’ aims and to reveal their personality through the anxiety this produced, and in others the men were asked to look within themselves, attempt to view themselves objectively, and record this for the Boards. Candidates were sometimes rendered almost silent by the expert voice interpreting test data and suggesting that little further need be added by the man himself. The would-be officers were therefore sometimes passive and sometimes active in the revelation of their character.

The psychiatric interview was structured in a way that proceeded from present day and then led back to the candidate’s past. In this sense it was seen as therapeutic because it resulted in the candidate ‘confronting himself’ and ‘achieving some piece of insight however slight into some of the implications of one’s traits and behaviour’ (Interviews by the Psychiatrist & the Psychologist at WOSBs, 1945, p.6). Despite enrolling candidates as proto-psychologists, the theoretical underpinnings of WOSBs procedure were concealed from candidates. The psychiatrists believed that their silence about their intentions produced a more valid picture of the “real” man, including the bubbling to the surface of his anxieties. For instance, the psychiatric interview was revealing and challenging for the candidates because ‘the boundaries of the psychiatric investigation are not clearly defined in the candidate’s mind. If he is uncertain of himself he is liable to imagine the widest and wildest variety of probes and investigations into his personality, and to fear that his weaknesses will surely be found out!’ (Rickman, 2003, p.155). The opening talk mocked the idea of the psychiatrist dealing only with madmen, but it was a talk characterised by absence: the psychiatrists capitalised on the unresolved question of what it was they actually did, and how by leaving boundaries unclearly defined. Psychologists had long employed silent deception as a method to produce more valid results (Pettit, 2013), but the psychiatrists at WOSBs took this further. Silence-induced ambivalence about the intent of the psychiatric interview was seen as a useful method, not only because it passively prevented bias, but because it actively developed anxiety and thus revealed the true inner character of candidates.

There were fears that in some particular forms of the WOSB, a lack of understanding of the modern role of the psychiatrist might prevent candidates from speaking up. As a result of this, the psychiatric interview was disguised as a part of the “medical check-up” at Boards selecting schoolboys to send on pre-officer training university courses. Boys were told that a man was a doctor, but his speciality of practice was omitted (Interviews by the Psychiatrist & the Psychologist at WOSBs, 1945, p.3). Again, this reflected previous use of deception in the psychological sciences to achieve results, including the disguise of the person of the psychological investigator (Pettit, 2013). Despite these precautions, it transpired that word had gotten out; ‘the majority of candidates were quite familiar
with the role of the army Psychiatrist about which they had heard from their brothers and friends or the Press’ (Interviews by the Psychiatrist & the Psychologist at WOSBs, 1945, p.3).

The analysis of these revelations claimed to be one of three things central to the method of the psychiatrist’s interview. This silent interpretation was so integral that psychiatrists noted that their interview could not ‘in fact be distinguished from that by the President in terms of content and scope or even in terms of the general method of proceeding’ (Interviews by the Psychiatrist & the Psychologist at WOSBs, 1945, p.6). The interview itself was unremarkable, but the unspoken element (both in terms of what the candidate revealed and in the ‘technical interpretation’ the psychiatrist’s training brought to the revelation) was what ‘distinguished the interview by the psychiatrist’ (Chapter 5, Trist, Eric, Sutherland and Morris, n.d., p.12).

However, psychiatrists also considered themselves particularly adept at conducting interviews due to their insight into the interviewee’s psychology. Psychiatrist John Rickman was particularly interested in the manipulation of the balance of words and silence at officer selection. In his wartime essay on psychological theory and practice dealing with ‘The psychiatric interview in the social setting of a War Office Selection Board’ (Rickman, 2003), he argued that in the ideal discussion ‘the talk is fluid and balanced by informed statement from my side, not at all a string of questions’ (Rickman, 2003, p.151). So fundamental was this idea of productive dialogue to the WOSBs procedure that it had even been articulated in parliamentary discussion of the new boards, where Edward Grigg explained that:

> The object of the questions... is to try and get the candidate to talk and to express himself and his own personality... It is no use cross-examining the candidate. You get nothing by that means. You have to try and find out what the man is like, and the way to do it is to get him to talk himself (House of Commons, Captain Margesson’s Statement, 1942).

The psychiatrists believed that, not only should the psychiatrist abstain from asking too many questions and interpret the flow of a candidate’s conversation, they should also actively employ silences as ‘a powerful diagnostic technique, whose method is inconspicuous’ (Rickman, 2003, p.154). It was considered that the psychiatrists’ training in the therapeutic context provided him with the ability to ‘judge how far he should probe, when he should leave things untouched or when he should bring them out, so that the candidate was benefited and not necessarily disturbed’ (Chapter 5, Trist, Eric, Sutherland and Morris, n.d., p.14). Even the point at which the conversation had apparently concluded, as the candidate was heading out of the door, might be valuable to the psychiatrist, as ‘he may betray a cynical or contemptuous attitude which he could control when sitting during what he regarded as the interview proper’ (Rickman, 2003, p.153). Such skilful deployment of silence was claimed to be distinctive to the psychiatrist.

Psychiatrists suggested that their expertise was what enabled them to employ “oblique evaluation”, or an indirect approach to questioning. However, oblique evaluation was seen as required precisely because there were limits on what they were able to ask. They suggested that there were limits on what could be directly asked due to ‘a social norm which expressed what candidates and the authorities alike accepted as relevant enquiry’ (Chapter 5, Trist, Eric, Sutherland and Morris, n.d., p.16). For instance, a psychiatrist could not productively ask “Was (or is) your home-life happy?” without producing a ‘defensive and stereotyped’ response. Such questions had to therefore remain unasked. In order to get around these limits, psychiatrists evolved oblique questions such as “Do you think you take after one or other of your parents in your own temperament?” Some topics were particularly taboo, and where detected, certain ‘emotionally charged trends... e.g. a tendency to homosexuality, had to be conducted with great sensitivity’ (Chapter 5, Trist, Eric, Sutherland and
Morris, n.d., p.18). These tactful omissions and silences were vital to the acceptability of the psychiatrists’ interviews.

Rickman argued that silence was particularly effective when dealing with a very verbose candidate ‘who blusters or bluff his way through difficulties, or tries to’ because those who ‘try “to work up an effect” find this bland silence particularly trying.’ The silent psychiatrist was essentially a blank canvass onto which the candidate projected information about his assumptions and attitudes to others; the psychiatrist ‘may turn into a persecuting figure in his mind, or into a friendly one, or into a fool to be kicked out of the way’ (Rickman, 2003, p.155). By staying silent, the psychiatrist also invited the candidate to step into the role of psychiatrist himself, and he was credited with having “insight” if he seemed aware of his own behaviour. The psychologization of officer candidates was thus seen as a positive, desirable, officer quality. Once the candidate had poured into the silence ‘the diagnostic information [the psychiatrist] wants, [the psychiatrist] breaks the silence.’ Silence at the psychiatric interview therefore acted as a space for the officer candidate to fill with information about themselves. There were two layers to the information thus acquired: the superficial information as provided by the words explicitly written or spoken, and the underlying signs of the candidate’s subconscious personality traits and his assumptions about the world and how human relations in it operated. The psychiatric silence was described as a useful but potentially dangerous technique. In deploying it with blustering candidates, it posed a danger to the psychiatrist’s morals lest they derive a degree of schadenfreude from it, and Rickman advised that the psychiatrist must ‘watch himself to see whether he is getting an irrelevant satisfaction from the effect’. Furthermore, it could cause harm to the candidate if prolonged or if not sufficiently concluded.

For the psychiatrist, though risky, silence was ‘a powerful diagnostic technique’ that could be used to get a man to talk about himself. However, candidates who were not forthcoming enough were seen as problematic, both to those dealing with them and to themselves (Rickman, 2003, p.154). WOSB memoranda noted that the psychiatrist ‘is on the watch for points at which on the one hand things become sticky and the candidate closes up, and on the other for points at which the candidate becomes more communicative’ (Interviews by the Psychiatrist & the Psychologist at WOSBs, 1945, p.6). This watching for silences indicates that the interviewer was not simply interested in what was said, but also in the way in which information followed (or failed to), which demonstrated how a candidate dealt with people and therefore whether he was a potential officer. “Sticky” silences where a man “closed up”, it was argued, could be “read” as reflective of a man struggling to make human contact. Thus for those who lacked a voice, the psychiatric interview was strategically planned to include therapeutic techniques in order to get shy men to say more about themselves. After a gentle, general beginning to the conversation, the psychiatrist was to pose the question of when the candidate really began to get over their shyness. With the usual response being that he had not, the psychiatrist responded along the lines that ‘be that as it may, the situation is no doubt better now… we can see in what way you can help yourself still further in this matter in the future’ (Rickman, 2003, p.154). Silence on the part of the candidate was not only an impediment to the psychiatrist in measuring his character, it was also seen to be a problem for the man himself which could be overcome with expert guidance. Silence was almost deemed to be a curse which limited a man’s opportunities, and the psychiatric interview therefore was a “privilege” for the man because in a ‘kind of quid pro quo… he gives the psychiatrist rather embarrassing details of his shyness, in return he gets a method of dealing with his difficulty’ (Rickman, 2003, p.154).

This idea of a balanced interview with a fair exchange with the candidate was echoed in the idea of therapeutic closure, the final feature that the psychiatrists argued characterised the psychiatric interview. At the end of the psychiatric interview, a “sealing-off” technique was employed. This
sealing-off technique was designed to fulfil the implied promise from the introductory talk that the process would be interactive: the candidate was asked if he had any questions for the psychiatrist and given the opportunity to voice his thoughts and opinions about the process. Under the old selection process, there was no opportunity for candidates to voice their thoughts, and the feedback leaked out in the form of rumours about an unfair system which was seen to result in low morale. The chance for the candidate to speak at the psychiatric interview provided a less harmful outlet for these thoughts: the ‘emotional significance for the candidate of the question being raised was the important matter’ (Chapter 5, Trist, Eric, Sutherland and Morris, n.d.). However, this sealing-off was not only intended to provide an emotional vent, it was also a continuation of the assessment of character. The candidate’s questions were a demonstration of ‘his capacity to think freely… and to criticise [the Board’s] work in a constructive (or destructive) way’. When the candidate did ask questions, they were met with a strategic lack of answers on the part of the psychiatrist, who turned the questions back for him to answer, ‘the amount of help he needs being a measure of his grasp of the situation’ (Rickman, 2003, p.156). The amount that a man could say by himself without the need for the psychiatrist to guide his speech was a measure of his capability; the psychiatrist could be silent because the process of psychologization had occurred to such an extent that the candidate could interpret for himself. As such, the men seen as most capable by the psychiatrists were those who were or had become most like the psychiatrists.

**Attempts to Silence the “Trick Cyclist”**

Though, as this chapter has so far sought to establish, psychiatrists thought deeply about when to speak and when to be silent at the WOSBs, there were many who considered that the psychiatric profession should be entirely silent on the matter of officer selection. By and large, WOSBs had proved hugely successful with the vast majority of candidates. They were ‘almost universally approved by those who go through them whether they pass or fail’ (Cripps, Alexander, Grigg and Sinclair, 1942, p.3). Aversion to the psychiatrists work emanated from of those in the higher echelons of military authority, who felt their authority and the traditional system of the Army was being threatened, such as General Sir Bernard Paget and Winston Churchill. In response to the statement that some disapproved of the psychiatrists, Member of Parliament Geoffrey Cooper pointedly asked “Was that on the part of senior officers or other ranks?” knowing that it was senior officers (House of Commons, Psychologists and Psychiatrists, 1946). Some public school candidates (who felt cheated of a position that once would have been guaranteed) also complained (Crang, 2000, p.34).

Ironically, psychiatrists deployed silence in their interviews to expose those who tried to “blind with science”, but concerns about their own “blinding with science” led to some attempts to silence them. General Paget was deeply concerned about their involvement in selection boards, particularly the psychiatric interview and the presence of the psychiatrist in the conference at which conclusions were collectively drawn about candidates. He felt that ‘psychiatrists were dominating the selection procedure by virtue of their technical knowledge and the ability to present evidence’ (Crang, 2000, p.35). The voice of the psychiatrist compared with the military men was seen by Paget to be problematic, forcing the military men into silence or bamboozling them with jargon. Psychiatrists themselves admitted that it was ‘much easier’ to validate the opinions of the psychiatrist at the Board conference because ‘where the psychiatrist’s opinion differed substantially from the president’s he could usually furnish evidence that explained the difference’ (Chapter 5, Trist, Eric, Sutherland and Morris, n.d., p.2). They saw this as the opportunity to begin a discussion about a man and educate others in their science, but men such as Paget considered that it shut down discussion
because the objective appearance of psychological opinions unfairly trumped the more relevant experience of military men at the Boards.

In addition to concerns about what the psychiatrists said at the conference being held against them, there were also concerns about what they might ask at the psychiatric interview. As a result of the concern about psychiatrists delving into unacceptable realms, ‘[g]rievances arising from a sense of such exploitation [of what could acceptably be asked] were quick to rebound against WOSBs’ (Chapter 5, Trist, Eric, Sutherland and Morris, n.d., p.15). Winston Churchill himself wrote to John Anderson, the Lord President of the Council, in 1942 to express his concerns:

I am sure it would be sensible to restrict as much as possible the work of these gentlemen [psychologists and psychiatrists], who are capable of doing an immense amount of harm with what may very easily degenerate into charlatanry. The tightest hand should be kept over them... it is very wrong to disturb large numbers of healthy normal men and women by asking the kind of odd questions in which the psychiatrists specialize (Churchill, 2010, p.815).

Although the psychiatrists had anticipated ‘a social norm which expressed what candidates and the authorities alike accepted as relevant enquiry’, they were unable to avoid the problem of the negative connotations that their discipline carried in the minds of those such as Churchill (Chapter 5, Trist, Eric, Sutherland and Morris, n.d., p.16). During the interwar period, few doctors (let alone politicians and generals) would mention an interest in analysis ‘without the verbal equivalent of spitting three times over the left shoulder, and even to speak about the revival of war memories carried the risk of being accused of advocating free fornication for everyone’ (Culpin, Millais, 1952, p.71). Psychiatry itself was almost unspeakable to some, and the strength of their feeling would result in attempts to prevent the psychiatrists’ ideas from being voiced in relation to officer selection.

Because of his suspicions about their “odd questions” Churchill initiated an Expert Committee on the Work of Psychologists and Psychiatrists in the Services to investigate, and ideally prevent, what they were doing. Though they were ostensibly examining all psychological work, the committee had been particularly invited by the War Cabinet ‘to consider the question whether there might be a tendency to use the psycho-analytical technique too extensively, and whether, if unwisely handled, it might encourage the very tendencies it was hoped to combat’ (Cripps et al., 1942, p.1). This clearly related to the psychiatric links with the taboo and “odd questions”, as well as the idea that the mere presence of psychiatrists might have a damaging effect and ‘put ideas of fear and mental instability into the minds of otherwise healthy men’. However, it also related to concerns that long-held military beliefs were under threat from the psychiatrists, for instance their belief ‘that unintelligent types… would make good fighting soldiers’ (Cripps et al., 1942, p.8). The Expert Committee therefore reflected concerns about both what psychiatrists might say to candidates and the idea that psychiatrists contested the authority of senior military leadership. It symbolised an effort to silence them in both regards.

The way in which the Expert Committee should work had not been stated, and the psychiatrists capitalised on this omission to their advantage. The informal connections of the psychiatrists were strategically deployed, and Ronald Adam intervened to ensure that Stafford Cripps, the Lord Privy Seal, investigated. Possible alternatives before Adam’s intervention might have meant that a “prosecutor” like Churchill’s physician Lord Moran might become their judge, jury and executioner (Thalassis, 2004, p.95). Instead they had Cripps, a man ‘fascinated’ by modernisation, something that the rhetoric around the boards had always emphasised. In addition to discussions of modernisation, the psychiatrists shrewdly also provided unspoken expressions that they and Cripps were like-
minded: they laid on a vegetarian “feast” to cater to his preferences with ‘special quantities of carrots... provided for his meals’ (H. Vinden, quoted in Shephard, 2001, p.195). Cripps subsequently supported the psychiatrists, writing in his report that there was ‘no substance of the criticisms’ which had been levelled at them (Cripps, 1942). He also noted that psycho-analysis did not present a threat: ‘conditions would not permit of its being used in war-time even if those responsible in the service admitted its value’ (Cripps et al., 1942, p.7).

However, the attempts to silence the psychiatrists did not end there. In 1943, instructions were issued that psychiatrists should interview intimately no more than half of the candidates and that no questions on sex or religion were permitted. These instructions produced great frustration amongst the psychiatrists, who felt that the authorities had failed once again to understand the psycho-analytical approach and to listen to the fundamental concepts on which their methods were built. Psychiatrist Robert Ahrenfeldt noted that it should have been clear to all but the most prejudiced, that it was of the greatest importance... to enquire in appropriate cases into so significant an aspect of the human mind, behaviour and social adaptation as sexual adjustment. Similarly, it should have been obvious that [where the question of religion arose] they were attempting a fundamentally sociological evaluation of a man’s attitude to established authority (Ahrenfeldt, 1958, p.64).

Yet it was evidently far from obvious; panicked concerns that psychiatrists might be hunting out complexes and having inappropriate conversations that were damaging by their very nature drowned out the explanations for their focuses that they provided.

As well as their frustrations about the limits to their questioning, psychiatrists were concerned that the limitations on the number of interviews would return them to their previous status as alienists who dealt with problem populations, and that ‘anxiety aroused in candidates where certain candidates only were interviewed... candidates would wonder why they had been so selected’ (Interviews by the Psychiatrist & the Psychologist at WOSBs, 1945, p.2). When universally delivered, the psychiatrists’ opinions were welcomed. When they were silent on most cases and only called in to deal with “problem” cases, the psychiatrists were seen as a worrying unspoken indicator of a man’s deficiencies before judgment had been officially passed on him; he was tainted by mere association with them and in return resented them and became uncommunicative lest he betray the complexes he felt they were hunting in him.

To get around this seemingly conclusive ruling limiting their work, the psychiatrists carefully manipulated the unspoken elements around the instructions. They noted that ‘the wording of the rule had a certain ambiguity’, and so they managed to find space for their work in the space between “no interview” and “intimate interview”. Psychiatrists ‘interpreted the ruling... in terms of “intimate interviewing” as the essential point’ and ‘strove to give... short interviews which they could not feel in any way to be intimate’ (Interviews by the Psychiatrist & the Psychologist at WOSBs, 1945, p.2). A memorandum was circulated outlining the “correct interpretation” of what constituted an “intimate” interview:

An interview is intimate when it entails a direct confrontation of certain difficulties and problems of the candidate. This entails an extension of direct questioning beyond the usual limits and for this reason must be followed by a full application of therapeutic closure. Intimate interviews are necessary only in the exceptional case and are conducted solely by the Psychiatrist.
Non-intimate interviews include all other interviews whether by the President, Psychiatrist or Psychologist. (Interviews by the Psychiatrist & the Psychologist at WOSBs, 1945, p.9)

In this way, the psychiatrists tactfully obeyed the order to the letter, whilst resisting efforts to silence their influence over the WOSB.

The psychiatrists felt that there was a delicate balancing act between the said and the unsaid when it came to matters of selection:

If on the one hand there were limits in the selection setting to what (except under special circumstances) might be asked by direct questioning, there were equally limits as to what might be omitted. For example, the “atrocity” stories which arose from feelings that psychiatrists had transgressed one limit were paralleled by “atrocity” stories regarding the scant and superficial questions of the old Interview Boards. (Chapter 5, Trist, Eric, Sutherland and Morris, n.d., p.17)

They hinted that the danger of silencing the psychiatrist was to return to the “old school tie” method of superficial selection of the familiar, rather than their sometimes intrusive programme of scientific selection of the remarkable. In February 1945, the Expert Committee fully vindicated psychiatric expertise in its report to the War Cabinet. However, this report would not be published for more than a year. In addition:

Despite the expert committee’s acknowledgement of the contribution of psychiatry and psychology to the selection of officers, in September 1946 a War Office Committee headed by Lieutenant-General Sir John Crocker recommended that both psychologists and psychiatrists should be withdrawn as permanent members of the WOSBs (Crang, 2000, p.38).

Sir Ronald Adam was no longer in a position to support the psychiatrists, and Lieutenant-General Sir Richard O’Connor, the replacement for Adam as Adjutant-General, supported this recommendation. The Chief Psychologists to the War Office, Bernard Ungerson, noted that this was ‘in spite of the contrary advice from all the very senior psychologists and psychiatrists who advise the War Office’ (Ungerson, 1950).

Conclusion: Was the “Trick Cyclist” Silenced?

Was it then the case that psychiatrists were back to square one, with their advice being issued and duly ignored by the War Office as was Rees’ letter in 1939? Ben Morris, in reply to Bernard Ungerson, argued that it was not unjustifiably optimistic to consider that progress had been made, since ‘the Army continues to use the advice of psychological technicians regarding the selection and training of members of WOSBs’ (Morris, 1950). As this chapter has discussed, though the Boards themselves no longer had a psychiatrists’ voice present, that voice was being imparted to others via psychologization. Other board members and even the men who passed through the boards themselves were being trained in psychological thinking and evaluation of personality. These “proto-psychologists” thus spoke with a voice inflected by psychiatric thought even without the psychiatrists being physically present at Boards. Furthermore, Morris also argued that whilst his preference would be for psychological staff to be present, ‘the existence of such an adviser is not an essential component of the methods themselves’ (Morris, 1950). As this chapter has suggested, there were many tests in which psychological information about the candidates was drawn out well before they reached the interview. Many of these psychological tests remained integral parts of the boards, thus giving voice to psychiatric theories and approaches in a hidden, less objectionable
fashion through the appearance of “objective” data on a Hollerith computer tabulated page. Though psychiatrists were no longer active in selecting officers, their presence remained in the British Army.

In addition to this, the popular acceptance of the psychiatrists’ work by those subject to their gaze had opened up numerous opportunities to them. After the war, Rockefeller and Medical Research Council funding flowed in the direction of the Army psychiatrists in part because their methods had been proven by work such as the WOSBs to be acceptable to large populations. Private companies such as Unilever employed individuals whose work at WOSBs they had witnessed, and the National Fire Service, Civil Service, the India Office, the American Office of Strategic Services (a precursor of the CIA), and the Palestine Police all adopted variants of the scheme and called on psychiatrists to advise them in the implementation of this. Though the psychiatrists had been silenced on the matter of officer selection, they were asked for their opinions on who would make good managers and foremen in industry.

Finally, the psychiatrists had learnt valuable lessons about the opportunities that could be located in what was unsaid. They could omit a full explanation of their role, as they did particularly with the schoolboys; they could disguise psychiatric methods as being military in appearance; and they could work around instructions and act in the spaces of what was not explicitly ruled out to find a space for their practices, as they did with the 50 per cent rule. This sort of manipulation of silence, and construction of techniques and approaches in the spaces of the undefined, would prove vital in Army psychiatrists’ next project working with rehabilitating returning prisoners of war, where the men themselves were resistant to being tainted with psychological diagnoses and the government were even more reluctant to accept the existence of psychological problems lest they be required to provide compensation. Civil Resettlement Units have their psychological roots so silently embedded that they are often not recognised even today as psychological constructions, and the roots of this later work can be found in the silences of the WOSB.

Bibliography


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