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The Impact of Participating in British Counterinsurgency Campaigns on British Armed Forces Personnel: The Malayan Emergency as a Case-Study

Thesis

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Abstract

The end of the Second World War saw a retreat from empire and a period of decolonisation. During this time Britain's military became embroiled in a series of protracted counterinsurgency campaigns. Counterinsurgency engendered a different set of concerns and stresses than the previous world war, not least that operations took place under a set of Emergency Regulations that purported to control the use of force. The longest running of these campaigns was in Malaya where a State of Emergency was declared in 1948 and did not officially end until 1960. Using the Malayan Emergency as a case study, this thesis will investigate the immediate and long-term psychological impact of participation in Britain's postwar counterinsurgency campaigns on its service personnel. In order to understand impact, this thesis will employ two main concepts: resilience and psychopathology. It will suggest that morale was an earlier analogue of resilience. It will argue that training, which privileged the use of force, was used to instil morale in service personnel and that regimental culture reinforced and sustained morale while on operations. This thesis will then go on to look at when resilience, or morale, gave way to breakdowns. Within the history of military psychiatry, the psychopathological conditions seen during war were largely thought of in terms of predisposition or weakness. This would change in the aftermath of the Vietnam War, with the creation of the diagnostic category, Post-Traumatic Stress Disorder. PTSD shifted the emphasis away from predisposition toward the traumatic event and reduced the stigma surrounding mental illness. At the time of the Malayan Emergency, however, service personnel were subject to a culture that expected resilience. Finally, then, this thesis, will argue that stigma had an immediate and ongoing effect on whether symptoms were reported.

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The Impact of Participating in British Counterinsurgency Campaigns on British Armed Forces Personnel: The Malayan Emergency as a Case-Study

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Acknowledgments

Contents

Illustrations

Abbreviations

APA	American Psychiatric Association
ASD	Acute Stress Disorder
ATOM	*The Conduct of Anti-Terrorist Operations in Malaya*
BL	British Library
BMA	British Medical Association
BMH	British Military Hospital
BMJ	*British Medical Journal*
CAB	Cabinet
CEP	Captured Enemy Personnel
CO	Colonial Office
COIN	Counterinsurgency
CT	Communist Terrorist
CUP	Cambridge University Press
DOO	Director of Operations (Malaya)
DSM	*Diagnostic and Statistical Manual of Mental Disorders*
DWEC	District War Executive Committees
EOKA	Ethnikí Orgánosis Kipriakoú Agónos (National Organization of Cypriot Fighters)
ER	Emergency Regulation
FARELF	Far Eastern Land Forces
FCO	Foreign and Commonwealth Office
FO	Foreign Office
FTC	Far East Land Forces Training Centre (Malaya)
FWC	Federal War Council
GHQ	General Headquarters
HQ	Headquarters
ICRC	International Committee of the Red Cross
ICD	*International Classification of Diseases*
IWM	Imperial War Museums
IWMSA	Imperial War Museums Sound Archive
JRAMC	*Journal of the Royal Army Medical Corps*
KAR	King's African Rifles

LHCMA	Liddell Hart Centre for Military Archives
MCA	Malayan Chinese Association
MCP	Malayan Communist Party
MIC	Malayan Indian Congress
MJM	*Medical Journal of Malaya*
MELF	Middle East Land Force
MFU	Malayan Film Unit
MML	*Manual of Military Law*
MNLA	Malayan National Liberation Army
MOD	Ministry of Defence
MP	Member of Parliament
MPAJA	Malayan People's Anti-Japanese Army
MRLA	Malayan Races Liberation Army (see also MNLA)
MTP	Military Training Pamphlet
MUP	Manchester University Press
NAM	National Army Museum
NCO	Non-Commissioned Officer
NHS	National Health Service
NS	National Service
NUS	National University of Singapore
OUP	Oxford University Press
PTSD	Post-Traumatic Stress Disorder
PULHEEMS	Physical capacity, Upper limbs, Locomotion, Hearing, E(E)yesight (left and right), Mental capacity, Stability (emotional)
RA	Royal Artillery
RAF	Royal Air Force
RAMC	Royal Army Medical Corps
REME	Royal Electrical and Mechanical Engineers
RMO	Regimental Medial Officer
RN	Royal Navy
SAS	Special Air Service
SEAC	Southeast Asia Command
SEP	Surrendered Enemy Personnel
SF	Security Forces
SOE	Special Operations Executive

SWEC	State War Executive Committees
TNA	The National Archives
UMNO	United Malay National Organisation
UN	United Nations
WC	Wellcome Collection
WO	War Office

Note on Language

The place names of Malaya were transliterated in a variety of ways according to the different languages and dialects of the people who inhabited the country. The spelling of place names has also changed over time. This thesis will use the most common spelling of place names between 1940 and 1960. So, Johore instead of the modern Johor and Negri Sembilan instead of Negeri Sembilan. Chinese names will also be transliterated as they were at the time, hence, for instance, Kuomintang, not Guomindang.

Introduction

i. *Research Questions*

The recent, much publicised case of Sergeant Alexander Blackman, who came to be known as Marine A, has led to renewed concern over the limits of force employed by British Armed Forces in the counterinsurgency role. While deployed to Afghanistan in 2011, Blackman killed a severely wounded insurgent following a firefight and was later convicted of murder. His senior officer, Colonel Oliver Lee spoke against Blackman, saying he was part of a unit that had contravened the rules of engagement and gone 'feral'. In response a further officer who served with Blackman, Major Steve McCulley, emphasised the nature of counterinsurgency, saying that the men were engaged in winning hearts and minds one minute and in contact with insurgents the next.[1]

The journalist Neal Ascherson wrote in support of Blackman as the trial was ongoing, prompted by his own experiences in Malaya during the Emergency. Ascherson had served as a National Service Lieutenant with 42 Commando Royal Marines in 1952. In his article for *The Herald*, a Scottish regional newspaper, he described his 'mercy killing' of two wounded Communist insurgents, an act which 'haunted' him. In the article he implied that 'traumatic stress' was a feature of active service in Malaya. 'Most ex-servicemen who have actually fought get through their lives without much self-reproach, if any. (That's not the same as saying that they don't often suffer a degree of traumatic stress.)' Ascherson goes on to state, 'I implored British courts to take into account all the conflicting instincts, the adrenaline surges of fear and hate, which compete in war with the Geneva Convention rules.'[2] Blackman's sentence was later commuted to manslaughter, in large measure because of the use of psychiatric testimony in the appeals process. The stress and isolation of

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[1] Hayley Dixon, 'Military Row Over Marine A Acquittal as Commanding Officer Hits Out", *The Telegraph*, 19th March 2017. http://www.telegraph.co.uk/news. Accessed 24/07/18.

[2] Neal Ascherson, '"They were horribly wounded; I shot them both dead": Neal Ascherson tries to make sense of a traumatic wartime memory', *Sunday Heral*d, 29th January 2017.
http://www.heraldscotland.com/opinion. Accessed 24/07/18.

Blackman's position, as well as his personality, led three psychiatrists to independently diagnose an 'adjustment disorder', meaning a failure to cope.[3]

The Blackman case, along with the Ascherson commentary, act as a prescient introduction to the key themes of this thesis. Namely, the stresses encountered during participation in counterinsurgency, the use of force, and the conceptualisation of resilience and breakdowns. These issues are all the more important because Britain has been almost constantly involved in conflict since 1945, with counterinsurgency and other low intensity conflict predominating. Ministry of Defence figures have revealed that until 2016, 1968 was the only year since the Second World War where no British troops had died in overseas operations.[4] This statistic speaks in part to the violence of the postwar period of decolonisation, and the ready use of British forces to subdue politically motivated insurgencies. In terms of psychological impact, the focus was initially on high intensity warfare, and it would be decades before the public and writers would turn their attention to the dangers posed by participation in counterinsurgency on the psychiatric health of service personnel.

Psychiatric attrition during the First and Second World Wars had forced the military to recognise that some men would succumb to nervous disorders and resulted in continuing military efforts to categorise and respond to these. Approximately thirty years after the Second World War had ended, following research into soldiers returning from the war in Vietnam, this concern with military psychiatry would contribute to the creation of the diagnostic category, Post-Traumatic Stress Disorder (PTSD), which in turn has come to dominate modern formulations of trauma. However, situated between the World Wars and Vietnam, the British counterinsurgency campaigns of decolonisation have been largely overlooked within the history of military psychiatry. In focusing on the Malayan Emergency, which was declared in 1948 and officially ended in 1960, this research will begin to bridge that gap. More importantly, counterinsurgency engendered a different set of concerns and stresses than the previous world war. Not least, that the security forces were set against a determined opposition who were not readily identified from among the wider civilian population. As such, operations took place under a set of Emergency Regulations that

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[3] Neil Greenberg, 'In Two Hours I knew that Marine was a Broken Man', *Daily Mail*, 16th March 2017. https://www.pressreader.com/uk/daily-mail. Accessed 24/07/18.

[4] Ministry of Defence, 'UK Armed Forces Deaths: Operational Deaths Post World War II: 3 September 1945 to 17 February 2016', (March, 2016).

purported to control the use of force. Using the Malayan Emergency as a case study then, this thesis will investigate how the British Army and its service personnel adjusted to the stress of counterinsurgency.

To do so, this thesis will employ two approaches informed by psychology. Firstly, it will use the contextual framework of psychological resilience, briefly defined here as adaptation to adversity, to understand how British soldiers coped with the stress of counterinsurgency. Secondly, it will use psychopathology, the study of mental disorders, to understand how psychological stress generated psychiatric conditions and how these conditions were both expressed by soldiers and conceptualised and treated by the military during this campaign. In this way, this research will more fully explore the psychological impact of participation on British service personnel. Both resilience and psychopathology have been subject to changing definitions within the military and these are discussed in more depth below. Before this, a brief overview of the Emergency will be provided as a frame for understanding the experience of counterinsurgency in Malaya.

At its peak in 1952, the Malayan Emergency (1948-60) involved approximately 40,000 Commonwealth forces, of whom around 25,000 were British.[5] These included the full spread of services, for instance in Malaya artillery served as infantry and the Special Air Service (SAS) were deployed. They also included National Servicemen both as officers and other ranks, with the National Service Act of 1948 mandating 18 months service, later raised to 24 months. The efficacy of National Service personnel was debated within the military, particularly their effectiveness in the jungles of Malaya. While senior officers recognised that they were needed to bolster understrength battalions, some doubted their ability to perform to the standards of their Regular counterparts.[6] Nevertheless, by 1952 many British Army battalions serving in Malaya were comprised mainly of National Servicemen.[7]

The cause of the Emergency was a Communist insurrection led by the Malayan Communist Party (MCP), of which Chin Peng was Secretary General. Chin Peng and the MCP had played a leading role in wartime resistance against the occupying Japanese forces. In 1948-

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[5] Edgar O'Ballance, *Malaya: The Communist Insurgent War, 1948-1960*, (Connecticut: Archon, 1966), p.133.

[6] Donald Mackay, *The Domino that Stood: The Malayan Emergency, 1948-1960*, (London: Brassey's, 1997), p.94.

[7] Robert Jackson, *The Malayan Emergency: The Commonwealth's Wars 1948-1966*, (London: Routledge, 1991), p.45.

49 it formed the Malayan National Liberation Army (MNLA). The conflict also took on aspects of being a civil war. Malaya's population when the Emergency began, in 1948, was approximately 5 million, comprised of 49 percent Malays, 38 percent Chinese, and 11 percent Indian. More than 90 percent of the MNLA were Chinese. On the surface then it was an insurgency against the British but, underlying this, the population was forced to choose whether to support communist-led and predominantly Chinese-based insurgency or not. [8] The insurgents were mixed with civilians which greatly complicated operations.

In Malaya those operations initially included not just area patrolling, but large-scale jungle sweeps in search of the MNLA, whose strength peaked at 7,292 in 1951.[9] This was not conducive to the process of intelligence gathering or building an understanding of the local terrain and people. As such, operations soon concentrated on smaller, more directed affairs, with units taking control of an area. In addition, soldiers were from the beginning involved in patrolling, and then searching small rural settlements, and sometimes in burning huts in order to deprive the communists of them and to move the population on. In both cases the units involved could be quite small, sometimes under local command of a junior officer or even NCOs. This decentralisation of command has itself become a characteristic of counterinsurgency.[10]

Parallel to the evolution of patrols there was an attempt to separate the insurgents from the people, a process made easier for the British as the Communists were predominantly from the minority Chinese population. Initially, during 1948-49, that meant difficult interactions in which soldiers searched, or burned, remote huts where the population was assumed to be sympathetic to the enemy. Then from 1950 that evolved into the more systematic 'villagisation' of the Chinese squatter communities that had formed on the jungle's edge. This was the concentration of around 500,000 people into 'resettlements' surrounded by barbed wire, later rebranded 'New Villages'. Further to this, movement was highly

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[8] Karl Hack, 'Everyone Lived in Fear: Malaya and the British Way of Counter-Insurgency', *Small Wars & Insurgencies,* 23:4-5, (2012), p.672.

[9] By August 1957 the strength of the MNLA had been reduced to 1,830. Karl Hack, 'Negotiating with the Malayan Communist Party, 1948–89', *The Journal of Imperial and Commonwealth History*, 39:4, (2011), p.608.

[10] Raffi Gregorian, '"Jungle Bashing" in Malaya: Towards a Formal Tactical Doctrine', *Small Wars & Insurgencies*, 5:3, (1994), pp.352-353.

controlled, which alongside resettlement was intended to separate the insurgents from their support networks.[11]

As those villages became established, joint army-police operations were deployed in the jungle, often involving troops in hours of static ambush, or long patrols by small units. The difference from early operations being that over time increasing numbers of these patrols and ambushes were within the framework of intelligence-led area operations. Finally, during 1952-54, these operations pushed the MNLA deeper into the jungle, where the British had to follow. For some British troops, especially the SAS whose postwar reformation originated in Malaya from 1950, this meant deep jungle operations, introducing yet another set of challenges.[12]

The insurgency in Malaya was therefore distinct from regular warfare, involving changing operations among different populations, political climates and terrains. Given these differences, how can psychology help us to understand the experiences of participating in wars which confronted soldiers with such unique challenges. A growing body of research has recognised that participation in counterinsurgency exposes service personnel to distinctive types of stressful situations and events and so the risk of developing stress reactions:

> Without the established boundaries of conventional operations, switching between diplomatic and combative roles can expose Soldiers to unique stressors when conducting COIN [counterinsurgency] operations. … The most common problems reported by Soldiers [sic] were operational stress characterized by anxiety, fear, irritability, frustration, and isolation.[13]

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[11] Simon Innes-Robbins, *Dirty Wars: A Century of Counterinsurgency*, (Gloucestershire: The History Press, 2016), pp.195-197.

[12] Karl Hack, 'Corpses, Prisoners of War and Captured Documents: British and Communist Narratives of the Malayan Emergency, and the Dynamics of Intelligence Transformation', *Intelligence and National Security*, 14:4, (1999), p.218.

[13] Derrick Arincorayan, Larry Applewhite, Veronica Almeida et al, 'The Psychosocial Challenges of Conducting Counterinsurgency Operations', *US Army Medical Department Journal*, (2014), p.14. See also, Adam Borah, 'Mental Health Care use by Soldiers Conducting Counterinsurgency Operations', *Military Medicine*, 177:5, (2012), pp.501-506.

Further research into peacekeeping operations has reported that proximity to hostile civilians, changing and unclear mission objectives, as well as restrictive rules of engagement have also represented significant stressors, all of which were evident during the Emergencies. [14]

The field of psychological medicine has only recently begun to recognise and investigate the stresses that characterise counterinsurgency. As many of their individual records show, however, the participating officers and soldiers have long been aware of their existence. Just as the speed and mechanisation of the Second World War gave rise to the notion that new types of warfare may ultimately be more stressful than the trenches of the First World War, the postwar counterinsurgencies produced similar thoughts in the servicemen who participated in them.[15] Major Ian Gibb, a platoon commander with a line infantry regiment, found the counterinsurgency in Malaya to be a 'peculiar battleground' that was 'psychologically' difficult.[16] With this in mind, this thesis addresses the following questions about the types of stressors experienced by British soldiers during these insurgencies: what was the nature of counterinsurgency in Malaya as experienced by the British service personnel who participated in it? How did the British services (mainly the army) adapt to meet the psychological challenges this posed?

In answering these questions, this thesis will show that the early iteration of psychological resilience was 'morale'. Morale was the characteristic, or state, the army argued, which was needed to underpin psychological resilience as well as for general military effectiveness. The thesis will argue that conceptualisations of resilience have to be considered both in terms of military understanding, but also within the wider social and cultural context.[17] Firstly, concepts of resilience have to be understood as a part of military culture. Recent work investigating psychological coping strategies during the First World War have identified

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[14] Susan M. Orsillo, Lizabeth Roemer, Brett T. Litz et al, 'Psychiatric Symptomatology Associated with Contemporary Peacekeeping: An Examination of Post-Mission Functioning among Peacekeepers in Somalia', *Journal of Traumatic Stress*, 11:4, (1998), pp.623-624.

[15] Roger Broad, *Conscription in Britain, 1939-1964: The Militarisation of a Generation*, (London: Taylor & Francis, 2006), p.203.

[16] Major I.S. Gibb, *Memoir: A Walk in the Forest*, IWM 86/3/1.

[17] Rony Berger, 'An Ecological-Systemic Approach to Resilience: A View from the Trenches', *Traumatology*, 23:1, (2017), p.41.

morale as military shorthand used at the time for resilience and combat motivation.[18] This thesis will show that the term morale continued to play this role into and beyond the interwar period.

In turn, morale has been subject to changing definitions. A recent definition from the US Army Field Manual series states that morale is the 'mental, emotional and spiritual state of the individual.' In contrast to this individualistic interpretation an earlier British definition emphasises morale in relation to the group. 'A confident, resolute willing, often self-sacrificing and courageous attitude of an individual to the functions or tasks demanded or expected of him by the group of which he is part'.[19] Further, morale has often been thought of in terms of the component parts that underpin it, including the fulfilment of physical and psychological needs, esprit de corps, psychological constitution, culture, commitment to aims, conditioning, training, group cohesion and leadership.[20] The thesis research questions focus on resilience and morale in relation to the Malayan case-study: How was resilience articulated during the Emergency in Malaya? How did British service personnel demonstrate resilience in face of these stressors? How was morale conceived and instilled?

The thesis will show that resilience, or high morale, was expected in Malaya. Inevitably, however, there were issues which raise a further set of questions, namely: When stresses caused resilience, or morale, to deteriorate, and how was this conceptualised and treated when it did? In answering these questions this thesis has sought to avoid the trap of projecting the current understanding of Post-Traumatic Stress Disorder (PTSD) backwards. The American involvement in Vietnam resulted in what has been termed Post-Vietnam syndrome, which would be replaced by PTSD.[21] Following this, researchers found similar symptoms in veterans of French postcolonial wars in Algeria and Vietnam.[22] Furthermore, Russian veterans of their counterinsurgency in Afghanistan who came to display signs of

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[18] Alexander Watson, *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies, 1914–1918*, (Cambridge, CUP, 2008), pp.140-141.

[19] Reuven Gal and A. David Mangelsdorff (Eds), *Handbook of Military Psychology*, (London: John Wiley & Sons, 1991), pp.454-455.

[20] Watson, *Enduring the Great War*, 140-141.

[21] Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, (London: Pimlico, 2003), p.357.

[22] Marc-Antoine Crocq and Louis Crocq, 'From Shell Shock and War Neurosis to Posttraumatic Stress Disorder: A History of Psychotraumatology', *Dialogues in Clinical Neuroscience*, 2:1, (2000), p.53.

psychological ill-health were referred to informally as having Afghan syndrome.[23] It could be argued then that participation in counterinsurgency has come to be framed in terms of resulting mental health concerns. In his book on British National Service, Tom Hickman found anecdotal evidence of psychological problems, listed as Post-Traumatic Stress Disorder in the glossary, in interviews with veterans of the Malayan Emergency, one of whom had survived an ambush in Malaya.[24] By contrast, Richard Vinen, also writing on National Service, found that cultural expectations in the 1950s meant that psychological effects were difficult to measure.[25] PTSD had yet to enter the public lexicon. Which raises the question: how was psychological deterioration and breakdown understood at the time?

The Malayan Emergency helps here, since it was an earlier campaign, that generated a body of knowledge within service psychiatry relating to conditions very different to those of the two World Wars that it followed. The First World War had given rise to the term 'shellshock' which invoked the conditions under which soldiers succumbed to psychiatric symptoms. It also mirrored early theories about its aetiology (set of causes and conditions). It was thought that the concussive blast wave of a shell upset brain function. As the incidence of breakdowns increased and became to a certain extent accepted, 'shellshock' represented a dangerous term for the military. It could provide a legitimate escape from the front and had the potential to undermine discipline.[26] The Second World War saw the use of different terminology for psychiatric breakdowns, a prominent example being exhaustion. This was a term that accepted the popular narrative that every man had his breaking point, but also implied that these were transient conditions which could get better with rest, ideally to be provided in-theatre.[27] The military had learnt the importance of psychiatric terminology. It had tried to develop a system for treating psychiatric casualties in theatre, which became known as forward psychiatry.

Forward psychiatry, however, was not immediately practised by the British at the outset of the Korean war, which ran contemporaneously with Malayan Emergency. Instead, the exigencies of the war and its diffuse command structure meant the British initially relied on

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[23] Rodric Braithwaite, *Afgantsy: The Russians in Afghanistan 1979-89*, (London: Profile, 2012), p.320.

[24] Tom Hickman, *The Call-Up: A History of National Service*, (London: Headline, 2005), pp.265-273.

[25] Richard Vinen, *National Service: Conscription in Britain, 1945-1963*, (London: Penguin, 2015), p.306.

[26] Edgar Jones and Simon Wessely, 'Battle for the Mind: World War 1 and the Birth of Military Psychiatry', *Lancet*, 384:9955, (2014), p.1709.

[27] Jones and Wessely, 'Battle for the Mind', p.1710.

the American medical services and casualties were evacuated back to Japan.[28] Finally, then, this research will ask: What was the incidence of psychiatric conditions during the Malayan Emergency? How were these conditions conceptualised and managed in Malaya?

Summary of Research Questions

1. Stress: What was the nature of the counterinsurgency in Malaya as experienced by the British service personnel who participated in it? What types of stress were characteristic of the Malayan Emergency? Was the combination of types and intensities of stresses in counterinsurgency distinctive?

2 Resilience: How did British service personnel adapt to and cope with these stressors, thereby demonstrating resilience? In so far as resilience was seen as being underpinned by 'morale', in what ways did British forces attempt to build up morale in order to promote resilience to the particular stresses of counterinsurgency in Malaya?

3 Breakdown: What was the incidence of psychiatric conditions in Malaya? How were these psychiatric conditions conceptualised and treated within the RAMC as well as the wider military? Further, how did the campaign in Malaya and the climate of decolonisation contribute to conceptualisation and treatment of these disorders?

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[28] Meghan Fitzpatrick, *Invisible Scars: Mental Trauma and the Korean War*, (Vancouver: UBC Press, 2017), pp.63-64.

ii.   Literature Review

Counterinsurgency

This thesis is concerned with the impact that participation in these postwar counterinsurgency campaigns, specifically Malaya, has had on British service personnel. This is an area that has not yet been the subject of a sustained investigation. While there has been significant literature on these campaigns, research has focused mainly upon tactics and doctrine. This literature scarcely touches on the questions that concern this thesis. It does, however, frame the context in which British troops served. It has also been subject of much debate and revisionism.

In histories of counterinsurgency, Colonel, later Major-General Sir, Charles Callwell is often referred to as the most prominent author on the subject, being influential and reflecting ideas of the time.[29] His *Small Wars: Their Principles and Practice*, first published in 1896, took an aggressive stance toward adversaries of the Empire, recommending that British troops 'give them a lesson which they will not forget.'[30] Other prominent pre-war writers on counterinsurgency, often framed as assisting the civil power in colonies, failed to recognise the increasingly political dimension, preferring instead the stern measures afforded under martial law. Major-General Sir Charles Gwynn's *Imperial Policing*, first published in 1934, advocated an initial show of force, to dispel thoughts of weakness, and the criminalisation of actions not normally taken to be offences.[31] He understood the importance of cooperation with the civil power but not the political side of insurgency. Writing on the Irish conflict of 1916-21, Colonel H.J. Simson, minimised the political lessons from it, preferring instead to advocate the advantages of martial law in Palestine. As such, Simon Innes-Robbins has argued that the British lacked a workable doctrine with which to wage the postwar counterinsurgency campaigns.[32] Similarly, confusion in definition and response to civil disorder sometimes meant the security forces fell back on repressive measures during the

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[29] Daniel Whittingham, '"Savage warfare": CE Callwell, the Roots of Counter-Insurgency, and the Nineteenth Century Context', *Small Wars & Insurgencies*, 23:4-5 (2012), p.592.

[30] Charles E. Callwell, *Small Wars: Their Principles and Practice*, (London: HM Stationery Office, 1906), pp.394-395.

[31] Major General Sir Charles W. Gwynn, *Imperial Policing*, (London: Macmillan and Co, 1939), pp.15-17.

[32] Simon Robbins, 'Glimpsing the Future: The Irish Struggle for Independence, 1916-21'. In Gregory Fremont-Barnes (Ed), *A History of Counterinsurgency, Vol 1*, (California: Praeger, 2015), p.77.

interwar period.[33] Furthermore, in failing to recognise the need to leave open the way to a political solution, repressive measures meant short term stability came at the cost of antagonising the civil population, ensuring a continuing cycle of civil protest and state response, in which security force personnel were caught in the middle.[34]

From the 1960s, after more than a decade of further insurgencies, a new wave of writers shifted the emphasis of thinking on counterinsurgency, from approaching it merely as the control of hostile populations, towards its role as facilitating a political solution. According to Sir Robert Thompson, in *Defeating Communist Insurgency* (1966), the military were to be used to hold ground and allow time for this process to take place. Under this ethos, the use of violence had to be limited to avoid alienating the civilian population and increasing support for the insurgency.[35] Thompson stressed the importance of the government acting within the confines of the law. Within this context, the British recourse to Emergency Regulations was interpreted as being tough but fair, in effect inhibiting the use of force, and emphasising government accountability.[36]

The Emergency Regulations in Malaya were used to establish powers, such as detention without trial and searching private property without a warrant, within the law. Similarly, while Brigadier Richard Clutterbuck, in *The Long Long War* (1967) recognised that the extended powers afforded by the emergency legislation were open to abuse, he believed that this criticism was balanced against the safeguard of civilian oversight, as in the use of the independent Public Review Board in the case of Malaya.[37] On the ground, Major Frank Kitson's *Gangs and Counter-Gangs* (1960) reiterated the importance of the military as an intelligence-gathering organisation, and advocated the use of captured rebels to infiltrate insurgent groups and disrupt their organisation. This was to be done using a carrot and stick

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[33] Martin Thomas, '"Paying the Butcher's Bill": Policing British Colonial Protest after 1918', *Crime, History & Societies*, 15:2, (2011), p.62.

[34] Ibid, p.73.

[35] Robert Thompson, *Defeating Communist Insurgency: Experiences from Malaya and Vietnam*, (London: Chatto & Windus, 1966), p.106.

[36] Ibid, pp.52-55.

[37] Richard Clutterbuck, *The Long Long War: The Emergency in Malaya, 1948-1960*, (London: Cassell, 1967), pp.38-39.

approach, providing an incentive to cooperate coupled with more punitive measures should that cooperation not be forthcoming.[38]

By the 1980s, academic works had codified the political dimension of British counterinsurgency and sought to establish the military as a force, not to defeat the enemy, but to provide space to win over the 'hearts and minds' of the people. The term 'winning hearts and minds' has become shorthand for winning the civilian population to the side of the security forces. In theory, this is achieved by implementing socio-economic reforms that improve the living conditions of the population, and by extension alienate supporters from the insurgency. This included a call to retrain the security forces, as well as expand their administrative capability, to provide conflict resolution and meet the welfare needs of civilians. According to Richard Stubbs, in *Hearts and Minds in Guerrilla Warfare* (1989), this humanitarian side was designed to 'extend control over the general population.'[39] Where the principle of minimum force was contravened, for example in Malaya, Thomas Mockaitis, in *British Counterinsurgency 1919-1960* (1990) contended that brutality was confined to the chaotic opening months of insurgency, and was 'never a matter of policy'.[40] Similarly, accusations of abuse during the Cyprus Emergency (1955-59) were explained as attempts to discredit the security forces, who were said to have acted with 'characteristic restraint' in the face of 'extreme provocation'.[41]

Susan Carruthers' *Winning Hearts and Minds* (1995) has questioned how the hearts and minds of the people were won, concluding in part that propaganda and psychological warfare were thought to be instrumental to defeating insurgency on the ground. This included attempted censorship of local and international media outlets, to curb criticism and accusations of brutality against the security forces.[42] Carruthers also noted that the army was aware that British public opinion would impact the morale of service personnel.[43] Writers of the left, notably John Newsinger in *The Blood Never Dried* (2010), saw British imperialism

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[38] Frank Kitson, *Gangs and Counter-gangs*, (London: Barrie and Rockliff 1960), pp.171-172.

[39] Richard Stubbs, *Hearts and Minds in Guerrilla Warfare: The Malayan Emergency 1948-1960*, (Oxford: OUP, 1989), p.258.

[40] Thomas Mockaitis, *British Counterinsurgency 1919-1960*, (Basingstoke: Macmillan, 1990), p.54.

[41] Ibid, p.52.

[42] Susan L. Carruthers, *Winning Hearts and Minds: British Governments, The Media and Colonial Counter-Insurgency, 1944-1960*, (London: Leicester University Press, 1995), p.266.

[43] Ibid, p.16.

as mainly oppressive, employing brutality to support and impose racial and economic exploitation.[44] For example, in 1947, Malayan rubber was the Empire's most profitable resource, earning more American dollars than the entire British manufacturing industry.[45] Indeed the revenue generated by resources from within Malaya was put to use in countering the insurgency, providing the funding for increased security and resettlement.[46]

In the first two decades of the twenty-first century scholars started to question how far British forces had really been restrained, notably in the cases of Malaya, Kenya and Palestine. The supposed British success in counterinsurgency has been attributed to the security forces controlling or intimidating as opposed to winning over the population.[47] Huw Bennett's *Fighting the Mau Mau* (2013) has argued that the role of minimum force within British counterinsurgency has been overstated. He details instead a history of 'exemplary force' that he claims was of equal importance. This he defined as, 'punitive force, characterised by a rapid, and harsh, response to rebellion which punished the general population and aimed at dissuading others from revolting.'[48] However, later histories have also been criticised as partial. Jeremy Black's *Contesting History* (2014) argued that such texts largely ignore the violence employed by the insurgents, more generally against the indigenous population and often along ethnic lines, as opposed to being directed at the more insulated colonisers. Furthermore, Black has argued that the British often enjoyed the support of parts of the population, which has again been downplayed.[49] This ties into an overarching point of his, that grievance becomes a way to interrogate the past and as a warning to apply guidance to the future. However, this process is often not free of current political motivations.[50] Jeremy Black followed this with *Insurgency and Counterinsurgency: A Global History* (2016), in

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[44] John Newsinger, *The Blood Never Dried: A People's History of the British Empire*, (London: Bookmarks, 2010), p.8.

[45] Ibid, p.207.

[46] Stubbs, *Hearts and Minds in Guerrilla Warfare*, p.113.

[47] Karl Hack, 'The Malayan Emergency: British Counterinsurgency Phases and the Triumph of Geo-demographic Control, 1948-60', Gregory Fremont-Barnes (Ed), *A History of Counterinsurgency, Vol 1*, (California: Praeger, 2015), p.135.

[48] Huw Bennett, *Fighting the Mau Mau. The British Army and Counter-Insurgency in the Kenya Emergency*, (Cambridge: CUP, 2013), p.90.

[49] Jeremy Black, *Contesting History: Narratives of Public History*, (London: Bloomsbury, 2014), pp.135-136.
[50] Ibid, p.139.

which he investigates whether the lessons of past counterinsurgencies can be applied in the future.[51]

While Kenya has been portrayed as the dark heart of British counterinsurgency, responses to other insurgencies have challenged this supposed truism. Anthony Short's paper, 'The Malayan Emergency and the Batang Kali Incident', was particularly interesting for the insights gained by the author's experience, both as a soldier and historian. He stopped short of Huw Bennett's thesis, arguing instead that command never really got to grips with the complex situation on the ground, and as such there was a lack of clear guidance.[52] The paper was perhaps also meant to exorcise the ghosts of an earlier interpretation. In his book *The Communist Insurrection in Malaya 1948-60*, first published in 1975, Short wrote that troops, thinking they had been ambushed by a superior force, opened up with automatic fire.[53] The journal article was picked up by the *Observer* newspaper and printed under the heading '"I was wrong", admits historian over claims of Malaya massacre'.[54] Nevertheless, academic writing had mostly moved in the other direction by then, with David French's *The British Way in Counterinsurgency* (2011) emphasising that, alongside attempts to find political solutions, the British readily resorted to exemplary and demonstrative violence to discipline populations.[55]

Writing later, on the Cyprus Emergency, David French's *Fighting EOKA* (2015), saw the practice of counterinsurgency there as both coercive, but also as more restrained than in many other British campaigns. This was in part due to resisting the forming of military courts, which in turn saved the island from martial law.[56] Even so, the British were unable to win the hearts and minds of the people, in part as a result of EOKA intimidation.[57] French's account was also driven by the migrated FCO141 files as well as further Colonial

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[51] Jeremy Black, *Insurgency and Counterinsurgency: A Global History*, (London: Rowman and Littlefield, 2016), p.x.

[52] Anthony Short, 'The Malayan Emergency and the Batang Kali Incident', *Asian Affairs*, 41:3, (2010), pp.340-341.

[53] Anthony Short, *The Communist Insurrection in Malaya 1948-60*, (London: Frederick Muller 1977), p.167.

[54] Mark Townsend, '"I Was Wrong," Admits Historian over Claims of Malaya Massacre", *The Observer*, 6th November 2010. https://www.theguardian.com/law. Accessed 24/07/18.

[55] David French, *The British Way in Counterinsurgency 1945-1967*, (OUP: Oxford, 2011), pp.249-250.

[56] David French, *Fighting EOKA: The British Counter-Insurgency Campaign on Cyprus, 1955-1959*, (Oxford: OUP, 2015), p.96.

[57] Ibid, p.158.

Office files secured by the author.[58] Similarly, Karl Hack has argued for a more nuanced understanding of British COIN, with campaigns to be understood in terms of phases (each with a different blend of coercion and persuasion, and tactics) and not as an over-generalised whole.[59] The later writing has questioned the earlier thesis that countering insurgencies can be codified into an overarching doctrine, instead emphasising the importance of adaptability to different campaigns and campaign phases. This raises an important point, namely, that the experience of participation varies widely depending on campaign phase. What then were the stresses of campaign phases in Malaya?

Minimum Force and Emergency Regulations

Perhaps the dominant principle of Britain's postwar counterinsurgencies is that of *minimum force*. This is said to be when the military are deployed in aid of the civil power under the proviso that the minimum necessary force will be used to achieve the objective. The extent to which the principle of minimum force guided the actions of British service personnel is a matter of debate. A more tangible guide was the Emergency Regulations. Both concepts will be explored in more depth here.

In 1948 Emergency Regulations were set up in Malaya in order to legitimise the measures needed to combat the growing insurgency.[60] These Regulations created a template for those used to conduct further counterinsurgencies, for example in Kenya and Cyprus. Importantly they were also seen as being within the law. One paper published in 1965 stated that:

> Throughout the period of the Emergency, as in all other periods of British rule in Malaya, the British meticulously established the legal authority necessary to insure a government of laws, not of men. Each of the Emergency Regulations was made in accordance with the requirements of the general situation of the Emergency and the impelling necessity to obtain legal authority to take action.[61]

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[58] Ibid, p.4.

[59] Hack, 'The Malayan Emergency', p.135.

[60] Rhoderick dhu Renick, 'The Emergency Regulations of Malaya Causes and Effect', *Journal of Southeast Asian History*, 6:2, (1965), p.33.

[61] Ibid, p.18.

In these early works criticisms of the Regulations often contrasted with fear of inaction. Again, in relation to Malaya, the criticism that unfair enforcement of the Regulations by local government caused resentment was measured against the counterclaim that nonenforcement caused contempt.[62] Other contemporaneous writers saw Emergency Regulations as essential if security forces were to act without handicap in defeating an enemy who operated outside of the law. The Regulations were understood to be unacceptable given normal conditions. However, this feeling was mediated by the fear that terrorists would escape punishment and by extension innocent lives would be imperilled. Against these fears ran a feeling that the short term gains would incur a future cost by undermining the British tradition of justice.[63] This fear was not always reflected amongst soldiers who resented being restricted in the use of force, taking the pragmatic stance that an initial show of force would prevent unrest developing into insurgency and so ultimately prevent greater loss of life.[64] Charles Townsend has argued that ideas of minimum force have historically undermined autonomy, soldiers fearing prosecution due to not acting as well as acting overzealously.[65] More recently, fears about declining solder efficiency, efficacy and morale have been seized upon to resist civilian jurisdiction when it came to investigating military malpractice.[66] It was argued that a heightened sense of the legal terrain when up against ruthless opposition would inhibit initiative and motivation.[67]

Debate surrounding the effectiveness and use of minimum force must be balanced against reported incidence of excessive or exemplary force. In turn, the debate here has centred on the degree to which the latter were isolated incidents, whether they were officially sanctioned, and whether they were committed by colonial as opposed to British troops.[68] Excessive force has had a negative impact on both hearts and minds and operational effectiveness. The British have been criticised for having circumnavigated the principle of

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[62] Clutterbuck, *The Long Long War*, p.40.

[63] Julian Paget, *Counter-Insurgency Campaigning*, (London: Faber, 1967), pp.34-35.

[64] Mockaitis, *British Counterinsurgency*, p.26.

[65] Charles Townshend, *Britain's Civil Wars: Counterinsurgency in the Twentieth Century*, (London: Faber & Faber, 1986), p.20.

[66] Huw Bennett, '"Smoke Without Fire"? Allegations against the British Army in Northern Ireland, 1972–5', *Twentieth Century British History*, 24:2, (2012), pp.279-280.

[67] Ibid, p.301.

[68] John Newsinger, 'Minimum Force, British Counter-Insurgency and Mau Mau Rebellion', *Small Wars and Insurgencies*, 3:1, (1992), p.50.

minimum force in their overuse of local police and paramilitaries, to which they effectively deferred the use of excessive force.[69] However, auxiliary forces also provided local knowledge of the terrain and of insurgents and their supporters, allowing a targeting of a specific enemy, minimising the impact on the population in general. The use of excessive force is often recognised as a factor in losing the hearts and minds of the civilian population, and further, inhibits the gathering of intelligence.[70] Excessive force has also come to be conceptualised in terms of exemplary force, postulating that violence is used in a punitive way to punish transgressions and enforce order.[71]

Huw Bennett's work represents a revisionist view of the Regulations, highlighting the questionable jurisprudence of counter-insurgency, perhaps best summed up in his use of a quote from the earlier High Commissioner to Malaya Sir Henry Gurney, which dates to 1949 and in part reads:

> It is in fact impossible to maintain the rule of law and to fight terrorism effectively at the same time. I have publicly said that it is paradoxical though none the less true that in order to maintain law and order in present conditions in Malaya it is necessary for the Government itself to break it for a time.[72]

In his paper, 'A very salutary effect' Bennett puts forward the thesis that British acts of brutality, notably in the form of civilian casualties and the destruction of property, were not isolated accidents born of disorganisation but rather came to be exploited by the security forces for operational gain. Huw Bennett's thesis rests in part on what he terms the 'highly permissive Emergency Regulations',[73] a set of orders the leniency of which gave tacit approval to the use of violence. He largely focuses on the plight of civilians in which the consequences of these Regulations could arguably be measured in deaths. Between July 1948 and April 1949, 77 persons were killed trying to escape, versus the 7 wounded, and an

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[69] Thomas R. Mockaitis, 'Minimum force, British counter-insurgency and the Mau Mau rebellion: A Reply', *Small Wars & Insurgencies*, 3:2, (1992), p.87.

[70] Ibid, p.88.

[71] Huw Bennett, 'Minimum force in British counterinsurgency', *Small Wars & Insurgencies*, 21:3, (2010), p.466.

[72] Huw Bennett, '"A Very Salutary Effect": The Counter-Terror Strategy in the Early Malayan Emergency, June 1948 to December 1949', *Journal of Strategic Studies*, 32:3, (2009), p.432.

[73] Ibid, p.418.

additional 30 captured in the same endeavour. He also emphasised the probability that more incidents went unrecorded.[74] Similarly, in an earlier paper on the Mau Mau in Kenya he argued that the much-vaunted principle of minimum force gave way to a period of coercive and unchecked violence, in the form of intimidation, torture and executions.[75]

All of this raises the questions: To what extent did British service personnel comply with the principle of minimum force and the Emergency Regulations? Conversely, to what extent were they engaged in acts of excessive violence in Malaya? Above all, given the central themes of this thesis, how did these various approaches create stressors or assist in resilience?

Resilience and Breakdowns

This next section of the review will delineate some of the major works of military psychiatry resulting from the Second World War and from the War in Vietnam. Some key works have been chosen from the Second World War in order to frame the practice of military psychiatry during the postwar period. Then this review will move on to the war in Vietnam which, it will argue, came to frame the more recent histories on military psychiatry. Finally, it will summarise these histories in order to discuss the recent historiography of military psychiatry and its relevance to this research.

The Second World War resulted in a number of works authored by wartime psychiatrists. *Men under Stress* (1945) was written by Colonel Roy Grinker and Major John Spiegel from their wartime experience as US military psychiatrists. In it they reported that '[u]nder sufficient stress any individual may show a failure of adaptation, evidenced by neurotic symptoms.'[76] The development of these symptoms, however, was seen as due to a combination of personality, previous experience and the severity of the external stress. It was expected, or at least acceptable, for a serviceman to develop symptoms after a sustained period of severe stress. Conversely, if symptoms appeared after comparatively mild exposure

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[74] Ibid, pp.435-6.

[75] Huw Bennett, 'The Mau Mau Emergency as Part of the British Army's Post-War Counter-Insurgency Experience', *Defense & Security Analysis*, 23:2, (2007), p.158.

[76] Roy R. Grinker and John P. Spiegel, *Men under Stress*, (Philadelphia: Blakiston, 1945), p.vii.

to combat stress, they were thought due to a personality defect or history of emotional disorder. Grinker and Spiegel saw combat stress, as well as adaptation to that stress, as an extreme version of ordinary or more routine stress.[77] Published as the war was coming to an end, they were keen to emphasise the civilian applications of their research.[78]

Published sometime after this was R.H. Ahrenfeldt's *Psychiatry in the British Army in the Second World War* (1958). Ahrenfeldt was less concerned with the application of military psychiatry to civilian life, noting that some of this had been done elsewhere.[79] He was instead concerned with preserving the psychiatric lessons of war.[80] These were later codified in the official history *The Principle Medical Lessons of the Second World War* (1968). That was in turn part of the voluminous *Medical Services in War* series which were published over a twenty-year period, from 1952 to 1972. Its lessons were as follows: curative as well as preventative measures should be centrally organised, personnel should be subject to selection and allocation based on scientific methods, psychiatric casualties should be treated in theatre, and that treatment more generally should be aimed at rehabilitating personnel to return them to duty. A further lesson and common thread was the importance of morale. Morale could be boosted by good training and leadership and by meeting the welfare needs of service personnel. Conversely, poor morale was conceptualised as being responsible for psychiatric breakdowns as well as breakdowns in discipline.[81] Military psychiatry then had become implicated not just in the treatment but also in the prevention of psychiatric conditions. Then in the late sixties and early seventies, it was this preventative aspect of psychiatry that was investigated by a further generation of practitioner scholars under the concept of morale. These studies were largely driven by thinking from the First and Second World Wars but also attempted to situate the concept of morale within the exigencies of Britain's postwar period of decolonisation.

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[77] Ibid, p.82.

[78] Ibid, p.427.

[79] See John Rawlings Rees, *The Shaping of Psychiatry by War,* (London: Chapman and Hall, 1945).

[80] Ahrenfeldt, *Psychiatry in the British Army in the Second World War*, pp.253-258.

[81] Arthur Salusbury MacNalty and W. Franklin Mellor (Eds), *Medical Services in War: The Principle Medical Lessons of the Second World War, based on the Official Medical histories of the United Kingdom, Canada, Australia, New Zealand and India*, (London: HMSO, 1968), 208-213.

John Baynes' *Morale: A Study of Men and Courage* (1967) recognised the militarisation of the concept which had become intimately linked with the psychological state of soldiers.[82] The study concentrated on the Cameronians, or Scottish Rifles, during the First World War, a decision that was driven in part by experience; Baynes had served as officer with the Cameronians in Malaya from 1950 to 1953.[83] His father had served with the Cameronians during the First World War. In *A Tale of Two Captains*, (1990) he noted 'Once a Cameronian, always a Cameronian.' It was this 'insoluble link' which motivated the work.[84] Perhaps unsurprisingly, the work emphasised the importance of esprit de corps, or regimental culture in the promotion and maintenance of morale.[85] Baynes returned to morale in his later book *The Soldier in Modern Society* (1972), which situated the concept within the Cold War.[86]

Brigadier Shelford Bidwell, a Royal Artillery officer and later editor of the journal of The Royal United Services Institute (RUSI), built on the work of Ahrehenfeld and the notion of morale. He published *Modern Warfare* in 1973. It 'relied extensively' on Robert Ahrenfeldt's book in an effort to situate the 'human factor' within a strategic study.[87] It also reflected contemporaneous fears, recognising that prophylactic measures would be useless in the face of nuclear war.[88] The nuclear stalemate, however, meant that prophylactic war, or war of limited objective, the guiding principle of which was economy of force would be the predominant form of modern warfare.[89] Bidwell drew on his experience at Far East Land Forces HQ during the 'Malaysia-Borneo War of 1962-65' to make the point that deterioration of morale can also be a problem for staff officers. The command had been

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[82] John Christopher Malcolm Baynes, *Morale: A Study of Men and Courage*, (London: Cassell & Company, 1967), p.92.

[83] Lieutenant-Colonel Sir John Baynes, Bt Obituary, *The Telegraph*, 21st March 2005. https://www.telegraph.co.uk/news/obituaries. Accessed 02/12/18.

[84] John Baynes and Hugh Maclean, *A Tale of Two Captains*, (Edinburgh: The Pentland Press, 1990), p.vii.

[85] Baynes, *Morale*, pp.94-98.

[86] Lieutenant-Colonel J.C.M. Baynes, *The Soldier in Modern Society*, (London: Eyre Methuen, 1972), pp.27-29.

[87] Shelford Bidwell, *Modern Warfare: A Study of Men, Weapons and Theories*, (London: Allen Lane, 1973), acknowledgements.

[88] Ibid, pp.188-189.

[89] Ibid, pp.215-16.

reduced for peacetime commitments when the confrontation broke out. The increased workload had then caused medical problems.[90]

In 1978 Major-General Frank Richardson published *Fighting Spirit*, which borrowed from the earlier works by Moran,[91] Ahrenfeldt, Baynes and Bidwell. Like Lord Moran, Richardson also drew on his wartime service as a Medical Officer and lectured on morale at the Staff College in Camberley during the National Service years.[92] According to him, 'During the post-war years morale was the chief topic discussed in military training'.[93] Richardson was a firm advocate of the promotion of morale as a preventative measure but took a more ambivalent stance toward the psychiatrist. In this he reflected military distrust of the psychiatrist. Instead he emphasised the role of the regiment and the regimental medical officer. Richardson had been a Regimental Medical Officer during the Second World War; his book was a further example of a practitioner-scholar who sought to codify his experiences into a doctrine concerned with the prevention of psychiatric and disciplinary breakdowns. Richardson, by then General Richardson, was one of the more influential military-medical practitioner-scholars, and one particularly germane to this research, due to his lecturing role.[94]

Military psychiatry and breakdowns were marginalised in the postwar literature in the UK, which focussed instead on selection to sift out potential problems, and on morale and resilience as ways of avoiding breakdown. The war in Vietnam, however, would lead to a renewed investigation of stress and eventually a reconceptualisation of trauma.

By the time of America's involvement in Vietnam psychiatric casualties had become an accepted component of an army at war. Vietnam had also become an area exploited by researchers keen to understand how service personnel adapted to stress, with the army itself deploying researchers to the theatre. One of these was Peter Bourne, who published his

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[90] Ibid, pp.140-141.

[91] Lord Moran wrote an influential meditation on the nature of courage derived from his experience as a medical officer during the First World War. Courage, for Moran, was synonymous with high morale. See Lord Moran, *The Anatomy of Courage*, (London: Constable, 1945), p.177.

[92] Frank M. Richardson, *Fighting Spirit: A Study of Psychological Factors in War*, (London: Cooper, 1978), pp.xiii-xiv.

[93] Ibid, p.1.

[94] Ibid, p.xiv.

findings in *Men, Stress and Vietnam* (1970). Bourne saw the war as a 'fortuitous opportunity to study man's adaptive capacity while it is challenged beyond its accustomed limits.'[95] His research was of a psychobiological nature, concerned with, for example, hormone secretions during the stress of counterinsurgency operations. The results were then mapped on to psychological concepts. For example low levels of a particular stress hormone among helicopter crews and Special Forces personnel were explained as an ability to utilise psychological defences that minimised their perception of threat.[96] Confidence in the research and in American adaptability was in part driven by the 'unexpectedly low incidence of psychiatric casualties' among troops in Vietnam.[97] This confidence was undermined as the troops returned home, the incidence of psychiatric conditions increased, and psychiatrists with a different agenda began to conduct their own research.

Robert Jay Lifton's *Home from the War* (1973) was an unashamedly unrepresentative work, which focused on veterans able to articulate their anti-war stance and who had been active in protest movements. Lifton saw his approach 'as a form of "advocacy research," in which intellectually rigorous investigation is combined with commitment to broader social principles, causes or groups.' His conclusion was that the special features of the war brutalised and numbed soldiers which made the excessive and indiscriminate violence inevitable.[98] *Strangers at Home* (1980), edited by Charles Figley and Seymour Leventman, was in part an examination of 'post-Vietnam syndrome', a term which came to encapsulate the malaise of depression, alienation and aggravation that some returning veterans experienced.[99] In his postscript Figley recognised how politicised this label had become, being 'a thinly veiled position of opposition to the war'. He also thought it misleading as the majority of veterans appeared to have adjusted well to their return home, without recourse to emotional instability.[100] Nevertheless, post-Vietnam syndrome would evolve into Post-Traumatic Stress Disorder as evidenced by developing military definitions and

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[95] Peter G. Bourne, *Men, Stress, and Vietnam*, (Boston: Little, Brown and Company, 1970), p.5.

[96] Ibid, pp.120-121.

[97] Ibid, p.5.

[98] Robert Jay Lifton, *Home from The War*, (London: Wildwood House, 1974), p.17.

[99] Clark Smith, 'Oral history as "therapy": Combatants' accounts of the Vietnam War'. In Charles R. Figley and Seymour Ed Leventman, *Strangers at Home: Vietnam Veterans since the War*, (New York: Praeger, 1980), p.16.

[100] Charles R. Figley and Seymour Ed Leventman, *Strangers at Home: Vietnam Veterans since the War*, (New York: Praeger, 1980), p.363.

understanding. This diagnosis codified a psychological reaction to traumatic experience and was included in the Diagnostic and Statistical Manual of 1980 (DSM-III). In turn PTSD motivated historical interest in trauma and has come to frame multiple histories of the subject.

A major debate within the history of military psychiatry and the wider field of traumatology is whether there exists a universal reaction to stress, as well as the extent to which these reactions change across time and culture. Since the inclusion of PTSD in the DSM-III, research into its origins has put forward previous war-related diagnostic categories as being earlier synonyms of the disorder. For example, one article stated that, '[s]ince war is not new, PTSD has been known under various names throughout military history'. These included, 'combat neurosis', 'war neurosis' and 'shell-shock'.[101] In line with this a number of works have used the diagnostic category as way to look for PTSD in earlier historical periods, two examples of which are presented here. Jonathan Shay found evidence of PTSD in Homer's *Iliad*, which he explored in his book *Achilles in Vietnam* (1994). The book is an examination of themes found to be present in both Homer's epic and among the narratives of Vietnam veterans who have been diagnosed with PTSD. One example of this is betrayal by military leadership.[102] This, he writes in an earlier article from which the book was expanded, is analogous to a shattering of assumptions about the world and self, which is also considered a predictor of PTSD.[103] Similarly, Eric Dean in *Shook over Hell* (1997), compares the experience of Vietnam veterans with those of soldiers in the American Civil War. He questions the uniqueness of the Vietnam experience, instead finding precedent as well as PTSD among Civil War veterans.[104] The implication in both is that traumatic reactions went largely undiscovered until the 'discovery' of PTSD and its codification within the DSM-III.[105]

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[101] Berthold P. Gersons and Ingrid V. Carlier, 'Post-Traumatic Stress Disorder: The History of a Recent Concept', *The British Journal of Psychiatry*, 161:6, (1992), p.743.

[102] Jonathan Shay, *Achilles in Vietnam: Combat Trauma and the Undoing of Character*, (London: Scribner, 2003), p.12.

[103] Jonathan Shay, 'Learning about Combat Stress from Homer's Iliad', *Journal of Traumatic Stress*, 4:4, (1991), p.563.

[104] Eric T. Dean, Jr, *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War*, (Cambridge: Harvard University Press, 1997), p.211.

[105] Edgar Jones, 'Historical Approaches to Post-Combat Disorders', *Philosophical Transactions of the Royal Society of London Biological Sciences*, 361:1468, (2006), p.534.

Some scholars have argued that the diagnosis did not go far enough. Judith Herman's *Trauma and Recovery* (1992) emphasises 'the commonalities of traumatic experience' while at the same time arguing that there is a spectrum of traumatic disorders.[106] This line of thought culminated in the proposal of a new diagnostic category. Herman argued that the PTSD diagnosis is derived primarily from survivors of extreme but circumscribed trauma. As such it does not account for the symptoms of prolonged or repeated trauma. For example, the alterations in self-perception or in the perception of the perpetrator which may come as the result of domestic abuse or being a prisoner of war. Here she proposes the new diagnostic category 'complex post-traumatic stress disorder.'[107]

Against the thesis of a universal reaction to trauma, Allan Young's *The Harmony of Illusions* (1995) argued that PTSD was a construction of the prevailing medical and moral climate. The strength of Young's book was in its later chapters where he takes an anthropological approach, observing the treatment of Vietnam veterans in a psychiatric unit. His stated aim was not to find out whether PTSD was real but rather how it became real.[108] In illustration of this, he describes the process by which the narratives of Vietnam veterans came to be shaped by the therapeutic process until they conformed to the PTSD criteria.[109]

Elaine Showalter negotiates a middle ground between these opposing arguments, this time under the concept of hysteria. In *Hystories* (1997) Showalter conceptualised Gulf War Syndrome (GWS) as a contemporary hysterical epidemic. Hysteria is explained as a bodily expression of psychological distress that cannot otherwise be articulated. While hysteria is a universal reaction to stress, existing across historical and national boundaries, the way in which it manifests is specific to culture.[110] The diffuse range of symptoms associated with GWS have resisted diagnostic categories while the media and support groups have spread

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[106] Judith L. Herman, *Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror*, (New York: Basic Books, 1997), p.3.

[107] Ibid, pp.118-122.

[108] Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, (Princeton: Princeton University Press, 1997), pp.5-6.

[109] Ibid, pp.200-210.

[110] Elaine Showalter, *Hystories: Hysterical Epidemics and Modern Culture*, (London: Picador, 2013), pp.7-9.

ideas about its cause. In line with this, Gulf War Syndrome is explained as an acceptable expression of the stress of war, a modern male hysteria.[111]

Several writers have introduced modernity as playing a key role in the manifestation of wartime psychiatric breakdowns. For example, Peter Leese's *Shell Shock* (2002) has contextualised psychiatric attrition during the Great War within a wider trend of nervousness and anxiety that came as a response to industrialised society.[112] Here again the cultural, as opposed to universal nature of traumatic stress, is emphasised.[113] Ben Shephard's social history *A War of Nerves* (2002), a comprehensive review of military psychiatry from the World Wars onwards, passes over Britain's postwar counterinsurgencies, through to Korea, Vietnam, and the Gulf and Falklands wars. Using this wide-ranging approach, he traces psychiatric thought and practice over a period of approximately eight decades. In turn this enables him to conclude, in part, that after the initial clinical optimism engendered in the PTSD diagnosis, treatment methods began to revert to older models. For example, one prominent psychiatrist thought that traumatic experience should not be discussed, and instead, treatment should be focused on motivating the patient to function independently, a somewhat Victorian sentiment.[114] This ties into one of Shephard's more controversial points, that a cultural shift has eroded the masculine virtues of earlier wars, leaving men more vulnerable to traumatic reactions.[115]

Edgar Jones and Simon Wessely, meanwhile, take an epidemiological approach in *Shell Shock to PTSD* (2005) by investigating the incidence, distribution and control of mental disorders within the military. An overarching theme of the book is that war syndromes have been shaped by cultural forces, particularly, contemporaneous fears and beliefs relating to health.[116] The monograph builds on their established body of work. Earlier research reported an absence of the characteristic PTSD flashback from war pension files relating to the World

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[111] Ibid, pp.133-143.

[112] Peter Leese, *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War*, (Hampshire: Palgrave Macmillan, 2002), p.2.

[113] Ibid, p.10.

[114] Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, (London: Pimlico, 2003), p.390.

[115] Ibid, p.397.

[116] Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*, (Hove: Psychology Press, 2005), p.199.

Wars, as well as the Emergency in Malaya.[117] Instead these earlier wars were characterised by somatic (relating to the body) symptomatology, for example the contractures characteristic of shellshock.[118] Then the post-Vietnam period saw an increase in neuropsychiatric symptomatology, including the flashback. While conjunction is not causation, the flashback phenomenon coincided with its use as a cinematic device. The implication being that there is not a universal trauma reaction and rather that stress reactions are mediated by culture.[119]

Resilience in Historical Research

Allison Howell (2012) has suggested that the authority of Post-Traumatic Stress Disorder is being challenged by 'increasingly powerful models of resilience which privilege "prevention" in the face of trauma.'[120] Ben Shephard (2004) has argued that the PTSD construct has only served to medicalise normal human responses to trauma, and in so doing, create a culture prone to traumatic reactions. The PTSD research, Shephard argues, has once again began to assert the common-sense position that people are generally resilient and perhaps best left to their own coping strategies. The 'new buzz word' among trauma specialists, argued Shephard, is 'resiliency'.[121]

Within the military context, Edgar Jones and Simon Wessely (2005) thought that there could be 'no objection to renewed efforts to encourage resilience' following traumatic events. 'Debriefing' had been a failure in this respect. The imposition of a management plan on the normal, transient life cycle of post trauma symptoms might, they argued, even have increased distress in some cases. By contrast, a more informal, or decentralised system of communication and support might reduce the number of service personnel who experience

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[117] Edgar Jones, Robert Hodgins Vermaas, Helen McCartney, et al, 'Flashbacks and Post-Traumatic Stress Disorder: The Genesis of a 20th-century Diagnosis', *The British Journal of Psychiatry*, 182:2, (2003), p.160.

[118] Jones and Wessely, *Shell Shock to PTSD*, pp.201-204.

[119] Jones et al, 'Flashbacks and Post-Traumatic Stress Disorder', pp.161-163.

[120] Allison Howell, 'The Demise of PTSD: From Governing through Trauma to Governing Resilience', *Alternatives: Global, Local, Political,* 37:3, (2012), p.214.

[121] Ben Shephard, 'Risk Factors and PTSD: A Historian's Perspective'. In Gerald M. Rosen (Ed), *Posttraumatic Stress Disorder Issues and Controversies*, (Chichester: Wiley, 2004), pp.56-58.

traumatic stress. Here they cite the Trauma Risk Management programme (TRiM) which trained NCOs to recognise stress in their peers without recourse to medical intervention.[122]

Conversely, Robin May Schott (2013) has problematised the emphasis on resilience within interventions in the aftermath of political violence or natural disasters. The focus of resilience as adaptation means that 'it is vulnerable subjects who lack resilience who become the object of criticism, rather than directing criticism against specific events, agents, institutions or dynamics that are complicit in mass violence.'[123] Within the military context, this criticism would be transferred to soldiers who did not adapt to stress rather than military recognition of the stress of participation in counterinsurgency.

This turn to resilience has been mirrored within military historiography. Following a wave of research on psychiatric attrition during war, historians have sought to understand why the majority of soldiers did not break down. In support of this line, Alex Watson (2006) invoked the five million British soldiers recruited during the Great War against the 120,000 who would eventually collect a pension for psychiatric injury. 'Even allowing for diagnostic inaccuracies and contemporary ignorance of mental disease', Watson argues, 'most men clearly overcame battle stress extremely successfully.'[124] Watson went on to argue that the resilience of soldiers during the Great War was predicated on an 'unrealistic level of optimism' and 'highly positive perceptions of reality'. Optimism was engendered by invoking religion and superstition to create an 'imagined structure of security' on their environment, while, 'concentrating on short-term risk and overestimating personnel control' enabled soldiers' to convince themselves of their survival.[125]

Michael Roper's *The Secret Battle* (2009) also examines how soldiers coped during the Great War. His main thesis, supported by correspondence between soldiers and their families, was that maintaining a connection with home enabled this coping. He also goes on to investigate how class impacted both correspondence and coping. A strength of Roper's research is that it begins to address a gap within the shellshock literature, which arguably mirrors a wider gap within histories of war and trauma. Namely, the emphasis on those who broke down as

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[122] Jones and Wessely, *Shell Shock to PTSD*, p.214.

[123] Robin May Schott, 'Resilience, Normativity and Vulnerability', *Resilience*, 1:3, (2013), p.214.

[124] Alex Watson, 'Self-Deception and Survival: Mental Coping Strategies on the Western Front, 1914-18', *Journal of Contemporary History*, 41:2, (2006), p.248.

[125] Ibid, pp.248-249.

opposed to those who showed signs of stress but continued to function.[126] Similarly, Peter Hodgkinson's "*Glum Heroes*" (2016) has investigated resilience and coping among British soldiers on the Western Front. Class was again a central theme in this research. Hodgkinson argues that the working-class communalism of the factories and housing transferred itself to the trenches. Further, the working-class soldier was not given to introspection. These factors combined to create a culture of endurance and stoicism in the individual and a form of collectivism in which the primacy of the individual was secondary to the survival of the group. Hodgkinson goes on to make the supposition that this form of resilience is perhaps less available now due to the growing culture of individualism.[127]

Mark Jackson (2015) has recognised that women have been marginalised within historical research on stress and resilience in the services. In seeking to redress this balance, he placed women's experience during the Second World War and postwar Britain within an evolving body of literature which recognised the link between psychological and physical adaptations to stress. Jackson reported that 'post-war investigations reflected and consolidated long-standing gendered assumptions about the greater emotional immaturity and psychological vulnerability of women.'[128] This research, with its focus on 'frontline' service, is conscious that it skews towards the experience of male service personnel. This imbalance is also present in the archives, with the majority of personal papers being those of servicemen. This thesis will, however, examine the experience of the wives of service personnel, who joined their husbands in Malaya. This in itself is peculiar to the Malayan Emergency, when compared to the Second World War for example, and promises insight into contemporaneous military attitudes towards the psychological health of women and the impact of family on soldiers in an operational command.

In summary, the literature raises the question of just how far the Malayan example confirms, or challenges or adds to, existing literature. It provides a foundation for studying resilience on the one hand, and psychological stress and breakdown on the other. This thesis will investigate the extent to which the psychiatric lessons of the Second World War were applied

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[126] Michael Roper, *The Secret Battle: Emotional Survival in the Great War*, (Manchester: MUP, 2009), p.247.

[127] Peter Hodgkinson, *"Glum Heroes": Hardship, Fear and Death - Resilience and Coping in the British Army on the Western Front 1914-1918*, (Solihull: Helion, 2016), pp.xiv-xvii.

[128] Mark Jackson, 'Men and Women under Stress: Neuropsychiatric Models of Resilience during and after the Second World War'. In Mark Jackson (Ed), *Stress in Post-War Britain, 1945-85,* (London: Pickering and Chatto 2015), pp.127-129.

in Malaya. Furthermore, this review has shown that the practice of psychiatry and the way symptoms are manifested appear to be mediated by culture. Therefore, it will investigate how the military conceptualised and treated psychiatric conditions within the very different conditions, cultures, practices and behaviours of the Emergency in Malaya. This review has also introduced the growing body of historical research concerned with resilience and coping during war. This thesis will add to this by investigating how soldiers coped with and adapted to the stressors of counterinsurgency, and what the military did to help them cope.

iii. Methodology and Sources

This thesis will investigate the impact of participation in the Malayan Emergency by looking at the causes of stress through two opposing but interrelated psychological concepts: resilience and psychopathology. Psychopathology has been defined as the study of mental disorders and is primarily concerned with their origin, development and symptoms.[129] Conversely, resilience can be seen as an ability (innate or acquired) to resist breaking down while experiencing stress or to experience and recover, or bounce back, from a stressful event and its concomitant symptoms. For example, the recent conflicts in Iraq and Afghanistan have raised the question of resilience in the face of the asymmetric threats of counterinsurgency. One study compared the incidence of mental disorder across UK and US forces deployed on operations. UK service personnel were found to have significantly lower levels of mental health problems and as such were seen as more resilient.[130] However, this raises a psychometric concern, namely how does one measure or in this case investigate the absence of symptomatology?

A recent review of the literature on psychological resilience put forward a positive definition. It reported that definitions of the concept varied, but that the majority centred on two main concepts, 'adversity and positive adaptation.'[131] Resilience then can be thought of as a positive adaptation to adverse experiences. The concept of resilience in turn allows an investigation of how soldiers adapt to the adverse experience of participating in

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[129] Betty Rudd, *Introducing Psychopathology*, (London: Sage, 2014), p.2.

[130] Deirdre MacManus, Norman Jones, Simon Wessely, et al, 'The Mental Health of the UK Armed Forces in the 21st Century: Resilience in the Face of Adversity', *JRAMC*, 160:2, (2014), p.1.

[131] David Fletcher and Mustafa Sarkar, 'Psychological Resilience', *European Psychologist*, 18:1 (2013), p.12.

counterinsurgency. One of the ways in which evidence will be found of positive adaptations to adversity is by reference to the concept of coping. This is the psychological mechanism through which adaptation in an individual can be observed. In turn, 'coping strategies' have been broadly separated into active and avoidant adaptations. Through behaviours and psychological strategies active coping seeks to change the nature of the stressor into something more tolerable. Whereas an avoidant strategy seeks to replace the stressor with a more tolerable activity and may in itself be a symptom of disorder or seen as a disorder in itself. A good example here, and one germane to the military, is alcohol use.[132] Looking at both negative and positive coping strategies allows insight and investigation into both resilience and psychopathology.

Opposing genealogies have produced differing accounts of the emergence of the term resilience. Jeremy Walker and Melinda Cooper (2011) have argued that resilience emerged from systems ecology in the 1970s. Philippe Bourbeau (2018) has countered that the term resilience has been in use within psychological literature from midway through the twentieth century.[133] Resilience, as a psychological concept then, was in its infancy within the psychiatric literature during the Second World War. For example, it was present, though not a central theme, in Abram Kardiner's *Traumatic Neuroses of War* (1941), which was later rewritten as *War Stress and Neurotic Illness* (1947).[134] The term also appeared within the literature generated by the practice of psychiatry in Burma during the Second World War. Firstly, in one of the contemporaneous psychiatric reports on forward psychiatry.[135] These reports formed the basis for later histories, in which much of the material was reproduced uncritically. The earliest authoritative work was Robert Ahrenfeldt's *Psychiatry in the British Army in the Second World War*, first published in 1958.[136] Eight years later this was followed by F.A.E. Crew's official medical history of the Burma campaign, published in 1966. Secondly then, Crew's history included the term resilience.[137] Thirdly, the term was

[132] Gang Wu, Adriana Feder, Hagit Cohen et al, 'Understanding Resilience', *Frontiers in Behavioral Neuroscience*, 7, (2013), p.6.

[133] Philippe Bourbeau, 'A Genealogy of Resilience', *International Political Sociology*, 12, (2018), p.25.

[134] Abram Kardiner, *Traumatic Neuroses of War*, (New York and London: Paul B. Hoeber, Inc, 1941), p.146; Abram Kardiner and Herbert Spiegel, *War Stress and Neurotic Illness*, (New York and London: Paul B. Hoeber, Inc, 1947), p.266.

[135] 'Report of a Conference on Psychiatry in Forward Areas', (1944), p.3, TNA WO 32/11550.

[136] Ahrenfeldt, *Psychiatry in the British Army in the Second World War*, pp.190-195.

[137] Francis Albert Eley Crew, *The Army Medical Services: Campaigns. Vol. V. Burma*, (London: HMSO, 1966),

by then already in common use. In *Defeat into Victory*, first published in 1956, Slim uses the term to describe the psychological robustness of a fellow officer.[138] While present in both British military psychiatry, and in common use, it was yet to be employed in any sustained way as the preferred term.

Pat O'Malley (2010) has argued that retroactively 'projecting' resilience, as it is now understood, onto earlier periods implies that the concept has a 'timeless character'.[139] This criticism has led historians to look for earlier iterations of the concept. Alexander Watson's *Enduring the Great War* (2008) has argued that morale has been 'the common shorthand for military resilience and combat motivation'. In it he emphasises the importance of good morale in being able to endure conditions at the front.[140] Similarly, Mark Harrison's *Medicine and Victory* (2004) found that medicine and morale were recognised at the time as being mutually dependent. 'Poor morale encouraged men to "malinger" and catch disease, while good medical arrangements could do much to maintain morale and unit cohesion.'[141] As such, Harrison emphasised that good morale was seen as fundamental in preventing both medical and psychiatric conditions, while conversely, the high incidence of these conditions was explained in terms of low morale.

The term 'morale' has become synonymous with the military. The Google Books Ngram Viewer application, which produces a graphical representation of the use of a given phrase in published books over a given period, showed that the use of the phrase 'morale' increased sharply between approximately 1910 and 1948.[142] While correlation is not causation, the sharp rise may in part be attributed to the literature resulting from the First and Second World Wars which had adopted the concept. In deference to O'Malley's criticism, following Watson's lead and drawing on this literature, this thesis will forward the postwar understanding of morale as being an earlier analogue to resilience. Looking at the preferred

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pp.676-685.

[138] William Slim, *Defeat into Victory*, (Oxford: Pan Macmillan, 2009), p.246.

[139] Pat O'Malley, 'Resilient Subjects: Uncertainty, Warfare and Liberalism', *Economy and Society*, 39:4, (2010), p.492.

[140] Watson, *Enduring the Great War*, pp.140-141.

[141] Mark Harrison, *Medicine and Victory: British Military Medicine in the Second World War*, (Oxford: OUP, 2004), p.199.

[142] Google Books Ngram Viewer, https://books.google.com/ngrams. Accessed 18/02/20.

contemporaneous terminology will allow insight into how resilience, or morale, was inculcated and maintained in soldiers during the Malayan Emergency.

Evidence of the presence of coping strategies in the chosen campaign, and of development of morale and training to imbue resilience, will be sought, firstly and primarily, in the personal papers of service personnel, focusing on those in the Imperial War Museum archives. These personal papers will be measured against official documents relating to the Malayan Emergency, morale, and the practice of military psychiatry. In this way, this thesis will investigate how resilience and breakdowns were conceptualised and promoted by the military and how these methods mediated the impact of participation during the Malayan Emergency. The IWM was created with the aim of recording the experience of British service personnel, from senior officers to regular soldiers. It contains a wide range of letters, diaries and memoirs contributed by those deployed to the Malayan Emergency, both of those who sought to develop resilience and of those who experienced stresses related to counterinsurgency and the Malayan context. That combination makes the IWM collections ideal for this project. The intensive use of IWM sources (in addition to official papers) will allow the psychological experience of conflict, and so the literature and key concepts, to be tested against the reality of that experience on the ground. These archives are surveyed in more detail below.

Survey of Published Memoirs

The unpublished letters, diaries and memoirs housed at the IWM represent the core focus of this research. Critical and selective use will also be made of the more structured published memoirs held in the Imperial War Museum library and beyond. The latter will be used to contextualise the individual's experience within the prevailing culture. Indeed a crucial part of life writing is that it affords analysis of the way in which different cultural contexts affect the production, as well as the reception, of narratives.[143] These published memoirs promise insight into the culturally sanctioned narratives of stress and resilience within the military, as they promote preferred models of masculinity as well as offer insight into colonial practices, behaviours and imperial tropes.

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[143] Kim Lacy Rogers and Selma Leydesdorff with Graham Dawson (Eds), *Trauma and Life Stories: International Perspectives*, (London: Routledge, 1999), p.16.

It likely that authors might play down any perceived weaknesses on their part, and perhaps exaggerate those of others. For example, Michael Roper has used Great War literature to interrogate the masculine ideal of the time. The prominent First War psychiatrist, W.H.R. Rivers, placed the masculine dilemma at the centre of his psychoanalytic thought. Where Freud thought neurosis was caused by sexual instinct, Rivers contended that his soldiers were breaking down due to a conflict between the instinct to survive and the wider social and military pressure to do one's duty. Roper has argued that the war showed that however entrenched the masculine ideal was, it could not wholly mediate the overwhelming effects of fear. As a result, some postwar memoir and fiction included examinations of fearful memories. These public investigations mirrored the uncovering of repressed emotions in psychotherapy[144] and questioned the prevailing idea that masculinity was synonymous with stoicism.[145] Furthermore, Graham Dawson has emphasised the importance of the soldier hero in moulding British imperial masculinities. The 1950s, and the wars of decolonisation, called into question accepted British values and sense of identity. Among fighting-age males there existed the narrative that there was not the 'good war' of previous generations. Conscription was in place throughout a large part of the 1950s and would have served as a mechanism by which masculine ideals and standards were passed down.[146]

The first type of memoir considered here will be those published during the Malayan Emergency.[147] Priority has been given to these earlier memoirs, which more closely reflect prevailing attitudes and concerns. The published memoirs were cross-checked against the secondary literature in order to better understand their use and impact. Later commentators have suggested that memoirs were used to shape both military and public perceptions of the conflict and counterinsurgency in general. French has reported that some officers were instructed to read Major Arthur Campbell's *Jungle Green* (1953) before being deployed to

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[144] Michael Roper, 'Between Manliness and Masculinity: The "War Generation" and the Psychology of Fear in Britain, 1914–1950', *The Journal of British Studies*, 44:2, (2005), pp.349-353.

[145] Ibid, p.360.

[146] Graham Dawson, *Soldier Heroes: British Adventure, Empire and the Imagining of Masculinities*, (London: Routledge, 1994), pp.216-217.

[147] Arthur Campbell, *Jungle Green* (1953); Anthony Crockett, *Green Beret, Red Star* (1954); M.C.A. Henniker, *Red Shadow Over Malaya* (1955); Oliver Crawford, *The Door Marked Malaya* (1958); Richard Miers, *Shoot to Kill* (1959); J.W.G. Moran, *Spearhead in Malaya* (1959), closely followed by *The Camp Across The River* (1961), a post Emergency offering from the same author.

Malaya.[148] Newsinger has suggested that the practitioner-scholar Frank Kitson used the military memoir to promote the use of particular tactics in counterinsurgency.[149] Others have reiterated the use of these memoirs in propagating ideas about the evils of Communist terrorism, while extolling the innate virtues of the British soldier. Harper has suggested that understanding the insurgency as evil mediated the 'horror of counter-terror' in the minds of the British.[150] Carruthers thought Campbell's book mirrored Whitehall propaganda which alleged that the protracted nature of the Emergency was caused not by popular support for the communists but by the impenetrable nature of the jungle.[151] This thesis will examine further how these memoirs were used to shape the experience and impact of participation during the Malayan Emergency.

Further, as the Malayan Emergency (1948-60) entered into its seventh year, military memoirs began to emerge which presented a narrative of the counterinsurgency and an insight into the psychology of its prosecution. Newsinger has characterised their contents as 'the very stuff of the imperial imagination',[152] a central theme of which was the likening of counterinsurgency operations to a hunt. For Newsinger (1994) the dehumanising hunting analogies, from within the Malayan Emergency memoirs, were derived from the British upper class propensity for blood sports and reflected the disparity between the security forces and Communist insurgents in Malaya.[153] A number of writers have shown that the hunting metaphor was prevalent within the history of British imperialism.

Alex Tickell has noted that the blood sports narrative had long been associated with the practice of counterinsurgency, being evidenced in India a century earlier as the British suppressed rebellion there.[154] In *The Language of Empire: Myths and Metaphors of Popular Imperialism, 1880-1918* (1994), Robert H. MacDonald, linked the hunting metaphor to

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[148] David French, *The British Way in Counterinsurgency 1945-1967*, (Oxford: OUP, 2011), p.209.

[149] John Newsinger, 'A Counter-Insurgency Tale: Kitson in Kenya', *Race and Class*, 31:4, (1990), p.61.

[150] Timothy Norman Harper, *The End of Empire and the Making of Malaya*, (Cambridge: CUP, 1999), p.153.

[151] Susan L. Carruthers, *Winning Hearts and Minds: British Governments, the Media and Colonial Counter-insurgency 1944-1960*, (London: Leicester University Press, 1995), p.109.

[152] John Newsinger, 'The Military Memoir in British Imperial Culture: The Case of Malaya', *Race & Class*, 35:3, (1994), p.48.

[153] Ibid, pp.58-59.

[154] Alex Tickell, *Terrorism, Insurgency and Indian-English Literature, 1830-1947,* (Oxon: Routledge, 2013), pp.110-111.

imperial narratives of warfare through training, suggesting it was the natural way for British officers to conceptualise the small wars of Empire: 'To officers encouraged to believe that the best training for war was the field, the story of the hunt was a natural analogue'.[155] John M. Mackenzie (1989) has argued that *Scouting for Boys*, by Robert Baden-Powell, employed hunting terminology to socialise Britain's youth for its imperial enterprise.[156] He goes on to argue that the hunt itself played into ideas about Social Darwinism, 'the fittest were created through the rugged individualism of the Hunt'.[157]

Joanna Bourke (1999) has suggested that the hunting metaphor was not specific to the jungle or to counterinsurgency but instead a recurring description of warfare. The metaphor, Bourke has suggested, 'allowed a certain degree of emotional distancing.'[158] Simon Harrison has given an anthropological reading of the hunting metaphor in his book *Dark Trophies: Hunting and the Enemy Body in Modern War* (2014). Harrison writes that in nineteenth and twentieth century colonialism the white hunter was a 'liminal figure' who inhabited a 'borderland between civilisation and savagery, and between humanity and the animal realm'. He writes that hunting was at once a 'civilizing' and 'natural' activity, requiring strategy and intellect, whilst also being a behaviour shared with animals.[159] The relationship between hunter and hunted was 'a reduced and attenuated form of sociality.' The hunting metaphor represented the dehumanisation of the hunted and also the desocialisation of the hunter.[160]

The hunting metaphor was clearly a powerful imperial and military trope. In terms of methodology, this case-study applies key questions to the memoirs. Namely, what was the function, psychological or otherwise, of their key metaphors and narrative devices? Were they just a story-telling and framing device, or did they reflect actual experience? In so far as they did, how far did they play roles more directly relevant to psychological

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[155] Robert H. MacDonald, *The Language of Empire: Myths and Metaphors of Popular Imperialism, 1880-1918*, (Manchester: MUP, 1994), p.29.

[156] John M. Mackenzie, 'Chivalry, Social Darwinism and Ritualised Killing: The Hunting Ethos in Central Africa up to 1914'. In David Anderson and Richard H. Grove (Eds), *Conservation in Africa: Peoples, Policies and Practice*, (Cambridge: CUP, 1989), p.51.

[157] Ibid, pp.53-54.

[158] Joanna Bourke, *An Intimate History of Killing: Face-to-Face Killing in Twentieth-Century Warfare*, (London: Basic Books, 1999), p.222.

[159] Simon Harrison, *Dark Trophies: Hunting and the Enemy Body in Modern War*, (Oxford: Berghahn, 2014), p.155.

[160] Ibid, p.194.

considerations? Such as reframing combat to dehumanise an enemy and salve consciences, or programme behaviour and provide coping mechanisms?

A second type of memoir to emerge focusses on participation in the Emergencies autobiographically through the lens of National Service. This is in large part due to the National Service generation reaching retirement age, their service years perhaps taking on greater significance. Accounts of National Service have appeared in life memoirs. Two notable examples are from the writers Alan Sillitoe (*Life without Armour* (1996)) and Leslie Thomas (*In My Wildest Dreams* (2006)), both of whom had already written fictionalised accounts of their service in the Far East.[161] These fictional accounts of service will not be the main focus of this research but may offer further insight into colonial culture, practices and behaviours.

A third type of memoir to emerge more recently is that which have been produced through independent or digital publishers.[162] These methods of publishing have facilitated the trend of recounting participation in Emergencies through National Service, written in later life. Independent and digital publishing has been generally criticised for low editorial standards. That said, it is also a form which democratises the production of written works. In this research these texts will be used to check for details that may have been omitted from earlier works. For example: commentary on psychiatric conditions which have become more accepted in recent years.

The IWM Documents Archive

It is the scope and nature of the IWM archive that makes it so suitable for this sort of project, originating as it does in a desire to mark, and record, British experiences of war. In 1917 the National War Museum was formed, which later became the Imperial War Museum. In the same year of its foundation its Director, Sir Martin Conway, wrote that 'the Museum should be for all time the centre of research concerning all matters connected with the history of the War, [t]he historian should find there all materials from the British point of view for war

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[161] Alan Sillitoe, *Key to the Door*, (1961); Leslie Thomas, *The Virgin Soldiers*, (1966).

[162] Arthur Hutchings, *From Gunner to Infantryman*, (2011); Anthony Dawson, *National Service - A Slot in Life: "It was never like this in Sungei Besi!"* (2015).

research'. A later amendment added that '[t]o prosecute this study to the fullest extent, it is necessary to form a Reference Library, which should deal with every phase of the War'. This saw the creation of the IWM library.[163]

In 1953 the museum's remit was expanded to include all military operations to which British and Commonwealth forces had been deployed.[164] This brought the postwar counterinsurgencies within its domain. In 1964 the official records of the First World War became available to view through the Public Records Office, now called 'The National Archives' (TNA), under the fifty-year rule. The records of the Second World War followed in 1972. A few years prior to this in 1969 the museum's then director, Noble Frankland, thought that these official documents and the history of these wars would be better understood if placed alongside the personal papers of those who had served. The Department of Documents was, therefore, evolved out of the library under instruction to build up a collection of unpublished letters, diaries and memoirs.[165]

The documents archive now consists of well over 20,000 individual collections of private papers. These include the experience and testimony of British service personnel as well as official documents.[166] These official documents will be used to contextualise the experience of British service personnel. A strength of the personal papers, specifically the letters and diaries, is that they offer contemporaneous insight into stress and coping during the Malayan Emergency. These letters, diaries and unpublished memoirs will be the primary focus of this research.

Survey of IWM Documents Archive

The term 'Malaya' was used to search the IWM documents archive. A manual search of the returns using each document's synopsis was then conducted. Unpublished memoirs, letters and diaries relating to service in Malaya outside of the Malayan Emergency (1948-60) were

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[163] Julie Robertshaw, 'The Imperial War Museum Library', Draft article for the *M25 Annual Report 2016-17*, p.1.

[164] Anthony Richards, 'Archive Report: The Department of Documents at the Imperial War Museum', *Contemporary British History*, 18:2, (2004), p.103.

[165] Ibid, p.104.

[166] Imperial War Museum, http://www.iwm.org.uk/collections/documents. Accessed 10/08/17.

excluded, as were documents relating to non-service personnel, the Royal Navy, the Royal Air Force, and civilians. The remaining documents, surveyed below, are of British Army personnel and Royal Marines. These have been subdivided into rank and type of service engagement, either Regular (R) or National Service (NS).

The rationale underlying this categorisation is firstly that ground troops were subject to the full range of stressors implicit within counterinsurgency and so are likely to provide the most relevant material. Secondly, that rank largely determined both experience as well as the expression of that experience. For example, junior officers and NCOs occupied a pivotal role within the decentralised nature of counterinsurgency and were subject to a different set of stressors than their more senior counterparts. Therefore, junior officers are defined here as ranks up to and including Major. These junior ranks led service personnel on counterinsurgency operations in the field. Officers above the rank of Major spent little, if any, time in the field and were more generally concerned with managing operations within their area of operations. As such, their experience of participation was much different from junior officers. Thirdly, the National Service personnel and Regulars engaged in counterinsurgency at this time have opposing contributing factors. Two examples here are Second World War service and length of service engagement. Prior service in the war may have contributed to the occurrence of psychiatric conditions in individuals who later served in the Emergency. Conversely the short service engagements of National Service personnel may have led to resilience in this group, due to a delimited period of stress.

IWM Documents Archive	Malaya 1948-60
Junior Officers (NS)	6
Junior Officers (R)	6
Senior Officers (R)	18
Other Ranks (NS)	11
Other Ranks (R)	7
Rank Unknown	4
Total	**52**

These documents range from brief 5-10-page recollections to 200-plus page structured memoirs. They also range in style from descriptions of events to more reflective accounts, including descriptions of emotions and psychological processes. These self-conscious efforts will be prioritised and analysed in more depth for signs of stress, resilience and psychiatric conditions. These documents also range in date: while the majority are contemporaneous with the events in question, some are more recent. Memoirs written sometime after the events in question introduce memory as a complicating factor. They do also offer the opportunity to check for omissions in earlier accounts and it has been argued that time and distance from the given experience allows a greater degree of introspection.[167] A selection of further personal papers held at the IWM, such as accounts of breakdowns during the Second World War, have also been used, bringing the total of private collections used to 77.

The IWM Sound Archive

The Imperial War Museum Sound Archive is a collection of over 33,000 recordings, with approximately 22,000 of those being oral histories. It spans from 1914 to the present day, covering the experience of British and Commonwealth personnel in both major wars as well as the colonial conflicts of the interwar and postwar period of decolonisation.[168] The oral histories were a response to the rise of oral history in the 1970s. The aim was to bring to light the experiences of British and Commonwealth service personnel, in line with the overarching aim of the museum. The process was greatly facilitated by the advent of portable recording equipment which meant interviewers could travel to their subjects.

At its creation in 1972 the priority was to record the reminiscences of the rapidly ageing veterans of the First World War.[169] Its creator David Lance was new to the field and confessed to being unfamiliar with oral history. He had however been employed at the IWM for a number of years and saw the sound archive as a way to fill in the gaps of the museum's wider collections, which in 1974 he identified as both the interwar and post war periods. It

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[167] Hodgkinson, *"Glum Heroes"*, p.xix.

[168] Imperial War Museums, http://www.iwm.org.uk/collections/sound. Accessed 03/09/17.

[169] Conrad Wood, 'Ten Years of the Department of Sound Records of the Imperial War Museum', *Oral History*, 11:1, (1983), p.9.

was also meant as a people's history, the aim of which was to humanise campaigns which written histories often 'made to sound more like games of chess.'[170]

In order to preserve the nuance of recorded testimony that resisted being transferred into writing, the interviews were only selectively transcribed, forcing the historian to listen. Initially unstructured, interviews evolved to take a more structured approach, asking similar questions of participants while allowing a degree of elaboration. The aim was to gather testimony in a more systematic manner which would in turn enable generalised answers and comparative research. The aim was to conduct research that could challenge existing opinion.[171] Interviews at the IWM followed a procedure comprising a preliminary interview, followed by a main interview and a written synopsis.[172] A modification was the discontinuation of pre-interviews which were found to impact the content of the second recording. Participants tended to omit information from the final interview having already recounted the experience in the pre-interview.

By 1981 work had begun on the interwar period,[173] yet a couple of years later there was still little concerning the postwar period.[174] By 1989 the emphasis had shifted to the Second World War with a large-scale programme of interviewing. By this time attention was also beginning to be paid to the postwar themes, such as the 'colonial divestitures'. An initiative to transfer all documentation to a computer database had also begun.[175]

Participants were recruited on a fairly ad hoc basis through veterans' associations as well as by word of mouth. Interviews were sometimes driven by the interests and personality of the interviewer. Conrad Wood was one of the main interviewers of veterans of the Malayan Emergency. Affiliated to the Communist branch of Bury St Edmunds, he initially focused on the political component of the Emergency. However, after finding that many of the service personnel interviewed had little interest or understanding of the overarching politics

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[170] David Lance, 'Oral History in Britain', *The Oral History Review*, 2, (1974), pp.66-69.

[171] Ibid, pp.69-70.

[172] Sian Jones, 'Oral History and Museum Education', *Oral History*, 12:2, (1984), p.69.

[173] Conrad Wood, 'Current British Work in Oral History', *Oral History*, 9:1 (1981), p.12.

[174] Conrad Wood, 'Ten Years of the Department of Sound Records of the Imperial War Museum', *Oral History*, 11:1, (1983), p.11.

[175] Margaret Brooks, 'The Department of Sound Records at the Imperial War Museum', *Oral History*, 17:2, (1989), p.56.

his focus reverted to personal experience, within career-focused interviews. His choice of interviewees was also guided in part by family connections with Hull. While visiting his mother there he would interview veterans of the East Yorkshire Regiment. This was Hull's local regiment, involved in the Malayan Emergency in the mid-1950s. By the 1990s the museum was conducting interviews with service personnel who had been diagnosed with PTSD and Wood was also asking about painful memories, reflecting the rising awareness of war related trauma.

As mentioned above, the Malayan Emergency interviews were recorded around thirty years after these events took place, as priority was being given to the aging veterans of previous conflicts. To a certain extent this makes them less reliable than contemporaneous sources as memory and narrative become influenced by later events. For example, memory may be 'distorted by physical deterioration and nostalgia in old age, by the personal bias of both interviewer and interviewee, and by the influence of collective and retrospective versions of the past.'[176] Similarly, comparative research concluded that interviews conducted in the aftermath of combat, though disjointed, are an accurate account of individual experience. Whereas, a weakness of later interviews is that the individual has had time to forget elements as well as make sense of their experience.[177] A further criticism, specific to the Malaya-related interviews at the IWM, is that despite the above mentioned aim of standardising questions, questions differed across interviews and so resist systematic comparative analysis.

Nevertheless oral history remains a way to challenge and augment traditional narratives, allowing the military historian to 'look beyond command level strategy and equipment to the conditions, recreations, and morale of other ranks', and in this way allow 'a more realistic and fair reconstruction of the past, a challenge to the established account.'[178] While history often focuses on the archetypal experiences of war, oral history may bring to light important though often unreported routine aspects.[179] Further, oral history may provide insight into the weaknesses stated above, for example, in understanding how meaning is applied to

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[176] Alistair Thomson, 'Memory and Remembering in Oral History'. In Donald A. Ritchie *The Oxford Handbook of Oral History,* (Oxford: OUP, 2011), p.79.

[177] Fred H. Allison, 'Remembering a Vietnam War Firefight: Changing Perspectives Over Time', *The Oral History Review*, 34:2, (2004), p.82.

[178] Paul Thompson, *Voice of the past: Oral history*, Third Edition (Oxford: OUP, 2000), p.7.

[179] Megan Hutching, 'After Action: Oral History and War', in *The Oxford Handbook of Oral History*, (Oxford: OUP, 2011), p.234.

experience.[180] Indeed, the psychiatrist Stevan Weine has put forward the thesis that oral history may enable survivors, as well as researchers, to understand or make sense of traumatic experience. This is of value to the individual as well as society because trauma distorts or disrupts the meaning-making process.[181]

The above rationale applied to the IWM documents archive was again applied to IWM sound archive. Due to the high returns, and in line with the stated aim to focus on the documents archive, a select number of oral history interviews was used (approximately 50 interviews were looked at in detail with 10 being directly cited within the text). The more detailed thematic synopsis of the interviews enabled the use of a keyword search of the sound archive. A selection of the keywords used were, 'psychiatry', 'psychology', 'breakdown', 'stress', 'nervous', 'neurosis', 'Post-Traumatic Stress Disorder', 'resilience', 'coping', 'morale'. The interviews of key personalities were also included.[182]

IWM Sound Archive	Malaya 1948-60
Junior Officers (NS)	12
Junior Officer (R)	27
Senior Officers	76
Other Ranks (NS)	37
Other Ranks (R)	73
Total	**225**

To complement and contextualise the IWM sources this research will also make selective use of ancillary archives and medical journals, predominantly The National Archives (TNA) and the *Journal of the Royal Army Medical Corps* (*JRAMC*). The National Archives contain a wealth of papers relating to the Malayan Emergency. A tight selection of these have been used, specifically a series of medical reports for their specialist content, together with

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[180] Thomson, 'Memory and Remembering in Oral History', p.80.

[181] Mary Marshall Clark, 'Case Study: Field Notes on Catastrophe: Reflections on the September 11, 2001, Oral History Memory and Narrative Project', in *The Oxford Handbook of Oral History*, (Oxford: OUP, 2011), p.256.

[182] As the research progressed key personalities became apparent. The oral history archive was summarily checked for interviews with or concerning these personalities.

Director of Operations reports which delineate the overall progress of the Malayan Emergency. A series of morale reports relating to confrontation in Indonesia have also been used to introduce how counterinsurgency related to the concept of morale. Psychiatric reports from the Second World War and immediate postwar period have also been used, to show how thinking was evolving as the Emergency commenced.

Perhaps the most useful of these sources is the *JRAMC*, which is the official organ of the RAMC. It has a range of articles relating to military psychiatry and medicine as practised during various Emergencies. It also contains an extensive range of articles concerning the practice of psychiatry during and after the Second World War. Together with the official history, *The Medical Services at War*, as well as a number of articles from further medical journals, this has been used to piece together contemporary medical thought and practice related to the Malayan Emergency. *The Wellcome Collection* and *The Medical Services Museum* archive also have a small number of documents specific to military medicine and psychiatry in relation to the Malayan Emergency.

iv.   *Conclusion*

This research will look for signs of resilience, stress, coping and psychopathology within the writing, and interviews, of British service personnel who served during the Malayan Emergency, including through proxies such as morale. It will make use of a select number of published memoirs written during the postwar period of decolonisation. Within these, the focus will be on the more self-conscious which offer insight into both psychological processes and the prevailing military and colonial cultures. These contemporaneous accounts will be checked against later memoirs for omissions. The primary focus of this research will, however, be the letters, diaries and unpublished memoirs housed at the IWM. These range from texts written by junior to senior officers through to other ranks, and vary enormously in style and length, and overall afford valuable insight into stress, resilience and psychopathology in Malaya. A selection of further diaries, letters and unpublished memoirs will be also be used from ancillary archives. Here again, the focus will be on accounts that reveal psychological processes. A selection of interviews from the IWM sound archive will also be used. These introduce memory as a complicating factor as they were recorded sometimes decades after participation, but also offer a more introspective insight. As with

the later memoirs they also present the opportunity to check for omissions from the contemporaneous archival sources.

Chapter 1

The Malayan Emergency 1948-1960

1.1.   Introduction

This chapter will provide an overview of the Malayan Emergency (1948-1960). Based on a selection of official documents it will show the campaign as it progressed through its different phases. In this way, it will suggest that participation, and the stress that participation encompassed, during the opening phases of the Emergency was a different experience than participation in later phases. The documents used in this chapter provide the official view of the Emergency and the experience of service personnel was framed by this official narrative. This chapter will, however, go on to suggest that once service personnel were on the ground their perceptions of the Emergency, and the insurgents, could diverge from the official narrative. In terms of service personnel deployed, the Emergency was primarily a land campaign. Therefore, this chapter will focus on the activity of the Army. It should also be noted that the Royal Navy and Royal Air Force were also employed in Malaya. The Royal Navy patrolled the East and West coasts of the peninsula and provided fire and air support to the land forces. The Royal Air Force gave logistical, fire and helicopter support to the land forces as well as conducting aerial reconnaissance.[183] Before introducing the insurgents and delineating the campaign phases, this chapter will first turn to what was a constant strain on service personnel; the terrain over which the counterinsurgency was fought.

1.2.   Terrain

The Federation of Malaya comprised nine states, each with a sultan, and two settlements which were under direct British control. The settlements were the ports of Malacca and Penang. The Northernmost states were Perlis, Kedah, Perak, Kelantan and Terengganu. The central states were Selangor, Negri Sembilan and Pahang. The Southernmost state was

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[183] M.O.D. Unison by Planning Staff, 'Historical Records of United Kingdom Operations 1950-1966', p.7, (1967), NAM 2001-06-1.3. Hereafter 'Planning Staff Report, 1967'.

Johore, off which sat the Crown Colony of Singapore. The nine state governments, two Settlement governments and the Federal government made up the civil administration. Though the Federal Government wielded overall control of the States, their Sultans had an effective veto over changes affecting Malay customs and religion (including citizenship), and over some key areas such as land. The campaign against the Communist insurgency was the responsibility of the Civil Government. Its normal instrument to maintain its Civil Authority was the Police Force. Under the State of Emergency, however, the Armed Forces were mobilised in support of the Civil Power.[184] General Bower, who would become Director of Operations in Malaya, later criticised the civil administration as over-bureaucratic and as such slow to react to the growing insurgency.[185]

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[184] Director of Operations Malaya, *The Conduct of Anti-Terrorist Operations in Malaya (ATOM)*, (1958), Chapter III, Section I.

[185] Lieutenant-General Roger Bower, Director of Operations Malaya, 'Review of the Emergency in Malaya from June 1948 to August 1957', (Kuala Lumpur: Government Printers, (September, 1957), p.12. TNA AIR 20/10377. Hereafter 'DOO Report, 1957'.

Figure 1: Map of Malaya.
Source: Reproduced from 'Malaya in the 1940s-60s' with permission of Karl Hack.[186]

Malaya was rich in natural resources, with tin being the main mineral resource. In 1956 the country produced 62,295 tons which equated to a revenue of approximately $60 million dollars and employed 37,515 people. Agriculture was also lucrative for those in control of

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[186] Chin Peng and Karl Hack, *Dialogues with Chin Peng: New Light on the Malayan Communist Party*, (Singapore: NUS Press, 2004), p.xxix.

Malaya. The prime example was rubber, which by 1956 covered approximately 3,500,000 acres and produced about a third of the total world output. In the same year the export duties yielded approximately 144 million dollars and the industry directly employed nearly 300,000 people.[187] It was these industries which sustained the most damage during the Emergency. A favourable market, at crucial points underpinned by a 'Korean War boom' in demand, nevertheless lent a resilience to these industries. 'The high price of rubber and tin and the consequent prosperity of the country', wrote Bower 'helped to sustain morale'.[188]

A 1953 census, reproduced in an operational report to the nearest thousand, numbered Malaya's population at 5,734,000. It grouped Malaya's population by ethnicity. The largest group was listed as Malays, and the Federation of Malaya constitution entrenched a historical view that the country was essentially Malay. These Malays (who included a good number of immigrants from elsewhere in insular Southeast Asia) numbered approximately 2,831,000. The second largest group was the Chinese at 2,153,000. Indians and Pakistanis and other ethnic groups comprised approximately 700,000 combined.[189] There were also around 100,000 'aborigines' in Malaya,[190] some of whom would be employed as guides by the British.[191] The latter were widely dispersed over the interior jungle. Outside of the major towns much of the population gathered into areas of employment, for example near rubber estates and tin mines. In the early years of the Emergency, over 1 million Chinese (more than half) had no citizenship rights and around half a million had congregated into 'squatter' communities on the jungle's edge. These 'squatters' had been greatly increased in numbers by displaced persons who fled persecution by Japanese forces during the Second World War. They came under no administrative authority and went largely unprotected. As such, the Communists came to rely on these communities for support, and they became important sources of 'money, supplies, recruits and information.'[192]

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[187] Director of Operations Malaya, *The Conduct of Anti-Terrorist Operations in Malaya (ATOM)*, (1958 [first edition 1952]), Chapter I, Section VII.

[188] DOO Report, 1957, p.13.

[189] Lt. Colonel J.M. Forster, 'Operational Research Unit (Far East) Report No.1/57: A Comparative Study of The Emergencies in Malaya And Kenya', p.3, (June, 1957), TNA WO 291/1670. Hereafter, 'Forster, Comparative Study, (1957)'.

[190] *ATOM*, Chapter I, Section IV.

[191] *ATOM*, Chapter XIX, Section III.

[192] DOO Report, 1957, p.12.

It was arguably the climate, however, that had the most immediate impact on British service personnel arriving in Malaya. Being close to the equator, Malaya's tropical climate was characterised by hot humid days, averaging 90 degrees Fahrenheit (32 degrees Celsius) by noon, with the temperature falling during the night. Monsoons swept the peninsula twice a year.[193] This humid, tropical peninsula stretched approximately 500 miles from its border with Thailand in the North to its Southern border with the island of Singapore. At its widest point the country measured approximately 200 miles across, narrowing considerably in the north and south. Bisecting the peninsula 'was a backbone of jungle-covered mountains rising to a height of 7000 [sic] feet from which fast rivers flow EAST and WEST.'[194] A network of Hill Stations, which offered respite from the climate, topped this mountainous backbone. Malaya had three primary Hill Stations, on Fraser's Hill, Maxwell's Hill and the Cameron Highlands, all at an altitude above 4,000 feet.[195]

Malaya covered an area of 53,240 square miles, with the common comparison being that the country was 'rather larger than ENGLAND without WALES'.[196] To its South, separated by the Straits of Johore, was Singapore island. The island was connected to the mainland by rail and road, which ran across a causeway approximately three quarters of a mile long.[197] On the peninsula, there were 6,354 miles of road and 1,028 miles of railway.[198] The road system included approximately 6,000 miles of 'good metalled main roads' with a 'limited number of laterite roads and tracks' running into rubber estates and Government Forest Reserves. 'In the jungle', however, 'even game tracks are seldom met.'[199] 'Four fifths of the land' then 'is trackless evergreen forest and undergrowth.' Jungle trees created 'a solid roof of green, shutting out the sky'. From the tree branches 'hang curtains of vine and creeper which join the undergrowth to make a jungle so thick that a standing man is often invisible at twenty-five yards.' Rubber plantations, rice fields, tin mines, towns and villages made up the remaining one fifth of the peninsula.[200]

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[193] *ATOM*, Chapter I, Section II.

[194] Forster, Comparative Study, 1957, p.16.

[195] J. E. Spencer and W. L. Thomas, 'The Hill Stations and Summer Resorts of the Orient', *Geographical Review*, 38:4, (1948), pp.643-645.

[196] Forster, Comparative Study, 1957, p.16.

[197] *ATOM*, Chapter I, Section I.

[198] Forster, Comparative Study, 1957, p.5.

[199] Ibid, p.17.

[200] Ibid, p.16.

The 'whole peninsula' was considered an 'operational area', meaning insurgent actions could take place at any location. This meant the security forces had to provide a presence across the peninsula and to be prepared to negotiate its varying terrains. These terrains were divided into types and understood through the problems they posed to those on operations. The 'fixed patterns' of rubber plantations, in which the undergrowth was cleared, offered good visibility 'often up to several hundred yards', and ease of movement 'even at night'. In primary jungle 'trees grow at a very high density and up to a hundred feet and more in height'. The undergrowth, however, 'is not sufficiently dense unduly to impede movement.' In secondary jungle there was fewer trees but 'a dense undergrowth of bushes, creeper and bamboo make movement very difficult.' In coastal areas there was also swamp, in which 'a man can sink up to his waist and visibility is reduced to a few yards by trees and undergrowth.' Finally, '[i]nterspersed with the above are found belukar (low scrub and bushes), lallang (long grass) or cultivated land.'[201]

The jungle contained a wide variety of wildlife and vegetation, some of which could prove harmful to those out on patrol. The British counterinsurgency manual, *Conduct of Anti-Terrorist Operations in Malaya* (*ATOM*) listed snake bite and poisonous trees within its chapter on First Aid. The effects of these were uncomfortable, the 'poisonous trees would produce a 'severe rash', but were generally not fatal, snake bite 'rarely causes death in Malaya'. A more pressing concern were insect-borne diseases, such as Malaria and Scrub Typhus.[202] Between 1950 and 1956 an average of 9.6 per 1,000 service personnel across Far East Land Forces Command would be hospitalised with malaria.[203] Dysentery and other intestinal diseases, being more prevalent still, were also a major concern.[204] Between 1950 and 1956 an average of 39.9 per 1,000 service personnel deployed to the Far East would be hospitalised as a result of Intestinal Disease.[205] Contracting disease in Malaya was not confined to those in the field, although the increased exposure of jungle operations was a

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[201] Ibid, p.16.

[202] *ATOM*, Chapter XXII, Sections I-II.

[203] Sydney Rosenbaum, 'Cross-Sectional Review of Morbidity among Young Soldiers', *British Journal of Preventive & Social Medicine*, 13:3, (1959), p.123.

[204] *ATOM*, Chapter XXII, Sections I-II.

[205] Rosenbaum, 'Cross-Sectional Review', p.122.

factor.[206] One disease that was not a result of jungle operations, also listed in *ATOM*, was venereal disease.[207] An average of 97.5 per 1,000 service personnel across FARELF Command – just shy of 10% - would contract one of a variety of venereal diseases between 1950 and 1956.[208] As one infantryman put it 'they had rubbed it into us young Guardsmen that the real enemy was venereal disease … [T]hey didn't want all their soldiers going down with diseases and being confined to military hospitals.'[209]

1.3.   Insurgents

The Malayan Communist Party and its Malayan National Liberation Army (referred to as the Malayan Races Liberation Army in British sources of the time and more than 90% Chinese) was presented to troops as essentially alien inspired.[210] On the global level the Communist insurgency in Malaya was presented to troops as a campaign within the Cold War. As one National Serviceman noted: '[W]e were out there for a specific purpose and the specific purpose was to fight for our country, it was to rid this country of Malaya, this British province, of the terrible thing called Communism.'[211] The Director of Operations report for 1957 described it as 'part of a wider Soviet-inspired drive to obtain control of what is strategically and economically one of the most important areas in South-East Asia.' The aim of which was a revolution to 'overthrow the Malayan Government and to set up in its place a Communist-controlled Peoples' Democratic Republic.'[212] Soviet intervention in the region, *ATOM* (1958) stated, took place through the intermediary Chinese Communist Party (CCP). In turn, the CCP had been instrumental in the creation of the Malayan Communist Party (MCP), which was firmly established during the early 1930s. The MCP then became engaged in infiltrating and subverting labour and youth movements in the country. The Second World War, however, saw Soviet Russia enter into an alliance with Britain, which

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[206] R.W. Ross Russell, 'Epidemiological Features of Malayan Leptospirosis', *Journal of the Royal Army Medical Corps*, 105:1, (1959), pp. 19-21.

[207] *ATOM*, Chapter XXII, Sections I-II.

[208] Rosenbaum, 'Cross-Sectional Review', p.121.

[209] R.W. Miles, 'The Adventures of a Coldstream Guardsman', (2008), pp.88-89, IWM 11/15/1.

[210] Karl Hack, '"Iron Claws on Malaya": The Historiography of the Malayan Emergency', *Journal of Southeast Asian Studies*, 30:1, (1999), p.99f.

[211] Miles, 'Adventures of a Coldstream Guardsman', p.89.

[212] DOO Report, 1957, p.3.

included the former receiving economic aid. The MCP ceased its actions so as not to disrupt the Soviet war effort and later offered its services to Britain in the war against Japan.[213] The MCP formed a military wing, which became known as the Malayan People's Anti-Japanese Army (MPAJA) and conducted offensive operations against the Japanese.[214] The MPAJA were supplied arms and training by the British from 1944 and worked in conjunction with British Force 136 officers who were in control of small parties, themselves seeking to disrupt the supply lines and troop movements of the occupying Japanese. The MPAJA was disbanded following the Second World War but replaced with an Ex-Comrades Association. When the MCP mobilised again in mid-1948, ex-MPAJA members provided much of the early rank and file, and many of the experienced leaders. Initially using different names from State to State, by February 1949 these were formally announced to comprise the Malayan National Liberation Army (MNLA, commonly rendered MRLA or 'races' army by the British for propaganda reasons).[215] Initially referred to as 'Bandits' the Communists came to be officially termed 'Communist Terrorists' from 1952, broadly defined as '[t]hose who in any way actively further the Communist campaign'.[216] The MNLA were, however, only a portion of the MCP's forces. It also had the Min Yuen, or mass organisation, which could include families of fighters, sympathetic villagers and even children acting as suppliers.

In contrast to the communist's own view of themselves as nationalists and pursuers of social justice against imperial oppression, ATOM told soldiers that 'Communism in Malaya … was not an indigenous movement' based on the grievances of the labouring classes, nor on 'a frustrated desire for national independence.' Instead, the insurgency 'was the result of the direct injection of Communist virus into a small section of the Chinese community in Malaya'.[217] As well as being ideological then the insurgency took on a definite racial dimension. The vectors of the 'virus', for the British, were to be found among the Chinese population. The wider Chinese community, the comparative report argued, maintained 'an attitude of neutrality to the Emergency' as 'self-governance for MALAYA may mean a withdrawal of the BRITISH and the substitution of RED CHINESE influence.' The rural Chinese community in particular were regarded with suspicion and would be subject to the brunt of the population control measures that would later be introduced. The Malay

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[213] *ATOM*, Chapter II, Sections I-II.

[214] *ATOM*, Chapter II, Section III.

[215] DOO Report, 1957, p.3.

[216] *ATOM*, Definitions.

[217] *ATOM*, Chapter II, Sections I-II.

population, by contrast, were described as 'a peace-loving race' who, somewhat contradictorily, 'have made the largest contribution to the fighting of the Emergency and have aided the terrorists the least.' It was a contradiction which suggested British racial characterisations were determined by the allegiance of the group in question, and which ignored the small but determined group of Malay leftists, unionists and nationalists who did join the MCP and MNLA. The Indian population were presented as happy with any government, provided they were afforded 'social justice', despite their record of heavy involvement in the MCP-led strikes of 1947-48.[218]

1.4. Campaign Phases

Phase One

In May 1948 the MCP increased attacks on people it identified as strike breakers or as mistreating labour. In response, a State of Emergency was declared in Malaya. At the start of the Emergency the security forces numbered one field artillery regiment, three British infantry battalions, six Gurkha battalions and two Malay battalions. In addition to these there were also approximately 11,500 Police (including administrative staff) and 17,000 police auxiliaries. Initially, between June 1948 and January 1949, the security forces had to commit considerable resources to guarding key personalities and infrastructures in order to allow commercial interests to continue to function.[219] The security forces also conducted limited offensive operations, including arrests and sweeps and searches. If these did not defeat the insurgents, they would push them deeper into the jungle.[220] Major Gibb served as a platoon commander with an infantry regiment in the opening years of the Emergency. 'Many thousands of troops were engaged in Malaya during the Emergency. Not so many were there at the beginning in the early days. Later there was to be much more control. Much more organisation,' wrote Gibb, '… At the beginning there was little.[221]

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[218] Forster, Comparative Study, 1957, p.6.

[219] Planning Staff Report, 1967, p.4.

[220] Huw Bennett, '"A Very Salutary Effect": The Counter-Terror Strategy in the Early Malayan Emergency, June 1948 to December 1949', *Journal of Strategic Studies*, 32:3, (2009), p.428.

[221] Major I.S. Gibb, 'A Walk in the Forest', p.76, IWM 86/3/1.

The insurgents continued with the campaign of killings, the destruction of property and intimidation of the population. All in an effort 'to disrupt the two main industries of the Federation - tin and rubber' and to garner support from the population.[222] By October 1948 the British had detained around 3,800 persons, for up to one year, under the Emergency Regulations. Expecting this figure to increase, Sir Henry Gurney admitted that the detentions would 'place an unduly heavy strain on our Security Forces, who could be more usefully employed in re-establishing law and order.'[223]

In January 1949 the Emergency Regulations were extended, ER 17D allowing collective detention and deportation. These powers were put to use in areas where inhabitants in general were thought to have aided and abetted the insurgents, withheld information from the security forces, or were generally believed to be being used as enemy support areas with the knowledge and support of inhabitants. Or, as one source put it, 'Measures under Emergency Regulation 17D must be undertaken in more of the areas that are being used by the bandits as bases.'[224] Sir Henry Gurney, as High Commissioner, was keen both to use ER 17D but also to create a dominant police presence in 'the areas in which the squatters will remain.'[225] The area around the town of Kajang, for instance, had become infamous as an area of Communist activity and the site of a number of incidents in the opening year of the Emergency.[226] Perhaps because of this nearby villages were chosen as the site of the first operation to take place under Emergency Regulation 17D. This allowed collective detention to be employed against civilians, essentially on suspicion that they had aided and abetted the Communists.[227]

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[222] DOO Report, 1957, p.8.

[223] '[Squatters]: inward telegram no 1326 from Sir H Gurney to Mr Creech Jones on measures to deal with alien Chinese squatters', 25 Oct 1948, Document 169. In A.J. Stockwell (Ed), British Documents on the End of

Empire, Series B, Vol. 3. *Malaya, Part II: The Communist Insurrection, 1948–1953*, (London: HMSO, 1995).

[224] '[Security situation]: despatch (reply) no 4 from Sir H Gurney to Mr Creech Jones. Enclosure: paper by Lieutenant-Colonel Gray and Major-General Boucher', 11 Apr 1949, Document 188 and Document 188n6. In Stockwell (Ed), *Malaya, Part II.*

[225] [Slow progress of counter-insurgency]: letter from Sir H Gurney to J J Paskin on measures to speed up action with particular attention to communist propaganda from China and squatter problem', 2nd June 1949, Document 190. In Stockwell (Ed), *Malaya, Part II.*

[226] Anthony Short, *The Communist Insurrection in Malaya: 1948-1960*, (London: Frederick Muller, 1977), pp.101-103.

[227] Ibid, pp.188-189.

By the end of 1948 approximately 900 SF and civilian casualties had been attributed to the Communists. These efforts did not instigate a 'popular uprising' and in response to army sweeps, 17D operations and their failure to consolidate larger support areas or liberated zones, between April and October 1949 the Communists withdrew deeper into the jungle where they reorganised their army and system of supply in order to conduct a protracted campaign. In October 1949 the Communist forces launched a major new offensive. As a result, the incident rate increased sharply, further increasing in response to large scale resettlement which began in June 1950. Incidents were averaging approximately 500 a month throughout 1951.[228]

Statistics were kept as 'a means of measuring the progress of the Emergency'. The extent of Communist aggression was measured in incidents and casualties to the Security Forces.[229] An incident was defined as an act of aggression instigated by the Communists. Incidents were sub-divided into major and minor. A major incident being one that 'results in loss of life, serious injury or considerable damage to property'. A minor incident denoted all other Communist instigated incidents. Casualties denoted killed and wounded among both the police and the military.[230] For years up to and including 1950, the total number of incidents will be given. Thereafter, incidents will be given as major and minor. Conversely, the success of 'Government policies' and 'operational efficiency' was gauged by contacts and eliminations.[231] A contact was defined as an action initiated by the security forces.[232] Eliminations was a technical term for any 'bandit', or, in the post-1952 terminology, 'Communist Terrorist (CT) removed from the fight. These were sub-divided into killed, captured and surrendered enemy personnel.[233] In 1948, there was a total of 1,274 Communist instigated incidents in Malaya. The total of Security Force casualties amounted 360 and Communist eliminations amounted to 693. It is worth noting that Communist wounded would not be recorded until 1951.[234]

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[228] DOO Report, 1957, p.9.

[229] Forster, Comparative Study, 1957, p.49.

[230] *ATOM*, Definitions.

[231] Forster, Comparative Study, 1957, p.49.

[232] *ATOM*, Definitions.

[233] Forster, Comparative Study, 1957, p.49.

[234] Short, *Communist Insurrection*, Appendix.

In September 1949 terms of surrender were offered by the administration which assured that the death penalty would not be carried out, unless an individual had the blood of civilians on their hands. After an initial wave of surrenders the rate dropped leaving a hard core of insurgents to fight on.[235] By the end of 1949 the indices of insurgency and counterinsurgency had risen across the board. Total incidents amounted to 1,442, with total security forces casualties numbering 476 and the total Communist eliminations at 1,207.[236]
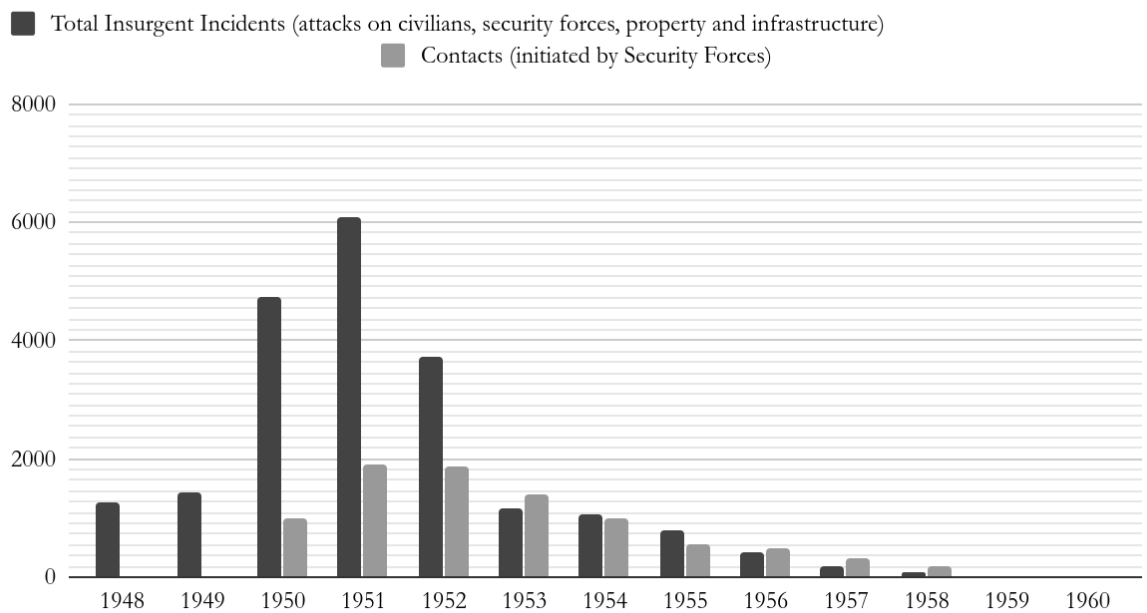
Figure 2: Incidents and Contacts.

Source: Adapted from Short, *Communist Insurrection*, Appendix

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[235] DOO Report, 1957, p.9.

[236] Short, *Communist Insurrection*, Appendix.

Casualties 1948-60
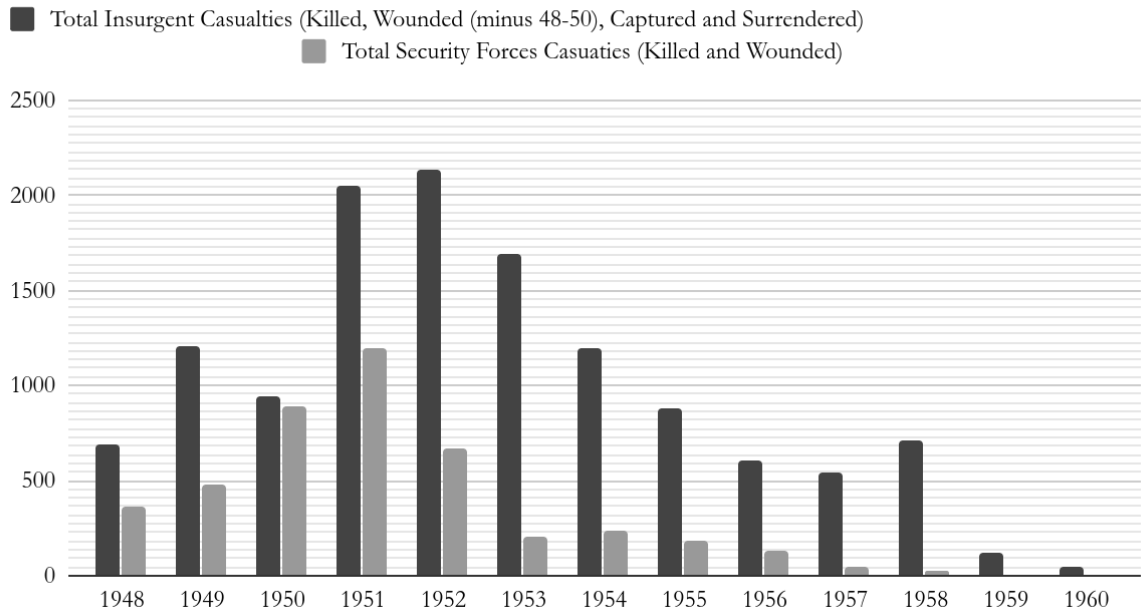
Figure 3: Casualties.

Source: Adapted from Short, *Communist Insurrection*, Appendix.

Phase Two

By 1950 a system had evolved to control counterinsurgency operations.[237] Prior to April 1950 the Commissioner of Police 'controlled and coordinated' the campaign with the Armed Forces supporting the Police Force. Then in April 1950 General Briggs was appointed Director of Operations (DOO) to coordinate the operations of the Police and Armed Forces. In that same month Briggs set up a Federal War Council, chaired by himself as Director of Operations, reporting to the High Commissioner, Sir Henry Gurney. The War Council assumed responsibility for policy and the allocation of resources. Further to this, State War Executive Committees (SWECs) and District War Executive Committees (DWECs) were set up to implement Federal policy at the State and District levels respectively. A corresponding Director of Operations combined Staff and headquarters was established at all levels. In November of that year the High Commissioner Sir Henry Gurney took control of the War Council to streamline proceedings, which 'assumed over-riding powers on all Emergency matters.' The Federal War Council (FWC) expanded to represent Malay and

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[237] *ATOM*, Chapter III, Section I.

Chinese groups. Then from the expanded FWC a Director of Operations Committee was formed in November 1951 to concentrate on more detailed planning. In that same month General Lockhart replaced General Briggs as Director of Operations.[238]

General Sir Neil Ritchie stated in his September 1949 report that he did not think much of 'the martial qualities of the bandits in Malaya.' Ritchie thought them poorly led ideologues, who possessed cunning but lacked courage. Instead, for Ritchie, 'their strength lies in the fact that they can so easily disperse and disappear amongst the squatter population.' [239] The civilians were thought inclined to support the Communists and reluctant to provide information on their capture. As such 'the bulk of the Army was deployed on large scale and fruitless searches of the jungle….,' and along its edge.[240] On 3rd April 1950 Lieutenant-General Sir Harold Briggs was appointed Director of Operations in which role, supported by the High Commissioner Sir Henry Gurney, he was to create and institute the 'Briggs Plan'.[241] The plan aimed to concentrate the 'squatter population' within 'resettlement villages' controlled by the administration. Controlling the population in this way would serve to isolate the Communists from their support base and deprive them of their resources.[242] The plan then was fundamentally one of 'population and spatial control'.[243] 'The plan in brief', noted a summary, was 'To bring the whole population of Malaya under effective administration by either taking administration to the population or bringing the population within reach of the administration; to provide the population with security and thereby to encourage them to assist Government and, in particular, to provide information; to isolate the bandits from their potential supply areas and to destroy them.[244]

L.S. Ives, a rifleman with the 1st Battalion Green Howards, described his part in assisting the civil administration with 'squatter resettlement'. 'Our part in all this (The Briggs Plan) was

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[238] DOO Report, 1957, pp.13-14.

[239] General Sir Neil M. Ritchie Director of Operations, 'Report on Operations in Malaya - June 1948 to July 1949', (1949), p.2, TNA WO 106/5884. Hereafter, 'DOO Report, 1949'.

[240] DOO Report, 1957, p.9.

[241] Karl Hack, 'The Malayan Emergency: British Counterinsurgency Phases and the Triumph of Geo-demographic Control, 1948-60'. In Gregory Fremont Barnes (Ed), *A History of Counterinsurgency Vol 1*, (California: Prager, 2015), p.147.

[242] Planning Staff Report, 1967, p.4-5.

[243] Karl Hack, 'The Malayan Emergency as Counter-Insurgency Paradigm', *Journal of Strategic Studies*, 32:3 (2009), p.388.

[244] 'The Briggs Plan', p.1, In Major-General J.K. Shepheard Papers, IWM 99/69/1.

to find isolated squatter areas and persuade them to move to the new locations. Sometimes this necessitated the burning down of huts and sheds as a final inducement to the naturally reclusive peasants involved. Many of the hutments were beautifully made from local materials and it was a great shame to burn them down.'[245] Ron Miles, a Coldstream Guardsman in the early years of the Emergency, related his understanding and part in one such operation; 'they refused co-operation and covered up for the bandits and were their allies, so the powers-that-be decided to wipe the entire bloomin' village out.' Miles went on to describe the systematic manner with which it was undertaken over a period of forty-eight hours. 'So we were called in … everything had to be numbered and written down on lists and taken out'. This was followed by livestock, and then the villagers themselves; 'they would never see their village again, they had to get right out of it and go home to China as they were not considered suitable residents for Malaya anymore, they'd upset the authorities very much indeed.'[246]

In June 1950 the Emergency Regulations were again revised, this time making the death penalty available for those convicted of acquiring food or money for the Communists. This revision was in support of the Briggs Plan, which aimed to separate the insurgents from the people, in order to deny them food and finance.[247] Gurney also suggested that detention on the grounds of suspicion alone, for the duration of the Emergency, would 'break the emergency'. In effect, he was asking for the right of appeal, through review committees, to be revoked knowing that 'many innocent people would be held.'[248]

By April 1950 with the arrival of 26 Gurkha Brigade from Hong Kong, the security forces available in Malaya amounted to one armoured car regiment, eight British infantry battalion, eight Gurkha battalions and four Malay battalions. In June 1950 the security forces were again reinforced with an additional armoured car regiment, an additional British infantry battalion, a commando brigade and one locally raised artillery unit. Between June and

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[245] L.S. Ives, 'A Musket for the King: The Trials and Tribulations of a National Serviceman 1949 to 1951', p.170, IWM 99/19/1.

[246] Miles, 'Adventures of a Coldstream Guardsman', pp. 152-153.

[247] "'Federation plan for the elimination of the communist organisation and armed forces in Malaya" (the Briggs plan): report by COS for Cabinet Malaya Committee', 24th May 1950, Document 216 (17). In Stockwell (Ed), *Malaya, Part II.*

[248] "'The military situation in Malaya': memorandum by Mr Strachey for Cabinet Malaya Committee", 17th June 1950, Documents 220(7). In Stockwell (Ed), *Malaya, Part II.*

September 1950, the main strength of the security forces were deployed to priority areas to implement the Briggs Plan, which initially envisaged concentrating forces to break the MNLA in one state at a time, working from south to north. That part of the plan was eventually abandoned, but nevertheless patterned force deployment in 1950 to early 1951. Three of these priority areas were Johore - to which six infantry battalions were deployed - Negeri Sembilan - where four infantry battalions were deployed - and Pahang - where three infantry battalions were deployed. Holding operations took place in other areas. These included Selangor - to which two infantry battalions were deployed - Perak - where the Commando Brigade was deployed - Pahang - to which two infantry battalions were deployed. Further, an infantry battalion was deployed to both Kedah and Kelantan. Two armoured car regiments were deployed to patrol Malaya's roads in response to insurgent actions.[249] National Serviceman Len Ives, for example, described a truck that had been caught in an ambush and then left outside a police station. He noted that it was originally one of the British Army's. 'So much for the alleged lack of marksmanship! This truck was proof enough that these guys knew what they were about. We took due notice.'[250] Further to those deployed there were also two infantry battalions kept in reserve. In September 1950 a home guard was introduced and in October of that year it was decided the two additional Malay Regiments and companies of Police jungle squads should be raised.[251] In 1950 the indices again increased. Communist instigated incidents amounted to 4,739, 1,744 major and 2,995 minor, against 983 contacts made by the security forces. There was a total of 942 insurgents eliminated and 889 casualties among the security forces.[252]

Along with the 'villagisation', which separated the insurgents from their supposed support base, food would be strictly controlled in order to starve the insurgents. The food control operations brought the plight of British Forces into sharp contrast with that of the insurgents. British troop morale was in large measure dependent on functioning logistics, such as supplies and evacuation, and periods away from the jungle. Conversely, the British sought to destroy the morale of the insurgents by isolating them from any logistical support. 'It is not possible to live on the jungle without serious deterioration in health and morale. ...', wrote General Ritchie, 'The fact that we, through air supply, can do so almost indefinitely

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[249] Planning Staff Report, 1967, p.5.

[250] Ives, 'A Musket for the King', p.113.

[251] Planning Staff Report, 1967, p.5.

[252] Short, *Communist Insurrection*, Appendix.

bestows on us a tremendous advantage over our enemy.'[253] By June 1951, a food denial campaign had been instituted, following the resettlement program. Its essential features were the rationing of rice, restricted food areas, control of shops and the control of food while in transit.[254] Lieutenant-General Roger Bower later wrote that the food denial operations had an immediate effect and became a standard part of all operations. 'One of the first effects of food denial was to force CT units to split into smaller parties and thus deprive them of much of their offensive power. It now forms the basis of the majority of SF operations and has a significant effect on CT morale.'[255] As stated in the January 1955 Director of Operations report, in 1951 the Malayan Communist Party (MCP) issued a directive urging the majority of its forces to withdraw to the jungle, with a portion to continue 'intensive cultivation'. This was in order to become 'self-supporting' and so 'relieve the burden on their supporters'. The policy, as stated by Lieutenant-General Roger Bower, put the insurgents at a disadvantage as 'only in rice and root crops could they ever achieve any success.' 'The inevitable result was that they became soft and their morale deteriorated.' Further, the growing separation between insurgents and civilians meant civilians 'took heart' increasing both their resistance to the insurgency and support for the security forces.[256]

Between January and May 1951 operations against the insurgents increased in tempo.[257] The additional measures, and the increased tempo of operations, were beginning to have a measurable impact by early 1951. The rate of contacts was 'more than double the mid 1950 rate and eliminations rose accordingly.'[258] By 15th June 1951 resettlement of Johore state had been completed and a security force offensive initiated there. In August 1951 the deployment of police jungle companies allowed the deployment of a battalion to both Selangor and Perak.[259]

In response to the Briggs Plan the insurgents 'launched an all-out offensive'. 'This period' wrote Bower in his 1957 DOO report, 'with its peak of Communist violence and widespread

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[253] DOO Report, 1949, p.11.

[254] DOO Report, 1957, p.18.

[255] Ibid, p.19.

[256] Director of Operations, Malaya, (Lieutenant-General Roger Bower) 'Review of the Emergency Situation in Malaya at the end of 1954', (January, 1955), pp.3-4, TNA WO 208/3219. Hereafter 'DOO Report, 1955'.

[257] Planning Staff Report, 1967, p.5.

[258] DOO Report, 1957, p.9.

[259] Planning Staff Report, 1967, p.5.

expectation of wholesale Communist occupation of South East Asia was undoubtedly the most dangerous of the Emergency.'[260] This sentiment was reflected in the incident rate. In 1951 Communist instigated incidents peaked at 6,082 (2,333 major and 3,749 minor).[261] The offensive included the killing of High Commissioner Sir Henry Gurney on the 6th October.[262] Gurney was killed when his convoy was ambushed on its way to Fraser's Hill. In conversation with Chin Peng, the historian Anthony Short suggested that it was the high point of the insurgency for the Communists. It was a coup, although apparently an unintentional one. Chin Peng's counter suggestion was that under increasing pressure from the security forces the Communists were more concerned with reorganising their forces at that time, breaking them down into smaller groups and dispersing to avoid the British. The immediate concern of those left operating around Fraser's Hill was to acquire weapons and the convoy was an easy target.[263]   Then, only a few weeks after Gurney's killing, 11 platoon of the Royal West Kent Regiment was ambushed on the Ulu Caledonian estate, resulting in the deaths of eleven British servicemen and three Iban trackers. In the space of a few weeks the security forces had lost the High Commissioner and suffered what would be the heaviest loss due to one incident during the Malayan Emergency.[264] 1951 proved to be the bloodiest year of the Emergency for the security forces. Casualties would also peak that year at 1,195.[265]

On the 27th November 1951 Lockhart replaced Gurney as Director of Operations.[266] The population control measures, in concert with additional troops and the increased tempo of operations also made 1951 the turning point of the Emergency. Sir Harold Briggs, according to Bower, had been instrumental in devising and creating 'the conditions which enabled victory to be won'.[267] By August of that year implementation of the population control measures, codified in the Briggs Plan, had 'resettled' approaching 'half a million Chinese squatters … into New Villages'. The resettlement was coordinated with food denial

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[260] DOO Report, 1957, p.9.

[261] Short, *Communist Insurrection*, Appendix.

[262] Planning Staff Report, 1967, p.6.

[263] C.C. Chin and Karl Hack (Eds), *Dialogues with Chin Peng: New Light on the Malayan Communist Party*, (Singapore: NUS Press, 2004), pp.156-157.

[264] Richard Vinen, *National Service: A Generation in Uniform 1945-1963*, (UK: Penguin, 2014), p.316.

[265] Short, *Communist Insurrection*, Appendix.

[266] Planning Staff Report, 1967, p.6.

[267] DOO Report, 1957, p.9.

operations by the security forces. The mass deportation of suspected Chinese Communists, along with United Nations led intervention in Korea, led to a feeling that the Communist threat in South East Asia was being contained. These factors combined, Bower argued, 'had a marked effect on public confidence'. Whether 'confidence' or acquiescence to the increasingly dominant security forces, the result was an 'increased flow of information.' This flow of information meant intelligence led operations, in place of the largely undirected jungle excursions which had preceded them. In turn the contact rate reached what would be its peak throughout the Emergency, at 1,911.[268] The Communist casualties, which numbered 2,049 and by this time included wounded, also increased and would peak the following year.[269] Prior to 1951 there was no concerted effort to estimate the number of CTs who were operating in the jungle. By 1951, surrendered enemy personnel enabled many of those remaining in the jungle to be identified by name. In 1951 there were 7,292 CTs operating in the jungle.[270]

In February 1952 General Sir Gerald Templer was appointed High Commissioner and Director of Operations. The combining of these positions, which prior to Templer's appointment were separate, centralised the command structure. As Bower put it, 'for the first time there was supreme and unified control, not only of the Emergency, but of all Government activities.' 'Under his forceful leadership', Bower continued, 'the complacency that still existed in some Government departments … was swept away'.[271] The earlier histories broadly agreed with this. Anthony Short and Richard Stubbs have both suggested that the unification of these roles under Templer's 'forceful' personality represented a turning point in the Emergency. As Karl Hack has convincedly argued, many of the mechanisms for the defeat of the insurgency, however, had already been put in place prior to his arrival.[272] The statistics certainly suggest that by 1952, the insurgency was in steady decline. While, in 1952, the total Communists casualties peaked at 2,131 the other indices had sharply decreased. The total Security Force casualties were almost half that of the previous year at 664, with the total incidents at 3,727 and contacts 1,868.[273]

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[268] Ibid, pp.9-10.

[269] Short, *Communist Insurrection*, Appendix.

[270] DOO Report, 1957, p.4.

[271] Ibid, p.10.

[272] Karl Hack, '"Iron Claws on Malaya": The Historiography of the Malayan Emergency', *Journal of Southeast Asian Studies*, 30:1, (1999), pp.99-101.

[273] Short, *Communist Insurrection*, Appendix.

Templer focused on reorganising and training the recently expanded police force and improving the intelligence services, which by now had recruited significant numbers of Chinese speakers.[274] By 1st April 1952 the security forces now numbered two armoured car regiments, seven British infantry battalions, eight Gurkha battalions, five Malay battalions, two Kings African Rifles battalions, two Royal Marine Commando battalions and a Fiji battalion under training, totalling twenty five infantry battalions. In June 1952 Templer established his operations headquarters in Kuala Lumpur which included elements of the civilian administration and military forces. Lockhart had been re-designated as the Deputy Director of Operations. By December 1952 military security forces deployed to Malaya peaked at thirty and one third (one third of a field artillery regiment) major units including twenty-eight infantry battalions (numbering around 40,000 troops). By this time there is an addition 60,000 full time police and 229,000 home guard.[275] This was against an estimated 5,765 CTs left in the jungle.[276]

Phase Three

By 1953, the insurgents had initiated a fresh wave of attacks on isolated outposts and civilians suspected of informing 'in order to raise the terrorists' own morale and to re-establish their domination of the public, improve their food supplies and increase their finances.'[277] At the time, the insurgents had also withdrawn into the jungle to build deep jungle bases supplied by their own cultivated land. In order to not alienate the population, the insurgents refrained from destroying people's livelihoods and targeted those who they could hold up as 'oppressors of the poor'. By early 1953, the average civilian and Security Force casualty rate had dropped from approaching 200 a month in mid-1951 to under 30. The reduced threat enabled the security forces to focus offensive actions without presenting weaknesses in other areas. The first states to be focused on were Malacca, Pahang, Selangor and Negri Sembilan, where the MCP where considered to be at their weakest. This would

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[274] DOO Report, 1957, p.10.

[275] Planning Staff Report, 1967, p.6.

[276] DOO Report, 1957, p.4.

[277] DOO Report, 1955, p.4.

mean the Police and Home Guard could take control of these states leaving the Army to concentrate on areas under greater Communist influence, such as Perak and Johore.[278]

In August 1953 Sir Gerald Templer heralded the success of food denial operations and the restrictions placed on movement. In response he proposed relaxing both within 'white areas'. This was designed to simultaneously raise the morale of those within the white areas and encourage those in remaining problem areas to comply.[279] In September the first 'White Area' was declared in Malacca, where Emergency restrictions were relaxed.[280] While Templer was keen to see that the ERs were relaxed for compliant civilians he was anxious to maintain discipline among service personnel. Templer wrote: 'There will be no easing of Security Force vigilance.'[281] The policy would be instituted, and over the next two to three years the 'white areas' would be extended to encompass nearly half of the population of Malaya.[282] By the end of 1953 the indices of the Emergency had again sharply fallen. Casualties among the security forces were nearly a third of what they had been the previous year at 209. The total incidents were recorded at 1,170, 258 major and 912 minor, and the contacts at 1,407. Communist casualties had also now begun to decline at 1,695.[283] In 1953 there was an estimated 4,373 CTs in the jungle.[284]

The 1955 DOO report suggested that 'there is evidence in some areas to show that their morale is not high, that they are short of supplies and that our food denial is still the most effective weapon which we employ against them.'[285] Richard Clutterbuck later described the captured and surrendered insurgents as being generally 'dirty, unkempt and exhausted; they were undernourished, pale from lack of sunlight under the jungle canopy and weakened by festering sores from the bites of insects and leeches'.[286] For Lieutenant-Colonel R. J. Belas,

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[278] DOO Report, 1957, p.10.

[279] Short, *Communist Insurrection*, p.379.

[280] Planning Staff Report, 1967, p.6.

[281] '['White area' in Malacca]: inward savingram no 1480/53 from Sir G Templer to Mr Lyttelton on a proposed relaxation of emergency regulations in part of the Settlement', 28 Aug 1953, Document 303. In Stockwell (Ed), *Malaya, Part II*.

[282] Short, *Communist Insurrection*, p.379.

[283] Ibid, Appendix.

[284] DOO Report, 1957, p.4.

[285] DOO Report, 1955, p4.

[286] Richard Clutterbuck, *The Long Long War: The Emergency in Malaya, 1948-1960*, (London: Cassell, 1967), p.102.

of the RAMC, Clutterbuck's narrative was evidence 'that many of these men had broken down, or were on the verge of doing so.'[287] L.S. Ives, a National Service infantryman in Malaya, praised Freddie Spencer Chapman's book *The Jungle is Neutral* (1949) for its insight into the environment but also the Communist insurgents. Spencer Chapman's book was an account of his wartime service in occupied Malaya, where he met what would become key personalities in the Emergency. 'Nothing really prepares you for the jungle as an environment - it is quite unique. Many eminent people have written about it. Probably the finest book on the subject is 'The Jungle is Neutral' … We all read this book - which if anything emphasised the durability of the people we were up against!'[288] John Newsinger has argued that Chapman's book about wartime cooperation with the MPAJA expresses admiration for the communist guerrillas, which provides 'a view that is in stark contrast with British propaganda during the Emergency'.[289]

By 1954, the main Communist threat was considered to be broken which meant the roles of High Commissioner and Director of Operations were again separated.[290] In June 1954 General Templer left Malaya and his Deputy Donald MacGillivray replaced him as High Commissioner.[291] Lieutenant-General Sir Geoffrey Bourne took on the combined role of Director of Operations and General Officer Commanding Malaya Command.[292] Between 1954 and 1956 there was a gradual reduction in the strength of the military element of the security forces. By 1st July 1956 this military element comprised two armoured car regiments, one field artillery regiment and nineteen infantry battalions. Some of the infantry battalions were to be kept in strategic reserve and not committed to security operations.[293] In 1954 there were 1,197 Communist casualties recorded, 241 casualties among the security forces 1,077 incidents and 993 contacts.[294] In 1954 there were an estimated 3,402 CTs in the

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[287] Lieutenant-Colonel R. J. Belas, 'Combat Psychiatry and Preventive Aspects of Mental Health', *JRAMC*, 119:3, (1973), p.7.

[288] Ives, 'A Musket for the King', p.120.

[289] John Newsinger, *British Counterinsurgency*, (Hampshire: Palgrave Macmillan, 2015), p.35.

[290] DOO Report, 1957, p.10.

[291] Planning Staff Report, 1967, p.6.

[292] DOO Report, 1957, p.10.

[293] Planning Staff Report, 1967, p.7.

[294] Short, *Communist Insurrection*, Appendix.

jungle.[295] Control of offensive operations was gradually being passed over to Malaya's political leaders in preparation for the coming independence.[296]

By June 1955, the security forces were dominant and both Moscow and Peking (Beijing) were pursuing a policy of competitive co-existence with the west, hoping to win concessions by negotiation and diplomacy, as they had at the Geneva conference of 1954. There was also an impending election in Malaya, with the intention of forming a government. These factors led to an MCP overture toward a peaceful settlement of the conflict.[297] In July 1955 Tunku Abdul Rahman, leader of the United Malay National Organisation (UMNO), was elected Chief Minister, forming a government with the Malayan Chinese Association (MCA) and the Malayan Indian Congress (MIC), in a grouping calling itself the Alliance. This first stage in the transition from colonial rule meant 'the MCP was deprived of one of its strongest propaganda lines.' One of Abdul Rahman's first acts was to declare an amnesty, the aim of which was to allow the Communist forces the opportunity to surrender. During this period the security forces were ordered to 'shout before you shoot'. There were, however, few surrenders and the policy was later discontinued. In December 1955 the MCP and the new government entered peace talks in Baling. The Secretary General of the MCP, Chin Peng, offered to end the fight on the condition that his organisation was recognised as a political party. The talks broke down when the Chief Minister of the Federation refused to recognise the MCP and instead called for their unconditional surrender.[298]

During 1955, a decision to focus the security forces on areas in which Communist influence was weakest resulted in Pahang being declared a white area following intensive food denial operations. Similar success followed in South Selangor which expanded the growing white area in central Malaya. In turn, this enabled the security forces to shift their focus to Selangor and Negri Sembilan in 1956.[299] By the end of 1955 the indicators of the Emergency had again fallen. The security forces had generated 565 contacts resulting in 884 Communist casualties. The Communists had instigated 781 incidents divided into 206 major and 575 minor incidents, with 182 casualties among the security forces.[300] In 1955 there was an

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[295] DOO Report, 1957, p.4.

[296] Ibid, p.10.

[297] Ibid, p.3.

[298] Ibid, p.3 and p.10.

[299] DOO Report, 1957, pp.9-10.

[300] Short, *Communist Insurrection*, Appendix.

estimated 2,798 CTs in the jungle.[301] In early 1956 a date was agreed upon for Independence, after which preparation for self-governance, including the 'Malayanisation' of the government, gradually replacing British with Malayan personnel.[302] In 1956 there were 608 Communist casualties recorded, 126 casualties among the security forces, 435 incidents (102 major and 333 minor) and 486 contacts.[303] In 1956 there were an estimated 2,231 CTs left in the jungle, many of them on or even over the border with Thailand.[304]

July 1957 saw the first month in which no civilian nor member of the security forces was killed, and where no major incident occurred. Communist insurgents, however, would continue to be killed at an average of one per day throughout 1957. By August 1957 Central Selangor was declared a white area, which meant the white areas now extended from coast to coast through central Malaya. This also meant the Emergency Regulations had been lifted for approximately half of the population.[305] On 31st August 1957 the Federation of Malaya became an independent member of the Commonwealth.[306] By this time, there were an estimated 1,830 CTs in the jungle,[307] mainly concentrated in Johore, Central Perak, and across the border in Thailand.[308] In 1957 there were 540 Communist casualties recorded, 44 casualties among the security forces, 190 incidents (40 major and 150 minor) and 303 contacts. The figures continued to fall after independence. By 1959 there were 119 Communist casualties recorded, 10 casualties among the security forces, 12 incidents (4 major and 8 minor) and 27 contacts.[309] Then, on 31 July 1960 the Emergency was formally declared to be at an end.[310] By the end of 1960 there had been 5 minor incidents and no major incidents recorded. The security forces had made 21 contacts, with 48 Communist casualties and no casualties recorded among the security forces.[311]

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[301] DOO Report, 1957, p.4.

[302] Ibid, pp.9-10.

[303] Short, *Communist Insurrection*, Appendix.

[304] DOO Report, 1957, p.4.

[305] Ibid, p.11.

[306] Planning Staff Report, 1967, p.7.

[307] DOO Report, 1957, p.4.

[308] Ibid, p.11.

[309] Short, *Communist Insurrection*, Appendix.

[310] Planning Staff Report, 1967, p.7.

[311] Short, *Communist Insurrection*, Appendix.

1.5.   Conclusion

This chapter has delineated the campaign phases and has suggested that the experience of participation in the opening years of the conflict was different from in the closing years. The chaotic opening years of the Emergency (1948-1949) saw the security forces engaged in large scale operations which involved sweeps of the jungle and more generally reacting to Communist instigated incidents, with little intelligence. The Briggs Plan from 1950, and the system of War Executive Committees, alongside slow improvements in intelligence, meant security forces were increasingly well informed and controlled, shifting over more and more to intelligence-led operations. The resettlement of the Briggs Plan shaped the period 1950-52. On the one hand, it created a clearer area of separation between the settlements and jungle, and a better framework for control. On the other hand, the Communist counter-offensive and the increased tempo of operations (1950-52) represented a period of continued strain on the security forces. 1951 saw the Communist insurgency reach its zenith with the highest number of incidents recorded that year. As a result, it would also be the bloodiest year of the Emergency for the security forces. Casualties would peak in 1951, which included the high profile killing of the High Commissioner Sir Henry Gurney and the ambush of 11 platoon of the Royal West Kent regiment, the heaviest loss due to one incident during the Malayan Emergency. [312] By the end of 1952 the security forces had gained the upper hand. This was indicated by the statistics which gauged the progress of the Emergency and demonstrated a steady downward trend from 1953 onwards. After this time (1953-1960) the security forces were engaged in mopping up operations. The jungle, however, remained a constant stress for service personnel throughout the Emergency. Using official materials this chapter has shown the insurgency and the insurgents as they were presented to service personnel. It has suggested that these official perceptions were challenged when service personnel came into contact with the insurgents. The following chapter will show how British troops were prepared psychologically to conduct the counterinsurgency in Malaya.

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[312] Short, *Communist Insurrection*, Appendix; Vinen, *National Service*, p.316.

Chapter 2

Morale and Training during the Malayan Emergency

2.1.   Introduction

As shown in the introductory chapter, resilience, as a psychological concept, was in its infancy within the psychiatric literature during the Second World War. It was, for example, largely absent from the psychiatric reports and papers generated by the campaign in Burma. These reports formed the basis for later histories, in which much of the material was reproduced uncritically. The earliest authoritative work was Robert Ahrenfeldt's *Psychiatry in the British Army in the Second World War*, first published in 1958.[313] Eight years later this was followed by F.A.E. Crew's official medical history of the Burma campaign.[314] Crew's history included a notable addition to the terminology, stating that: 'The conditions in this theatre were such as to make unrelenting demands upon a man's powers of endurance and upon his resilience.'[315] Pat O'Malley (2010) has argued that 'projecting' resilience, as it is now understood, onto earlier periods implies that the concept has a 'timeless character'.[316] This criticism has led historians to look for earlier iterations of the concept. Alexander Watson (2009), writing on the Great War has argued that morale has been 'the common shorthand for military resilience and combat motivation'.[317] In deference to O'Malley's criticism and following Watson's lead this chapter will forward morale as being an earlier iteration of resilience. In the official history of the medical services in the Second World War Ahrenfeldt sought to codify the lessons of the war and emphasise the use of 'psychiatric

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[313] Robert H. Ahrenfeldt, *Psychiatry in the British Army in the Second World War*, (London: Routledge, 1958), pp.190-195.

[314] Francis Albert Eley Crew, *The Army Medical Services: Campaigns. Vol. V. Burma*, (London: HMSO, 1966), pp.676-685.

[315] Ibid, p.677.

[316] Pat O'Malley, 'Resilient Subjects: Uncertainty, Warfare and Liberalism', *Economy and Society*, 39:4, (2010), p.492.

[317] Alexander Watson, *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies, 1914-1918*, (Cambridge: CUP, 2009), p.140.

prophylaxis and the promotion of mental health'.[318] Fundamental to the prevention of psychiatric and disciplinary breakdowns was high morale which, wrote Ahrenfeldt, could be inculcated through training.[319]

A number of recent writers have looked at the role of political ideology in the production of morale. Omer Bartov (1991) has argued that ideological indoctrination was key to morale in the German Army during the Second World War.[320] S.P. Mackenzie (1992) has examined the links between education, citizenship and morale in the British army during the twentieth century.[321] Mackenzie found that ideas about citizenship and empire were promoted during the Second World War to fortify morale.[322] Other writers have argued that ideology will carry the infantryman only so far and instead that comradeship was the main reason men fight. In this reading the small group was fundamental to the production of morale. One of the first to expand on this idea was S.L.A Marshall, chief United States Army combat historian during the Second World War and Korea. In *Men Against Fire* (1947) Marshall wrote:

> Lofty ideas and ideals we must have, if only to assure that man will go forward. But it is unworthy of the profession of arms to base any policy upon exaggerated notions of man's capacity to endure alone. In battle, you may draw a small circle around a soldier, including within it only those persons and objects which he sees or which he believes will influence his immediate fortunes. These primarily will determine whether he rallies or fails, advances or falls back.[323]

Hew Strachan (2006), has suggested that the customary explanations of morale are not exclusive and that the historian needs to consider an important further factor, that of

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[318] Robert H. Ahrenfeldt, 'The Army Psychiatric Service'. In Sir Arthur Salusbury MacNalty and W. Franklin Mellor (Editors), *Medical History of the Second World War: Medical Service in the War*, (London: HMSO, 1968), p.175.

[319] Ibid, pp.188-190.

[320] Omer Bartov, *Hitler's Army: Soldiers, Nazis, and War in the Third Reich*, (Oxford: OUP, 1991), Preface.

[321] S.P. Mackenzie, *Politics and Military Morale: Current Affairs and Citizenship Education in the British Army, 1914-1950*, (Oxford: Clarendon Press, 1992), pp.1-2.

[322] Ibid, pp.126-127.

[323] S.L.A Marshall, *Men Against Fire: The Problem of Battle Command in Future War*, (New York: William Morrow & Company, 1947), p.154.

training.[324] Joanna Bourke (2018) has shown that the British experimented with different forms of behavioural training during the Second World War.[325] Military training, being based on the enforced repetition of prescriptive routines, is certainly grounded in behavioural conditioning. There is also a psychological dimension to training. 'The value of training', writes Strachan, is 'in large part psychological: it is an enabling process, a form of empowerment, which creates self confidence.'[326] It is this psychological dimension that will be examined in this chapter, as applied to training.

As delineated in the literature review, a number of writers have linked hunting and the use of hunting terminology with military training and operations. This chapter will build on these works by situating the hunting metaphor within the concept of morale. This chapter will argue that morale was also conceptualised, amongst other ways, as 'offensive spirit'. It will go to suggest that 'offensive spirit' in action was promoted through a hunting metaphor within the military training pamphlets and memorandums generated by Far East Land Forces. Firstly, however, it will look at 'hate training' during the Second World War in order to draw out some salient points against which to think about the idea of 'offensive spirit' and the hunting metaphor.

The ultimate end of training the infantryman was arguably the act of killing. Joanna Bourke (1999) has argued that soldiers enjoyed killing and those who did not have the opportunity to kill often broke down.[327] Bourke employed the hunting metaphor to illustrate the soldiers enjoyment of killing.[328] Edgar Jones (2006) has countered that entry into the combat zone, where the killing takes place, greatly increases exposure to serious injury and death. Exposure to combat has proven the most reliable indicator of psychiatric breakdowns, and the combat zone is where the majority of psychiatric casualties occur.[329] Both were in agreement that training was the mechanism that facilitates the ability to kill. This chapter

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[324] Hew Strachan 'Training, Morale and Modern War', *Journal of Contemporary History*, 41:2, (2006), p.215.

[325] Joanna Bourke, 'Psychiatry, Hate Training, and the Second World War', *Journal of Social History*, Fall (2018), p.5.

[326] Strachan 'Training, Morale and Modern War', p.216.

[327] Joanna Bourke, *An Intimate History of Killing: Face-to-Face Killing in Twentieth-Century Warfare*, (London: Granta Books, 1999), pp.248-249.

[328] Ibid, p.140.

[329] Edgar Jones, 'The Psychology of Killing: The Combat Experience of British Soldiers during the First World War', *Journal of Contemporary History*, 41:2, (2006), p.245.

will also suggest that the hunting metaphor deferred to Second World War psychiatric thought which sought an answer to the problem of training soldiers to kill. Much of the thinking from the jungle campaign in Burma migrated to postwar Malaya with veterans of Burma and the reuse of military training literature. The Malayan Emergency, however, was not only prosecuted through jungle operations but also through population control measures. This raises the question of the use of force. This chapter will suggest that the behavioural training and its overarching narrative focused on the use of force needed to combat insurgents in the jungle, over its delimitation, which was needed when dealing with civilians and disputed populations.

2.2. *Morale and Training*

This chapter is concerned with the lessons of the Second World War and the application of those lessons in Malaya during Britain's postwar period of decolonisation. British Second World War psychiatric thought can be traced back to a committee of enquiry that was set up in the aftermath of the First World War. The report resulting from the Southborough 'Shell-Shock' enquiry governed much of British military psychiatric policy in the Second World War and continued to be influential during the postwar period. In April 1920, Lord Southborough, speaking in the House of Lords, raised the need for an enquiry into 'Shell shock'. Subsequently, a committee was convened, meeting for the first time in September. Following investigation, which included expert testimony on the medico-legal aspects of 'Shellshock', the committee published its findings and recommendations in 1922.[330] It reported that soldiers were more susceptible to psychiatric disorder and indiscipline when morale was low. [331] The historian of British psychiatry, L.S. Hearnshaw, later noted that as the rate of breakdowns varied across units there was 'an important element of truth' in the 'emphasis on morale' reported in the enquiry.[332] Better training was put forward as the means to inculcate morale and discipline and to maintain mental and moral efficiency. Barrack square drill was emphasised as a means to instil these qualities but there was also a call to create soldiers who could think and act for themselves.[333]

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[330] 'Report of the War Office Committee of Enquiry into "Shell-Shock"', (London: HMSO, 1922), p.3.

[331] Ibid, p.150.

[332] L.S. Hearnshaw, *A Short History of British Psychology 1840-1940*, (London: Methuen, 1964), p.246.

[333] 'Report of the War Office Committee of Enquiry into "Shell-Shock"', p.150.

There was also a recurring fear within the British Army that its conscripts were becoming less adept at soldiering because of social progress. Delivering an address on war neuroses to the *Royal College of Physicians* in November 1918, consulting neurologist, Colonel William Aldren Turner, stated that compulsory service brought those 'who are constitutionally and by upbringing and education unable to adjust their outlook to service conditions. In other words, the young soldier becomes neurasthenic owing to a failure of adaptation to a continued emotional cause and the struggle to bring about such adaptation (Dejerine).'[334] Being grounded in evolutionary thought, adaptation was also central to the work of one of the more prominent figures in the history of British military psychiatry: Captain (and neurologist) William Rivers.

Rivers was already an established doctor and neurologist when he joined the Army in the First World War. But he is perhaps best known as being the 'father-confessor' to the war poet Siegfried Sassoon,[335] a patient-doctor relationship that has subsequently been fictionalised in Pat Barker's influential novel *Regeneration* (1991).[336] For Rivers, training was the mechanism through which citizens were adapted into soldiers. Drill was designed to habituate citizens to the army and increase suggestibility to orders. In this way individuals were formed into an aggregate with their needs becoming secondary to the group. This strengthened the social instinct, exemplified by the desire to do one's duty, which, in turn, enabled the more primitive instinct of self-preservation to be repressed. For Rivers then, war neurosis was a failure of adaptive repression.[337] When Rivers gave his opinion on morale to the Committee he commented that the 'whole object of military training is to produce *esprit de corps* and other factors which give good morale' and that the reason why so many had succumbed to psychiatric disorder was because of 'incomplete training.'[338]

Concern that British citizen-soldiers had become ill-suited to the hardships and stress of battle would again resurface during the Second World War. This would lead to experiments

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[334] William Aldren Turner, 'Neuroses and Psychoses of War', *JRAMC*, 31:5, (1918), p.399.

[335] Ben Shephard, *Headhunters: The Search for a Science of the Mind*, (London: The Bodley Head, 2014), p.2.

[336] Pat Barker, *Regeneration*, (New York: Viking, 1991).

[337] W.H.R. Rivers, *Instinct and the Unconscious: A Contribution to a Biological Theory of the Psycho-Neuroses*, (London: CUP, 1922), pp.210-214.

[338] 'Report of the War Office Committee of Enquiry into "Shell-Shock"', p.56.

in behavioural training, which sought to condition recruits to stress.[339] The following section will show that the limitations of behavioural training would be exposed when overzealously applied. It will go on to suggest that the psychiatric services invoked and instrumentalised the concept of morale to address these limitations.

2.2.1. Morale and Training during the Second World War

A memorandum concerning the work of the Directorate of Army Psychiatry (January 1944) during the Second World War, stated that it had largely followed the recommendations of the Southborough Committee on Shell Shock (1922). More specifically, the tenet that '"prevention is better than cure" and the prophylactic approach has been followed wherever possible.'[340] General prevention took the form of advisory work on morale and training. The memorandum made clear that the 'mental training' should avoid 'the activation of primitive blood lust', which would cause psychiatric breakdowns, and instead promote 'the maintenance of military motivation'.[341]

By 1942 the Army had set up its first battle school in order to replace outdated training methods and to better psychologically prepare soldiers for war. Training was emphasised as a way to prevent breakdowns by conditioning soldiers to stress and debunking preconceived notions about battle. This brought training within the domain of psychiatry and a psychiatric adviser was attached to the school. The underlying idea was to introduce soldiers to the stress of battle by creating a realistic environment, which became known as 'battle inoculation'.[342] This medicalised language mirrored increasing confidence in prophylactic medications and the importance of preventive over curative measures. It was initially proposed that 'the maximal amount of live ammunition and high explosive noises' be used throughout. This high exposure to stress left recruits visibly shaken, however, and even caused a case of hysterical paralysis in one. Recruit responses were found to be less pronounced under

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[339] Bourke, 'Psychiatry, Hate Training, and the Second World War', p.5.

[340] 'Memorandum on Army Psychiatry' (January, 1944). In 'Work of Psychologists and Psychiatrists in the Services', p.1, TNA CAB 21/914.

[341] Ibid, p.2.

[342] The War Office, 'The Work Of Army Psychiatrists In Relation To Morale.', p.2, (1944), TNA CAB 21/914.

graduated exposure to stress. This led to the working hypothesis that graduated training would enhance 'military judgement' and reduce fear.[343]

This behavioural training was initially combined with 'training in "Hate"'. Hate training utilised atrocity photographs, visits to slaughterhouses and the use of blood during exercises. A 1944 War Office report on the work of army psychiatrists in relation to morale stated that the practice was discontinued after students again experienced deleterious effects, noting that: 'The analogy of the battle field to a slaughter house did not seem to be relevant or inspiring, and the emphasis on the more sadistic aspects of war appeared to upset many students.' The practice was abandoned but a 'sadistic atmosphere' continued to be employed in some battle schools, and a psychiatrist had to be dispatched to explain its harm.[344] There was also public dismay at the practice of hate training when the media picked up on its use.[345] The War Office report was later codified and operationalised as a technical memorandum from the Directorate of Army Psychiatry. The memorandum distanced the British from the use of 'Hate' training, and instead emphasised it as Nazi like practice. Training should be aimed at installing confidence and a belief in victory. The memorandum stated that:

> The inherent danger of all attempts to "condition" men is that, unless carefully controlled, such attempts may have an effect exactly the opposite to that intended. … It must be clearly realised that advanced training is designed, not to frighten men, but to give them an opportunity to realise the emptiness of much of their fear. Each man's mental picture of war should become one of attack with a reasonable chance of success.[346]

Just as the limitations of behavioural training had been exposed by non-graduated exposure to stress, hate training had illustrated the importance of narrative in the formation of attitudes toward battle. It had become clear that inciting hatred did not work, so instead the psychiatric services invoked the concept of morale to appeal to British nationalism. The Memorandum

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[343] Ibid, p.2.

[344] The War Office, 'The Work Of Army Psychiatrists In Relation To Morale. Appendix "C" Battle Inoculation', TNA CAB 21/914.

[345] Bourke, 'Psychiatry, Hate Training, and the Second World War', p.7.

[346] Directorate of Army Psychiatry. Technical Memorandum No.2., '"Suppose You Were A Nazi Agent-" Or "Fifth Column Work For Amateurs"', p.7, (1942), TNA CAB 21/914.

described morale as 'the will to win and the capacity to endure' because of national ideals.[347] 'Offensive spirit', was 'indistinguishable from good morale'. It was conceptualised as 'an active determination to be better trained and to have more speed, initiative, ingenuity and persistence than the enemy.'[348] Thus, the concept of morale became militarised as offensive spirit. The psychiatric memorandum had picked up on a history of the use of the term 'offensive spirit' within the British Army.

Simon Innes-Robbins, for example, has identified the importance that British Generals placed on the concept during the First World War. In the opening years, the generalship expected 'offensive spirit', even over technique, to be the decisive factor on the Western Front.[349] By 1918 this had changed, as the generals had realised that the will to fight had to be allied with the skill to fight and fresh impetus was placed on training the British infantryman.[350] Conversely those who did not perform to the required standards were seen as having a lack of offensive spirit. In July 1916, for example, a group of soldiers refused to go out on patrol claiming they were unable due to stress. Their officer later reported that they had demonstrated 'a great lack of offensive spirit'.[351] Grounding the concept of morale in action on known military terminology, as opposed to psychiatric terminology, the memorandum presented the concept to the military in an accepted form. Affirmation of the psychiatric position came in the form of a later memorandum, circulated by Field Marshal Bernard Montgomery in his 'Memorandum On Battle'. This stated that: 'Any attempts to create an artificial blood-lust or hate during training is worse than futile. Such an attitude of hate is foreign to the British temperament and attempts to produce it by artificial stimulus during training are bound to fail in battle, as they did in the last war.' What he called for instead was 'true offensive spirit'.[352]

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[347] Ibid, p.1.

[348] Ibid, p.7.

[349] Simon Robbins, *British Generalship on the Western Front 1914-18: Defeat into Victory*, (London: Routledge, 2005), p.73.

[350] Ibid, p.93.

[351] Anthony Babington, *Shell-Shock: A History of the Changing Attitudes to War Neurosis*, London: Leo Cooper, (1997), p.79.

[352] Field Marshal Bernard Montgomery, 'Memorandum On Battle Drill', (Undated). Papers of Brigadier H.D.K. Money, IWM 72/14/1; Ahrenfeldt, *Psychiatry in the British army in the Second World War*, p.200.

As the war continued, military training pamphlets emerged which codified some of the more behavioural aspects of training, such as battle inoculation, into doctrine. The pamphlets also revealed additional ideas and narratives surrounding training and operations. The military training pamphlets in the Far East, for example, were an evolving set of instructions compiled from the growing experience of jungle warfare.[353] Taken collectively they also revealed a distinctly psychological concern with preparing soldiers' minds for the rigours of the jungle. In part this took the form of 'debunking' the jungle, or, as expressed in *The Jungle Hiker* (1944), a survival guide for downed aircrew, 'Dejunking The Bungle'.[354] The manuals also included advice on how to more effectively engage soldiers during training. Instead of ideas about hate they promoted competition: 'The ordinary man is so built that his mind is most active when he is up against something or somebody. The feeling that he has got to pit his own mind against some form of competition automatically stirs him on to a greater effort.'[355] This thought followed into operations: 'Jungle warfare should be regarded as a game, healthful, interesting and thrilling; the men should feel at home in the jungle and regard it as a friend.'[356]

'Military Training Pamphlet No 51: Preparation for Warfare in the Far East' (1945), introduced the term 'offensive spirit' into the Far East Training material: initiative and offensive spirit was to be maintained by action.[357] M.T.P. No 51 also revealed a recurring fear among senior officers, although this time it was transposed onto the jungle. It warned that the average British citizen-soldier had become psychologically habituated to modern industrial society. In response it called for training techniques that simulated the jungle and broke these ties:

> Training at night, especially on nights when there is a half moon, is probably the best substitute that can be produced for jungle training ; constant night work forces men to become self-reliant and tends to dispel the "herd instinct", a characteristic that is

[353] Timothy Moreman, *The Jungle, The Japanese and the British Commonwealth Armies at War 1941-45*, (London: Frank Cass, 2005), p.104.

[354] A Royal Air Force Welfare Publication, *The Jungle Hiker*, (Colombo: The Times of Ceylon, 1944), p.1.

[355] *Army in India Training Memorandum: A.I.T.M. No. 25*, (War Series, 1944), p.38.

[356] The War Office, *Warfare in the Far East, Military Training Pamphlet 52*, (1944), p.81.

[357] The War Office, *Military Training Pamphlet No 51: Preparation for Warfare in the Far East*, (1945), p.8.

only too common among British troops, the majority of whom have lived their lives in towns and cities.[358]

Within MTP 51 the 'herd instinct' was seen as something that could sap initiative and was a bond that needed to be broken. Instead, what was called for in the jungle was self-reliance. For the authors of these pamphlets, the qualities needed in jungle warfare were embodied by the hunter. The Army in India Training Memorandum (1944) stated that: 'A good hunter must have patience, and in jungle fighting the soldier is a "hunter" in the strictest sense of the word.'[359] In the tactical guide, *Jungle Jottings* (1945) the hunting metaphor was used to urge soldiers to overcome behaviours and attitudes deleterious to jungle operations: 'We must equally overcome the self-consciousness that leads some of us to feel that crawling on the belly is childish and savours of boys out scouting. We must all try to copy the hunters, trappers, and frontiersmen of America whose lives depend on their being able to beat the Red Indian at his own game.'[360]

The aim of the MTPs was the widespread dissemination of their lessons. *The Jungle Book* (1943), a prominent example, was mass produced with 45,000 copies being distributed to both Officers and Non-Commissioned Officers. Timothy Moreman has argued that the lessons were made comprehensible by employing an accessible format and illustrations.[361] Within this context the hunting metaphor, which invoked figures from popular culture, can be seen as an accessible way of conveying the preferred attitude, and so mode of morale, to soldiers. This appeared to be tacitly understood within a further codification which synthesised literature on jungle warfare from both sides of the Atlantic. Major-General Rowan-Robinson published a manual on Jungle-Warfare in 1944. In it, he saw Burma as a continuation of earlier colonial campaigns and recognised the power of popular culture in conveying this message: 'we see in jungle-warfare a reversion to the combats of colonists with Red Indians which stirred our blood in the days of Fenimore Cooper and Mary Johnston.'[362] Rowan-Robinson went on to argue that there was a need to combine British

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[358] Ibid, p.2.

[359] A.I.T.M., (1944), p.8.

[360] 'Notes On Minor Tactics AITM No.20-April 1943'. In The War Office, *Jungle Jottings*, (1945), p.30.

[361] Moreman, *The Jungle, The Japanese and The British Commonwealth Armies*, p.104.

[362] Major-General H. Rowan-Robinson, *Jungle-Warfare*, (London: New York: Melbourne: Hutchinson & Co., 1944), p.9.

tactics and technology with the 'combat-craftiness of the Mohican'.[363] As we shall see, these ideas re-emerged later in Malaya, under the instruction of Burma veteran and Gurkha officer Lieutenant-Colonel Walter Walker.

2.2.2. *Training and National Character*

As Montgomery had stated during the war in his 'Memorandum On Battle Drill', 'The methods we adopt must be suited to our national character, which does not include blood lust.'[364] If the idea of hate training and the slaughterhouse analogy of warfare was incongruent with the British character the same could not be said for the hunting narrative. Blood sport had long been part of British military and imperial culture. Colonel J.C. Gawler, who commanded a punitive column during the Anglo-Sikhim War of 1861, later published his experiences as a guide to jungle warfare. Its language and underlying psychology appear prophetic in relation to the training pamphlets that later emerged from the Far East during the Second World War. Gawler thought an intellectual regression was required for British soldiers to be effective in the jungle. To convey his message, he invoked figures from popular culture:

> The intellectual part of bush tactics is only the exercise of the animal instincts and intelligence, which the uneducated savage possesses; and, with a little practice, where should be found men more apt for border raid, or "hunting craft by lake and wood," than the countrymen of Robin Hood or bold Rob Roy? [365]

Charles Callwell's *Small Wars* (1896), regarded as a forerunner to later codifications of counterinsurgency, recommended the use of Europeans who were accustomed to living outdoors in areas of guerrilla warfare to be used as scouts. These 'adepts at the hunter's craft' moved ahead of the main body of troops to 'fix the quarry'.[366]

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[363] Ibid, p.14.

[364] Montgomery, 'Memorandum On Battle Drill'.

[365] Colonel J.C. Gawler, 'Sikhim. With Hints On Mountain And Jungle Warfare', p.7. In *Historical Tracts. 1850-73.* (London: Edward Stanford, 1873).

[366] Charles Edward Callwell, *Small Wars: Their Principles And Practice*, (HMSO, 1903), p.144.

Robert Baden-Powell, the founder of the Boy Scouts movement, wrote *Aids To Scouting: for N.-C.O.s & Men* (1899) with similar thoughts in mind. It was written from his experience as a seasoned campaigner in Britain's small wars of Empire. Competitive hunting-based games were to be used to develop the skills needed to become a Scout.[367] The manual encouraged the Scout to enter the mind of his enemy: 'Hunting an enemy is like hunting game. … to be successful at it you must know something of the ways and habits of the animal you are after'.[368] In 1908, Baden-Powell also wrote *Scouting for Boys*, which had its roots firmly in his earlier manual. The book emphasised duty toward king, country and countrymen. Scouting was the first step toward fulfilling that duty and joining the ranks of the soldiers, pioneers, explorers and missionaries that had built the Empire.[369] The manual emphasised what were considered civilised ideas, for example chivalry which in his example meant not to steal, but also encouraged boys to enter the mind of those would steal: 'a policeman does not catch pickpockets by standing about in uniform watching for them, he dresses like one of the crowd … If a guilty person finds himself being watched it puts him on his guard'.[370] Baden-Powell was suggesting that the Empire was not an entirely civilised place and its inhabitants were not bound by the same laws or principles as the British. To survive there meant understanding that and to some extent becoming uncivilised. Competitive games were used to instil the physical and psychological skills the boys would need to emulate their forebears,[371] with instructors encouraged to play on the imaginations of the boys.[372]

A later work more explicitly aligned assumptions about national character with hunting. In his book, *Pink and Scarlet or Hunting as a School for Soldiering* (1900), Lieutenant-Colonel E.A. Alderson wrote that 'hunting can take up the fighting education of the young Officer just where the barrack-square and drill-field can go no further, and that, if taken and made use of in the right way, it can continue to educate him in a way that nothing else, except actual experience of active service, or work under conditions very nearly akin to those of active service, can possibly do.' Alderson spoke against the military 'craze' for 'uniformity'

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[367] Bt-Colonel R. S. S. Baden-Powell, *Aids To Scouting: for N.-C.O.s & Men*, (London: Gale & Polden, undated), p.130.

[368] Ibid, p.37.

[369] Robert S.M.B. Powell, *Scouting for Boys*, (London: C. Arthur Pearson Facsimile Edition, 1957), pp.12-13.

[370] Ibid, p.110.

[371] Ibid, pp.114-115.

[372] Ibid, p.356.

and argued that hunting developed '*self reliance and decision of action*'. These were attributes of 'buoyancy', along with '*flexibility and adaptability to circumstances*'. For Alderson, the English socio-political system demonstrated a propensity for individualism. Hunting developed this propensity, 'hence' the English 'have buoyancy as a national characteristic'.[373] The *Manual of Training for Jungle & River Warfare*, published in 1914, wrote that the educated officer may find the jungle bewildering but that nevertheless troops from a civilised country could be trained to fight in this terrain, although it meant unlearning the lessons of the parade ground.[374] The scout became increasingly important as the eyes and ears of the formation in the jungle.[375] 'The best training they can get is to be frequently taken out by officers going shooting, and taught to stalk, move noiselessly through the jungle, and read tracks.'[376] The Far East training material appeared to have fallen back on a well-established Empire narrative to motivate service personnel.

2.2.3. The Psychological Rationalisation of the Hunting Metaphor and Resilience during Jungle Warfare

In 1968, a volume of the official history of the medical services in the war was published. It contained a section on military psychiatry by Robert Ahrenfeldt. In this he argued that hate training was ineffective and harmful as it 'undermined one of the foundation stones of morale - human self-respect'. Encouraging 'primitive, instinctual and sadistic trends' was, he argued, 'unnatural' to 'emotionally mature citizens of contemporary societies of Western civilization.' This, he writes, was what Montgomery had meant when he had stated that hate was foreign to the British national character. While Ahrenfeldt was critical about the use of hate he went on to argue the need to dehumanise and depersonalise the enemy 'so that killing then loses some of its emotional impact for the civilised man'. He linked this with offensive spirit: 'It is obviously necessary to "build" the true offensive spirit.' Removing the inhibition

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[373] Lieutenant-Colonel E.A. Alderson, *Pink and Scarlet or Hunting as a School for Soldiering*, (London: William Heinemann, 1900), pp.209-211.

[374] Major Gordon Casserly, *Military Text Books Vol. 1: Manual of Training for Jungle & River Warfare*, (London: T. Werner Laurie, 1915), pp. 9-13.

[375] Ibid, pp. 9-13.

[376] Ibid, pp. 78-82.

to kill in a controlled manner was, for Ahrenfeldt, one of the most difficult problems of human psychology.[377]

The hunting metaphor certainly achieved the aim of depersonalising and dehumanising the Japanese in Burma. Perhaps the most virulent example of this comes from Lieutenant General Sir William Slim's contribution to M.T.P. No. 51 (1945): 'The jap is an insect. Picture yourself fighting man-size red ants and you've got it. … We have to produce a tough, self-reliant hunter, who is out to get up to his enemy and kill him.'[378] The pernicious mixture of metaphors was accompanied by equally abhorrent imagery. The front cover of *The Jungle Book*, mentioned earlier, depicted a caricature of a Japanese soldier being gripped by a fist, with 'good training' branded on the forearm.[379] The meaning was clear, training was the mechanism by which the Japanese were dehumanised and would be defeated. The hunting metaphor, being central to military thought, was a more accepted form of dehumanisation and depersonalisation. The recurrent use of contemporaneous psychiatric terminology in the M.T.P.s implicated military psychiatrists, at least indirectly, in their production. Notable examples are the sections on man management and the need to debunk the fear of operations, both of which were present in the earlier psychiatric reports on hate training. Psychiatrists had certainly been engaged in debunking ideas about the Japanese infantry being superior jungle fighters. As R. F. Tredgold, Adviser in Psychiatry to Southern Army, India Command, explained: 'Two extravagant attitudes were noted in 1943-that the Jap was a superman, and that he was undersized. Both were "debunked" - by intelligent instruction in which the divisional psychiatrists played their part.'[380]

Commentators on psychiatric attrition during the First and Second World Wars thought that weaponry and warfare had advanced past the soldier's ability to cope. George Elliot Smith and T.H. Pear wrote, in *Shell Shock and its Lessons* (1917), that the conditions of modern warfare had become 'unnatural'. The natural way to fight, thought Smith and Pear, was in brief hand to hand encounters, driven by pugnacity and fear. Instead, enduring sustained periods of shelling, and with no way to release pent up emotions, the soldier became unable

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[377] Ahrenfeldt, 'The Army Psychiatric Service', pp.189-190.

[378] Lieutenant General Sir William Slim, 'Jungle Fighting in Burma'. In The War Office, *M.T.P. No 51*, (1945).

[379] Moreman, *The Jungle, The Japanese and the British Commonwealth Armies*, p.104.

[380] R.F. Tredgold, 'The West in the East', *Lancet*, 246:6362, (1945), p.154.

to suppress his emotions.[381] This thinking continued into the Second World War. Ultimately, psychiatric attrition was found to be lower in Burma than in other theatres. This led one psychiatrist to note 'that people accommodate themselves better to the more natural strain of hunting and being hunted than they do the strain of heavy shelling and bombing.'[382] The conclusion was interesting as it implied that modern weaponry had advanced past the innate resilience of human beings. Hunting and being hunted, however, was considered a natural activity, one humans shared with other animals. It was a conclusion which suggested that jungle warfare did not require soldiers to evolve new forms of coping as such, but instead, return to the natural resilience engendered by the hunter and humans in their earlier state.

While jungle warfare in Burma was found to be less harmful than other theatres overall, supposed racial differences were invoked to explain why more British than Indian soldiers broke down during the Arakan campaign:

> During battle, fewer Indians broke down in the Arakan apparently because of the type of warfare, and because there was little or no guilt about killing the enemy. The type of warfare which caused the Indian least anxiety was that in the jungle which consisted of savage small-scale encounters. It was a war between man and man. This type of war was more difficult for British soldiers who disliked the cruelty of individual combat. It roused more guilt feelings in them, as they had been brought up in a society which regarded human life as sacred. The Indian had no such reluctance to kill an enemy for reasons already discussed.[383]

Indian soldiers were taken to be more resilient because, Williams thought, they lacked the socialisation of British soldiers. Kirpal Singh, of the Indian Army Medical Corps, wrote that the 'vast majority' of Indian troops were uneducated and held fatalistic attitudes, derived from superstitious beliefs, which he considered an asset during war. Where psychoneurosis

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[381] G. Elliot Smith and T.H. Pear, *Shell Shock and its Lessons*, (Manchester: MUP, 1917), pp.9-10. See also Joanna Bourke, *Fear: A Cultural History*, (London: Virago Press, 2005), pp.204-206.

[382] '15 Indian Corps. A.L.F.S.E.A. Psychiatric Report 1943-1945' p.6, TNA WO 222/1571. See also Crew, *The Army Medical Services: Campaigns. Vol. V Burma*, p.679; Bourke, *Fear: A Cultural History*, pp.204-206.

[383] A. Hyatt. Williams, 'A psychiatric study of Indian soldiers in the Arakan', *British Journal of Medical Psychology*, 23:3-4, (1950), p.169.

was seen, it was in the more 'sophisticated' Indian soldiers.[384] All of this tied in to long held Imperialist notions concerning the hierarchies of fighting races. A further report on psychiatric casualties in Burma explained the lower incidence of psychoneurosis in Indian Other Ranks through their being 'accustomed to a lower standard of living' which meant they found the 'hardships less onerous'. More importantly 'the I.O.R. infantry soldier comes from a martial race, and being at war requires no re-orientation of attitude.' Further, 'The Gurkhas', who, 'produced very few cases, either psychotic or psychoneurotic' were thought 'perfectly adapted to fighting and accustomed to the jungle.'[385] While British troops were largely conscripted, Gurkha troops were considered members of a 'martial race'.[386]

The idea of British civility and martial races had, however, been questioned in the interim. During the interwar period dissenting voices accused the government-recognised and War Office-influenced Cadet and Officer Training Corps of militarising British youth.[387] As L.B. Pekin, a teacher and pamphleteer wrote in 1937: 'Its real evil is that it accustoms them to the idea of war as a human activity; whether they like the idea or not is really irrelevant. The corps is mimicry of soldiering, perhaps, not real soldiering; but constant mimicry may have, by its very monotony, an extraordinarily potent influence. The boy unconsciously absorbs the notion, over a number of years, in a variety of ways … that war is an honourable occupation, that though it may be lamentable, it is unfortunately inevitable.'[388] During the Second World War, 'Great stress was laid by the services on the value of pre-service training' in the different cadet and scouting groups.[389] Generally then, those who had been militarised were preferable. Conversely, Sir David Henderson and Robert Gillespie's influential *A Text-Book of Psychiatry*, which will be discussed in more detail in a later chapter, stated that 'seeming antipathy to aggressive action, whether against other boys in the shape of boxing, or against animals, as shown in aversion to even the mildest of blood

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[384] Kirpal Singh, 'Psychiatric Practice Amongst Indian Troops', *The Indian Medical Gazette*, 81:10, (1946), pp.394-397.

[385] J. Matas, 'Psychiatry in Burma: A Note on Psychiatry in Indian Troops', *JRAMC*, 84:2, (1945), p.69.

[386] Mark Harrison, *Medicine and Victory: British Military Medicine in the Second World War*, (Oxford: OUP, 2004), pp.222-223.

[387] L.B. Pekin, *The Military Training of Youth*, (London: Hogarth Press, 1937), p.7.

[388] Ibid, p.38.

[389] Philip E. Vernon and John B. Parry, *Personnel Selection in the British Forces*, (London: University of London Press, 1949), p.199.

sports' signified a predisposition toward 'lifelong neurotic anxiety'.[390] It was a conceptualisation of psychological resilience and vulnerability which reflected the societal need to produce willing recruits to fight in the World Wars and the small wars of empire.

2.3.   *National Service and Postwar Training*

Prior to being deployed to Malaya and the Emergency National Service personnel received varying levels of training in the UK. Many were drilled in the army staple of 'square bashing'. This was a traditional technique that was meant to instil discipline, uniformity and the habit of following orders in the ranks. Officers underwent a more advanced programme of training. National Service Officers were trained at Eaton Hall, where instruction in areas such as tactics, weapons handling and military law were taken to be secondary to developing a less tangible skill: 'Dominating all teaching is a constant stress on leadership'. While the school seemed sure of this ethos it appeared less sure of how this would be achieved. Recruits were made to take responsibility for themselves and sometimes for each other, but generally speaking there was little 'practical experience' of leadership. Instead, instigating rivalry between the recruits played a key role, with potential officers motivated by the 'stimulus of competition'.[391] Some would remain impressed by their time at Eaton Hall even after completing later dedicated training in Malaya. Lieutenant Walter Schwarz recorded high praise for army training in his diary (1952-53):

> The army has a genius for courses. The imagination and the unbounded common sense which goes into the organisation of its training has always seemed to me to be the most admirable thing about the army. Perhaps Eaton Hall is the finest example of all. The FTC [Fareast Training Centre, Malaya, established September 1948] reminded me of Eaton Hall though perhaps it was not quite the same standard. There was the same masterly systematisation of experience, but some of the slickness of presentation was missing.[392]

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[390] David Henderson and R. D. Gillespie, *Henderson and Gillespie's Textbook of Psychiatry for Students and Practitioners*, (London: OUP, 1950), p.596.

[391] Major W.K.B. Crawford, 'Training The National Service Officer At Eaton Hall', *Royal United Services Institution. Journal*, 96:581, (1951), p.138.

[392] Lieutenant Walter Schwarz, 'Walter Schwarz Malaya Diary', 1952, p.57, IWM 08/118/1.

Others, however, felt unprepared by their time there. As Lieutenant K.P. O'Sullivan wrote in his later memoir, 'Very little we had learned at Eaton Hall was relevant in Malaya, so at a jungle base near Johore we learned and, above all practised a new trade: patrolling, ambushing, being ambushed, air drops, first aid, casevacs, weapon training and so forth.'[393] One more senior officer, Brigadier J.L. Brind, 1st Battalion Somerset Regiment in Malaya from 1952 to 1954, attempted to bring the lessons of Malaya to Germany but ultimately concluded that there was no substitute for training in the jungle. Brind compiled his experiences into a manuscript, which he then sent to John Harding for use within a regimental history. Harding was then preparing to take up the post of Governor of Cyprus.[394] Brind reported in his manuscript that he began training the Somersets by utilising the experience of an officer who had been deployed to the Malayan Emergency. Even so, 'Looking back on those days, our efforts at training for jungle fighting in Germany were rather pathetic. … Trying to pretend that the forests of Sennelager represented the Malayan jungle was stretching the imagination too far.'[395]

2.3.1. Lieutenant-Colonel Walter Walker and the Jungle Warfare School

As a State of Emergency was declared in Malaya it became almost immediately apparent that British Forces would have to undergo specialised training in preparation for jungle operations. On 19th August 1948, at a meeting in Kuala Lumpur, the idea of district training centres was raised but because of the cost and other commitments was considered impractical. Instead, it was decided that a central Jungle Warfare School would be set up at Kota Tingi in Johore. It was decided that Walter Walker was the man for the job and 'must be made available for FERRET training and for this Jungle Warfare Training Centre'.[396] Under the more formal name of FARELF Training Centre (FTC), the Jungle Warfare School was established in an abandoned 'lunatic asylum' in Johore at the southern end of the Malay peninsula.[397]

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[393] Lieutenant K.P. O'Sullivan, 'Loyal Regiment 1956-1958', p.11, IWM 09/46/1.

[394] John Harding, 'Letter', 28th September 1955, Brigadier J.L. Brind papers, IWM 67/142/1.

[395] Brigadier J.L. Brind, 'The Somersets in Malaya', p.5, IWM 67/142/1.

[396] 'C-in-C's Conferences with GOsC MALAYA and SINGAPORE Districts held in KUALA LUMPUR on 19 and 20 Aug 48. Meeting held at Flagstaff House K.L. 1900 hrs 19 Aug 48', p.8, TNA WO 268/8.

[397] Raffi Gregorian, '"Jungle Bashing" in Malaya: Towards a formal Tactical Doctrine', *Small Wars & Insurgencies*, 5:3, (1994), pp.346-348.

Walker, a veteran of the Burmese jungle-fighting of the Second World War, had earlier (July to August) been tasked with training Ferret Force.[398] The Ferret groups were led by a collection of volunteers who were veterans of Force 136 and the Chindits.[399] Those who led the Ferrets were highly motivated individuals who intended to beat the bandits at their own game and on their own ground, being tasked to take their patrols into the jungle itself.[400] Walker's methods were criticised from within this group for being over-planned and rehearsed. In response, Walker later wrote that the Ferret commanders were 'amateur soldiers [who] did not take favourably to the professional jungle warfare tactics'.[401] In training then, Walker was attempting to professionalise, or standardise, their tactics. In order to achieve this, he had to reign in their over-confidence, in one instance devising an ambush to underline their vulnerability in the jungle and the inferiority of their own tactics.[402]

Ferret Force was a short-lived experiment. By September 1948 Major General Boucher had written to one of its leaders, John Davis, explaining his intention to disband the Ferret groups and instead to replace them with a Ferret Company incorporated into every battalion. Boucher stated his intention to retain ex-members where possible and to employ others as advisors. He also mentioned that the new Jungle Warfare School would be in charge of training incoming instructors as well as the proposed Ferret companies.[403] Davis' terse response was that this new role would not attract new recruits, they would be subsumed by the army, be unable to source supplies and unable to perform what is essentially a police job.[404] To this, Richard Broome, another Ferret group leader, added that the organisational and rank structure of the Army would not lend itself to being broken down into small groups and that the best application of local knowledge is a self-contained force.[405]

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[398] Tom Pocock, *Fighting General: The Public and Private Campaigns of General Sir Walter Walker*, (London: Collins, 1973), p.86.

[399] The 'Chindits' were long range penetration columns, deployed across the Chindwin river into Japanese occupied Burma during the Second World War. See Bernard Fergusson, *Beyond the Chindwin*, (1945).

[400] 'Ferrets Organisation: Special Jungle Force for Suppression of Terrorism', Colonel J.L.H. Davis, IWM 09/5/5, pp.1-3.

[401] General Sir Walter Walker, *Fighting On*, (London: New Millennium, 1997), p.112.

[402] Tom Pocock, *Fighting General: The Public and Private Campaigns of General Sir Walter Walker*, (London: Collins, 1973), pp.86-87.

[403] Major-General C.H. Boucher, Letter to Davis, 'Ferrets Organisation', IWM 09/5/5.

[404] 'A Note By Mr J.L.N. Davis On The Continuing Need For Ferrets', IWM 09/5/5.

[405] 'A Note By Mr. R.N. Broome On The Continuing Need For Ferrets', IWM 09/5/5.

Broome authored a later report which again focused on the use of intelligence-led operations but this time in conjunction with regular forces. He also emphasised that Ferret Force was not superior to Regular Forces when it came to fight what he termed 'bandits'.[406] Reinforcements with no jungle warfare experience were by now arriving in Malaya.[407] This message was more suitable for incoming service personnel. On receiving a copy Major General Boucher informed Broome that he would be circulating copies to commanders across FARELF and to the OC of the Jungle Warfare School and perhaps even to the press.[408] On the face of it Boucher was keen to retain their accumulated knowledge but the movement of personnel from Ferret Force to the Jungle Warfare School also signalled a shift toward regular forces and his intent to retain greater control of the forces under his command. The correspondence highlighted the challenge of training personnel for counterinsurgency. An accumulated body of experience had suggested that irregular forces, led by typically independent, self-motivated individuals was effective. The challenge then would be to train regular forces to think and behave like irregulars.

Walker, who had been in charge of training Gurkhas in Burma, thought that training was directed toward conventional war in Europe as a result of the Soviet threat, and that the jungle warfare lessons of the Second World War had been forgotten and would have to be relearned.[409] To this end, he revivified a body of thought that had been codified within the literature that had emerged from the Far East, including the emphasis noted above on actual training in jungle conditions, and the use of the hunting metaphor. Much of the knowledge was transferred directly over from that gained during the war through Walker's re-use of material from wartime Military Training Pamphlets.[410] 'The principles advocated in the above pamphlets' wrote Walker, 'have been embodied in the precis which are issued by this Trg Centre to all students attending Jungle Warfare Courses.'[411]

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[406] Lieutenant Colonel R.N. Broome, 'Ferret Force', p.7, IWM 85/40/01.

[407] Pocock, *Fighting General*, p.88.

[408] Major General Boucher, Letter, Lieutenant Colonel R.N. Broome, 'Ferret Force', IWM 85/40/01.

[409] Pocock, *Fighting General*, p.89.

[410] Daniel Marston, 'Lost and Found in the Jungle'. In Hew Strachan (Ed), *Big Wars and Small Wars*, (London: Routledge, 2006), p.98.

[411] 'Half Yearly Training Report For The Period 1 Apr to 30 Sep 49 - FARELF Trg Centre', p.2, TNA WO 268/116.

In the quarterly reports of the school Walker emphasised that most Officers and NCOs had little tactical knowledge of jungle warfare and those with some experience had developed bad practice. Training, for Walker then, was to be more important than experience.[412] While at the FTC, officers and NCOs would be schooled in the combat drills needed to conduct and lead operations. The training was designed to remove 'indecision' and 'shyness' in using weapons. Interactive ranges were used which also lent a realism to the training and underlined it as a behavioural exercise.[413] The time dedicated to these drills was limited, however, and so was the number of service personnel who completed them. These limitations were accounted for through use of a cadre system, whereby regiments would carry out their own training, using the experience gained by those who had passed through the FTC. When course attendees returned to their regiments, however, other responsibilities and the attitude of the CO represented further constraints to them passing on what they had learnt.[414] Later, a 'British Junior Leaders' Jungle Warfare Course' was added, as well as a Company Commanders course, the aim of which was to allow a forum for discussion and assessment of jungle warfare tactics being deployed.[415] As Brigadier J.L. Brind, mentioned above, wrote:

> The centre of all tactical doctrine in Malaya is the FARELF Training Centre. Here all lessons are learnt, experiences gained are sifted, co-ordinated and promulgated. Here, the basic principles of anti-terrorist operations are worked out, discussed and taught, and here all battalions receive their first lessons in the art of "jungle bashing".[416]

By March 1949, Walker decided that troops who arrived for training were showing a lack of 'offensive spirit'.[417] What he felt was needed was a narrative which instilled behaviour that was conducive to success and reinforced the lessons of the Jungle Warfare School in its

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[412] Appendix 'B' To FTC Quarterly Historical Report Quarter Ending March 1949, p.1, TNA WO 268/116.

[413] Appendix 'B' To FTC Quarterly Historical Report Quarter Ending March 1949, 'Part II - Standard Of Weapon Trg.' TNA WO 268/116.

[414] Marston, 'Lost and Found in the Jungle', pp.99-100.

[415] 'Quarterly Historical Report - FARELF Training Centre - Quarter Ending 31 Mar 50.', TNA WO 268/117.

[416] Brigadier J.L. Brind, 'The Somersets in Malaya', p.9, IWM 67/142/1.

[417] 'Appendix 'B' To FTC Quarterly Historical Report Quarter Ending March 1949, 'Part II - Standard Of Weapon Trg.' TNA WO 268/116.

students. Instead, Walker wanted his recruits 'to move as if hunting'.[418] The general impression Walker got was that 'the average NCO has little imagination or powers of concentration.'[419] He was frustrated by the language of the British Other Ranks and now sought to instil in them a terminology which reflected his attempt to professionalise training and their behaviour, writing that 'An unfortunate term called "jungle bashing" has crept in. The qualities required of the real jungle fighter are not those of the elephant but rather of the poacher, gangster and cat-burglar.'[420] Walker was returning to the metaphors and tropes used in training troops for the Burma campaign, and for imperial conflicts before that.

Exercises at the Jungle Warfare school took on a realism, particularly in the early years, as recruits were operating in an area where there was Communist activity. On one exercise 'a small "hunting" patrol' of ours', Walker reported, 'moving extremely carefully, met, surprised and ambushed three unsuspecting bandits.'[421] 'Hunting' had become the preferred metaphor for jungle patrols at the FTC. The reports generated at the FTC were used to confirm the efficacy of the tactics which the metaphor embodied. It was a narrative that Walker felt accurately described the practice of counterinsurgency as he redeployed it in his later writing, both in forewords to regimental histories, and in his autobiography in reference to British involvement in the Borneo confrontation, where he was Director of Operations as the go-to jungle fighting expert.[422]

The wider objective of the course then was the transmission of knowledge. The training would filter through the ranks as students returned to their units.[423] Commanding Officer Conferences were set up and visits to the school arranged to further 'spread the gospel'.[424] Walker was conscious of both the importance of language and his use of it. In Burma he had published 'golden rules' in his orders and posted them on notice boards, so that these rules 'stuck in the minds of the men'. In a later interview he commented that 'The words I used,

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[418] Appendix 'C' To FTC Quarterly Historical Report Quarter Ending March 1949, p.4, TNA WO 268/116.

[419] Ibid, p.3.

[420] 'Appendix 'B' To FTC Quarterly Historical Report Quarter Ending March 1949', p.1.

[421] 'Appendix 'C' To FTC Quarterly Historical Report Quarter Ending March 1949', p.4.

[422] General Sir Walter Walker, Foreword, E.D. Smith, *East of Kathmandu: The Story of The 7th Duke of Edinburgh's Own Gurkha Rifles Volume II 1948-1973*, (Leo Cooper: London, 1976), p.xv. See also, General Sir Walter Walker, *Fighting On*, (London: New Millennium, 1997).

[423] 'Appendix 'B' To FTC Quarterly Historical Report Quarter Ending March 1949', p.4.

[424] 'Quarterly Historical Report. FARELF Training Centre. Quarter Ending June 1949', p.1.

the phrases I used, were designed to try and instil in my men a fighting spirit that they must kill every single Jap that they encountered. … It was a code of conduct.'[425] In this way, the blood sport narrative acted as a mnemonic device. It reminded soldiers of how to behave in the jungle, and unlike the behavioural training, it could be passed by word of mouth.

The cadre system appeared to be in operation and effective throughout the Emergency. Thomas Halley-Frame, a senior NCO and veteran of both the Second World War and British Army training gave an account of this process in his memoir. 'I was immediately sent to the mainland - Malaya itself, to do several weeks on a jungle training course. Meanwhile the Battalion had moved up to a camp [near] Sungei Besi just outside Kuala Lumpur'. After training he re-joined his battalion. 'We remained here for a while having a restful time with intense training', after which 'the Battalion moved south to Selangor to take up jungle patrolling a notorious place Kajang.'[426] While Halley-Frame does not explicitly state that he went on to conduct the battalion training, the logistics within his narrative, as well as his rank, suggests that he was sent to the Jungle Warfare School to then impart the knowledge he gained there. Further personal testimony also suggests that the mechanics of the cadre system were being implemented. Michael Gray, later Sir, who was deployed to the Malayan Emergency as a young officer between 1953 and 1955, requested to be sent to the jungle warfare school at Kota Tingi, Johore. There he was impressed by the practical nature of the course, which had little theory, and which taught soldiers how to live and fight in the jungle.[427] He later went on to put his experiences to use in training National Service Officers for the jungle.[428]

The Jungle Warfare course came to be reinforced with periods of retraining. H. Atkins was deployed to Malaya in 1954 as a senior NCO with the Queen's Royal Regiment. The regiment 'moved up country from Singapore within a week of disembarking, to the Jungle Training Centre at KOTA-TINGI, … At the end of the training period, Companies were deployed throughout the State of Jahore [sic] and commenced operations against the C T s.' Later there was a 're-training period of about six weeks'.[429] As National Service personnel came to the end of their time in Malaya the need also arose to train their replacements.

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[425] Walter Colyear Walker, IWMSA, Catalogue Number 11120, Reel 1.

[426] Thomas Halley-Frame, 'Reminiscences', p.19, IWM 08/104/1.

[427] Michael Stuart Gray, IWMSA, Catalogue Number 28362, Reels 6-7.

[428] Ibid, Reel 8,

[429] H. Atkins, 'Final Instalment, Post War Service 1950-1959 (Tommy Atkins.)', pp.130-131, IWM 92/28/1.

Brigadier Brind reported that manpower was low and that the strain on NCOs and officers was exacerbated by the need to train National Service replacements.[430] The field diary of Second Lieutenant J.P. Macdonald revealed glimpses into the process of training a new draft: 'gradually the inst[ructor]s managed to get them functioning on I[nitial] A[ction] drills.'[431] Then a later entry showed how the draft had progressed onto advanced training which employed realism: 'We took the draft out behind the police camp and practised attacking a bandit camp. The noises were so realistic they thought we had had a bump.'[432]

The behavioural nature of training was also evident in the memoirs. L.S. Ives completed a version of the jungle warfare course, known among service personnel as a cadre, near Bentong in Pahang:

> Needless to say this special cadre was to teach us the skills we would need to be effective jungle warriors - and I suppose to stay alive. Great emphasis on shooting skills saw us blasting away on the ranges zeroing our new rifles and firing Brens from the hip and at various angles for, as the man says, here people may live in trees![433]

John Scurr, who completed a cadre-run course in northern Malaya, in March 1950, wrote that figure-shaped targets were used on jungle ranges. He also wrote that accuracy was balanced against speed if the intention was to survive.

> Firing accurately from the hip was extremely difficult. … However, we practised this for the simple reason that in a sudden face-to-face encounter in the jungle, there would be no time to raise your weapon to your shoulder to take aim. … At the same time we were advised by our instructors that if we were unable to shoot reasonably well from the hip, our chances of survival might be greater if we risked the extra time involved to shoot from the shoulder.

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[430] Brigadier J.L. Brind, 'The Somersets in Malaya', p.51, IWM 67/142/1.

[431] J.P. Macdonald, 'Diary', 12th September 1952, IWM 98/23/1.

[432] Ibid, 7th October 1952, IWM 98/23/1.

[433] L.S. Ives, 'A Musket for the King: The Trials and Tribulations of a National Serviceman 1949 to 1951', p.113, IWM 99/19/1.

The jungle training also began to break down naive preconceptions about the conduct of combat. Scurr came to the realisation that cinematic representations of combat were often 'ludicrous'. Further, he wrote that one of his senior N.C.O.s, 'kept drumming into us: "The tendency is always to shoot high - so aim for his goolies!" '[434] In short, soldiers were primed into the use of force. Later, reportage that emerged from the jungle warfare school supported this. Harry Miller, a journalist who visited the school, reiterated the teaching of one of the instructors in his book. 'Shoot into the undergrowth and shoot at every blade of grass you see moving.'[435] While the training was strenuous in parts the pace was also limited by the environment. Indeed, the further function of the training period was to allow acclimatisation. Frederick Hudson left for Malaya in 1957 to do his National Service with the Loyal Regiment. In his self-published memoir Hudson noted: 'Training was certainly not intense; I think that the steady pace of everything at that time was also to give us time to become accustomed to the unbelievable heat.'[436]

Walter Schwarz arrived in Malaya in October 1952 to take up his post as a subaltern with the Manchester Regiment. Schwarz first went out on patrol under the guidance of a sergeant and only later completed the three-week course at the jungle warfare school in Johore Bahru. By this time he was a seasoned soldier which enabled insight into what he saw as the course's shortcomings. He suggested the training was lagging behind the counterinsurgency. On 2nd December 1952 he noted:

> It's really no longer a matter of defending oneself; the bandits are already too much on the run: more stress should have been laid on the tremendous problem of locating them. Elementary tracking is not enough, for the bandits are much cleverer at it than we are. They should have taught more about rational methods of location i.e. calculation of likely places. A second criticism is that they taught us to large and unwieldy patrols. Bandits are best caught with patrols of six or less.[437]

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[434] John Scurr, *Jungle Campaign: A Memoir of National Service in Malaya, 1949-1951*, (England: The Book Guild, 1998), pp.100-101.

[435] Harry Miller, *Jungle War in Malaya*, (London: Arthur Barker Ltd, 1972), pp.111-112.

[436] Frederick W. Hudson, *Loyal to the End: A Personal and factual account of National Service in Malaya*, (Blackburn: Cremer Press, 2006), p.76.

[437] Walter Schwarz, *The Ideal Occupation: A Memoir*, (Brighton: Revel Barker Publishing, 2011), p.55.

As mentioned above, the volunteer Ferret Force had been disbanded in favour of training regular soldiers in jungle warfare. By 1950, however, as some insurgents went deeper into the jungle, it was again accepted that a long-range penetration group was needed to follow the insurgents. In 1950, two years after the Ferrets had been disbanded, Chief of the Imperial General Staff General Sir William Slim recommended that a fellow Burma veteran, ex-Chindit officer Michael Calvert, travel to Malaya to conduct research into the insurgency.[438] In his subsequent report, Calvert concluded that a special counterinsurgency force should be raised to operate deep in the jungle and to stay there for extended periods of time.[439]

Calvert was given the job of raising the force he had recommended. By the end of August 1950, he had set up A Squadron The Malayan Scouts (Special Air Service).[440] Calvert was instrumental in the recruitment and training of the Malayan Scouts. He had trained the Chindits along with Orde Wingate in Burma.[441] Calvert carried Wingate's thinking into Malaya, operating under his thesis that anyone could fight with 'brilliant volunteers' but the real challenge was to fight with the 'ordinary soldier'. This was how he saw the challenge, complaining that commanding officers had sent him far from their best men. Calvert meant his training to 'break down the inhibitions' which had grown up around the jungle, and, to 'retrain these people mainly to give them initiative and to take away all the discipline which they'd had beforehand.'[442] To achieve this result training took a similar approach to the behavioural exercises of the FTC, although with at least one notable exception. Soldiers were set in competition, being given pellet guns and the task of stalking one another.[443] Calvert was experimenting, though perhaps unknowingly, with a more extreme form of conditioning. He was using pain to highlight tactical errors which by extension reinforced the behaviours he was trying to instil in his troops. Whether a result of recruitment, training or Calvert's personality the Malayan Scouts acquired a reputation for poor discipline in the

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[438] Alan Hoe and Eric Morris, *Re-Enter The SAS: The Special Air Service and the Malayan Emergency*, (London: Leo Cooper, 1994), p.42.

[439] Ibid, p.45.

[440] Ibid, p.56.

[441] Brigadier O.C. Wingate, 'Report On Operations Of 77th Indian Brigade In Burma February To June 1943', (New Delhi: Government of India Press, 1943), p.6, IWM LBY 86 /1037.

[442] James Michael Calvert, IWMSA, Catalogue Number 18642, Reels 2-3.

[443] David Rooney, *Mad Mike: A Life of Michael Calvert*, (London: Leo Cooper, 1997), p.139.

early days, both in the field and on leave.[444] This would eventually result in the 'Scouts' being succeeded by the Special Air Service (SAS) in 1952.

2.3.2. Counterinsurgency Manuals and Instructions

In 1949, the updated training pamphlet *Imperial Policing and Duties In Aid Of The Civil Power* was released. Of particular interest was its apparent concern with curbing the use of punitive force. The pamphlet recognised that Britain's postwar counterinsurgencies were beginning to have an impact on its service personnel, which, 'try their patience and naturally tend to embitter their outlook.' In response the pamphlet prescribed 'humanely administered discipline' to curb thoughts of revenge.[445] This in turn raises questions about the prosecution of the Malayan Emergency and the much-debated idea that British counterinsurgency has traditionally taken place within a culture of 'minimum force'.

The *Imperial Policing* booklet circulated in 1949 made clear that 'no more force shall be applied than the situation demands', but of course it was aimed primarily at troops who were confronted with unarmed protesters or civilians, or at least people lightly armed with sticks, stones and easily obtained items.[446] The FTC was aimed mainly at getting troops ready to find, and capture or kill, armed and uniformed insurgents. Not surprisingly, the idea of using minimum force was noticeably absent from Walker's early reports from the Jungle Warfare School. The problem, however, was that troops in the Emergency would have to operate in areas where it was not clear if they would confront civilians or armed insurgents, or unarmed civilians who might vary from coerced to fanatical supporters. The 'Briggs Plan', which entailed close contact with the civilian population, demanded instruction in the proper use of force in such complicated circumstances. There is some evidence to suggest that once the plan had been formulated in 1950, with its emphasis on resettling squatters in order to control and protect them, and to separate them from insurgents, the use of 'minimum force' may have been the subject of instruction at the FTC. A precis of the 'Briggs Plan' was drawn up for use at the Far Eastern Land Forces Training Centre.[447]

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[444] Ibid, p.143.

[445] The War Office, *Imperial Policing and Duties In Aid Of The Civil Power*, p.13. (1949), LH 15/8/221.

[446] Ibid, p.5.

[447] 'The Briggs Plan', Major-General J.K. Shepheard Papers, IWM 99/69/1, p.1.

There was, however, a need for a codified method of instruction. The Minutes of a Commander's Conference HQ Johore District, 24th September 1948, note that 'Each Commanding Officer was given a copy of Lt Col Suthers paper on jungle training' and told to take note of the section on training.[448] Suther's paper stressed the importance of inculcating fire discipline during battle training. Based on his experience fighting the Japanese in Burma, however, his concern was with teaching effective fire and conserving ammunition, rather than ideas about minimum force.[449] Bill Greer served at the headquarters of 2nd Guards Brigade early in the Emergency, in October 1948, and then later as part of a joint Army and Special Branch intelligence unit.[450] In a letter to *Asian Affairs* (2012) he wrote:

> On the British side the Scots Guards wrote, by hard practise, their own manual of jungle warfare, as no doubt did the other early battalions in the fray. That this became gospel for future successor jungle operations says quite a lot for men having no history of experience of such combat, no proper guidance either in the very early days.[451]

The counterinsurgency in Malaya demanded its own training pamphlet then. Walter Walker duly mapped the teachings of the FTC and lessons of the early years of the Malayan Emergency into a manual for counterinsurgency, *The Conduct of Anti-Terrorist Operations in Malaya* (*ATOM*), first published in 1952. The manual re-emphasised the primacy of training over experience and stated that courses should not stop, even in the face of increased operations.[452] This point may have been in reference to the suspension of the FTC in late 1949. In the final quarter of 1949, no courses were held there due to a building intensity in counterinsurgency operations.[453] It was primarily a technical manual laying out in a schematic fashion the mechanics of conducting patrols and ambushes in the jungle. Coming in 1952, *ATOM* included a section on the Brigg's Plan and also emphasised that the Army

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[448] 1st Bn/2nd Regiment King Edward Gurkhas, 'Documents', Malaya 1948-1954, Gurkha Museum.

[449] Lieutenant-Colonel C.A.T. Suther, 'Offensive Jungle Operations - Appendix A', pp.1-2, TNA WO 268/8.

[450] Bill Greer, 'The Malayan Emergency', *Asian Affairs*, 43:1, (2012), p.106.

[451] Ibid, pp.109-110.

[452] Director of Operations, Malaya, *The Conduct of Anti-Terrorist Operations in Malaya (ATOM)*, Third edition (1958), Chapter XV. Sections I-II.

[453] 'Quarterly Historical Reports FARELF Training Centre Quarter Ending 31 Dec 49', p.1.

were being used in support of the police.[454] 'The primary role of the Army is to seek out and destroy CT in the jungle and on its fringes.' noted *ATOM*. 'The secondary role of the Army is that of supporting the Federal Police in the populated areas by helping to enforce food denial measures, curfews, etc.'[455] These measures were more fully set out within a section on the Emergency Regulations, supplemented by instructions on how to conduct searches.[456] This suggested that a more disciplined approach to counterinsurgency was being pursued by the time of publication.

In one section *ATOM* also reflected the language found in the Second World War training pamphlets. This is again illustrated by the Lieutenant-General Sir William Slim quote used above: 'We have to produce a tough, self-reliant hunter, who is out to get up to his enemy and kill him.'[457] This phrasing would, in part, be reproduced in *ATOM*. The manual advanced the concept of the ideal junior leader 'a mentally tough, self reliant hunter'.[458] This adaptation of the metaphor can be read as a sign of the intended readership of the manual. The junior officer became a pivotal position within the decentralised nature of counterinsurgency. In *ATOM* then, the hunting narrative was again codified into counterinsurgency doctrine. There was a clear tension in using the language of wartime training pamphlets to prepare soldiers to act in aid of the civil power. The hunting metaphor was obviously thought to have utility in directing soldiers while conducting the Army's primary role; the seek and destroy operations in and around the jungle. The secondary role, however, brought soldiers into contact with the civilian population, where it is difficult to reconcile this narrative with the idea that the use of force in Malaya was bound by the principle of minimum force. Particularly as many iterations of the ideal or prototypical counterinsurgent were unbound by law.

The creation of *ATOM* both codified and supplemented the teachings of the Jungle Warfare School for units arriving in Malaya. As Ian Gibb, who served as a platoon commander in the opening years of the Emergency, put it, 'Later much of what we learnt the hard way became included in newly written-up training and jungle pamphlets and new batches of mainly

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[454] *ATOM*, Chapter III, Section I.

[455] *ATOM*, Chapter III, Section VIII.

[456] *ATOM*, Chapter IV, Sections II-III.

[457] Lieutenant-General Sir William J. Slim, 'Appendix B Jungle Fighting in Burma', In The War Office, M.T.P. No 51, (1945), p.28.

[458] *ATOM*, Chapter XV, Section IV.

National Service arrivals would spend a period of time acclimatizing, under instruction, or at the Jungle Warfare School'.[459] The obvious advantage that the manual had over the Jungle Warfare School was that it could be put into use before troops arrived in Malaya.

One senior officer who later attempted to bring the lessons of Malaya to his troops stationed in Germany also saw the utility of acquiring the manual as early as possible. Brigadier J.L. Brind, commanding officer of the 1st Battalion Somerset Regiment in Malaya from 1952 to 1954, had wanted copies before departure: 'At that time the excellent pamphlet of Anti-Terrorist Operations in Malaya had not reached us. Copies had been promised, but we only received them just before we sailed.'[460] Copies of the manual were also requested by the King's African Rifles, who were preparing to leave Kenya for Malaya. 14 copies, along with some maps, were sent in August 1953.[461]

The earlier military training pamphlet, *Preparation for Warfare in the Far East* (1945) contained a short paragraph warning that 'All units that go to the Far East may be called upon to perform duties in aid of the civil power.' In response, the manual stated that officers should discuss the subject while on the voyage. These discussions were to be based on the instructions within *Notes on Training for Duties in Aid of the Civil Power* (1945), to be issued on the troopship.[462] Major Johnston's 1946 notes on 'Imperial Policing and Internal Security' gave some insight into what these instructions may have been, which included instructions on using force to disperse crowds.[463] By the time of the Emergency, it was *ATOM* that was being discussed on troopships. Ron Miles, a Coldstream Guardsmen deployed to Malaya before the creation of *ATOM* commented on the lectures he received on board his troopship in his unpublished memoir. 'We had lectures on trucks and vehicles and all sorts of history and geography lectures, a massive amount of things', noted Miles. More specific information about the Emergency and the insurgents appeared uncertain and even to generate wild speculation. 'Rumours started flowing about on board, rumours that the enemy, Communist Guerillas [sic] that we had only just vaguely heard about during a couple of lectures we had had, were going to torpedo us'.[464]

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[459] Major I.S. Gibb, 'A Walk in the Forest', p.108, IWM 86/3/1.

[460] Brigadier J.L. Brind, 'The Somersets in Malaya', p.5, IWM 67/142/1.

[461] 'Training of Units for Operations in Malaya', (August, 1953), WO 276/159.

[462] The War Office, *Military Training Pamphlet No 51: Preparation for Warfare in the Far East*, (1945), p.12.

[463] Major P.E. Johnston, 'Imperial Policing and Internal Security', (1946), Sheet 2, IWM, not yet catalogued.

[464] R.W. Miles, 'The Adventures of a Coldstream Guardsman', (2008), p.65, IWM 11/15/1.

Once aboard the troop ship the manual was put to use in preparing soldiers for Malaya and the counterinsurgency there. The diary entry of a National Service subaltern with the Manchester Regiment, Lieutenant Walter Schwarz, made on 30th September 1952, is an illustration of this. On board the troopship to Malaya, Schwarz planned lectures, one 'on the whys and wherefores of Malaya, and another on "the conduct of anti-terrorist operations in Malaya" - the knowledge for the second lecture to be gleaned from an excellent army pamphlet on the subject, borrowed from a colonel.'[465] Schwarz's diary entry showed that *ATOM* was being used to prime service personnel on what to expect but also suggested that there were a limited number of copies made available to junior officers, arguably those who would need it most.

Among those officers who did report having a copy, the manual appeared a useful guide. One officer, in an interview for the Imperial War Museum Sound Archive, described it as a 'bible', saying that 'we went through it page by page and chapter by chapter'.[466] An unpublished memoir listed *ATOM* in its bibliography and quoted directly from the manual within its text. It was authored by Captain Peter Head, an officer with the Royal Artillery in Malaya 1953-1955. Head felt that *ATOM* clarified the use of artillery, and by extension his role as an artillery officer, within the counterinsurgency. He wrote: 'HQ Malaya Command had very clear views of the use of artillery in the conduct of anti-terrorist operations'.[467]

While there is evidence of ATOM's use amongst officers there is little evidence direct of knowledge of the manual among the other ranks. The opening section of the manual survives in the papers of R.G. Thwaite, held at the IWM. Thwaite was a national serviceman and an other rank but his experience was atypical. As a clerk with HQ company in Kuala Lumpur he was exposed to material, and personalities, that other ranks generally were not. His letters home reveal contact with some of the British administration's key personalities, for example a visit to the house of General Templer.[468] The *ATOM* section in his personal papers may be explained by this access. Instead, *ATOM* was a manual for those in a leadership position with the officer becoming its translator to other ranks. This was in contrast to the *Jungle Book*,

[465] Lieutenant Walter Schwarz, 'Walter Schwarz Malaya Diary, 1952', 30th September 1952, IWM 08/118/1.

[466] James Alan Comrie Cowan, IWMSA, Catalogue number 18802, Reel 11.

[467] Captain P. Head, '"O" Field Troop 1st Singapore Regiment RA Malaya 1953-1955', p.12, IWM 97/36/1.

[468] R.G. Thwaite, 'Letters', 2/4/54, IWM 64/88/1.

one of the Far East Training Pamphlets. As mentioned above, the *Jungle Book* was mass produced for distribution to both commissioned and non-commissioned officers and made accessible through its use of language and pictures.

While neither accessible nor widely available the creation of *ATOM* was significant at a strategic level. Its doctrine could be spread, and lessons applied across theatres without the cost of being relearned on the ground.[469] This proved timely as in October 1952 a State of Emergency was declared in Kenya. In response General Headquarters East Africa pressed *ATOM* into use. Training Instruction No 9 'Patrols and Ambushes' expanded on the earlier instruction Training Instruction No. 7 'Operations Against The Mau Mau' and emphasised the need for a 'commando-type unit in each brigade' which would improve the chance of 'beating gangs at their own game.' A special force was also proposed because of doubt that regular forces could achieve the required patrol standards. The competition that had been encouraged within the Second World War literature was to a certain discouraged in this Kenya literature, which stated that the creation of a special force was not intended to cause rivalry.[470] Inter-unit competition did arise, however, and became manifest in scorecards being kept of dead insurgents.[471] A later comparative report noted that white hunters were employed in Kenya and an expert sent to Malaya to advise on training methods employed at the FTC.[472]

Then in 1954 *A Handbook On Anti-Mau Mau Operations* was produced. This was a much more concise version of ATOM, adapted for use in Kenya.[473] The blood sport narrative was again employed, 'The qualities which must be developed in troops engaged against the Mau Mau are therefore those required to track down and shoot shy game.'[474] The fieldcraft section

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[469] Karl Hack, 'The Malayan Emergency as Counter-insurgency Paradigm', *The Journal of Strategic Studies*, 32:3, (2009), p.403.

[470] 'General Headquarters East Africa Training Instruction No 9 Patrols And Ambushes', Notes For British Units Coming to Kenya, Erskine Papers, IWM 75/134/4; 'GHQ East Africa Training Instruction No 7 Operations Against The Mau-Mau.', (1953), TNA WO 32/21721.

[471] Huw Bennett, *Fighting the Mau Mau: The British Army and Counter-Insurgency in the Kenya Emergency*, (Cambridge: CUP, 2013), p.121.

[472] Lt. Colonel J.M. Forster, Operational Research Unit (Far East) Report No.1/57, 'A Comparative Study Of The Emergencies In Malaya And Kenya', (1957), TNA WO 291/1670.

[473] George Erskine, Forward, *A Handbook on Anti-Mau Mau Operations*, (General Headquarters East Africa, Nairobi: Government Printer, 1954).

[474] *A Handbook On Anti-Mau Mau Operations*, p.11.

noted that practical instruction would be difficult before arriving in the theatre but lectures should be given 'to acclimatize their minds to the standard of mental alertness' needed in the forest. 'At the very outset men should be made to understand that they are going to be playing a game of blind man's bluff with a very skilled adversary.'[475] The narrative appeared to reach its zenith in Kenya where a public reaction against anti Mau Mau operations being presented as a big-game hunting expedition led the Colonial Office to curb the use of hunting and sporting metaphors within press releases.[476]

2.3.3. The use of Instructional Film during the Malayan Emergency

In September 1948, at a Commander-in-Chief's Conference, Major General Boucher raised the possibility of employing the Malayan Film Unit (MFU) to make instructional films to teach the troops tactical lessons and fieldcraft.[477] Film was developed as a valuable aid to propaganda and training during the Second World War. The nuance of cinematography took on greater importance due its assumed effect on morale. A good example of this was the use of perspective. Under advice from the Director of Army Psychiatry, the Director of Army Kinematography chose not to show guns firing towards the camera, which cast the audience as being under attack.[478]

Returning to the Malayan Emergency, Boucher's idea was belatedly realised in 1956 when an instructional film titled *Jungle Warfare* was produced by the MFU. This opened with aerial footage of the jungle expanse accompanied by dramatic commentary using adjectives like 'dark' and 'impenetrable'. The Director of Psychiatry may not have agreed with this choice of perspective which seemed to reinforce rather than dispel fears. This, instead, appeared to be a film concerned with realism and the 'primitive' existence in the jungle. One scene depicted soldiers burning leeches off each other with cigarettes, another, showed a soldier sinking sharpened bamboo into the ground to create a defence. The final scene panned over the stoical faces of a jungle patrol who were described by the narrator as 'silent

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[475] Ibid, p.87.

[476] Susan L. Carruthers, *Winning Hearts and Minds: British Governments, the Media and Colonial Counter-Insurgency 1944-1960*, (London and New York: Leicester University Press, 1995), p.152.

[477] 'Minutes of Part 1 of the Commander-in-Chief's Conference held at GHQ on 21 and 22 Sep 48 - Training', p.25, TNA WO 268/8.

[478] The War Office, 'The Work Of Army Psychiatrists In Relation To Morale.', p.3, (1944), TNA CAB 21/914.

and alert'. It was a film that echoed the teachings of Walter Walker and the Jungle Warfare School.[479]

Jungle Warfare was introduced as an 'instructional' film in the opening credits which implicated it as training aid in preparing soldiers for the jungle. The MFU, however, had more generally been employed in producing short films for the government as well as footage for newsreels.[480] Whether a true instructional film or a more general short, coming in 1956, it was too late to have had much of an impact. There is not, for example, any reference to the film in the later letters, diaries and memoirs. It is, however, an indication that film was understood to have some utility in shaping soldiers' perceptions of the jungle and if shown would have shaped perceptions of jungle operations. The importance of film was picked up in a comparative report published in 1957.

A report from the Operational Research Unit in the Far East compared the Emergencies in Malaya and Kenya. It listed several conclusions in relation to training. Soldiers should be familiarised with both the terrain and insurgents of their deployment. In order to achieve this the report reiterated the importance of literature and preparatory film. It also emphasised the importance of an in-theatre battle school to train both advance parties as well as the main body of a unit as it arrives, and particularly junior leaders. First on the list, however, was that training should be used to spread awareness of the 'legal implications' of, presumably the use of force in, counterinsurgency.[481] There was a preoccupation with conditioning soldiers to use force in the opening years of training. What the comparative report arguably reflected was an awareness that training should also be used to delimit the use of that force.

2.4.   Conclusion

The World Wars had left the British Army the impression that high morale was fundamental to the prevention of psychiatric and disciplinary breakdowns which, wrote Robert Ahrenfeldt, could be inculcated through training.[482] Behavioural training was used to

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[479] Army Kinema Corporation Malayan Film Unit, *Jungle Warfare*, (1956), IWM DRA 1105.

[480] Tony Shaw, *British Cinema and the Cold War: The State, Propaganda and Consensus*, (London: I.B.Tauris, 2001), pp.53-54.

[481] Forster, 'Comparative Study', pp.64 and 57.

[482] Ahrenfeldt, 'The Army Psychiatric Service', p.188-190.

inoculate soldiers against the stress of battle.[483] This working hypothesis was that graduated exposure to stress would enhance 'military judgement' and reduce fear.[484] A War Office report was later codified and operationalised as a technical memorandum from the Directorate of Army Psychiatry concluded that training should be aimed at installing confidence and a belief in victory.[485] Good morale then was typified by offensive spirit, terminology which drew on a history of use within the British Army.[486]

The term 'offensive spirit' was introduced into the Far East Training material.[487] For the authors of these pamphlets, the qualities needed in jungle warfare were embodied by the hunter.[488] The hunting metaphor was used to urge soldiers to overcome behaviours and attitudes deleterious to jungle operations.[489] The aim of the MTPs was the widespread dissemination of their lessons.[490] Within this context the hunting metaphor, which invoked figures from popular culture, can be seen as an accessible way of conveying the preferred mode of morale to soldiers. It was also a metaphor which had a long history of use within British Army manuals on jungle warfare and counterinsurgency.[491] Hunting was an integral part of Britain's colonial culture. In this way the hunting metaphor drew on an established history of cultural use to convey the preferred mode of morale. Further, the hunting metaphor offered a solution to what Robert Ahrenfeldt thought one of the most difficult problems in human psychology. Namely, removing the inhibition to kill in a controlled manner.[492]

The hunter, this chapter has suggested then, became the embodiment of offensive spirit in the training pamphlets that emerged from the Far East during the final years of the Second World War. It was these training pamphlets which formed the basis for much of the practical instruction which took place at the Far East Land Forces Training Centre during the Malayan Emergency. The MTPs were revivified there by Walter Walker, a veteran of Burma. The

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[483] The War Office, 'The Work Of Army Psychiatrists In Relation To Morale.', p.2.

[484] Ibid, p.2.

[485] Directorate of Army Psychiatry. Technical Memorandum No.2., '"Suppose You Were A Nazi Agent-" Or "Fifth Column Work For Amateurs"', p.7.

[486] Robbins, *British Generalship on the Western Front 1914-18*, p.73.

[487] M.T.P. No.51., (1944), p.8.

[488] A.I.T.M., (1944), p.8.

[489] *Jungle Jottings*, 'Notes On Minor Tactics AITM No.20-April 1943', p.30.

[490] Moreman, *The Jungle, The Japanese And The British Commonwealth Armies*, p.104.

[491] Gawler, 'Sikhim. With Hints On Mountain And Jungle Warfare', p.7.

[492] Ahrenfeldt, 'The Army Psychiatric Service', p.189-190.

cadre system then spread the methods and message of the Jungle Warfare School to units serving in Malaya. The emphasis on behavioural training and offensive spirit at the Jungle Warfare School conditioned recruits into the use of force. In the opening years of the Emergency, the Far East Land Forces Training Centre focused almost exclusively on preparing service personnel to conduct a jungle war.

Once the Briggs Plan came into force in 1950 there is also some evidence to suggest that population control measures were being discussed at the FTC.[493] Certainly by 1952 there appeared to be more emphasis on guidance for population control measures. By that time Walter Walker had codified the teaching of the Jungle Warfare School into a doctrine within *The Conduct of Anti-Terrorist Operations in Malaya* (*ATOM*), population control measures had come to play significant part. The manual, however, still emphasised jungle warfare, and still codified the hunting metaphor into counterinsurgency doctrine. This arguably privileged the jungle warfare component of the Malayan Emergency over the population control measures. The behavioural training, and its narrative, primed soldiers into the use of force. Conversely, there appeared to be little instruction in the delimitation of that force. The likening of counterinsurgency operations to a hunt was carried to Kenya where a further Emergency had been instituted. There, just as hate training had during the Second World War, the hunting metaphor caused public disquiet. While the hunting metaphor appeared to reach its zenith in Kenya during the postwar period of decolonisation it continued to be used in Malaya. The next chapter, morale in action, will look at how the behavioural training and its narrative framed troops' experiences of jungle operations.

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[493] 'The Briggs Plan', Major-General J.K. Shepheard Papers, p.1.

Chapter 3

Morale in Action

3.1.   Introduction

Chapter 2 has shown how training was used to install a highly militarised conception of morale in service personnel. This took the form of training that produced a behavioural template designed to determine the actions of soldiers when they met suspected insurgents. Overlying the behavioural training, a hunting metaphor was used to shape soldiers' perceptions of jungle warfare and further guide their behaviour. In effect, the hunter was put forward as the prototypical counterinsurgent and a manifestation of the preferred mode of morale. This chapter will look at what happened when that training met the reality of deployment and counterinsurgency operations. It will look at how effective the training was and what other factors came to play in maintaining morale. In so doing, it will introduce regimental culture as a further key theme in the production and maintenance of morale. It will show that regimental culture sustained morale during a period of high turnover of service personnel and drove inter- regimental competition.

A number of recent histories have recognised the importance of the concept of morale within the British Army during the First and Second World Wars.[494] These histories have taken combat and the respective environments, either the trenches of the First War or the deserts and jungles of the Second, to be the stresses against which coping strategies evolved and the morale of soldiers was tested. As this chapter will show, the jungle tested the morale of soldiers and became fundamental in their conceptions of stress and resilience. Within this context, this chapter will describe how morale was not only a militarised concept but also a medicalised one. In contrast to the World Wars, however, the counterinsurgency which British service personnel were engaged in during the Malayan Emergency was typified by an elusive opposition. This chapter will show that the highly militarised conception of morale that evolved during the Second World War became dependent on an easily identified

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[494] Alexander Watson, *Enduring the Great War* (2008); Michael Roper, *The Secret Battle* (2009); Peter Hodgkinson,"*Glum Heroes*" (2016); Mark Harrison, *Medicine and Victory* (2004); Jonathan Fennell, *Combat and Morale in the North African Campaign* (2011) and *Fighting the People's War* (2019).

enemy and object of opposition. Counterintuitively then, counterinsurgency operations and contact with the insurgents during the Emergency came to be seen as being good for morale. Instead, it was their enemy's elusiveness that was now a problem. In short, the military-medical conception of morale came to reflect the pressures of participation in counterinsurgency.

The militarised conception of morale, this chapter will suggest, allows fresh insight into the use of force during the Malayan Emergency. The concept of 'minimum force', that the minimum necessary force should be used, has been a central theme within the counterinsurgency literature and there has been significant debate over whether the principle held in the case in Malaya. Anthony Short, for example, has suggested that excessive force was the exception, the result of confusion on the ground.[495] Whereas revisionist histories, such as Huw Bennett's paper on the opening year of the Malayan Emergency, have countered that the British tacitly allowed the principle of minimum force to be contravened for operational gains.[496]

Raffi Gregorian, meanwhile, has argued that the techniques taught at Malaya's Jungle Warfare School were essentially those used against the Japanese in Burma during the Second World War.[497] As will be described below, while appropriate for jungle work in Malaya, the training became problematic when employed in the contested spaces in which civilians whose loyalties were doubted, or highly contested, were present. This chapter will suggest that the combination of tools to develop morale was effective for most anti-insurgent operations, but in some cases it contributed to instances where minimum force was contravened in these contested and populated spaces. This chapter will finally go on to suggest that the militarised morale engendered in training and promoted in action through regimental culture went some way to answering what has been referred to as 'the soldiers dilemma': When to use to force?

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[495] Anthony Short, 'The Malayan Emergency and the Batang Kali Incident', *Asian Affairs*, 41:3, (2010), pp.340-341.

[496] Bennett, '"A Very Salutary Effect"', p.418.

[497] Raffi Gregorian, '"Jungle Bashing" in Malaya: Towards a formal Tactical Doctrine', *Small Wars & Insurgencies*, 5:3, (1994), pp.346-348.

3.2.   Service Personnel, Regimental Culture and Morale

The seriousness with which the issue of morale was taken was a continuation of the importance placed on 'man-management' during the Second World War. An abiding lesson of the Second World War was that morale was of critical importance. In his *Memoirs* (1958), Field Marshal Montgomery stated that 'The Morale of the soldier is the greatest single factor in war'.[498] After the war Montgomery raised the issue with the Army Council, extolling the need for scientific research into 'how to create high morale.'[499] As Bidwell later wrote, it had become a 'military truism that the symptoms of disintegration - excessive desertion, break-down of discipline, large sick-parades, a high incidence of psychiatric cases including self-inflicted wounds and mutiny - are invariably caused by bad leadership and bad personnel management, or "man-management".'[500]

Following the Second World War, the morale of soldiers in the Far East was monitored, with the headquarters of Allied Land Forces South East Asia (ALFSEA) required to produce tri-monthly reports.[501] As ALFSEA was re-organising itself to re-establish colonial rule the primary concern of the servicemen under its control was demobilisation and return home. One report, compiled and circulated by Headquarters Allied Land Forces, South East Asia, in March 1946, noted that: 'Disappointment over the slow rate of release is gradually lessening, although it is still the most potent factor affecting morale.'[502] The delayed release date became a factor in what became an infamous incident involving the 13th Parachute Battalion in Malaya. Service personnel rallied against their slow demobilisation and unhygienic living conditions, and in protest, refused to soldier. Although convicted these convictions were ultimately overturned due to irregularities with the trial. This prompted an exchange among senior officers over what to do with these personnel. There was both a reluctance to accept the servicemen concerned back into operational units over concern than indiscipline may spread, but also a determination to see further punishment in the form of

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[498] Bernard Montgomery, *The Memoirs of Field-Marshal the Viscount Montgomery of Alamein*, (London: Collins, 1958), p.83.

[499] Ibid, pp.433-434.

[500] Bidwell, *Modern Warfare*, p.131.

[501] 'Copy of HQ ALFSEA No.82206 AG3 of 16 Mar 46', TNA WO 203/6033.

[502] 'ALFSEA Morale Report Dec 45 - Mar 46', p.3, TNA WO 203/2356.

continued service overseas.[503] While some form of punishment was considered necessary, length of service had become recognised as a factor in disciplinary breakdowns.

As Britain moved into the postwar period there appeared to be little motivation among those deployed during the war to continue with Britain's colonial endeavours. The March 1946 report, mentioned above, also noted that the 22nd East African Brigade were in Burma 'mainly engaged in internal security duties.' Among these troops 'Morale was generally reported to be satisfactory, but fears were expressed that it might drop as repatriation was delayed.'[504] The psychological effect of knowing one's release date was illustrated in a letter to the *Lancet* from a doctor stationed in the Far East. 'There is nothing more depressing than to watch one's group going home and be left behind.' wrote the Doctor. 'On the other hand, there is little more stimulating than to look forward to release at a given time.'[505] Importantly, the conscription of the next generation of soldiers under the National Service Act entailed some idea of when they would be demobilised. Many of the British soldiers who would serve in the Malayan Emergency would do so while on their National Service. That they would have an idea of when their tour would end was in contrast to their Regular counterparts.

Robert Cassidy has argued that 'the success of the British Army in small wars has been Britain's almost exclusive reliance on professional soldiers instead of draftees.'[506] By the time of the Malayan Emergency National Service had dramatically changed the composition of the British Army. Following the Second World War, it had become evident that the British government would have to continue to conscript citizens into service in order to fulfil the country's postwar commitments. In the UK, conscription was debated in the House of Lords in 1947. Lord Moran raised the issue that Venereal Disease was a concern among British troops stationed abroad, citing 141 cases per 1,000 troops in Burma and Malaya. He used these figures to argue against the idea that conscription, in the form of the proposed National Service Act, was a 'people's university, teaching citizenship to men'. Instead, he argued that further conscription would be used to support armies of occupation abroad which were undemocratic and would ultimately prove deleterious to health and morale.[507] While Lord

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[503] 'Mutiny in 13 Parachute Bn: Report and Correspondence', TNA WO 216/659.

[504] 'ALFSEA Morale Report Dec 45 - Mar 46', pp.14-15, TNA WO 203/2356.

[505] Letters to the Editor - 'Demobilisation of Doctors', *Lancet*, 246:6359, (1945), p.154.

[506] Robert M. Cassidy, 'The British army and counterinsurgency: The salience of military culture', *Military Review* 85:3 (2005), p.55.

[507] 'Annotations - Conscription and Venereal Disease', *Lancet*, 249:6459, (1947), p.836.

Moran raised concerns over the moral legitimacy of Britain's postwar agenda, a military psychiatrist, Harry Pozner, suggested that British youth were resistant to conscription on the grounds of duty. 'Basically, it seems to me,' writes Pozner 'the teen-age conscript exhibits an ambivalent attitude towards his Service. Conscription is only a comparatively recent innovation in British history and is still regarded in peacetime as an intrusion on the private life of the average citizen, who stolidly maintains that he knows his duty when he sees it.'[508]

At the first meeting of 'The War Office Military Personnel Research Committee Sub-committee on Information and Ascertainment of Problems', 20th September 1948, Captain Butterfield (RAMC) outlined the work of The Army Operational Research Group. He stated that it 'was mainly concerned at the moment with training of the National Service Soldier, his morale, and his reactions to his job and Army life in general.'[509] On 9th May 1949, Butterfield raised concerns about the 'increasing complexity of the weapons and equipment … which required soldiers of higher intelligence and morale than was possible to find under present day conditions.'[510] Pozner was also unimpressed with National Service personnel in the Army, complaining that the Royal Air Force and Royal Navy tended to pick the brightest recruits.[511]

On 15th September 1950 the call-up period of National Service was extended.[512] The National Service Act of 1948 had mandated 18 months service, but this was raised to 24 months as a result of the Korean War.[513] The efficacy of National Service personnel was also debated amongst officers in Malaya. While senior officers recognised they were needed to bolster under strength battalions some doubted conscripts' ability to perform to the standards of their Regular counterparts.[514] Nevertheless, by 1952 most British Army battalions serving in Malaya were comprised mainly of National Servicemen. 'The majority

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[508] Harry Pozner, 'Some Aspects of Post-War Army Psychiatry', *JRAMC*, 94:1, (1950), p.40.

[509] 'The War Office Military Personnel Research Committee Sub-committee on Information and Ascertainment of Problems, Minutes, 20th September 1948', p.3, TNA WO 348/84.

[510] 'The War Office Military Personnel Research Committee Sub-committee on Information and Ascertainment of Problems, Minutes, 9th May 1949', p.5, TNA WO 348/87.

[511] Pozner, 'Some Aspects of Post-War Army Psychiatry', p.40.

[512] M.O.D. Unison by Planning Staff, 'Historical Records of United Kingdom Operations 1950-1966', p.1, (27-11-67), NAM 2001-06-1.3.

[513] Richard Vinen, *National Service: A Generation in Uniform 1945-1963*, (UK: Penguin, 2014), p.4.

[514] Donald Mackay, *The Domino that Stood: The Malayan Emergency, 1948-1960*, (London: Brassey's, 1997), p.94.

of subalterns were National Service officers, and in some battalions 90 per cent of lance-corporals and 50 per cent of corporals were National Servicemen. About 60 per cent of private soldiers were conscripts.'[515]

This was an ongoing problem for the security forces. Maurice Tugwell worked as a General Staff Officer in General Headquarters Far Eastern Land Forces and then at HQ Malaya, during 1951 and 1952.[516] He later wrote 'It is not easy to maintain a battalion at peak fighting efficiency during a three year tour of jungle operations in Malaya when, during that time, there is a turnover in officers of 120% and in other ranks of 150%.'[517] Further, the personnel under their command, the majority of whom were National Servicemen, meant that platoons and companies were also in a constant state of flux. Travel, training and acclimatisation would also eat into the amount of time where these personnel were operationally available to their battalion.[518] National Service was found to create problems with group cohesion in Malaya. In 1955, Major T.C.R. Archer, 'medical personnel research officer to the Army Personnel Research Committee', made a six-month survey of the problems facing the infantry soldier in Malaya. Following training in jungle warfare at the Far East Land Forces Training Centre, Kota Tingi, he went out on several operations in the jungle.[519] Archer reported that:

> The problem of National Service affects the campaign in Malaya as elsewhere. Jungle warfare demands team work by every platoon engaged if it is to be successful. The British platoon is always changing as men leave for demobilisation and are replaced by others; the man is just becoming an expert in jungle warfare as he is returned home.[520]

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[515] Robert Jackson, *The Malayan Emergency: The Commonwealth's Wars 1948-1966*, (London: Routledge, 1991), p.45.

[516] 'Brigadier Maurice A.J. Tugwell CBE - 24 Jun 1925 - 11 Oct 2010'.
https://www.paradata.org.uk/people. Accessed 20/02/19.

[517] Major Maurice Tugwell, *The Unquiet Peace: Stories from the Post-War Army*, (London: Allan Wingate, 1957), *Preface*.

[518] David Erskine, *The Scots Guards 1919-1955*, (London: William Clowes and Sons, 1956), p.473.

[519] T.C.R. Archer, 'Medical Problems of the Operational Infantry Soldier in Malaya', *JRAMC*, 104:1, (1958), p.1.

[520] Archer, 'Medical Problems of the Operational Infantry Soldier in Malaya', p.8.

The challenges posed by National Service were as apparent among officers - who were tasked with transmitting regimental values and maintaining morale - as they were among the other ranks. The Scots Guards, for example, arrived in Malaya towards the end of 1948. By the end of their two and a half years in the country '[n]o less than fifty-three subalterns had commanded platoons.' An official history of the regiment, published in 1956, stated that after Cadet training, 'the Battalion was lucky if it got six months' useful service' from their junior officers in Malaya, once they had really got to grips with their men and the situation. Walter Schwarz, a National Service officer, confessed in his diary that he and his platoon were under the command of the platoon sergeant for his first few operations, a time in which he made 'many mistakes'.[521] The problem appeared to be mirrored at the higher rank of major. As Len Ives, a rifleman noted, 'after a series of temporary' company commanders they had a veteran of the Second World War who, Ives stated, they would follow 'literally anywhere!'[522] It was, in addition, recognised that 'it was these junior officers who had to bear the main burden of responsibility on patrol, responsibilities that were greater - if that were possible-in this remote jungle warfare than in European warfare'.[523] As Ian Gibb noted, 'I was in charge of thirty men, a platoon. It was a platoon commander's war. It was very basic.'[524]

John Baynes, a platoon, and later company commander with the 1st Battalion the Cameronians (1950-53) in Malaya, thought active service underwritten by regimental culture mediated differences between regulars and National Service personnel. 'Because we were on active service' wrote Baynes 'the morale of the Jocks was extremely high, and the keenness of young national servicemen [sic] was just as great as that of regulars.'[525] The inferences being that regimental spirit persisted while the individual members of the regiment were rotated through, and again, that morale was maintained through active service.

The British Army regimental system has been said to be a strength of its prosecution of counterinsurgency. 'In the early nineteenth century,' writes Eliot Cohen 'British statesmen

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[521] Lieutenant W. Schwarz, 'Walter Schwarz Malaya Diary', 9th January 1953, IWM 08/118/1.

[522] L.S. Ives, 'A Musket for the King: The Trials and Tribulations of a National Serviceman 1949 to 1951', pp.180-181, IWM 99/19/1.

[523] David Erskine, *The Scots Guards 1919-1955*, (London: William Clowes and Sons, 1956), pp.473-475.

[524] Major I.S. Gibb, 'A Walk in the Forest', p.76, IWM 86/3/1.

[525] Sir John Baynes, 'Scottish Soldiers in the Last Years of Empire, 1901-1967'. In Grant G. Simpson (Ed), *The Scottish soldier Abroad, 1247-1967. Vol. 2.*, (Edinburgh: John Donald, 1992), p.155.

created the quasi-tribal regimental system, in which enlisted men and officers (all volunteers) served together for long periods of time, alternating between duty overseas and duty at home.' Cohen goes on to write that it was this system which 'sustained the fighting spirit of soldiers stationed for years in the remote and alien locations'.[526] For the postwar generation of practitioner-scholars the regimental system also became intimately linked with the production and maintenance of morale. Major-General Frank Richardson lectured on morale at the Staff College in Camberley as British forces were engaged in their postwar counterinsurgency campaigns.[527] 'During the post-war years' wrote Richardson, 'morale was the chief topic discussed in military training'.[528] As described in his book *Fighting Spirit*, the 'god' of the British Army 'is Regimental Spirit' which, along with comradeship, is 'an essential element of high morale'.[529]

Sandhurst lecturer John Keegan, who went on to become a prolific military historian, meanwhile, found that regimental ideology continued to be a presence both at the Academy and beyond.[530] For Keegan, regimental ideology was essentially the regiment's 'self-image' and this self-image, derived from their history and locality, was 'crucial to an understanding of the British army's character and behaviour'. The Guards, for example, derived their identity 'from their constant proximity to the sovereign' and 'the Highlanders' from their semi-savage origins and now grossly exaggerated tribal character.' The younger county regiments, recruited and trained in their respective regions, supposedly took on the local character.[531] Keegan was working toward the point that the regimental system limited regimental ambition to inter-regimental competition rather than ascension to political power. This inter-regimental competition, this chapter will suggest below, also had a significant impact on the prosecution of the Emergency.

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[526] Eliot A. Cohen, 'Constraints on America's Conduct of Small Wars', *International Security*, 9:2 (1984), p. 172.

[527] Frank M. Richardson, *Fighting Spirit: A Study of Psychological Factors in War*, (London: Cooper, 1978), p.xiv.

[528] Ibid, p.1.

[529] Ibid, p.20.

[530] John Keegan, 'Regimental Ideology'. In Geoffrey Best and Andrew Wheatcroft (Eds), *War, Economy and the Military Mind*, (London: Croom Helm, 1976), p.3.

[531] Ibid, p.7.

While Keegan was critical of some of these assumptions, they nevertheless continued to condition the thinking of senior officers. In his *Memoirs*, published in 1958, Field Marshal Montgomery wrote:

> It is essential to understand that all men are different. The miners from Durham and Newcastle, the men from the Midlands, the Cockneys, the farmers from the West Country, the Scot, the Welshman - are all different. Some men are good at night; others prefer to fight in the daylight. Some are best at the fluid and mobile battle; others are more temperamentally adapted to the solid killing match in close country. … Once I had grasped this essential fact of difference, I used to match my troops to the job.[532]

The Regiment and its recruiting ground and policy continued to shape its battalions when they deployed in countries such as Malaya. When deployed to colonies, the regiment continued to derive its strength from the home county, both ideologically and more literally, with replacements being sent from a sister battalion stationed in the UK. The regimental system allowed a degree of self-sufficiency, and the 'sense of difference' and 'cultivated separatism', argued Keegan, which enabled 'admirable composure' during Britain's postwar period of decolonisation.[533]

This 'sense of difference' and 'cultivated separatism' could be instrumentalised toward a military end. Brigadier Shelford Bidwell argued that, through 'suitable conditioning', soldiers 'can be induced to fight any other "group".'[534] Bidwell supposed that 'we have a habit (which we are reluctant to admit because it exposes us to the charge of hypocrisy) of splitting up the 'good' and the 'bad' in our natures and fastening the 'bad' qualities on some external person.' Deviations from what is 'normal' or 'socially accepted behaviours' are met with 'horror'. Conversely, for Bidwell, morale was the 'common purpose' for which individuals would make 'sacrifices'.[535] The regimental system was fundamental in shaping

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[532] Bernard Montgomery, *The Memoirs of Field-Marshal the Viscount Montgomery of Alamein*, (London: Collins 1958), pp.84-85.

[533] Keegan, 'Regimental Ideology', pp.14-15.

[534] Shelford Bidwell, *Modern Warfare: A Study of Men, Weapons and Theories*, (London: Allen Lane, 1973), p.93.

[535] Ibid, pp.94-95.

this common purpose.[536] For Bidwell then, cultivating a sense of regimental spirit simultaneously bonded soldiers together while reducing the status of the opposing group. This chapter will suggest that regimental identity, including in the form of inter regimental competition, became a motivating factor in Malaya.

3.3.   *Counterinsurgency and Morale: Postwar, Pre-Malayan Emergency*

Following the Second World War, British service personnel soon found themselves engaged in operations to restore not only British colonial rule but that of their European wartime allies. Morale reports on this period thus offer an insight into the morale of service personnel as they began participating in what would be their predominant role in South-East Asia during Britain's postwar period of decolonisation: counterinsurgency. In the immediate postwar period British Forces were deployed to the colonies of French Indo-China (FIC) and Netherlands East Indies (NEI). In Indonesia, British forces became engaged in suppressing an armed uprising as Nationalist groups, reluctant to again accept Dutch colonial rule, sought independence. Interestingly, a 1946 report on morale noted that the British forces deployed there had registered concern over the inappropriate use of force among Dutch forces during the conflict:

> British Troops [sic] opinion of the French Forces has improved with the arrival of better class French Troops [sic] in FIC. The troops, however, still view with concern service in NEI and the feeling that we are doing a job which should be done by the Dutch is growing. The morale and behaviour of Dutch Troops [sic], who are said to be "trigger happy," does not help.[537]

The report appeared to be making the inference that the inappropriate or excessive use of force had a deleterious impact of morale. As well as the use of force, the specific role that troops were engaged in was thought to have a determining effect on morale, with offensive operations being preferable to defensive duties. 'All formations are agreed that morale is high whenever a Unit is engaged on active operations; it always goes up when t[roo]ps are

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[536] Ibid, p.103.

[537] 'ALFSEA: Morale Reports 1946 Mar.', p.12, TNA WO 203/4539.

moved from a static guarding role.'[538] In short 'Operational Commitments' were thought to 'have a most favourable effect on morale.'[539]

While confirming that contact was good for morale the report also revealed concerns that have become typical of those engaged in a counterinsurgency role:

> The opinion held by many is that no one gives us any credit for doing our duty in Indonesia. The Dutch, because we are not offensively minded enough towards the Indonesians; the Indonesians, because they allege we are here to re-instate Dutch Imperialism; the World Press, for many reasons; irresponsible MPs, through ignorance; and the Indian Press, with their familiar cliches and rantings about nationalism.[540]

The idea was beginning to emerge that complex or obfuscated political objectives represented stresses particular to counterinsurgency, which, in turn, could have a deleterious impact on morale. Nevertheless, a subsequent report reiterated the earlier finding that 'Operational Commitments' 'Always continue to have a good effect on morale and many troops would like to have a proper show down with the Extremists.'[541] While reiterating the earlier finding this last point also revealed the further, perhaps fundamental, characteristic of an insurgency for those on the ground. Even on offensive operations, within this asymmetrical form of warfare insurgents would seek to avoid prolonged confrontations with front line troops, preferring instead softer targets. As the Malayan Emergency got underway, a significant proportion of service personnel would be tied up on guard duties.

3.4.   Morale and the Malayan Emergency

As a later report would state, the 'whole peninsula' of Malaya was considered an 'operational area'.[542] General Sir Neil Ritchie also thought that 'British National Service soldiers, who

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[538] 'Morale Report No1 Feb-Apr 46', p.1, TNA WO 203/6033.

[539] Ibid, p.5.

[540] Ibid, p.11.

[541] 'Morale Report - May-Jul 46', p.5, TNA WO 203/6033.

[542] Forster, 'Operational Research Unit (Far East) Report No.1/57: A Comparative Study Of The Emergencies In Malaya And Kenya', p.16.

show their distaste for the more normal static types of duties, for instance guards on establishments in such places as Singapore, change entirely once up country on operations. There they are keen, active, interested and display a high standard of intelligence.'[543] One British officer found that operations upcountry came with a unique set of pressures. Major Ian Gibb, mentioned earlier, served as a platoon commander with the Seaforth Highlanders in Malaya. His unpublished memoir, written nearly 40 years afterwards,[544] offers an insight into 'those first few weeks and months of the Emergency that were both chaotic and unique'.[545] Gibb drew a comparison with conventional warfare to illustrate that counterinsurgency was '[p]sychologically … difficult sometimes.'[546]

> In the war people went into a combat zone and there you stayed for a bit and maybe had heavy action and maybe not, then out of the line for a time. … Instead of getting absorbed into a war atmosphere we could be playing tennis and get an emergency call out. A couple of hours later in the rubber or jungle you could be engaged in battle. Your tennis partner could then be a casualty. It was all so sudden. And by evening we could be back to the base eating our evening meal beside the court and wondering what life was all about.[547]

In the opening months of the Emergency as British forces reacted to incidents, this sharp transition between rest and kinetic operations characterised a stress of counterinsurgency. Another officer, Lieutenant-Colonel J.W. Stephens, in reference to the Gurkha Regiment stationed in Johore in August 1949, agreed with Ritchie's narrative but worried things could eventually change. His note 'Morale' stated: 'At present the men still prefer the jungle to the unamenable conditions of Ulu Pandan [their basic base camp in Singapore] and the various guards and duties which become their lot when … there.'[548]

Also, in the opening months of the Emergency, a selection of veterans of guerrilla warfare in Malaya and Burma during the Second World War proposed a special force to go and 'beat

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[543] General Sir Neil M. Ritchie, 'Report on Operations in Malaya - June 1948 to July 1949', p.12, (1949), TNA 106/5884.

[544] Gibb, 'A Walk in the Forest', p.1.

[545] Ibid, p.78.

[546] Ibid, p.77.

[547] Ibid, p.77.

[548] 1st Bn/2nd Regiment King Edward Gurkhas, 'Documents', Malaya 1948-1954, Gurkha Museum.

the bandits at their own game' and on their own ground.[549] The General Officer Commanding Malaya decided on 'Ferret Force' as an appropriate name for this new group, because the 'work of a ferret, from the standpoint of its owner, is to go down a rabbit-hole and chase the rabbit out.' Richard Broome, one of its founders, felt 'Cuckoo Force' would be a more appropriate name as they planned to 'go and live in the jungle in the same haunts as the bandits and thus make the jungle uninhabitable for them.' This, wrote Broome, was the 'mot juste' for the work of Ferret Force.[550] The 'bandit problem in Malaya' wrote Broome 'is not a purely military problem. It is a police and administrative problem also'.[551] Comprised of personnel armed with knowledge of the local language and customs, the Ferret groups could spend extended periods out on the ground.[552]

Despite this local knowledge, a lack of intelligence meant the Ferret groups were often reduced to 'jungle bashing'. As one of their operational reports noted: 'The rest of the story is of incessant and gruelling patrol work with no positive results to show. Only once in a while could we carry out an operation as a group with a specific objective. This apparently aimless patrolling throws a great strain on the men, and no troops can be expected to do it indefinitely at the pressure the Ferrets worked at.'[553] The gruelling jungle operations were mediated by expectation of contact with the insurgents. 'In spite of this morale was very high throughout, and this was helped by the great prevalence of bandits in the area, which enabled the Group to maintain a high rate of contacts and avoid excessive boredom.'[554] As delineated in the previous chapter Ferret Force was disbanded with the aim of inculcating its values into the infantry. There is some evidence that this was the case from memoirs. Ron Miles was deployed to the Emergency in its opening years, as a National Serviceman with the Coldstream Guards. In his memoir he wrote: 'The different patrols of soldiers were searching out the enemy, trying to find them to kill, or capture and get more information to try to beat the Communists at their own game.'[555]

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[549] 'Ferrets Organisation: Special Jungle Force for Suppression of Terrorism', Colonel J.L.H. Davis papers, IWM 09/5/5, pp.1-3.

[550] Lieutenant Colonel R. N. Broome, 'Ferret Force', p.1, IWM 85/40/01.

[551] Ibid, p.1.

[552] Ibid, p.4.

[553] 'Report on the Operations of Ferret Group VI.' p.2. IWM 85/40/01.

[554] Broome, 'Ferret Force', p.6.

[555] R.W. Miles, 'The Adventures of a Coldstream Guardsman', (2008), pp.124-125, IWM 11/15/1.

Captain John Woodhouse, who was recruited to the Malayan Scouts by Michael Calvert, noted: 'Now at that time there were theories particularly strongly held in the Royal Army Medical Corps that after two weeks in the jungle a soldier should come out because the stresses and strains were so bad for them.'[556] The extended jungle operations of the early years were thought to dispel this myth. One such operation launched by the Scots Guards with supporting elements from the Coldstream Guards and the Suffolk Regiment 'proved that European troops are able to spend weeks on end in the jungle without relief when supplied from the air.'[557] A functioning line of supply became a major advantage of the security forces over the insurgents, as will be described below. Locating the insurgents, however, proved a difficult and time-consuming task.

'There were' wrote Gibb 'hours and hours of patrolling without contact at times. True in the early days the bandit concentrations were larger and much nearer civilisation, but nevertheless some soldiers went through a tour without seeing an enemy.'[558] It was later reported that it took an average of 1,000 hours to capture an insurgent and 1,600 hours to make a kill. The average ambush, depending on intelligence, could expect a wait of 350 hours before making contact.[559] These figures were more generally boiled down into the belief that it took '1,000 hours of patrolling for every contact made with the enemy.'[560] Within the context of gruelling jungle operations a contact with the insurgents, and the rush of adrenaline which it brought, temporarily alleviated the strain. In 1955, Major T.C.R. Archer, mentioned above, reported the jungle was deleterious to mental health whereas contact with the insurgents was considered good for morale. 'Working in the jungle demands a high standard of physical and mental fitness … Mentally, jungle operations are depressing by reason of their monotony, apparent lack of success (the rare contacts with the enemy always raise morale sky-high)'.[561]

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[556] Alan Hoe and Eric Morris, *Re-Enter The SAS: The Special Air Service and the Malayan Emergency*, (London: Leo Cooper, 1994), p.55.

[557] 'Scots Guards - Short Account of the 2nd Battalion Scots Guards in Malaya', J.G. Gibson, IWM 15/13/1.

[558] Gibb, 'A Walk in the Forest', p.105.

[559] Alastair MacKenzie, *Special Force: The Untold Story of 22nd Special Air Service Regiment (SAS)*, (London: I.B. Tauris, 2011), p.71.

[560] Archer, 'Medical Problems of the Operational Infantry Soldier in Malaya', p.2.

[561] Ibid, p.7.

It was these extended periods of sustained alertness without meeting the insurgents which characterised the stress of jungle work. As Gibb stated:

> We always had to be alert. Especially dangerous was the time on getting back to base when everyone was tired. Once or twice patrols got caught off guard at this stage and were wiped out or very badly mauled. The strain came by having to be constantly on guard, day and night, in areas of obvious danger but also in rubber and in areas of potential safety.[562]

J. Thompson Rowling, a National Service surgeon, conceptualised the problem of ongoing vigilance as a battle between 'courage and cowardice':[563]

> It is not for nothing that the satellites of Mars [, the God of war in Greek mythology,] are Phobos [fear] and Deimos [terror]. I suppose that everyone in the army in Pahang at that time was frightened. I found, like so many others before me, that transitory fear was a stimulus, while continued fear was a burden of the spirit.[564]

Thompson Rowling's brief meditation on the psychology of fear again spoke to the constant fear engendered in participation in counterinsurgency. It also suggested transitory fear was useful.

The fear and stress of the counterinsurgency operations that followed closely on from the war offered the Army's Operational Research Unit the opportunity to 'place the phenomenon of morale on a firmer basis', as 'current views on morale rest on no secure factual foundation'.[565] In 1949, the Director of Army Health agreed, writing:

> Morale. The other way in which a soldier's life on active service differs from his civilian existence is the stress, anxiety or uncertainty in which he lives. This must be irrevocably bound up with fatigue and efficiency. The whole, the morale of the force, is also a vital factor calling for investigation. There is therefore an urgent need for

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[562] Gibb, 'A Walk in the Forest', p.105.

[563] J. Thompson Rowling, *A Time to Kill and a Time to Heal*, (London: Excalibur Press of London, 1991), p.91.

[564] Ibid, p.82.

[565] Yarnold, 'Fear: A Field Survey In Palestine', p.1, Major General W.S. Cole, IWM 07/34/4.

field tests suitable to assess morale - how much they will be concerned with fatigue and how much with anxiety or other factors remains an urgent but unsolved problem.[566]

In Palestine this took the form of a field study into fear or anxiety among the soldiers and police stationed there.[567] The underlying theory of fear mirrored that of psychiatric casualties. Illogical fears were seen as the result of early life experiences and heredity, and just as with psychiatric illness, fear was thought to be contagious.[568] Fear was thought to impair judgement, exaggerate dangers and lead to 'wild' behaviour, instead of cool considered action.'[569] The study returned some interesting results, for example, non-combatant clerks who had not witnessed any casualties displayed a tremor thought sufficient to have been classified by a psychiatrist as suffering mild anxiety. The explanation for this result was the stories that incoming soldiers would hear about the deployment. Further, that familiarisation with the environment or exposure to mild stress was thought to inoculate soldiers against fear.[570] Another finding was that individual levels of fear related to the group level of fear.[571]

The results, however, were speculative and the concluding remarks largely concerned with reiterating the research methodology. The only recommendation was that the study should be expanded into the Canal Zone and Cyprus. As such it lacked clear directives that could be put into practice. Perhaps the main implication that a senior officer would draw from the conclusions was that longer periods of rest were needed. Lieutenant General Macmillan, General Officer Commanding British Troops in Palestine and Transjordan, was less than impressed, stressing that 'What we want is to know how to prevent fear or dispel it. I consider this is a matter of morale.'[572] For Macmillan, morale was equated with the prevention of fear and anxiety in line with Second World War thinking. This definition reflected his need to keep troops in the field in the face of the peculiar stresses of countering insurgency.

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[566] 'Medical Research Council, Inter-Services Personnel Research Committee, 19 August 1949', TNA WO 348/94, pp.1-2.

[567] The cover note of Yarnold report is dated to February 1948.

[568] Yarnold, 'Fear: A Field Survey In Palestine', p.6.

[569] Ibid, p.1.

[570] Ibid, pp.6-7.

[571] Ibid, p.21.

[572] Lieutenant General Macmillan, 'Memorandum', Cole, IWM 07/34/4.

While the results were speculative, the research acknowledged that fear could have an impact on the use of force. The confusion of operations could exacerbate this fear. Ron Miles, a rifleman who was engaged in making a sweep of the jungle looking for insurgents, stated: 'I was terrified in case the man on my right or the man on my left should suddenly not realise that I had wandered on ahead of him and that he may shoot me in the back. This was a soldiers [sic] biggest fear I think, being shot in the back by one's comrades.'[573] The research also noted that morale was poorly defined. During the Emergency it came to be defined in relation to the operational requirements and hardships of insurgency. A note on troop leadership, circulated to officers of the 12th Royal Lancers in Malaya, used a mixture of metaphors in explanation of the intangible concept of morale and the officer's role in monitoring and managing it:

> Always to be watched - more fickle than the weather - you must foretell it as a weather prophet. One or two unsuccessful actions may cause a cloud - one success and the sun will shine brilliantly, scattering the mists. The boredom of inactivity will bring down the fog of depression. Generally speaking the British character is such that if you explain to a soldier <u>why</u> he is being asked to do a certain thing, and the results it is intended to achieve "unpleasant though it may be", you will keep the barometer at "set fair" - It is the "NOT KNOWING" that saps morale just in the same way as the "UNKNOWN" saps courage - once both are made "KNOWN" morale and courage return - Remember this and let it be your guide ; and one other thing - never talk about morale - it is intangible, therefore do not treat it as concrete - Finally, morale is very infectious - success breeds the healthiest germs and boredom the most deadly.[574]

The note was at once a salient commentary on the stress of participation in counterinsurgency and an insight into the concerns faced by senior officers. It emphasised the boring, at times unpleasant, and unknown characteristics of counterinsurgency. The meteorological metaphor emphasised vigilance while the disease metaphor revealed a fear that was uppermost in the officer's mind. Morale was an ineffable concept and specifically

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[573] Miles, 'The Adventures of a Coldstream Guardsman', pp.106-107.

[574] Papers compiled by 2/Lt Nigel K S Hensman, 'Notes for Troop Leaders in Peace and War: Part 1 - General Notes on Troop Leading', (Undated), p.2, NAM 2003-06-9.

low morale, like communicable disease, was thought to spread. The problem of defining, creating and monitoring morale was again attempted in a publication for Sandhurst Cadets in 1959. The booklet reinforced the importance of leadership on morale, and outlined the components it thought contributed to morale, but again cited the rather ineffable quality of the concept.[575]

3.4.1. Ambushes and their Aftermath

The major fear in counterinsurgency was being caught in an ambush. Service personnel were perhaps most vulnerable while in transit. J.T. Warden was deployed to Malaya as RAF ground crew, crossing the causeway by rail in 1953. Before leaving Singapore, he was briefed by an Army officer that the train was 'susceptible to ambushes which do happen frequently' and to 'be vigilant at all times.' The talk highlighted the vulnerability of their position, 'now we are in a war zone waiting to be ambushed!'[576]

Road travel was also dangerous. On the 6th October 1951 Sir Henry Gurney was killed when his convoy was ambushed at a bend on the Fraser's Hill Road, approximately 60 miles North-East of the capital Kuala Lumpur. Robert Jackson would later argue that '[m]orale was exceptionally low after the killing of Sir Henry Gurney', which was in part attributed to a lack of armoured cars.[577] The killing of such a high profile figure meant the roads around Fraser's Hill had become synonymous with the more general possibility of ambush and reinforced the vulnerability of road travel in the minds of the British. L.S. Ives, who served from 1949 to 1951, wrote 'that in particularly troublesome areas scrub and light forestation encroaching near the roadside was cut right back.'[578] A campaign of 'roadside defoliation' was in operation at the time, with the aim of reducing the risk of ambush. This was carried

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[575] The Royal Military Academy, *Serve to Lead (An Anthology)*, (Sandhurst, 1959), p.3.

[576] J.T. Warden, Memoir, pp.112-113, IWM, not yet catalogued.

[577] Robert Jackson, *The Malayan Emergency & Indonesian Confrontation: The Commonwealth's Wars 1948-1966*, (South Yorkshire: Pen and Sword, 2011).

[578] Ives, 'A Musket for the King', p.134.

out by hand, although, by the end of 1951 chemicals were being experimented with as a more efficient and lasting form of defoliation.[579]

The road up to Fraser's Hill became a physical and psychological obstacle. For example, John Butler, a senior N.C.O. attached to the King's African Rifles, described the battalion's move to Bentong, noting that to get there they would have to pass through 'the notorious Bentong gap'.[580] Eric Mullender did his National Service with the REME. He was posted to the 19th Field Ambulance, in Taiping, where he maintained the vehicles and learnt to drive. In his memoir he described travelling along the road where Gurney was ambushed. 'The road was a series of 'S' bends and 'U' turns with a steep incline throughout thus restricting the travelling speed to a minimum. The jungle as always, was very dense, making it easy for terrorists to conceal themselves, and thus in a position to surprise any target.' Mullender, who served in Malaya between 1955 and 1956, travelled to Fraser's hill approximately five years after the Gurney ambush, and detailed the extended security measures that had been put in place. One convoy per day, escorted by armoured cars at the front and rear, were allowed to go up and down the hill. The leaving times were changed each day to avoid a predictable routine.[581] By 1955, the vulnerability that came with road travel, particularly for Very Important People had been addressed. 'Armoured cars were extensively employed,' noted the January 1956 report, 'mainly on escort duties for food convoys and VIPs. One regiment alone did some 50,000 miles on escort duty.'[582]

Some of the heaviest security forces losses were due to road ambushes. On 22nd October 1951, for instance, a platoon of the Royal West Kent Regiment was ambushed on the Ulu Caledonian estate. It resulted in the deaths of eleven British servicemen and three Iban trackers. This was later reported as the heaviest loss of life sustained by a platoon since the Second World War, [583] and would remain the heaviest loss due to one incident during the

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[579] ''Malaya': Cabinet memorandum by Mr Lyttelton', 'Appendix VII to 257: Chemical defoliation of roadside jungle', 21 Dec 1951, Document 257. In A.J. Stockwell (Editor), British Documents on the End of Empire, Series B, Vol. 3. Malaya, Part II: The Communist Insurrection, 1948–1953, (London: HMSO, 1995).

[580] H. John Butler, 'Mainly Military', p.70, IWM 09/92/1.

[581] Eric Mullender, 'National Service Years', p.18, IWM 06/43/1.

[582] Director of Operations, Malaya, Lieutenant-General G.K. Bourne 'Review of the Emergency Situation in Malaya at the end of 1955', (January, 1956), p.11, TNA FCO 141/7340.

[583] BBC News Services, 'Maidstone veterans mark Malayan anniversary', 22nd October 2011. https://www.bbc.co.uk/news. Accessed 02/03/19.

Malayan Emergency.[584] Even as the Emergency was ongoing the incident was dramatised by Maurice Tugwell in his book *The Quiet Peace*, first published in 1957. Tugwell had transferred to The Queen's Royal West Kent Regiment following his wartime service with the Parachute Regiment. During 1951 and 1952 he worked as a General Staff Officer in General Headquarters Far Eastern Land Forces and then at HQ Malaya.[585] Lieutenant General Sir Hugh C. Stockwell, wrote a forward to the book, in which he stated: 'How many of us realise while we go about our daily lives here in Britain, … that there are so many of our fellow countrymen being subjected to the strains, excitements and stresses of war or near war in so many corners of the world?' These experiences of predominantly National Service personnel were likened to the wartime experiences of their fathers and brothers. 'These experiences' writes Stockwell, 'have made us men'.[586] The reality of National Service in Malaya, however, could prove more traumatic.

Norman Martin described the aftermath of the incident in his unpublished but often quoted memoir 'The Day The Sun Stopped Shining'. Although written in the 1990s the memoir was based on diaries and letters written at the time of service. The title of the memoir alluded to the incident which had left a permanent mark on his psyche:

> Until my dying day I will never forget the sight that met us when we go to the scene of the ambush … I couldn't really believe that I was looking at what a few hours ago, was a truckload of young men. … There were the dead laying in all sorts of twisted positions. There were pieces of hair and skin and bone stuck to the side of the truck, the truck itself was like a sieve. It was shot to pieces, there was not a square foot of it without a bullet hole in it, that first hail of bullets, did all the damage. There was no escape from that hail of bullets, we were told by the survivors that most had no chance. There was so much blood, it was everywhere, by this time, there were a lot of us there.[587]

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[584] Richard Vinen, *National Service: A Generation in Uniform 1945-1963*, (UK: Penguin, 2014), p.316.

[585] 'Brigadier Maurice A.J. Tugwell CBE - 24 Jun 1925 - 11 Oct 2010'. https://www.paradata.org.uk/people. Accessed 20/02/19.

[586] Lieutenant General Sir Hugh C. Stockwell, *Foreword*. In Major Maurice Tugwell, *The Unquiet Peace: Stories from the Post-War Army*, (London: Allan Wingate, 1957).

[587] N.A. Martin, 'The Day The Sun Stopped Shining', pp.66-68, IWM 02/19/1.

The experience of dealing with the dead appeared more disturbing than dealing with wounded, 'we looked after the wounded as best we could … The hardest job of all was to get the dead from out of the back of the truck', and the events of that day had both an immediate and long-term impact on Martin. 'There were only about three or four of us left out of our original platoon, now we who were not in the ambush were shattered, we just couldn't take it.' 'I went to see them in hospital that night, I broke down, I just couldn't help it. 'That day has stuck in my mind until this very day. I still have nightmares seeing all that carnage.'[588]

Martin was impressed by the effectiveness of the insurgent tactic and their professionalism in carrying it out. 'They had been well prepared [concealed in a dug-in position overlooking their target] … The twin bren guns on the scout car were the first target, and they were knocked out of action.'[589] Lieutenant Farmer of the Suffolk Regiment attributed the effectiveness of the ambush, not to Communist tactics but to inferior trade craft on the part of the Royal West Kent Regiment:

> We were a very experienced regiment, with a high reputation for our jungle craft, and the terrorists normally avoided attempting to ambush us, in contrast with a terrible ambush suffered by the Royal West Kent Regiment who lost 12 killed, simply because they refused to remove the canvas cover which shielded the troops inside of the 3 tonne trucks from the sun and the rain, which meant that when attacked, they all came out the back of the truck and were easily targeted, whereas we invariably travelled without out canvas cover, which enabled us to leap out from all four sides of the truck.[590]

ATOM subsequently delineated a set of drills for reducing lethality of ambushes, such as being alert and ready to return fire, as well as being prepared to bail out on command.[591] For Farmer, belief in these drills engendered a sense of confidence and regimental spirit. When encountering the results of an ambush some used humour to cope.

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[588] Ibid, pp.66-68.

[589] Ibid, p.66.

[590] Lieutenant R.L. Farmer, 'National Service', p.22, IWM 08/118/1.

[591] *ATOM*, Chapter XIII, Sections I-VII.

J. Beasley completed his National Service with the RASC in Malaya between 1948 and 1949 as a driver attached to the 16th Field Ambulance. He had also been impressed by the efficacy and brutality of the insurgents when called out to recover the bodies of those caught in an ambush:

> The C.T's had also done a very professional job. The drivers cab and wind-screen had been well stitched by machine gun fire and with the driver dead or dying the truck had slewed to a halt right in the middle of the cutting. If anyone had jumped clear there was not a scrap of cover to be found.[592]

Beasley also had to deal with dead servicemen following an ambush. Where Martin was traumatised by his experience of dealing with his dead comrades, Beasley revealed that he preferred dealing with the dead rather than the wounded and offered an explanation which invoked the subconscious:

> Back at the hospital I helped to get the bodies into the morgue. I remember feeling ashamed as I carried out the grisly task for I had difficulty to keep the smile off my face, in fact there were times when I almost felt like laughing. Many years later when discussing my conduct, and further confessing that subsequently I had discovered that handling bodies bothered me far less than handling injured and wounded, I was told by a nursing sister it was most likely a natural reaction that my subconscious mind was relieved that I was not dead, and that I was fully aware of the suffering caused by the necessary movement of injured and wounded. When I think of it I suppose it makes sense.[593]

The morbid humour Beasley displayed in dealing with bodies was a feature of his memoir generally and may have itself been a form of coping.

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[592] J. Beasley, 'The Malayan Emergency (Communist uprising)', pp.101-103, IWM 67/53/1.

[593] Ibid, pp.101-103.

3.4.2. Medical Cover and Morale

The availability of medical care was an important additional factor in the morale of service personnel deployed on jungle operations. When casualties occurred in the jungle, they were often isolated and the time between injury and sustained medical care made complications a serious concern. When these casualties came, they could have a serious impact on the morale of both other ranks and officers. 'A particularly sad loss for me' wrote Platoon Commander Ian Gibb, 'was a Corporal who was badly wounded and in fact didn't initially want to live. I did all I could to rally his morale, using his mates and everything I could think of. I came out of the jungle and rushed along to the local hospital where he had been taken; I began to feel more heartened. Not only had he started to fight back but he wanted to live and medically there seemed to be a good chance. He was evacuated to Singapore. There he either got gangrene or paralysis of the spine or both and died some weeks later.'[594]

The increased risk of illness and injury during jungle operations could affect morale. A practice known as 'jungle jumping', for example, entailed parachuting into the jungle in the belief that the parachutist would punch through the jungle canopy leaving the parachute to become entangled in the trees. If all went well the parachutist would then lower a knotted rope and climb down to the jungle floor. Surprisingly enough, all generally did go well if the relatively low casualty statistics are accurate. It was however, like all parachuting, a practice which created a high 'mental strain' and required an unerring faith in the equipment, which if questioned, was thought to adversely affect morale.[595]

The knowledge of rapid evacuation if injured was considered an obvious boost to morale. In September 1949, General Sir Neil Ritchie stated: 'The evacuation of casualties from the jungle has caused me the greatest anxiety. The use of Helicopters for this purpose is probably the solution, but no suitable type for the task is yet in service. From the morale point of view it is important that they are made available as soon as feasible.'[596] It was also suggested that aircraft would make large advanced base hospitals unnecessary, particularly in conflicts like Malaya where casualties are light. In opposition though was the ever-present fear that

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[594] Gibb, 'A Walk in the Forest', p.94.

[595] S.M.P. Conway and B.J. Cremin, 'Some Medical Problems of Parachuting in Malaya', *JRAMC*, 102:1, (1956), pp.70-72.

[596] General Sir Neil M. Ritchie, 'Report on Operations in Malaya - June 1948 to July 1949', (1949), p.14, TNA WO 106/5884.

providing too easy an escape would be readily accepted and result in a reluctance to go back to operations. In remedy, the importance of forward treatment was propounded.[597]

Helicopters were gradually employed for casualty evacuation, although the number of airframes available for this role was generally in flux. As the DOO report stated, the available helicopters 'dwindled away' during 1954 and by October was 'hopelessly inadequate'. Then in November the Bristol Sycamore was introduced and in December some of 'the Royal Navy S.55 helicopters became available again in useful numbers.'[598] Nevertheless, helicopters had made a significant contribution. During its four years in Malaya the Royal Navy's S.55's of No.848 Squadron made 746 casualty evacuations.[599] By August 1956, No.194 Squadron RAF, equipped with the Bristol Sycamore, had 'evacuated its 1,500th casualty in the Malayan theatre.'[600]

The Quarterly Historical Reports from the opening years of the Emergency reveal general concern over the shortage of qualified medical personnel and by extension the need for training. Demobilisation meant there was a shortage of qualified medical personnel as FARELF began reorganising for peacetime.[601] This would become a feature of the postwar years. A June 1947 report from Johore Bahru read, 'The biggest administrative difficulty encountered is the acute shortage of officers and senior N.C.Os.'[602] The Emergency meant the RAMC had to adapt and in response acted to decentralise medical practice. For example an absence of Field Ambulance personnel meant British Other Ranks were used as stretcher

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[597] G. Gordon-Taylor, 'Discussion on Air Evacuation [Condensed]', *Proceedings of the Royal Society of Medicine*, 44:11, (1951), pp.945-950.

[598] Director of Operations, Malaya, (Lieutenant-General Roger Bower) 'Review of the Emergency Situation in Malaya at the end of 1954', (January, 1955), p.11, TNA WO 208/3219.

[599] Director of Operations, Malaya, 'Review of the Emergency Situation in Malaya at the end of 1956', (January, 1957), Appendix F, TNA WO 208/5356.

[600] Ibid, Appendix H.

[601] 'Quarterly Historical Report. Of the (Headquarters, Unit or Establishment) - 6th.British Field Ambulance. For the quarter ending 31st.December 1946.', p.1, TNA 268/640.

[602] Major H. Mowschenson, 'Quarterly Historical Report of the 5th British Field Ambulance for the Quarter ending 30th June 1947', TNA 268/639.

bearers on operations.[603] There were also initiatives to train soldiers in first aid.[604] This was important as 'The effect on morale of personnel of jungle patrols having trained R.A.M.C. Orderlies with them is greatly increased.'[605] By the opening months of 1950, incoming inexperienced medical officers were first attached to 16th Field Ambulance to complete further training before continuing on to their postings.[606]

The availability of medical cover was an important factor in sustaining the morale of service personnel. Conversely, the heath of service personnel was taken to be an indication of their morale. Major Fane Gladwin was a Company Commander in 2nd Battalion Scots Guards in Malaya. He later went on to become Second in Command, 'in which capacity the main weight of the Battalion's training fell to him.'[607] When the Scots Guards arrived in Malaya one of their objectives, as stated by Fane Gladwin, 'was to achieve the highest degree of endurance in the jungle so that time was no object on our operations.' For Gladwin, this endurance was evidenced 'by the almost "rampaging" morale of the Battalion throughout the tour, and by a sickness rate so low as to be considered phenomenal in any climate and under any conditions.'[608] Conversely, as Arthur Campbell noted, morale was low after an unsuccessful operation and that as a result attendance on sick parade increased.[609]

There was also an emphasis on hygiene and the immediate use of modern medicines in response to disease.[610] Lieutenant-Colonel O'Dwyer of the RAMC advanced the definition of Hygiene put forward by the A.C.I. 605 of 1948 as, 'The maintenance and enhancement of mental and physical and health and efficacy, and the prevention of disease.' He also included an extract from the personal notes of Viscount Montgomery, sent to all

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[603] Lieutenant-Colonel C.A. Levy, 'Quarterly Historical Report of Military Hospital, Johore Bahru, for the quarter ending 30 Sept '48.', TNA WO 268/634.

[604] Lieutenant-Colonel N.P. Brenden, 'Quarterly Historical Report Of Military Hospital, Kuala Lumpur For The Quarter Ending 31 December '48.', p.1, TNA WO 268/636.

[605] Lieutenant-Colonel K.H. Clarke, 'Quarterly Historical Report of the 16 Field Ambulance, for the quarter ending 30 June, 1949', WO 268/641.

[606] Lieutenant-Colonel K.H. Clarke, 'Quarterly Historical Report. 16 Field Ambulance.' (1950), TNA WO 268/642.

[607] David Erskine, *The Scots Guards 1919-1955*, (London: William Clowes and Sons, 1956), p.475.

[608] P. F. G., 'Training in the Battalion During its Malayan Tour', *2nd Battalion Scots Guards Malaya 1948-1951*, (1952), p.22.

[609] Arthur Campbell, *Jungle Green*, (London: Allen and Unwin, 1953), p.147.

[610] Gordon-Taylor, 'Discussion on Air Evacuation [Condensed]', pp.945-950.

commanders in attendance on a medical exercise, which in part reads, "Personal hygiene and the taking of drugs is a matter of unit discipline and *esprit de corps*…A lack of heath discipline is a sign of a fall in morale"'.[611] Thus prophylaxis was best achieved by encouraging high unit morale and hygiene.[612] Morale was thought to contribute to a quicker recovery from illness. A study investigating the efficacy of tinea treatments put forward the restoration of morale as being the primary reason for recovery in one case.[613] E.T. Renbourn, an RAMC officer who was conducting research into the physiological problems faced by the soldier in tropical warfare, reported that soldiers were reluctant to wear a helmet, preferring instead a jungle hat or beret. The reason was that a ballistic helmet proved uncomfortable and unwieldy in the jungle, but wrote Renbourn, 'the morale value of the beret' could not be discounted.[614] Medical officers themselves were not immune from regimental culture. John S.G. Blair reported 'those working in large training depots were least happy' whereas 'Regimental Medical Officers (RMOs) with units enjoyed the camaraderie of the regimental spirit'.[615]

3.4.3.   Rest, Recreation and Morale

Ian Gibb described a jungle patrol in which events compounded each other: 'We had had a bad day. My morale was low. We had had the worst of a clash with the enemy. I was none too sure where we were. The rain was falling, night was coming and we had no food left.'[616] As well as fear of the insurgents service personnel were scared of the environment and accidents. Ron Miles, mentioned earlier, stated that 'one night we got totally lost in the jungle and at night it is a terrifying place.'[617] The jungle continued to be considered a drain on morale within the RAMC. One Patrol Doctor remarked that the 'most depressing days were those when it rained as the patrol was bedding down, which made it difficult to get dry and

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[611] J. O' Dwyer, 'Training for and Hygiene in the Jungle', *JRAMC*, 93:3, (1949), pp.114-23.

[612] D. Gill, 'Some Clinical Features of Ringworm in Malaya and Hong Kong', *JRAMC*, 105:3, (1959), pp.120-25.

[613] K. Greenwood, 'The Treatment of Tinea in Malaya', *JRAMC*, 97:3, (1951), pp.157-64.

[614] E.T. Renbourn, 'Physiological Problems of the Soldier in Tropical Warfare', *JRAMC*, 105:4, (1959), p.181.

[615] John S.G. Blair (ed), *The Conscript Doctors: Memories of National Service*, (Edinburgh: The Pentland Press Limited, 2001), p.x.

[616] Gibb, 'A Walk in the Forest', pp.85-86.

[617] Miles, 'The Adventures of a Coldstream Guardsman', pp.98-99.

made for a long night.'[618] Norman Martin, the infantryman who narrowly avoided the ambush of the Royal West Kent Regiment, wrote: 'All the jungle bashing was getting us down, our morale was very low. We just finished nine patrols in as many days, we just never seemed to get any rest, we even saw the New Year in, out in the jungle.'[619]

When leave came, a change of environment was considered essential for the rehabilitation of service personnel. Corporal Rowland Owen, who served as a sanitary assistant and medical orderly with RAMC during his National Service in the opening years of the Malayan Emergency, reported that: 'The officers had a rest camp bungalow by the sea' and that 'eventually a corrugated iron hut was provided for other ranks to have 48 hours leave.'[620] Maurice Cutler, a British NCO who served with the 39th Field Ambulance, RAMC in Malaya, 1956-1958, spoke more generally of the Cameron Highlands being a destination where soldiers could go for 'rest-bite [respite] treatment' to regain their energy in the 'rarefied atmosphere'.[621] Norman Martin was 'sent up to the Cameron Highlands, for that change of air leave.' 'It was a long, slow journey up there, and of course we still had to be vigilant,' noted Martin, 'for as we knew, an ambush can come at any time.' Once up there, however, weapons and ammunition were handed in for the duration.[622] Eric Mullender, a craftsman with the Corps of Royal Electrical and Mechanical Engineers (REME) who was stationed with 19th Field Ambulance, had two 'Change of Air Leaves' over the course of his 18 months in Malaya. One was in the Cameron Highlands over the New Year period 1955-56. 'The air was cool and refreshing' wrote Mullender, '...*"just what the doctor ordered"'. The other was to 'Sandycroft Leave Centre on the island of Penang … with only the "blinding" white sandy beach between our quarters and the ocean.'[623]

Periods of rest and recreation became fundamental to troop morale. L.S. Ives wrote that the extra food provided by the 'charwallah' was a good source of morale. As was sport, which wrote Ives, was also a 'morale boosting activity'. 'That sport had the capacity to improve morale,' concluded Tony Mason and Eliza Riedi in their recent study of sport in the British

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[618] K. Clark, 'Some Account of an Operation in the Malayan Jungle', *JRAMC*, 94:6, (1950), pp. 307-315.

[619] Martin, 'The Day the Sun Stopped Shining', p.80.

[620] Corporal Rowland Owen, 'The National Service Reminiscences Project', IWM Miscellaneous 4071.

[621] Maurice Cutler, IWMSA, 34454, reel 2.

[622] Martin, 'The Day The Sun Stopped Shining', p.82.

[623] Eric Mullender, 'National Service Years', pp.18-20, IWM 06/43/1.

armed forces, 'both in peace and war, seems certain.'[624] But, Ives continued, 'mail from home was still the most moral[e] boosting thing of all.'[625] There was some effort to bring cinema to operational areas where screens were improvised by the AKC. Cinema became a source of morale. Ron Miles, a Guardsman, wrote: [W]e would occasionally have the Cinema which visited us, the Army Kinema; don't know why they pronounced it like that but the Army Kinema Corporation - A.K.C. - visited troops all over Malaya which did a lot to help morale too. It meant that we had Cinema wherever we went, not all the time but quite often and in Kampah [sic, Kampar], in Perak they would put the screen up in the NAAFI building … the screen was a kind of sheet, in fact I think it was just a bed sheet.[626] Miles went on to write 'in fact it was the Cinema during the two years in Malaya that really helped me to keep going I think'.[627] Some of the films, although considered unrealistic, appeared to reflect and reinforce the themes of the counterinsurgency. The obvious example is the *The Planter's Wife*, which tells the story of a rubber planter and his wife living in fear of being attacked by the Communist insurgents.

One reviewer thought it topical but ultimately simplistic: 'The terrorists are just "they", the unquestioned enemy, and the climax, a Boy's Own Paper-cum-Western shooting match, resolves everything purely in terms of simple minded action.'[628] R.G. Thwaite wrote a letter to his parents dated 10th April 1954. 'I saw the Planters Wife again (the one on Malaya) what a giggle so true and yet far fetched in little ways.'[629] John Bourne, a Mechanical Transport Officer with the 2nd Battalion King's African Rifles, also reviewed the film in a letter home dated 11th July 1954: 'We stayed … in the rest house and saw an AKC film called the "The Planters Wife". I was far more critical about it this time. It was not really authentic.'[630] Bourne also offered comments on other films shown by the AKC in his letters home. These included, *The Naked Jungle* 'a rather feeble film' about a jungle plantation under attack by

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[624] Tony Mason and Eliza Riedi, *Sport and the Military: The British Armed Forces 1880-1960*, (CUP, 2010), p.258.

[625] Ives, 'A Musket for the King', pp.144-148.

[626] Miles, 'The Adventures of a Coldstream Guardsman', p.133.

[627] Miles, 'The Adventures of a Coldstream Guardsman', pp.156-157.

[628] C.B., 'Planter's Wife, The, Great Britain, 1952', *Monthly Film Bulletin*, 19:216, (Jan 1, 1952), p.155.

[629] R.G. Thwaite, letter dated 10/4/54, IWM 64/88/1.

[630] Captain John Bourne, 'The Malayan Guerilla [sic] War and an African Posting: One Soldier's Letters Home', p.77, IWM 06/40/1.

killer ants[631] and *The World in His Arms*, which centres on an American poaching seals in Russian waters in the mid-1800s. 'The Askaris loved it as it was rough and tumble.'[632]

While rest and recreation were important for morale, some officers, such as Major Arthur Campbell, were keen to emphasise the resilience of British soldiers. His book *Jungle Green* (1953), which was an influential text and will be discussed in more detail in the following chapter, emphasised good leadership and group recreation in the production and maintenance of morale. Indeed, Campbell thought one of his subalterns 'was worth more to the men's morale than the whole of the Army Welfare Organisation.'[633] When one of his subalterns noted that the men were getting 'browned off' after weeks of 'jungle bashing', Campbell responds, 'I thought that the subalterns were worrying unduly about their men's morale.'[634]

3.4.4. The Hunting Metaphor in Action

In *The Door Marked Malaya* (1958), British infantry officer Oliver Crawford, illustrates how the training and its overarching narrative framed the soldiers' experience of jungle operations, directed their behaviour and primed them for action:

> Like big-game hunters in Africa, we no longer looked at what we could see. Instead we kept visual stereotypes in our mind - the picture of a head with a jungle-hat on it, the thatched roof of a hut, the pattern of tracks in mud. If the vague unfocused mass of jungle happened to contain a head with a jungle-hat on it, then the stereotype clicked, the nerve jumped, the shock brought the rifle snap into the shoulder, and the legs slowing to a halt - even before one realised one had seen something.[635]

Kevin O'Sullivan, a 2nd Lieutenant with the Loyal Regiment, went through the Jungle Warfare School in Johore towards the end of the Emergency in 1957. The jungle he described as central to their lives: 'It was a No Mans Land. The only people to be found in it were

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[631] Ibid, p.79.

[632] Ibid, p.50.

[633] Campbell, *Jungle Green*, p.14.

[634] Ibid, pp.34-35.

[635] Oliver Crawford, *The Door Marked Malaya*, (London: Rupert Hart-Davis, 1958), p.40.

security forces (us), and CT (them). … It was all-enveloping.'[636] His memoir highlights the behavioural nature of the training. By repeatedly taking attendees through realistic scenarios the aim was to install the appropriate behavioural response in soldiers. The training, however, had to overcome competing affective responses that arose while under the stress of a contact:

> We learned these routines till we knew them by heart, and almost by instinct. That was important, as I realised later. So shocking is the experience of being shot at close quarters that you need some standard behaviour patterns to fall back on, otherwise, like a rabbit in the headlights, you'd be paralysed.[637]

Then later, acting on intelligence he led a patrol out 'hunting' after their 'quarry'. The engagement when it came was characteristic of those experienced by servicemen during the Malayan Emergency; brief, confused and at close quarters:

> Then something moved. A shadowy silhouette behind the rocks. I looked over the gunsight. The shape of a head in a cap, and shoulders, dodging from side to side, looking my way. CT, not British. Everything was happening in high-definition slow motion. I fired. Smoke obscured everything for a second, and then there was another shot from somewhere and a bullet blasted past my cheek. … Instinct made me clutch the ground, but the training said attack them and the training had become another instinct.[638]

The behavioural training and conceptualisation of jungle operations as a hunt which had been inculcated at the Jungle Warfare School informed O'Sullivan's decision to fire.

The hunting metaphor persisted on operations. Walter Schwarz arrived in Malaya as a young subaltern with the Manchester Regiment in October 1952. Schwarz recorded his initial impression of his comrades in his diary. 'Mess talk is unashamedly "shop"' wrote Schwarz, which included an anecdote by one of the company commanders concerning a recent contact. 'It struck me as sporting anecdote rather than a military one; there was just good humoured

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[636] Lieutenant K.P. O'Sullivan, 'Loyal Regiment 1956-1958', p.16, IWM 09/46/1

[637] Ibid, p.11.

[638] Ibid, pp.24-25.

annoyance at the bandits escape, and just scientific interest in his self-preserving skill, as if he had been a grouse in Derbyshire or, at most, an elephant in Kenya.'[639] It was a metaphor that dehumanised the insurgents and minimised the military threat that they posed.

Ian Gibb, a platoon commander who served in the opening years of the Emergency, stated that framing counterinsurgency as a hunt and having an uncomplicated view of its prosecution lent resiliency to service personnel. 'I don't think we were insensitive to the brutality of a jungle war.', wrote Gibb. 'Nevertheless we were resilient and also being young we tended to see the issues in black and white. We were on the side of right, they were in the wrong.' Gibb also gave insight into the racial epithets that were used to denote the insurgents. 'This name calling, plus the fact that the operations were somewhat regarded as a hunt, and even hunting terminology came into it, wasn't so much of an insensitivity as a sort of cover up for the possibility of being killed.'[640] For Gibb, the dehumanisation of the insurgents was a defence which minimised the insurgents military efficacy and by extension the possibility of being killed. An effective insurgent ambush certainly challenged this belief.

What, however, did this conditioning and training do to soldiers faced with captured or dead insurgents? The next few paragraphs focus on treatment of the enemy dead, a topic that exploded into the news in 1952. In April and May 1952, the *Daily Worker* newspaper printed a number of images, one of which, showed a Royal Marine holding the severed heads of two Communist insurgents. The photographs were initially assumed to be fake - an example of Communist propaganda. An admiralty investigation, however, confirmed that the photographs were taken a year earlier during an operation in April 1951.[641] When General Templer was contacted for an explanation he emphasised the purpose was evidential - the insurgents had to be identified - which reinforced the idea that it was criminal action that was being prosecuted. Templer also emphasised the nature of the terrain, which exhausted service personnel and impeded justice. The following comes from a telegram to the Colonial Secretary Lyttleton:

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[639] Lieutenant W. Schwarz, 'Walter Schwarz Malaya Diary, 1952', Monday 13th October', p.31, IWM 08/118/1.

[640] Gibb, 'A Walk in the Forest', p.77.

[641] Susan L. Carruthers, *Winning Hearts and Minds: British Governments, the Media and Colonial Counter-insurgency 1944-1960*, (London: Leicester University Press, 1995), p.110 and p.126.

> The viewpoint of others who may criticise, and who have no possible inkling or understanding of conditions or terrain or physical exhaustion of operations, is not understandable to the security Forces who have the task of tracking down armed communist murders and producing evidence for necessary identification.[642]

The diaries and letters which reference the practice mirror Templer in emphasising the jungle. J.P. Macdonald, a Second Lieutenant with the Suffolk Regiment, recorded his patrols beheading of a communist in April 1952, 'We contacted and killed one bandit … We tried to carry him out… but couldnt [sic] so we took of his head.'[643] While Macdonald appeared to remain stoical in the execution of his orders the sight of Communist dead elicited physical reactions in another officer, a later diary entry noted, '6 Pl[atoon] killed a bandit on excellent info. Major Dewar was sick when he looked at the body.'[644] Dealing with dead insurgents was a particularly gruesome aspect of the counterinsurgency in Malaya which could physically affect British service personnel. John Chynoweth, a National Service subaltern attached to the Malay Regiment in 1953 and 1954, agreed with Templer. He wrote the following in a letter home in February 1954:

> I should like to have some of our MPs and Times letter writers out here to see the atmosphere in a New Village, and to carry a dead bandit five miles through primary jungle. The alternative is unpleasant, but not so exhausting.[645]

Chin Peng, however, has stated that the mistreatment of Communist dead contravened Article 15 of the Geneva Conventions of August 1949: 'At all times, and particularly after an engagement, Parties to the conflict shall … search for the dead and prevent their being despoiled.'[646] Herbert Andrew, another British serviceman, was in no doubt that the Geneva

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[642] General Sir Gerald Templer, 'Inward Telegram To The Secretary Of State For The Colonies From The Federation Of Malaya' 6th May 1952, reproduced in Chin Peng as told to Ian Ward and Norma Miraflor, *Alias Chin Peng: My Side of History*, (Singapore: Media Masters, 2003), p.306.

[643] J.P. Macdonald, 'Diary', 23rd April 1952, IWM 98/23/1.

[644] Ibid, 15th November 1952, IWM 98/23/1.

[645] John Chynoweth, *Hunting Terrorists in the Jungle: The Experiences of a National Service Subaltern in Malaya in the 1950s*, (Gloucestershire: Tempus, 2005), p.120.

[646] ICRC, 'The Geneva Conventions of 12 August 1949', Published online. Accessed 18/08/18. https://www.icrc.org/eng/assets/files/publications/icrc-002-0173.pdf.

Convention did not apply. Instead, he described a conflict where neither side could expect mercy from the opposition.[647]

The practice was said to have been stopped and *The Conduct of Anti-Terrorist Operations in Malaya* gave instructions on how to correctly deal with dead insurgents. Identifying the body had become fundamental to intelligence gathering as it enabled the security forces to know which MCP group was operating in the area. As such, the body had to be recovered, either being carried out by hand or by helicopter. If these were not viable options the manual gave instructions on how to photograph the body for identification, 'The face should be washed and hair brushed' and 'eyes should be forced open'. 'A full face photograph should be taken.'[648]

Nevertheless, as Karl Hack writes, 'the degree of dehumanisation of the enemy implied by a willingness to use decapitation for identification demands further analysis.'[649] The suggestion here is that the dehumanising hunting metaphor along with the remoteness of the jungle contacts facilitated the practice.

3.4.5. Regimental Culture and Competition

Montgomery's thinking on regional differences that underlined regimental culture persisted during the Malayan Emergency. Robin Farmer was a National Service subaltern with the Suffolk Regiment in Malaya. 'My platoon' wrote Farmer 'consisted mainly of 18 year old Suffolk boys, and some from other East Anglian counties although [for] some reason, we had posted to us, Private Large, a "scouser" short, and a bit stout, who was really a fish out of water, and was no match for the resilience of the farmer boys.'[650] Regimental culture was developed through inter-regimental competition that sometimes had an obvious application to operations. The Far East Land Forces Training Centre, for example, held a shooting competition. David Wadey, a civilian engineer attached to the military in Malaya, was in charge of setting up the course:

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[647] Herbert Andrew, *Who Won The Malayan Emergency?*, (Singapore: Graham Brash, 1995), p.101.

[648] *ATOM*, Chapter XIV, Sections VIII-XIV.

[649] Karl Hack, 'Everyone lived in fear: Malaya and the British way of counter-insurgency', *Small Wars & Insurgencies*, 23:4-5, (2012), p.692.

[650] 2nd Lieutenant R.L. Farmer, 'National Service', p.20, IWM 08/118/1.

> Each year the Training Centre held the Far East equivalent of Bisley. … Units came from Hong Kong, Brunei etc to participate and we had to provide special ranges in jungle surroundings. The 'running man' target was operated by a bicycle wheel and signal cable … A team could not be allowed to re-use a range which they had fired on before - not on jungle ranges!![651]

The 2nd Battalion Scots Guards were one of the first regiments sent to reinforce the security forces already in Malaya as the insurgency broke out. As such, they developed their own training separate from the FTC. They were deployed at the time when the Army were reacting to incidents. 'Although we killed a considerable number of bandits' wrote an early regimental history of the campaign 'the main result was to keep the bandits on the move and to prevent them gaining the initiative.' A year later, Major P. F. Fane Gladwin, mentioned above, attributed the 'ever greater percentage of "kills" to "contacts"' to training and the standardisation of patrol and ambush techniques. Ultimately, morale became conflated with regimental spirit. 'This constant patrolling of jungle, rubber and swamp for over two and a half years called for great powers of endurance and morale. There is no doubt that the spirit of the company throughout the whole period was in the highest traditions of the Regiment'.[652]

These 'kills' became an affirmation of the training and a way to measure the success of patrols. Captain N.A.J. Anderson, of the 6th Battalion Gurkha Rifles wrote to his old headmaster in March 1955 describing an intelligence led patrol which resulted in 'the killing of 6 out 6 bandits'. 'It was' wrote Anderson 'a very good show, a kill of above 3 bandits is considered exceptional in this country and of course 100% success is very unusual.'[653] Conversely, a patrol that returned without having made a 'kill' was considered a failure. Michael Rugman was a young National Serviceman with the King's Royal Hussars in Malaya. In a letter home to his parents, dated the 19th September 1955, he described the outcome of an ultimately unsuccessful jungle patrol. 'The week before last' wrote Rugman

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[651] David Wadey, 'A Simple Story of My Life', p.48, (Privately published by family in 2008), IWM 12/47/1.

[652] '"F" Company', *2nd Battalion Scots Guards Malaya 1948-1951*, (1952), p.36.

[653] Captain N.A.J. Anderson, 'Letter', 9th March 1955, IWM 69/52/1.

'I went into the ulu (jungle) on a jungle bash. But we returned with no notches on our rifle butts! … It [was] rather like a 'live' Scout wide-game, the type that flop.'[654]

As well as denoting the success of patrols, keeping a record of the insurgent body count inevitably resulted in inter-regimental competition, which took the form of keeping a scoreboard of kills. John Stanley Poole was deployed in 1950, with the Royal Marines to Perak. In his unpublished memoir Poole suggested little restraint or fire discipline when in the jungle in pursuit of kills:

> We did, however, keep a scoreboard. It's not exactly a case that we were trigger-happy, although nine months in the jungle did help a bit!' It was better 'to fire first, and that's what everybody was doing, not waiting for a shot, just firing first. Consequently our scorecard began with so many monkeys, wild pigs, snakes, in fact anything that moved.[655]

'The Green Howards scoreboard of terrorists eliminated', L.S. Ives wrote 'was gradually rising to equal that of other regiments, as training and experience began to pay off.'[656] Then, as regiments neared the end of their tour increasing their total became an aid to motivation. A small booklet printed by the 2nd Battalion Scots Guards stated that 'in a last all-out final effort the score was brought to 110 killed'[657] Len Spicer wrote that the final days of the 1st Battalion the Suffolk Regiments tour was quiet but that patrols were sent out 'hoping to top the two hundred'. The regiment did not reach its target being 'finally credited with 198 official kills.' This, wrote Spicer, was 'the highest total of bandits killed by any British Regiment who served in the Emergency.'[658] The Second World War had demonstrated to British officers that African recruits made good infantryman. Although this acknowledgment generally came with caveats which invoked 'martial races' theory, such as whether these recruits could be disciplined. Captain J.S. Wilson, for example, noted, that recruits form Iboland, Nigeria, responded to discipline and so generally made 'excellent soldiers' while the majority of those from Yourubaland, Nigeria, were ill-disciplined and 'apt to make

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[654] M.J. Rugman, 'Letters', 19th September 1955, IWM 67/92/1.

[655] J. S. Poole, 'Under Three Fags: An Old Soldier's Tale, p.37, IWM 62/220/1.

[656] Ives, 'A Musket for the King, p.205.

[657] J.G. Gibson, 'Scots Guards - Short Account of the 2nd Battalion Scots Guards in Malaya', IWM 15/13/1.

[658] Len Spicer, *The Suffolks in Malaya*, (Peterborough: Lawson Phelps, 1998), p.131.

barrack room lawyers.'[659] Nevertheless, the fact that non-British regiments attained the highest scores in Malaya again challenged the assumptions of some. John Butler, a senior N.C.O. attached to the King's African Rifles, wrote, 'Much to the surprise of the few Europeans in the B[attalio]n, it was found that the Askari took to the jungle very well and soon became proficient in hunting out terrorists and in short order their score of kills began to mount until eventually for the time spent in the country they became second only to the Gurkha in killing and capturing Communist Troops'.[660] Others, however, were quick to explain away the higher scores of competing regiments.

Comments by officers often typified regimental rivalry, which could overshadow wider strategic issues. John Baynes, who had served as an officer with the Cameronians in Malaya from 1950 to 1953,[661] argued that his regiment only killed fewer insurgents than the Gurkhas because they had spent less time in the country.[662] Baynes also used tactical differences underwritten by assumptions about regimental identities to diminish the Suffolk Regiment's record. The Suffolks, argued Baynes, recorded more kills because they only sent 'small selected patrols, often consisting largely of officers or senior NCOs.' This, wrote Baynes, would be 'unthinkable' in a Scottish Unit. 'No self-respecting Jock, however lowly his rank, would accept being left out of an operation'.[663] As the Emergency progressed one commanding officer appeared to lose sight of the fact that declining numbers of insurgents indicated that the security forces were containing, if not defeating the insurgency. Instead, he complained that his regiment could not compete with earlier tallies because there were too few insurgents left in his area of operations. In late 1952 the 1st Somerset Regiment relieved the Suffolk Regiment in Malaya. Brigadier J.L. Brind, then the Somerset's commanding officer, noted with some regret that 'At the end of 1952, their "score" was 190 odd as we were taking over, the double century was getting nearer and nearer … From our

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[659] Captain J.S. Wilson, 'Notes and Suggestions on the Tribal compositions of the R.W.A.F.F. in Nigeria for the Future', pp.1-3, IWM 62/284/1.

[660] H. John Butler, 'Mainly Military', p.71, IWM 09/92/1.

[661] Lieutenant-Colonel Sir John Baynes, Bt Obituary, *The Telegraph*, 21st March 2005. https://www.telegraph.co.uk/news/obituaries. Accessed 02/12/18.

[662] Sir John Baynes, 'Scottish Soldiers in the Last Years of Empire, 1901-1967'. In Grant G. Simpson (Ed), *The Scottish soldier abroad, 1247-1967. Vol. 2*., (Edinburgh: John Donald, 1992), p.155.

[663] Ibid, p.155.

point of view it was perhaps unfortunate that they were so successful, for by the time we took over, the number of CTs left in Selangor was not so great as we would have wished.'[664]

3.4.6. Morale and Minimum Force

On 11th December 1948, a Scots Guards platoon, led by two NCOs, patrolled into a small settlement on the Sungei Remok rubber estate, near Batang Kali, Selangor. By 12th December, the Guards had left the settlement having killed 24 unarmed Chinese men over two days. The killings were initially reported as the culmination of a successful operation, the most successful since the Emergency had begun. Then, amid growing speculation, it was suggested that if the workers were not 'bandits' they were their supporters. Suspicions continued to mount when the manager of the rubber estate protested that the dead had a long record of good conduct. The army duly changed its version of events: the 24 had been shot while trying to escape.[665] Later evidence suggested this telling of events was also untrue. In 2009 Ian Ward and Norma Miraflor published *Slaughter and Deception at Batang Kali*. It presented the testimony of survivors and perpetrators, which although contradictory, suggested unlawful killings has taken place.[666] The earlier narrative, that those shot were suspected terrorists trying to escape, picked up on an important theme during the Malayan Emergency.

In *The Communist Insurrection in Malaya 1948–1960*, Anthony Short wrote that many of the incident reports at the beginning of the Emergency recorded that men were shot while running away. He also noted that incriminating evidence was rarely found.[667] Short's own experiences on National Service in Malaya in 1948-9 enabled him to articulate the soldiers 'perpetual dilemma' in the counterinsurgency role:

> With incidents or information pointing unmistakably to the presence of guerrillas in
> a particular area, how, in the few seconds of confusion when figures are running from

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[664] Brigadier J.L. Brind, 'The Somersets in Malaya', p.11, IWM 67/142/1.

[665] Christopher Hale, 'Batang Kali: Britain's My Lai?', *History Today*, 62:7, (July, 2012), pp.3-4.

[666] Ian Ward and Norma Miraflor, *Slaughter and Deception at Batang Kali*, (Singapore: Media Masters, 2008), pp.85-87.

[667] Anthony Short, *The Communist Insurrection in Malaya 1948–1960*, (London: Frederick Muller, 1975), p.161.

huts into jungle does one decide to open fire or not? If one does not, the best that can happen is that a possible enemy might escape. With a small patrol, what is equally likely is that it will itself be attacked if it has, in fact, succeeded in surprising a guerrilla group. But, unless they are uniformed or obviously armed, there is no guarantee that the people who are running are guerrillas or wanted criminals rather than very frightened men and women who may or may not be willing or unwilling guerrilla supporters.[668]

Political scientist Thomas Mockaitis has also examined the soldier's dilemma from an academic viewpoint. Soldiers were expected to act in accordance with the common law principle of minimum force when acting in aid of the civil power. This meant they were subject to legal action should they exceed what was considered to be the necessary amount of force. Conversely, a soldier could be questioned, if not subjected to disciplinary procedures should they fail to apply sufficient force to suppress the given situation.[669] David French has argued that the concept of minimum necessary force within the *Kings* and *Queens Regulations* and the *Manual of Military Law* was not clearly defined and so did not provide a workable guide for those whose job it was to use force during Britain's postwar counterinsurgencies. Instead, those on the ground were left to decide what force was necessary and then wait to see if their actions would later be questioned by superiors. This, in turn, left soldiers feeling vulnerable should political expediency call for a scapegoat.[670] Conversely, Huw Bennett has highlighted 77 cases of suspected insurgents who were shot while trying to escape, between July 1948 and April 1949, in support of his argument that there was ambivalent regulation on the use of force during the opening years of the Emergency.[671] Thomas Mockaitis recognised Bennett's suggestion that the figures were incomplete, meaning further incidents may have gone unrecorded, but also makes the point that not all of those killed were innocent civilians.[672]

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[668] Short, *The Communist Insurrection in Malaya 1948–1960*, pp.160-161.

[669] Thomas R. Mockaitis, 'The Minimum Force Debate: Contemporary Sensibilities meet Imperial Practice', *Small Wars & Insurgencies*, 23:4-5, (2012), p.763-764.

[670] David French, *The British Way in Counter-Insurgency, 1945-1967,* (Oxford: OUP, 2011), p.84.

[671] Huw Bennett 'A very salutary effect': The Counter-Terror Strategy in the Early Malayan Emergency, June 1948 to December 1949, Journal of Strategic Studies, 32:3, (2009), p.435-436.

[672] Thomas R. Mockaitis, 'The minimum force debate: contemporary sensibilities meet imperial practice', *Small Wars & Insurgencies*, 23:4-5, (2012), p.768.

In August 1948 Headquarters Malaya Command gave instructions on the use of force. The formal instructions stated that an officer or other rank may use force when affecting an arrest. This force did not extend to causing death unless the person is suspected of being armed.[673] HQ Malaya Commands 'Notes for the Guidance of Commanding Officers' came, however, with a covering letter for officers, which created tensions within the document. The covering letter recounted an incident in which soldiers withheld fire because of 'doubt', and, as a result, were later fired upon by that same group. It was an anecdote that undermined the instructions by inferring that in cases of uncertainty force should be used. This was a sentiment that was effectively reinforced within the instructions, which stated that the soldier would be 'protected' in the event of civilian casualties. 'In short,' as Karl Hack has argued, 'the instructions attempted to encourage aggressive action and a willingness to make snap judgements about who was consorting with bandits, while straining to remain technically within ER limitations. Given the document's internal tensions, the message that may have stood out most for soldiers was that, provided they could claim they were following these orders, they would not be prosecuted.'[674] As the prosecution of these orders appeared to rest on suspicion, and invoked the notion of duty, it not unreasonable to suggest that there was negligible accountability and the concern was more with the prosecution rather than the delimitation of force in the opening years.

A 23rd July 1948 note from Johore District to 1st Battalion Seaforth Highlanders and 1st Battalion 2nd Gurkha Rifles was also concerned that too many insurgents were escaping, and that troops 'must be quicker on the draw'.[675] That said, later Emergency Regulations arguably sought to clarify and delimit the use of force. Emergency Regulation 27A of January 1949, for example, allowed weapons to be used when affecting an arrest or preventing an escape but insisted that weapons could be used only after calling 'in a loud voice' and giving 'reasonable' opportunity to stop and submit to arrest.[676] Nevertheless, in January 1949 the High Commissioner, Sir Henry Gurney gave the following, much quoted,

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[673] 'Notes for the Guidance of Commanding Officers', with covering note from Brigadier i/c Administration, Malaya District, 14 August 1948.' IWM, Davis Papers, GHQ Malaya Command.

[674] 'Notes for the Guidance of Commanding Officers', with covering note from Brigadier i/c Administration, Malaya District, 14 August 1948.' IWM, Davis Papers, GHQ Malaya Command. See Karl Hack, '"Devils that suck the blood of the Malayan People": The Case for Post-Revisionist Analysis of Counter-insurgency Violence', War in History, 25:2, (2018), p.215-216.

[675] 1st Bn/2nd Regiment King Edward Gurkhas, 'Documents', Malaya 1948-1954, Gurkha Museum.

[676] Ibid.

statement: '[I]t is most important that police and soldiers, who are not saints, should not get the impression that every small mistake is going to be the subject of a public enquiry or that it is better to do nothing at all than to do the wrong thing quickly.'[677]

General Sir Neil Ritchie stated in his September 1949 report that some lessons had been drawn from the Emergency, submitted to the War Office, and included in the *Imperial Policing and Duties In Aid Of The Civil Power* booklet dated June 1949.[678] The booklet *Imperial Policing* stated that man-management, welfare, and a clear and 'un-biased explanation' of the conditions and objectives was essential. 'The more troops understand what they are doing and why, the better will be their discipline and morale.'[679] Captain Philip Head, an officer with the Royal Artillery in Malaya 1953-1955, wrote that '"O[rder]" groups, briefings and the daily "morning prayers" were always under the chairmanship of a police officer.'[680] While 'morning prayers' may have been reserved for officers, the situation was also explained to other ranks. Ron Miles, a rifleman in the opening years of the Emergency, gave an account of this explanation:

> We were given certain talks and had lectures from Chiefs of Police - Malay, Chinese and British came into the camp and they told us that this enemy is invisible, one never sees him but he is out there in the jungle: and these Officers giving the lectures would produce, like producing a rabbit out of a hat, an actual cap with a red star on it … We were told that our job in Malaya was to assist the [P]olice Force and we were to go into the jungle stay in as long as we could, follow all clues and leads as to where these Communist Guerrillas were hiding (and they were in camps and in regiments in the jungle) and we were to sort them out and kill them, bring back the bodies which would probably be put on view for other local citizens to see as a deterrent to them from giving information to these Communists.[681]

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[677] FCO 537/4753: Statement by the High Commissioner for Malaya, Annexure 'A' to minutes of the 16th meeting of the BDCC (FE), 28 Jan. 1949. Cited in Huw Bennett 'A very salutary effect': The Counter-Terror Strategy in the Early Malayan Emergency, June 1948 to December 1949, Journal of Strategic Studies, 32:3, (2009), p.432.

[678] General Sir Neil M. Ritchie, 'Report on Operations in Malaya - June 1948 to July 1949', (September, 1949), p.1, TNA WO 106/5884.

[679] The War Office, *Imperial Policing and Duties In Aid Of The Civil Power*, p.13. (1949), LH 15/8/221.

[680] Captain P. Head, '"O" Field Troop 1st Singapore Regiment RA Malaya 1953-1955', p.3, IWM 97/36/1.

[681] Miles, 'The Adventures of a Coldstream Guardsman', pp.89-90.

Taking Miles's account as an example, explanations of purpose on jungle operations appeared to have emphasised the use of force rather than ideas about caution. An important further concern for the prosecution of force during the Emergency was the terrain over which operations would take place.

As the *Imperial Policing and Duties In Aid Of The Civil Power* (June 1949) booklet had made clear that 'no more force shall be applied than the situation demands.'[682] In support of this principle the booklet noted that '[d]uties in aid of the civil power call for the highest standards of discipline.' The discipline section certainly seemed to be derived from the jungle campaign in Malaya, reproducing the language used there. Discipline meant maintaining a good standard of dress to convey a sense of professionalism, and politeness, to give confidence to the civilian population. 'In jungle and hilly bandit country' however, 'smart turn out may not be practicable: here the conditions may be far nearer those of normal active service when certain latitude is inevitable; but such conditions must be regarded as exceptional.'[683] Further, discipline meant patience, which the booklet recognised was 'sorely strained' in the face of these prolonged and 'unpleasant duties':

> Casualties among their comrades and acts of terrorists, who are to the soldiers no more than despicable murders, try their patience and naturally tend to embitter their outlook. The desire to hit back and the ordinary and quite natural motive of revenge will only be held in check by good, sound and humanely administered discipline.[684]

The 'civilised' virtues that the booklet called for; cleanliness, politeness and patience, appear to have had no place in the hostile terrain over which the counterinsurgency in Malaya was taking place. Instead, the booklet highlighted the dual roles contained within counterinsurgency. On one hand, service personnel would prosecute a jungle campaign of patrols and ambushes in which the use of force was not delimited. On the other hand, they would be asked to conduct operations which brought them into contact with civilian populations, which required that the use of force must be controlled.

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[682] The War Office, *Imperial Policing and Duties In Aid Of The Civil Power*, (June, 1949), p.5, LH 15/8/221.

[683] Ibid, p.13.

[684] Ibid, p.13.

As ATOM stated there were controlled areas, in which civilian could reside only with special permission, and danger areas, which denoted areas where only authorised personnel could enter.[685] The use of force was more likely in danger areas, as John Bourne, a young officer who was responsible for the motor transport of the King's African Rifles (KAR), described in a letter to his parents, dated March 1954. 'I … went to Tranum [Tras] ghost town, near where Sir Henry Gurney was shot.' wrote Bourne. 'The citizens of the town were involved and therefore in 'C' Coy's village. Then up the gap which is the most dangerous road in Malaya. Twenty miles up over hair-pin bends, with drops on all sides up to 2,800' and a similar 20 miles down the other side. … Every few hundred yards there is a notice:- "This is the Danger Area. Do not enter. Anyone entering this area is liable to be shot without warning."[686]

One account suggested there was little control over the use of force in some of these controlled areas. Walter Schwarz, a subaltern with the Manchester Regiment in 1952, implied that killing an insurgent was prioritised over ideas about caution in controlled places. In his diary he recounted the words of his senior officer before going out on patrol:

> We obviously cannot have a centrally controlled fireplan. Each of you has sufficient experience now to be able to open fire when you judge fit. Don't be too cautious. You have had plenty of warnings about holding your fire until it is most effective but that can be overdone. We're at the stage now when we want a bandit at all costs - and one in the hand is worth two in the bush. When you're certain of killing one, shoot and don't worry about anymore.[687]

The diary insinuated that killing an insurgent took priority even at the cost of civilian life. Schwarz's officer went on to state:

> One last thing I want to make clear. Don't worry about the tappers. I don't want anyone coming back saying: I couldn't shoot because a tapper was in the way. If a

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[685] *ATOM*, Chapter IV, Section II.

[686] Bourne, 'Letters', 12th March 1954.

[687] Schwarz, 'Walter Schwarz Malaya Diary, 1952', Saturday 18th October, p.34.

tapper is in your line of fire it's just too bad. Remember he's probably a food supplier or something anyway. They're not innocent, not a single one.[688]

A further account suggested limited accountability should civilians be killed in controlled areas. Brigadier C.N. Barker was a company commander in Malaya between 1953 and 1955. By this time the insurgents had learnt to exploit the gaps left by different state administrations, which in this instance meant occupying the border areas between states. Barker's job was to patrol the state boundary between Negri Sembilan and Johore in southern Malaya. The jungle had been declared off limits, under the Emergency Regulations, to all except the security forces and those whose job it was to work the jungle's edge. As Barker writes, 'When we had jungle clearance from our political masters any contacts we made were deemed to be CTs.' Further, the exigencies of the jungle meant service personnel were reluctant to challenge those encountered: 'In the dense jungle there was no time or opportunity for formal challenging one shot first and asked questions afterwards.' Therefore, in the minds of British service personnel, any other group encountered in the jungle were presumed to be guilty and by extension were subject to the use of force.

Barker goes on to recount an instance where his patrol opened fire on a group who were presumed to be insurgents preparing a meeting site but instead claimed to be rattan cutters. The contact was later deliberated upon by the local representative of the civil power:

> Our political masters immediately claimed that we should have challenged them. The Titi [C]hinese leaders also complained so I was summoned to the District Officer and interrogated. It was finally agreed that we had official clearance and were acting on authentic information and the so called rotan [rattan] cutters were quite likely CTs using cover to prepare the meeting site. It does indicate the delicate line that the soldier treads in these situations and how important it is to get ones authority if possible in writing to safeguard ones soldiers from unauthorised killing or worse. It is easy for those sitting in offices no where near the action to criticise and this was the type of incident where soldiery doing a hazardous task in extremely difficult circumstances can come under critical and sometimes hostile examination where

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[688] Ibid, Saturday 18th October, p.34.

> political considerations and expediency are paramount! Had one of the [C]hinese died things might have been very tricky.[689]

The account is interesting as it suggests a degree of accountability, given questions were asked after political pressure was applied, but also suggests that accountability ultimately had very limited power against the bureaucratic process that legitimised the use of force. The patrol was authorised, the intelligence deemed to be good, therefore the group was guilty. The account also shows how that accountability, such that it was, was perceived by those charged with prosecuting the counterinsurgency. Service personnel remained leery of their 'political masters' knowing that their actions were subject to interpretation that may be driven by a change of political agenda. Therefore, those whose actions were permitted under the regulations retained the fear that they would later be prosecuted. What was more, this fear was heightened by the thought that their potential prosecutors would not be soldiers who had some understanding of the space in which they were being asked to operate, but civilians, whose expertise was grounded in legal and moral certitudes. The confusion and stress of operations would not translate to the sterile atmosphere of the barracks or courtroom where their actions would ultimately be deliberated upon.

In 1955, 'troops were ordered to "shout before you shoot"', even for suspect insurgents (as opposed to just escapees and those running in uncertain circumstances). This was to enable insurgents to surrender during the amnesty declared that year ahead of negotiations in December. But when large scale surrenders did not materialise, this policy 'was ended soon after the peace talks.'[690] In February 1956, 'full scale Security Force operations against the terrorists were resumed and continued throughout the year.' [691] By 1957 morale among soldiers was reportedly 'very high'. This, noted the January 1957 report, was reflected in the 'enthusiasm' and 'eagerness' with which soldiers were pursuing the insurgents. The earlier fears stated in the cover note appeared to have been overcome. 'Cases of excessive caution are almost unknown,' stated the report, 'and where troops are blameworthy for unsuccessful

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[689] Brigadier C.N. Barker, 'Wielding the Sword', (c1992), pp.65-66, IWM 96/12/1.

[690] Director of Operations Malaya, (Lieutenant-General Roger Bower) 'Review of the Emergency in Malaya from June 1948 to August 1957', (September, 1957), p.10, TNA AIR 20/10377.

[691] Director of Operations, Malaya, 'Review of the Emergency Situation in Malaya at the end of 1956', (January, 1957), Appendix H, p.2, TNA WO 208/5356.

contacts, the cause has usually been recklessness and over-enthusiasm. Their fighting spirit can seldom have been bettered anywhere.'[692]

3.5.   Conclusion

The Second World War saw increasing importance placed on the concept of morale as way to prevent disciplinary and psychiatric breakdowns. As this chapter has showed, the morale of service personnel was considered something to be monitored by senior officers during the postwar period. In Malaya, during the Emergency, morale came to be conceptualised in relation to the operational requirements and hardships of the insurgency. A note on troop leadership, for example, which urged officers to be vigilant on the subject, warned that the boring, and at times unpleasant nature of counterinsurgency lowered morale and that high morale was created by success against the insurgents.[693]

The population control measures, such as resettlement, were often regarded as punitive by service personnel, and the associated destruction of property as distasteful.[694] The operations over hostile terrain were a significant stress, while the prospect of being ambushed was perhaps the greatest tangible stress of participation during the Malayan Emergency. The evidence of successful ambushes dispelled ideas about insurgent incompetence or inferiority and instead reinforced the efficacy of this tactic and of the insurgents as fighters.[695] The sites of successful insurgent ambushes became infamous areas in the minds of service personnel.[696] Narrowly avoiding an ambush or dealing with the immediate aftermath could prove a traumatic experience and be deleterious to morale.[697]

As research emanating from Palestine had suggested, fear could impair judgement, exaggerate dangers and lead to 'wild' behaviour, instead of cool considered action.'[698] The training and its overarching narrative framed jungle operations, reducing soldiers'

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[692] Ibid, Appendix G, pp.2-3.

[693] Hensman, 'Notes for Troop Leaders in Peace and War', p.2.

[694] Miles, 'The Adventures of a Coldstream Guardsman', pp. 152-153; Ives, 'A Musket for the King', p.170.

[695] Hoe and Morris, *Re-Enter The SAS*, p.55; Ives, 'A Musket for the King', p.113.

[696] Mullender, 'National Service Years', p.18.

[697] Martin, 'The Day The Sun Stopped Shining', pp.66-68.

[698] Yarnold, 'Fear: A Field Survey In Palestine', p.1.

perceptions to 'visual stereotypes'.[699] The behavioural training at the Jungle Warfare School sought to overcome fear and indecision by creating a conditioned response, or a pattern of behaviour to defer to, while under the stress of contact.[700] Out on operations, the hunting terminology used to frame operations and provide a behavioural model for service personnel, lent resilience but at the unacceptable cost of dehumanising the insurgents.[701]

Certainly, in the opening years of the Emergency, senior officers in Malaya appeared more concerned about soldiers not using force, and insurgents escaping, than delimiting force.[702] Subsequent Emergency Regulations sought to inhibit the use of force against people running and escapees by reiterating that a warning should be issued and allowed opportunity to surrender afterwards.[703] This was even extended, very briefly, to suspected, armed insurgents in the 1955 'shout before you shoot' initiative, though that was short lived.[704] In controlled areas, however, where there was a presumption of guilt there appeared to be little concern over the use of force.[705] Regimental culture drove inter-regimental competition which manifested itself in keeping a scoreboard of kills.[706] By 1957, the earlier fears about solders being too cautious appeared to have been overcome. 'Cases of excessive caution are almost unknown', stated the Director of Operations.[707] In short, the training, which sought to instil 'fighting spirit', and regimental culture, perhaps most apparent in the inter-regimental competition, was weighted toward the use of force.

This chapter has showed how the concept of morale was adapted to, and morale maintained during, the Malayan Emergency. The next chapter will turn to the incidence, conceptualisation and management of service personnel who did not conform to this model of morale and showed symptoms of stress.

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[699] Crawford, *The Door Marked Malaya*, p.40.

[700] O'Sullivan, 'Loyal Regiment 1956-1958', p.11.

[701] Gibb, 'A Walk in the Forest*'*, p.77.

[702] 'Notes for the Guidance of Commanding Officers', with covering note from Brigadier i/c Administration, Malaya District, 14 August 1948.' IWM, Davis Papers, GHQ Malaya Command.

[703] 1st Bn/2nd Regiment King Edward Gurkhas, 'Documents', Malaya 1948-1954.

[704] Director of Operations Malaya, (Lieutenant-General Roger Bower) 'Review of the Emergency in Malaya from June 1948 to August 1957', (September, 1957), p.10.

[705] Schwarz, 'Walter Schwarz Malaya Diary, 1952', Saturday 18th October, p.34.

[706] Brind, 'The Somersets in Malaya', p.11.

[707] Director of Operations, Malaya, 'Review of the Emergency Situation in Malaya at the end of 1956', (January, 1957), Appendix G, pp.2-3.

Chapter 4

Military Psychiatry and the Malayan Emergency

4.1.   Introduction

There has to date been little research into the management of psychiatric conditions during Britain's postwar period of decolonisation. Ben Shephard's social history, *A War of Nerves* (2000), for example, moved from the Second World War to the war in Vietnam. The Vietnam War motivated research into a 'post-Vietnam syndrome' which in turn, Shephard argued, became instrumental in the inclusion of Post-Traumatic Stress Disorder in the third edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) in 1980.[708] Edgar Jones and Simon Wessely have described 'a paradigm shift in the conceptualisation of post-trauma illness' during the twentieth century.[709] Up until the 1970s, those who displayed enduring symptoms of mental illness as a result of a traumatic experience were considered to be 'constitutionally predisposed to mental illness'. The inclusion of PTSD in the DSM-III, however, transferred the main emphasis in explanations from individual susceptibility to the traumatic experience itself.[710] For most of the twentieth century prior to that point, by contrast, psychiatric casualties during war had been thought of mainly in terms of constitutional weakness.

The Korean War (1950-1953) was the only major conflict in which British forces were engaged in during the postwar period. Jones and Wessely have argued that it 'led to no major innovation in the conception or treatment of psychiatric battle casualties'.[711] Situated between the Second World War and Vietnam, Britain's postwar counterinsurgencies have been thought to offer little to the history of military psychiatry, or trauma, and have been overlooked. This chapter will nuance this history by suggesting that just as the military

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[708] Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, (London: Pimlico, 2003), p.367.

[709] Edgar Jones and Simon Wessely, 'A Paradigm Shift in the Conceptualization of Psychological Trauma in the 20th Century', *Journal of Anxiety Disorders*, 21:2, (2007), p.165.

[710] Ibid, p.165.

[711] Ibid, p.170.

conception of morale had become orientated towards the low intensity warfare engendered within the Malayan Emergency so too did the management of psychiatric casualties. In order to do this, this chapter will first map out the system and psychiatric thought which had evolved during the Second World War to deal with psychiatric casualties in forward areas. It will then focus on the features of forward psychiatry which would become instrumental in the management of psychiatric conditions during the Malayan Emergency.

4.2.   *British Military Psychiatry during the Second World War*

In 1942, Brigadier G.W.B. James, psychiatric consultant to Middle East Force in North Africa, recommended that 'physical exhaustion' be operationalised as the preliminary diagnosis for all psychiatric cases. Only if these cases persisted past 7-10 days was a diagnosis of neuroses to be made.[712] The 'Exhaustion' label was applied to 'acute conditions, wherein fatigue, fear, lack of sufficient sleep, water and food had overcome the normal resilience of the human mind.'[713] These acute, or transient, symptoms became normalised. As Robert Ahrenfeldt stated, 'however basically stable they may be, [soldiers] will ultimately break down, in direct relation to the intensity and duration of their exposure to the stress of battle'.[714] In response to these conditions service personnel were given 'simple psychotherapy' consisting of 'persuasion, explanation, firm encouragement and suggestion.'[715] Sedatives were used to relieve distress 'and prevent fixation of symptoms and further deterioration.'[716]

The importance of treating psychiatric casualties in forward areas was to prevent these acute cases from becoming chronic.[717] In turn, the chronicity of the disorder was thought to be, in

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[712] Brigadier G.W.B. James, 'Narrative, resume, comments and conclusions concerning the Middle East Force from Sept 1940 to July 1943', Typescript, (1955), p.58.

[713] 'Report of a Conference on Psychiatry in Forward Areas', (1944), p.3, TNA WO 32/11550.

[714] R.H. Ahrenfeldt, 'Military Psychiatry'. In Medical Services in the War: The Principle Medical Lessons of the Second World War, Arthur Salusbury MacNaulty and W. Franklin Mellor (Eds), (London: HMSO, 1968), p.197.

[715] 'Report of a Conference on Psychiatry in Forward Areas', p.5.

[716] Major C. Kenton, 'Discussion: Forward Psychiatry in the Army', *Proceedings of the Royal Society of Medicine*, 39:3, (1946), p.138.

[717] 'Report of a Conference on Psychiatry in Forward Areas', p.2.

part, determined by the application of a psychiatric label. Lieutenant-Colonel R. G. Evans, writing about the 1944-45 campaign in North Western Europe, put forward the logic underlying the term's use. 'All psychiatric cases were to be diagnosed 'Exhaustion,' with the object of choosing a label which would not suggest to the soldier an organic disability but rather something from which he might confidently expect to recover within a short time.'[718] In 1945 Brigadier John Rawlings Rees published *The Shaping of Psychiatry by War*, in which he emphasised the impact of psychiatric terminology on the course of psychiatric conditions and elaborated on the intention underlying the use of the term exhaustion. Where 'Shell shock' or 'anxiety neurosis' implied a serious condition the term 'exhaustion' acted as a euphemism for all psychiatric conditions avoiding the application of a particular diagnostic label. Without having a psychiatric diagnosis to fixate on, the serviceman, Rawlings Rees argued, could be returned to duty before realising the true nature of their condition.[719]

While the system of psychiatric triage, encapsulated within the exhaustion label appeared effective in returning personnel to duty in the short term, the efficacy of this strategy for the longer term was questioned. One neurologist stationed at 39th British General Hospital in Belgium, in 1944, reported that: 'Preliminary analysis of 107 cases received early on in operations shows that 43% had previously been treated elsewhere for "exhaustion", returned to duty and relapsed.'[720] The exigencies of the Second World War, however, meant these concerns were largely negated as forward psychiatry engendered a different standard of care than in civilian life. 'If a sergeant can recover his poise for one month,' said Lieutenant-Colonel T. F. Main 'it can be regarded as a satisfactory therapeutic result in an Army fighting for its very life'.[721] Within this system, the management of psychiatric casualties was primarily concerned with conserving manpower. As one military psychiatrist put it: 'his patient is the Army rather than the individual.'[722]

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[718] Lieutenant-Colonel R. G. Evans, 'An Outline of the Role of the Medical Services in the Second (British) Army's Campaign in North-West Europe (1944-45), *JRAMC*, 88:5, (1947), p.166.

[719] John Rawlings Rees, *The Shaping of Psychiatry by War*, (London: Chapman and Hall, 1945), p.115.

[720] 'Report on Visit to 21 A.G. B.L.A. By D.A. Psych and Cons Psych to Army', (1944), p.1, TNA WO 32/11550.

[721] Lieutenant-Colonel T. F. Main, 'Discussion: Forward Psychiatry in the Army', *Proceedings of the Royal Society of Medicine*, 39:3, (1946), p.141.

[722] Major Dugmore Hunter, 'The Work of a Corps Psychiatrist in the Italian Campaign', *JRAMC*, 86;3, (1946), p.127.

The emphasis on early treatment meant that the medical officer became an instrumental part of the successful application of forward psychiatry and needed to be trained accordingly. As Lieutenant-General Sir Neil Cantlie stated, 'The R.M.O. who dabbles in psychiatry on the wrong lines, and without adequate experience is a danger to a unit, and should be removed.'[723] In the Far East, as it came to be recognised that the 'supply of psychiatrists was always less than the demand', Medical Officers with civil experience of psychiatry were graded as specialists, and others participated in a programme of training under the tutelage of experienced psychiatrists. While not comprehensive, the training was thought sufficient to 'carrying out specific tasks in the relatively homogeneous group of Service patients'[724] Major J. Matas, a divisional psychiatrist stationed in Burma, reported that his division 'organised a jungle school of medicine' which included lectures in 'forward Psychiatry.'[725] A further divisional psychiatrist in Burma, Major P.J.R. Davis, read the psychiatric reports generated in North Africa and reproduced their lessons in his own report, which he circulated to Regimental medical officers and field ambulances. He followed his report with a brief letter, circulated to MOs before going into action, stating that 'the initial diagnosis on the Field Medical Card should in every case be "Exhaustion".'[726] He reported some success, with Regimental Medical Officers taking the initiative, providing brief periods of rest and sedation, preventing evacuation further down the line.[727]

By October 1944, Brigadier E. Phillips, Director Medical Services 21st Army Group, had decided on the policy that all medical officers under his command receive some level of psychiatric training in psychiatry in forward areas. He proposed 'short 4-day courses of instruction in psychiatry for all R.M.Os. and longer courses (probably a month) for selected M.Os. who will be able to run Div. Centres.'[728] The proposed location was at 32nd British General Hospital, located at Wavre Notre Dame between October 1944 and March 1945.[729] It was thought this 'arrangement will be productive of much good in the handling of the

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[723] 'Report of a Conference on Psychiatry in Forward Areas', p.3.

[724] Edward Armstrong Bennet, "Psychiatry in India and Pakistan", *Mental Health*, 8:1, (1948), p.3.

[725] Major J. Matas, 'Psychiatry - Arakan Campaigns', (Undated), p.7, TNA WO 222/1571.

[726] Major P.J.R. Davis, 'Divisional Psychiatry', Report to the War Office, 1946, pp.8-9, TNA WO 222/158.

[727] Ibid, p.13.

[728] 'Report on Visit to 21 A.G. B.L.A. By D.A. Psych and Cons Psych to Army', (1944), p.6, TNA WO 32/11550.

[729] 'Location of British General Hospitals 1939-1946', p.7, TNA WO 222/1568.

"exhaustion" cases.'[730] Medical officers, however, could be leery of psychiatry and appeared to prefer a simple system of diagnosis and referral. Lieutenant Eric Cole was sent to the 32nd British General Hospital to attend one of these courses in January 1945. A series of letters home revealed his frustration at the course, the people and psychiatry in general. To keep himself sane he reduced the complex system of symptoms, conditions and theory to doggerel.[731] On completion of the course he was posted to the 35th Field Dressing Station under the command of a psychiatrist, where a much simpler classificatory system was in operation. 'In this unit' writes Cole, 'I am nominally looking after four wards (about 70-80 patients), but they are all exhaustion cases ie. neurotics or psychotics or just plain exhaustion'.[732]

In 1944 the instructional film 'Field Psychiatry for the Medical Officer' was produced by the War Office. It codified the preferred nomenclature and method of treatment but also made an effort to destigmatise psychiatric casualties. The film follows the case of 'Wragge', a fictional soldier who succumbs to a nervous condition after a sustained period under fire. Following accusations of cowardice and malingering, Wragge is dispatched to the MO. There he is diagnosed with 'exhaustion' and the initial treatment - a form of psychiatric first-aid - which takes the form of hot tea and a period of sedated rest. The MO then goes on to engage Wragge's platoon commander on the issue of stigma. Over a glass of beer, he says that any man can 'crack up' given enough stress. When challenged with becoming overly interested in psychiatry the MO replies, 'I'm no bloody psychiatrist, it's just common sense.' Just as the MO was attempting to distance himself from psychiatry the army was attempting to reduce the stigma surrounding psychiatric conditions by de-medicalising them. To underline the message, in the closing scene, the roles are reversed as the Medical Officer himself becomes the subject of examination by his Commanding Officer, found to have a stress reaction and told to take a short period of rest, with sedatives. The film normalised psychiatric conditions but did so under the proviso that these were transient reactions.[733]

In September 1944 the film was reviewed in the *Lancet* under the heading 'Field Psychiatry on the Screen'. It was, as the *Lancet's* reviewer described, a 'human sensible little

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[730] 'Report on Visit to 21 A.G. B.L.A. By D.A. Psych and Cons Psych to Army', (1944), p.6, TNA WO 32/11550.

[731] Major E. R. Cole, (1 Feb 1945), p.8, IWM 15/23/1.

[732] Cole, (24 Feb 1945), p.2.

[733] 'Field Psychiatry for the Medical Officer', Director of Army Kinema, IWM WOY 998.

document', with the repeated message of tea and sedatives becoming almost a 'mystic rite', which presented what was to be the 'routine treatment of acute anxiety'. The reviewer also saw the film's potential as both a 'scrimshanker's guide' and a warning against the use of such terms, 'we cannot afford to bandy about such words as "yellow" and "scrimshanker" in a world where anybody is liable to have his bluff called at a moment's notice.'[734] This encapsulated the tension within military and medical thinking. On one hand simulation was expected while on the other it was accepted that breakdowns were inevitable. This tension was to some extent resolved through the expectation that breakdowns had to be earned. Breakdowns then, were being thought of along moral as well as medical lines. One MO described the term 'physical exhaustion' as a replacement for 'Shell Shock'. These he further subdivided into true cases, meaning those who were 'shaken up' after an extended period in the line; those who were 'Bomb happy', these would be referred to a psychiatrist and often downgraded; and 'Nerves'. This final category included those cases who may not have been genuine, an indication of which was reporting sick before battle.[735]

Colonel F.M. Richardson, an RMO during the war, thought 'exhaustion' had become a catchall among RMOs and de-stigmatised breakdowns among soldiers. Instead, in an effort to re-stigmatise breakdowns Richardson used 'Fear Neurosis' because it was a 'diagnosis which the average soldier would not want to label himself.'[736] Nevertheless, exhaustion was more generally considered to be effective as a label. Major Davis, for example, thought it to be a useful label for the medical officer, and that 'labelling all cases "Exhaustion" did justify itself' as a preventative measure. 'Although, naturally enough, many of the troops soon tumbled to the fact that the term was synonymous with what they thought of as "Shell-shock",' wrote Davies, 'it was apparent to me that not a few of them did accept the term at its face value, and did regard their condition from the beginning with an optimism and a will to recovery that would, I think, have been dispelled if they had been allowed to regard themselves as "shell-shocked".[737]

In summation, nomenclature came to encapsulate the system of psychiatric triage in operation during the Second World War. It was, in effect, a preventative measure which

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[734] 'Field Psychiatry on the Screen', *The Lancet*, 244:6317, (1944), pp. 413 - 414.

[735] Captain H.M. Jones, 'The Work of a Battalion Medical Officer', p.3, IWM 91/16/1.

[736] Colonel F.M. Richardson, 'Competitive Health Preservation in the Army', *JRAMC*, 91:5, (1948), p. 211.

[737] Davis, 'Divisional Psychiatry', pp.13-14.

sought to arrest the course and duration of psychiatric illness. The nomenclature also sought to normalise and destigmatise psychiatric breakdowns. As Major Kenton wrote, although mediated by preventative measures, 'it is still axiomatic that wherever fighting is in progress casualties of a psychiatric nature will occur, and that when the fighting is severe, the number of these casualties becomes such as to constitute a military problem.'[738] This chapter will suggest that the particular level of intensity of fighting in counterinsurgency, the application of nomenclature, and the issue of stigma all played an instrumental role in the conceptualisation and management of psychiatric casualties in the Far East during the Malayan Emergency. Firstly, however, this next section will address the selection of service personnel before they deployed to Malaya.

4.3.   The Selection of Service Personnel for the Far East

One of the most urgent questions concerned what role, if any, psychiatry should play in the selection of military personnel. In the aftermath of the Second World War a reaction against the use of psychiatry became evident within the *Journal of the Royal Army Medical Corps*. Captain L'Etang, a regimental medical officer during the war, charged psychiatrists with having wasted manpower and reduced fighting efficiency.[739] The concern was that psychiatrists were too quick to downgrade or discharge service personnel. As Lieutenant-Colonel Harry Pozner, an Adviser in Psychiatry, put it 'Army psychiatry is once again experiencing the downward swing of the pendulum.'[740] Official figures reflect this downward swing. Between 1948 and 1958, with the Berlin airlift and the upswing in what came to be called the 'Cold War', the Army grew from 418,000 to 450,000 service personnel. Conversely, the number of civilian and military specialists in psychiatry employed by the Army was practically halved, from 82 to 42.[741] Despite this downturn, rates of psychiatric discharge during the twentieth century peaked in 1950 at 44% of all medical discharges.[742] The National Service Act, which 'brought in a larger miscellany of individuals', as well as

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[738] Kenton, 'Discussion: Forward Psychiatry in the Army', p.138.

[739] H. L'Etang, 'Criticism of Psychiatry in the Second World War', *JRAMC*, 97:5, (1951), p.193.

[740] H. Pozner, 'Some Aspects of Post-War Army Psychiatry', *JRAMC,* 94:1, (1950), p.47.

[741] R. Phillipson, 'Army Psychiatry, 1948-1958', *JRAMC*, 104:3, (1958), pp.151-4.

[742] B. Bergman and S. Miller, 'Unfit for Further Service: Trends in Medical Discharge from the British Army 1861-1998', *JRAMC*, 146:3, (2000), pp.204-11.

stricter medical standards were put forward in explanation of this postwar psychiatric morbidity trend.[743]

The new medical standards were codified in the PULHEEMS system, a method of selecting personnel based on physical, mental and emotional capacity.[744] After a period of trial and revision the PULHEEMS system was introduced officially in 1948, following a War Office guide to its application and a revised instruction manual for the guidance of medical boards.[745] Despite the apparently waning influence of military psychiatry, the new medical system of classification firmly embedded psychiatric thought, and by extension the psychiatrist, within its administration. Psychiatric unfitness, particularly psychosomatic symptomatology, meaning physical illness with a psychological cause, was emphasised as a drain on both morale and the administrative capability of the military.[746]

The emphasis placed on the role of inheritance in the causation of mental illness meant an extended family history assumed greater importance. Professor D.K. Henderson, however, noted that exactly recording family history came with methodological concerns:

> Human families with their long interval between generations and the small number of their members do not lend themselves to studies of heredity. Moreover, it is often necessary to collect data about ancestors on a hearsay basis only. Such terms as nervousness, irritability, and so on, especially as given by lay persons, can have little value. Yet in spite of the inevitable lack of exactitude, we are certain that the hereditary factor is of great importance.[747]

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[743] 'Annotations-Morbidity Trends in the Services', *British Medical Journal*, 2:4935, (1955), p.369.

[744] The acronym PULHEEMS stood for the factors that it meant to test: Physical capacity, Upper limbs, Locomotion, Hearing, E(E)yesight, Mental capacity, Stability (emotional). The War Office, "PULHEEMS A System of Medical Classification", TNA PIN 15/2867, p.1.

[745] The War Office, 'The Application of the PULHEEMS System of Medical Classification to the Army 1947. Instructions for the Guidance of Medical Boards Under the National Service Acts. Ministry of Labour and National Service (Revised March 1948)'. TNA PIN 15/2867.

[746] The War Office, 'PULHEEMS A System of Medical Classification for the Fighting Services', p.24, TNA PIN 15/2867.

[747] David Stafford-Clark, *Psychiatry To-Day*, (Middlesex: Penguin, [first published 1952], reprinted 1961), p.121.

The psychiatric history and psychological fitness of service personnel took a prominent position within a system that was designed with the defence and administration of Britain's overseas territories in mind. As a guide to the PULHEEMS system stated, the fittest personnel were graded as: 'Men whose emotional stability has not been questioned by the medical officer or personnel selection officer or men who on psychiatric examination show neither significant history nor present signs or symptoms of psychiatric or psychosomatic illness. Fit for full service in any part of the world.'[748] By contrast, men with slight question marks could be retained for service in the UK.

The high number of incoming recruits and a lack of psychiatric specialists raised serious questions about how effectively such standards could be implemented. Following the mass demobilisation of service personnel after the war, the number of medical boards had been reduced. Some, however, had to be reopened temporarily to deal with the number of examinations conducted by National Service Medical Boards. The latter peaked at well over 300,000 in 1952.[749] It is unknown how many of these examinations involved a psychiatrist or would result in a referral to one, but by 1956 the Army Psychiatry Advisory Committee had recognised that a continued shortage of experienced military psychiatrists meant that they could not adequately deal with their existing commitments to selection and clinical work.[750]

Harry Pozner, meanwhile, used the *Journal of the Royal Army Medical Corps (JRAMC)* to argue, in 1950, against the old criticism that army psychiatry had in the past been used to dispose of problem soldiers.[751] Selection could, however, save the significant costs and complications of having to treat them later on. The use of psychiatry in this way became more plausible during the National Service era which saw whole cohorts recruited again, rather than just volunteers. In practice, the psychiatric discharge rate, which peaked in 1950 at 44% of all medical discharges, suggested several things could have been going on. [752] The psychiatrist, faced with a high number of recruits and guided by the strict standards of

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[748] The War Office, 'The Application of the PULHEEMS System of Medical Classification to the Army 1947', p.21.

[749] 'National Service Medical Boards: Number of Examinations for enlistment into the Forces made by National Service Medical Boards, 8th June, 1939 - 31st October, 1960', TNA, LAB 6/687.

[750] 'Army Psychiatry Advisory Committee meeting, 1956.', TNA WO 32/13462.

[751] Pozner, 'Some Aspects of Post-War Army Psychiatry', p.42.

[752] Bergman and Miller, 'Unfit for Further Service', pp.204-11.

selection, may have erred on the side of caution when it came to service personnel with any hint of a psychiatric history. What is perhaps more likely, given the shortage of psychiatrists, the psychiatric standards set by the system of selection were being utilised by non-psychiatric selection officers to discharge recruits who posed a potential problem. Both eventualities made it almost inevitable that service personnel would be miscategorised as either unfit for service, or, more germane to this thesis, as unfit for service abroad in active theatres such as Malaya.

Others were mindful that using psychiatric interviews to make predictions about a recruit's suitability was not within the psychiatrist's capability and would bring them into conflict with their professional ethics. Desmond Curran, who was the first Consultant Psychiatrist to the Royal Navy during the Second World War, speaking in October 1951, thought psychiatrists would be overstepping the limits of psychiatric knowledge were they to start selecting personnel for specific roles. Instead, Curran thought the psychiatrist should be limited to negative selection, which he defined as ruling a potential officer recruit out on medical grounds. Positive selection, picking the right recruit for the job, should be left to non-medical officers. To cross the boundary into positive selection, based on a psychiatric assessment of the recruit, would be to enter into a professional dilemma. If the recruit is made aware that the aim of the psychiatric interview was to assess their suitability to a role, the recruit would be reluctant to answer questions honestly, and assessment would be compromised. Conversely, if the recruit was not told and then the results of his interview shared with non-medical officers, this would constitute 'a gross breach of professional confidence'. In short, for Curran the psychiatrist should be limited to a simple statement concerning the existence of a medical condition.[753] An extract of the address was circulated to trainee psychiatrists by the Assistant Professor of Army Psychiatry at Millbank.[754]

As mentioned above, the PULHEEMS system was oriented toward service abroad, with only those deemed to be psychologically fit, to be deployed. Evidence of psychiatric or psychosomatic conditions could be enough to prevent service personnel from being sent overseas. In 1952 for instance, Lieutenant Walter Schwarz, when he was preparing to be deployed to Malaya, sought medical attention for a persistent skin condition. As the

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[753] Desmond Curran, '"Psychiatry Ltd." [Abridged]', *Proceedings of the Royal Society of Medicine*, Vol.45, (1952), pp.106-107.

[754] 'Psychiatry Ltd.', Dr Leslie Bartlet, IWM, not yet catalogued.

condition had resisted treatment it carried the implication that its cause was psychological. The length of treatment and the tropical climate of his destination put his deployment in doubt. In fear of becoming the 'Depot Ghost', Schwarz protested his fitness and was referred to the psychiatrist whom he light-heartedly claimed (in his diary) to have 'placated with brief character studies' of his 'father, sister and super-ego'. After a further consultation with the dermatologist he was eventually referred back to the MO, who he had recently 'befriended', and was cleared for deployment.[755] As an educated, affable officer, and one apparently conversant in psychiatric language, Schwarz was able to lobby for his deployment and negotiate the limitations imposed by the suspicions of a psychiatric condition. That he completed his tour of Malaya dismissed any medical concerns about his fitness for service abroad and, in one case at least, implied that the suspicion of presumed psychosomatic symptoms engendered in the system of selection could be overstated.

The suspected over-implementation of psychological selection raised an interesting concern for the military, particularly in the case of officers. An early report on selection noted that 'it is difficult to say what degree of instability is allowable in an officer. If we were to take out all the unstable, we might lose many geniuses and potential V.C.s [Victoria Cross winners]'.[756] Further, officers were held to higher standards, given that they had the additional responsibility of leadership. The officer recruit had been selected and trained in leadership, as stated in the training chapter. However, as one officer researching the medical problems faced by soldiers in Malaya stated: 'The jungle soon discovers those who are unfitted to lead; luckily these are few, but they do occur in spite of the present extensive personnel selection procedure.'[757] Selection contained a further limitation. It could not account for future environmental variables, such operational intensity and morale, that could most reliably predict psychiatric attrition during a campaign, and which of course remained unknown prior to selection.[758] In short, the stress of counterinsurgency in Malaya could not be controlled for by selection and those apparently healthy individuals who would succumb to its stresses could not be accurately predicted.

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[755] Lieutenant W. Schwarz, 'Walter Schwarz Malaya Diary, 1952', 4th September 1952, IWM 08/118/1.

[756] Grace Huxford, *The Korean War in Britain: Citizenship, Selfhood and Forgetting*, (Manchester: MUP, 2018), p.81.

[757] T.C.R. Archer, 'Medical problems of the operational infantry soldier in Malaya', *JRAMC*, 104:1, (1958), pp. 7-8.

[758] Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*, (Hove and New York: The Psychology Press, 2005), pp.109-119.

In Malaya, however, selection, based on the principles codified in the PULHEEMS system continued to be used in a more informal way. This can be seen in Major Arthur Campbell's book *Jungle Green*, first published in 1953. It was an influential text, which by design was a characterisation of events in Malaya with Campbell as its protagonist.[759] In effect it picked out the salient points of a tour of duty while changing names and shaping them into a semi-fictionalised narrative. It was criticised, perhaps most vehemently by Victor Purcell, who, in his official capacity as head of the Chinese Protectorate was engaged in championing the rights of the Chinese population, regarded it as a synthetic account of heroism aimed at stimulating 'British fighting morale'.[760] General Templer recognised the military memoir as a powerful propaganda tool, reportedly authorising the use of public money to purchase and circulate Campbell's book among the armed forces.[761] Colonel J.B. Buckmaster, an officer with 1st Battalion Royal Hampshire Regiment in Malaya (1953-1955), reported it to be a valuable account of the methods and dangers of jungle operations.[762] Given the design of the book, and General Templer's endorsement, the further argument is that the book acted as a training manual used to propagate ideas about stress and resilience.

In the opening chapter, as the troop ship arrived in Singapore, the narrative turns to which of the men could be relied on and who would break down. Those who had an unstable childhood were taken to be vulnerable to psychiatric conditions, or as Campbell wrote, 'would crack up when things were going badly'. This reflected the psychiatric thought that was in operation during the Second World, and would later be codified in the PULHEEMS system of selection in which constitutional factors, either innate or early life experiences, were understood to predict psychiatric conditions.[763] This was borne out within the narrative as one of the predicted soldiers, who was orphaned at a very young age became 'a constant source of anxiety' with a 'haunted look' in his eyes. In response Campbell 'decided to send him to some job which kept him out of the jungle.' In effect, *Jungle Green* became a field manual for officers whose responsibility it was to identify and dispose of soldiers who 'could

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[759] Arthur Campbell, *Preface: Jungle Green*, (London: George Allen and Unwin, 1953), pp.5-6.

[760] Victor Purcell, *Malaya: Communist or Free?*, (Victor Gollancz: London, 1954), p.129.

[761] Ibid, p.242.

[762] IWMSA No.10106, Colonel James Bernard Buckmaster, reel 2. See also David French, *The British Way in Counterinsurgency 1945-1967*, (Oxford: OUP, 2011), p.209.

[763] Campbell, *Jungle Green*, p.11.

not be relied on'.[764] It was a narrative which again appeared in the unpublished memoir of 2nd Lieutenant R.L. Farmer, who was the platoon commander for 12th Platoon, D Company, 1st Battalion the Suffolk Regiment in Malaya. In much the same way as Campbell, Farmer lists the characters of the men under his command, including a rifleman whose early life experience made him unsuitable for the jungle. He was, wrote Farmer, 'a timid public schoolboy from Clifton who had been torpedoed during the war in the Atlantic as a refugee, and had a terrible stutter. He was totally unsuited to jungle warfare and we used him as the platoon clerk.'[765]

4.4.   Postwar Military Psychiatry in the Far East

In the immediate aftermath of the Second World War the priority for psychiatrists under South East Asia Command (SEAC) was the recovery of 122,970 prisoners of war and civilian internees.[766] One psychiatrist was even parachuted into a prisoner of war camp.[767] In addition, they attended to the convalescence of psychiatric casualties from the Burma campaign.[768] It was initially decided that soldiers with further psychiatric conditions which arose in the command would be evacuated back to India. Things did not go entirely to plan. An unexpected rise in the incidence of psychiatric conditions meant these cases had to be treated in Malaya and Burma. This was in part due to the concern that a delay in treatment would lead to the symptoms becoming fixed. The rise in psychiatric conditions revealed little infrastructure to deal with cases, which in turn led to impromptu treatment centres being set up.[769]

The psychiatric cover in Southeast Asia was initially thought sufficient given the scaling down of British forces there. All of the psychiatrists, however, were under the commander of General Headquarters in India. As it became obvious, from early 1946, that Indian

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[764] Ibid, p.43.

[765] 2nd Lieutenant R.L. Farmer, 'National Service', p.21, IWM 08/118/1.

[766] J. T. Robinson, 'Medical Arrangements for the Contact and Relief of Allied Prisoners of War and Internees in South-East Asia', *JRAMC*, 87:6, (1946), p.266.

[767] Lt. Col. R.F. Tredgold, 'Medical Quarterly Report: Adviser in Psychiatry ALFSEA. Jan - Mar 46', p.2, TNA, WO 222/1319.

[768] Ibid, p.6.

[769] Ibid, p.6.

independence would be accelerated, this raised the question of what would happen to these psychiatrists, and how the psychiatric needs of ALFSEA could be met after Indian independence. The lowest estimate put forward to cover this area was five psychiatrists. Of further concern was that the psychiatric services were being reorganised for peacetime commitments.[770]

Back in the UK, the Army were aware that the release of its wartime psychiatrists would result in a loss of knowledge. To mitigate this loss, and to keep in touch with progress in civilian psychiatry, the Army Psychiatry Advisory Committee was established in 1945. Its chairman, the Director of Army Psychiatry, was to preside over four or five eminent civilian psychiatrists.[771] Entering into the postwar period then, there was concerns over a lack of psychiatrists and whether the psychiatric experience gained during the war would be preserved.

In 1948, the opening year of the Emergency, Maurice Silverman was one of two psychiatrists, stationed at the base hospital in Singapore, who 'dealt with the vast majority of the psychiatric casualties that occurred in the Far East'.[772] He noted that 'Not a single psychiatric casualty was seen by the writer as a result of the bandit activity up-country in Malaya.'[773] In explanation of this he alluded to the established correlation between prolonged, intense engagements and the incidence of psychiatric casualties. 'One of the characteristic features of the period under discussion' wrote Silverman 'is the virtual absence of large scale enemy action.'[774] As Robert Ahrenfeldt stated, 'however basically stable they may be, [soldiers] will ultimately break down, in direct relation to the intensity and duration of their exposure to the stress of battle'.[775]

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[770] Ibid, p.8.

[771] 'Army Psychiatry Advisory Committee (July 1945 to December 1966)', TNA, WO 32/13462.

[772] Maurice Silverman, 'Causes of Neurotic Breakdown in British Service Personnel Stationed in the Far East in Peacetime', *Journal of Mental Science*, 96:403, (1950), p.494.

[773] Ibid, p.497.

[774] Ibid, p.497.

[775] R.H. Ahrenfeldt, 'Military Psychiatry'. In Arthur Salusbury MacNaulty and W. Franklin Mellor (Eds), *Medical Services in the War: The Principle Medical Lessons of the Second World War*, (London: HMSO, 1968), p.197.

One indication of intensity was the number of casualties which had been taken. In June 1948, when the Emergency was getting underway, the medical services were reluctant to predict the number of casualties that would be incurred.[776] As it would turn out, by the end of the year, the cost in killed and wounded had been relatively low at 360 casualties among the security forces. This number would steadily increase over the coming years (see figure 4 below). Instead, Silverman explained the psychiatric conditions that were seen at the base hospital as being precipitated by the absence of enemy activity, which he argued, 'creates a rallying point which helps to cannalize the troops' latent energies.'[777] It was an explanation which deferred to earlier research conducted by R.F. Tredgold, who was at that time Adviser in Psychiatry to South East Asia Command.

Tredgold had used psychiatric conditions seen in base areas during the war as an analogue for the conditions that would be seen during Britain's postwar peacetime commitments.[778] From a survey of officers Tredgold reported that the absence of an enemy lowered morale, which by extension, became a contributory factor in the incidence of psychiatric conditions. 'There is general agreement among officers that the further troops are away from the enemy the lower is their morale;' wrote Tredgold 'although probably apparent distance is more important than *real*.'[779] This last point did seemed germane to the Malayan Emergency in which the distance between the security forces and the insurgents was at times more 'apparent' than 'real'. More generally, it was research that both corroborated the morale reports presented in the previous chapter and gave medical authority to the militarised conception of morale as being dependent on having a coherent enemy. The combination of intermittent and brief contact with the insurgents and that these contacts were thought good for morale suggested the psychiatric cost of insurgency would not constitute a significant problem for the medical services. Across the causeway, however, psychiatric casualties were now increasing.

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[776] D. Bluett, 'Medical Arrangements in Malaya during the Emergency 1948-49', *JRAMC*, 95:1, (1950), p.16.

[777] Silverman, 'Causes of Neurotic Breakdown in British Service Personnel Stationed in the Far East in Peacetime, p.497.

[778] R.F. Tredgold, 'The Mental Health of British Troops in the Far East', *Journal of Mental Science*, *94*:395, (1948), p.351.

[779] Ibid, p.370.

The entire peninsula of Malaya, approximately 50,000 square miles, was considered an 'operational area'.[780] This meant the forward psychiatry practised during the war could not be fully instituted. There was, however, a network of functioning medical units which mediated the distance between breakdowns and the base hospital in Singapore. At the start of the Emergency there were four military hospitals, including a convalescent hospital in the Cameron Highlands, five medical reception stations and one Field Ambulance, spread mostly across the western side of Malayan peninsula.[781] On big operations, where large numbers of troops were relatively concentrated, it became possible to establish an aid post.[782] A series of quarterly historical reports dating to 1949 showed that the Adviser in Psychiatry was travelling to see psychiatric patients at the British Medical Hospitals and Field Ambulances stationed throughout Malaya.[783] On 20th June 1949, for instance, the 'Adviser in Psychiatry visited to see patients.' at the Military Hospital, Kuala Lumpur.[784] Then on 24th June 1949 Lieutenant-Colonel John McGhie, who was the Adviser in Psychiatry, was listed as visiting the Military Hospital in Kamunting, Perak State in north western Malaya.[785] In the Quarterly Historical Report from 1st Field Ambulance that was stationed at the 'Old Convent' in Taiping (undated) the 'Adviser in Psychiatry GHQ FARELF' was listed under 'Visits and Inspections'.[786] The visitor lists of the quarterly historical reports show that service personnel with psychiatric conditions were being seen in Malaya and that some effort was being made to retain these cases in forward medical units. The specialist travelled to them, as opposed to being evacuated early to specialists in Singapore. Before returning to

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[780] Lieutenant- Colonel J.M. Forster, 'Comparative study of the emergencies in Malaya and Kenya', (1957), p.16, TNA WO 291/1670.

[781] Bluett, 'Medical arrangements in Malaya during the emergency 1948-49', pp.16-18.

[782] Lieutenant-Colonel K. H. Clark, 'Some Account of an Operation in the Malayan Jungle', *JRAMC*, 94:6, (1950), p.308.

[783] 'Quarterly Historical Report Of The Military Hospital, Kuala Lumpur. And H.Q. 34 Coy R.A.M.C. For The Quarter Ending 30th June. 1949', TNA WO 268/636: 'Military Hospital Kamunting, Quarterly Historical Report, July 1949', TNA WO 268/631: 'Quarterly Historical Report. 1 Field Ambulance RAMC (BT/LEP)' (Undated). TNA WO 268/637.

[784] Lieutenant-Colonel D.T. Swift, 'Quarterly Historical Report Of The Military Hospital, Kuala Lumpur. And H.Q. 34 Coy R.A.M.C. For The Quarter Ending 30th June. 1949.', p.3, TNA WO 268/636.

[785] Lieutenant-Colonel T.D. Phelan, 'Military Hospital Kamunting, Quarterly Historical Report, July 1949', TNA WO 268/631.

[786] Lieutenant-Colonel J.C. Lambkin, 'Quarterly Historical Report. 1 Field Ambulance RAMC (BT/LEP)'. (Undated), TNA WO 268/637.

the management of psychiatric conditions at the base hospital in Singapore then, this next section will look at how psychiatric casualties were being treated in Malaya.

4.4.1. Military Psychiatry and the Regimental Medical Officer

The first medical figure the psychiatric casualty would meet would be the Regimental Medical Officer (RMO), who would decide whether he would be referred to a psychiatrist. As a result of the war, the relationship between medical officers and psychiatrists was being examined within the Royal Army Medical Corps both in its journal and on exercise.

In November 1948, the medical services held 'Exercise Medical Bamboo' at Mytchett Barracks in Surrey. Its setting was Northern Thailand and Malaya. Its aim was to apply the lessons of the war to an imagined conflict. Given the timing and setting of the exercise and that many of the officers who took part were veterans of Burma, the underlying motivation appeared to be applying the lessons of Burma to the Malayan Emergency. The psychiatry section of the exercise resulted in a discussion that highlighted the interrelated nature of medicine and psychiatry. On one hand, there was a feeling that the divisional psychiatrist should have gained experience as an RMO before progressing to senior command. On the other, it was recognised that the Medical Officer was important in the recognition and treatment of psychiatric disorders. As the first point of contact, the RMO was in a position to arrest the progression of psychiatric conditions.[787] The apparent success of the system in operation in Burma – with its emphasis on rest so as to return men quickly to the frontline - had convinced senior figures of the importance of the need for early intervention.[788] In Malaya, however, a shortage of medical personnel and lack of psychiatric training raised questions about how well medical officers could have performed this duty.

The Quarterly Historical Medical Reports reveal general concern over the shortage of qualified medical personnel and by extension the need for training. Postwar demobilisation meant there was a shortage of qualified medical personnel as FARELF began reorganising for peacetime. This would become a feature of the postwar years. A June 1947 report from

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[787] 'Duplicated report on the War Office exercise "Medical Bamboo", set in Siam (Thailand), Malaya and Burma', p.113, RAMC/1166:Box 260.

[788] A. Torrie and R. H. Ahrenfeldt, 'Psychiatry', *JRAMC*, 90:6, (1948), pp.331-332.

Johore Bahru read, 'The biggest administrative difficulty encountered is the acute shortage of officers and senior N.C.Os.'. The Emergency meant the RAMC had to adapt and in response it decentralised medical practice, emphasising basic training in specialist functions for rank and file. For example, an absence of specialist Field Ambulance personnel meant that British Other Ranks were used as stretcher bearers on operations. There were also initiatives to train soldiers in additional first aid.[789] This was important as 'The effect on morale of personnel of jungle patrols having trained R.A.M.C. Orderlies with them is greatly increased.'[790] At the opening months of 1950, incoming, inexperienced medical officers were first attached to 16th Field Ambulance to complete further training before continuing on to their postings.[791]

In May 1952, General Templer sent a letter to Field Marshal Sir William Slim concerning the medical services in Malaya. His contention was that he had only 61 of the 82 allotted strength of doctors. Malaya then was 25 percent short, and because of this, 30 percent of those Medical Officers deployed to Malaya had themselves been hospitalised 'on account of strain and over-work.'[792] Slim contacted the Director General Army Medical Services for a draft response. The reply came that reinforcements were being sourced for FARELF but no comment would be made on their deployment within the theatre, it would be left to local command to re-deploy officers from Singapore, the primary British Medical Hospital in the Far East. Slim mediated the draft, acknowledging the shortage and offering assurance in typescript with the handwritten addendum, 'Ill [sic] keep an eye on this we really are tragically short of doctors.'[793]

The shortage of medical personnel was compounded by the nature of counterinsurgency and the terrain it was fought over. The remoteness of jungle forts built to support the *orang asli* or jungle peoples, for instance, was compounded by poor communication and a dispute as to whose jurisdiction they fell under. This meant that the medical situation there was largely

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[789] Lieutenant-Colonel N.P. Brenden, 'Quarterly Historical Report Of Military Hospital, Kuala Lumpur For The Quarter Ending 31 December "48".', p.1, TNA WO 268/636.

[790] Lieutenant-Colonel K.H. Clarke, 'Quarterly Historical Report of the 16 Field Ambulance, for the quarter ending 30 June, 1949', WO 268/641.

[791] Lieutenant-Colonel K.H. Clarke, 'Quarterly Historical Report. 16 Field Ambulance.' (1950), TNA WO 268/642.

[792] 'Letters Slim and Templer', TNA, WO 216/541.

[793] Ibid.

unknown.[794] Some Medical Officers took an interest in the social work connected to the New Villages, for example providing neonatal care.[795] However, the government did not have the personnel to administer adequate medical care to those who had been resettled, a fundamental part of the 'hearts and minds campaign', instead relying on teams from the Red Cross.[796] By the fifth year of the Emergency these reinforcements had arrived, the strength now 'averaged approximately 78'. Although with 50 percent of these having been admitted to hospital during the year, in all likelihood the majority of these admissions would have been for relatively minor illnesses, there remained serious questions about the service which they were able to deliver.[797]

The Medical Directorate sought to facilitate recruitment into the services by removing a geographical and bureaucratic obstacle. By December 1954 the Director of Medical Services Far East Land Forces, Brigadier D. Bluett, had posted a notice in *The Medical Journal of Malaya*.[798] Bluett's 1954 notice stated that it was no longer necessary for civilian doctors to return to the United Kingdom should they wish to put themselves forward for a permanent commission into the Royal Army Medical Corps.[799]

As well as the shortage of medical officers, those who were deployed had only received basic psychiatric training. Back in the UK, at the undergraduate level there was wide variance in the content and time spent on teaching psychiatry across universities, and no

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[794] The Stockwell Papers 7/8/1-7, HCS/5/53, LHCMA.

[795] 'Reports re medical service during guerilla [sic] war in Malaya', p.5, RAMC/2008/1.

[796] 'Medical and Health Services in the New Villages', 1952, TNA, CO 1022/31.

[797] 'Reports re medical service during guerilla [sic] war in Malaya', p.2.

[798] This was the official regional organ of the British Medical Association, previously The Journal of the Malaya Branch B.M.A. The first edition under the new heading was released in September 1946. It was an issue that reflected the war years with an article on the fall of Penang and celebrated some of its medical lessons. Ultimately it sought to re-establish a British medical presence and forum for discussion in postwar Malaya.
'British Medical Association. Activities of the Malaya Branch.', *The Medical Journal of Malaya*, 1:1, (Sept 1946), p.61.

[799] D. Bluett, 'Permanent Commissions in the R.A.M.C.', *The Medical Journal of Malaya*, 9:2, (December 1954), p.172.

standardised testing of the subject in end of year exams.[800] On 9th October 1951, Desmond Curran delivered his Presidential Address to the Section of Psychiatry, The Royal Society of Medicine, in which he reported that the public would be astonished to learn how little psychiatric training had been given to medical students in the postwar years.[801]

As the medical student was contacted for National Service in their last clinical year, the newly conscripted graduate might have received little or no prior psychiatric training. After a brief period of military instruction, the prospective MO was then deployed to the Royal Army Medical College at Millbank for two weeks of further training, and then on to Mytchett for two weeks, one at the Army School of Health and one at the Field Training School. Deployment followed soon afterwards. A period of pre-registration was introduced in 1953 to allow the new doctor to gain experience, but prior to this there was no obligation to have gained working experience and the graduate entered the RAMC without further selection.[802]

At Millbank, a programme of lectures on psychiatry evolved throughout the Emergency years. At first entitled 'Psychiatry', they came to be renamed 'Military Psychiatry', suggesting a more focused, occupationally specific approach. They also came to include films and were complemented by day visits to Netley Hospital.[803] The Royal Victoria Hospital in Netley occupies a significant place in the history of military psychiatry as the site of a pioneering film concerning the treatment of battle casualties returned to England from the Western Front, which was in part created as a teaching aid.[804] It would also be the final destination of psychiatric casualties from the Far East during the Emergency. Dr W.S.B. Loosmore was conscripted and deployed to Millbank in 1957 before going to Malaya soon

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[800] 'Psychological Medicine in General Practice. A report prepared by a working party of the Council of the College of General Practitioners, and submitted to the Ministry of Health (Standing Advisory Committee on Mental Health) on July 31', (1958), p.5, TNA MH 133/501.

[801] Curran, '"Psychiatry Ltd." [Abridged]', p.1.

[802] 'Supplement to "History of National Service" Doctors and Dentists Military Service under the National Service Acts', p.1, TNA LAB 6/687. See also, 'JSG Blair Mitchiner Lecture: The National Service Era in the RAMC, 1994', *JRAMC*, 141:1, (1995), pp.11-12.

[803] 'Royal Army Medical College: Timetables and Syllabi Senior and Junior Courses', RAMC/CF/2/4/20/SYLL, 39/3, The Museum of Military Medicine.

[804] Edgar Jones, 'War Neuroses and Arthur Hurst: A Pioneering Medical Film about the Treatment of Psychiatric Battle Casualties', *Journal of the History of Medicine and Allied Sciences*, 67:3, (2011), p.345.

after. His diary recorded being more amused than educated by one of his psychiatry lectures,[805] and he was unimpressed by 'a poor film on battle psychiatry'.[806]

When medical officers were deployed to the Far East their perfunctory psychiatric training sometimes left them inadequately prepared to deal with service personnel experiencing psychiatric conditions. Patrick Weaver, for example, was a National Service Medical Officer with FARELF, stationed in Hong Kong. He was deployed to provide medical cover for the dumping of ammunition at sea. 'There were no misadventures with the dangerous ammunition' wrote Weaver 'but on the way to Korea I encountered one problem which my training had left me ill prepared for. One of the ship's officers suffered an acute psychiatric illness. … I had no suitable drug, but fortunately the acute phase passed off'. [807] This unpreparedness was also apparent in Malaya as service personnel were succumbing to psychological problems due to the rigours of jungle operations.

J. Thompson Rowling had qualified and taken some house appointments prior to joining the RAMC. He asked for home service to retake the final exam to become a Fellow of the Royal College of Surgeons and was posted to the British Medical Hospital at Catterick. This was soon to change.[808] In December 1949, a letter of concern was published in the *Lancet*. It was in reference to an earlier statement by the Secretary of State for War, noting that only four Army Surgeons were deployed in Malaya and Singapore Island.[809] A concise response came from the War Office. To the concern that 'early surgical treatment was not being afforded to those who were wounded in operations against the bandits' the Director-General Army Medical Services Neil Cantlie gave the vague assurance that the medical lessons of war had not been forgotten and that the campaign in Burma formed the basis for the medical strategy in Malaya.[810] Nevertheless, some effort was now made to increase the numbers of doctors in Malaya and Singapore. Rowling was soon posted to the British Military Hospital in Singapore.

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[805] Captain W.S.B. Loosmore, 'Diary of a National Service Medical Officer. Malaya 1957-1959', 30th August 1957, IWM 95/15/1.

[806] Ibid, 6th September 1957.

[807] John S.G. Blair (ed), *The Conscript Doctors: Memories of National Service*, Edinburgh: The Pentland Press Limited, (2001), p.154.

[808] J. Thompson Rowling, *A Time to Kill and a Time to Heal*, (London: Excalibur, 1991), pp.1-5.

[809] R. Binning, 'Treatment of Wounded in Malaya', *The Lancet*, 254:6592, (1949), p.1244.

[810] N. Cantlie, 'Treatment of Wounded in Malaya', *The Lancet*, 255:6600, (1950), p. 375.

Some time after that initial posting, Rowling crossed the causeway to join a field surgical unit in Malaya. There he reported a consultation with an officer:

> I was consulted by a young lieutenant with a variety of symptoms which did not fall into any particular clinical pattern. I examined him and could not find anything amiss. I explained to him that I could not find anything organically wrong. He said, rather hesitantly, that he could not face taking another patrol into the jungle again. I understood just how he felt and sympathised. There was no surgical remedy and all I could do was to suggest that he saw a psychiatrist. I knew of no solution to such a problem.[811]

The more prolonged and intense long-range jungle operations were testing some service personnel to breaking point. On one 82-day operation one man requested to see a psychiatrist, reporting headaches, nausea and vomiting. His request led the Medical Officer to believe the symptoms to be psychogenic in origin.[812] Lieutenant-Colonel K. H. Clark, had earlier noted that, 'It will be appreciated that only absolutely fit men were permitted to set out on an operation of this nature, after a very thorough examination by the R.M.O.'[813] Even the fittest service personnel, however, might succumb to the stress of these operations.

The Special Air Service had been reformed in 1952 to combat the communist insurgents in Malaya, taking over much of the personnel of the more experimental Malayan Scouts of 1950-52. The SAS took pride in selecting resilient personnel.[814] One study investigating the health of the SAS compared their hospital admission rates, between 1959 and 1965, to that of the British Army deployed with FARELF. The study reported significantly higher rates of injury, malaria and gastro-intestinal disease among the SAS. The greater incidence of gastro-intestinal disease was explained by greater environmental exposure than their regular counterparts. Interestingly, despite the more comprehensive training and selection, psychiatric admissions were comparable between the SAS and the regular British Army.[815]

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[811] Thompson Rowling, *A Time to Kill and a Time to Heal*, p.82.

[812] M. O. Forster, 'A Long-Range Jungle Operation in Malaya--1951', *JRAMC*, 97:5, (1951), p.334.

[813] Lieutenant-Colonel K. H. Clark, 'Some Account of an Operation in the Malayan Jungle', *JRAMC*, 94:6, (1950), p.308.

[814] K. Hedges, 'Medical Aspects of the Special Air Service', *JRAMC*, 119:2, (1973), p.96.

[815] Hedges, 'Medical Aspects of the Special Air Service', pp. 99-102.

As with gastro-intestinal findings this may also be explained in terms of environmental exposure. While rates of psychiatric admissions were comparable, the harsh routine of special operations was not controlled for, and so not reflected in the figures.

One deep jungle operation in Northern Malaya in 1952, for example, comprised three squadrons of the SAS and resulted in approximately a quarter of them being admitted to hospital.[816] The medical report, written by Captain Copley, mentioned 'several cases of exhaustion' among 'the ashy types of case' which occurred in the early stages of the operation.[817] Copley may have been referring to exhaustion caused by the climate. However, further accounts from Malaya in 1952 state that in these cases 'heat exhaustion' and 'heat incapacitation' were specified. [818] That Copley qualified his use of the term with 'ashy' instead suggests a psychological cause. As mentioned above, the term exhaustion had become the preferred nomenclature for psychiatric casualties in forward areas during the Second World War, which implied a mild transient condition that would get better with rest. It was a report that appeared to contradict earlier claims that service personnel could stay in the jungle indefinitely.

A further medical officer described the system he used for dealing with the psychiatric casualties which resulted from the stress of jungle operations. Derek Tacchi served as a Medical Officer towards the beginning of the Emergency, from 1949 to 1950. He wrote about his experiences in *The University of Durham Medical Gazette*, published in June 1951. The article was reprinted later that same year in the *Journal of the Royal Army Medical Corps* (*JRAMC*), the official organ of the RAMC. Tacchi was Regimental Medical Officer to a Royal Artillery unit that was acting as infantry. The RA and Tacchi's area of operations was a 4,000 square mile section of the southern state of Negri Sembilan. The area was bisected by a mountainous jungle range, with the different elements of his unit divided and approximately 50 miles apart. Along with the British soldiers under his care he also acted as doctor to neighbouring Gurkha and Malay units who did not have their own RMO. He

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[816] Captain Copley, 'Medical aspects of a six weeks operation in North Malaya and Siam', p.5, WC RAMC/2008/1.

[817] Ibid, p.5.

[818] F. P. Ellis, 'Some Medical Aspects of Human Climatology in the Equatorial Tropics', *British Medical Journal*, 2:4887, (1954), p.551.

described this as a 'roving commission'.[819] '[S]ome of the men', wrote Tacchi, 'developed a "Tropical Neurasthenia" due to the nervous strain of constant patrols in a dangerous terrain and an exhausting climate.'[820]

Tropical neurasthenia was a diagnosis thought to have disappeared from the medical discourse of the colonies in the early years of the Second World War. Historically it was considered an ennui caused by the stress of the tropical environment and predominantly a diagnosis for white male colonists. Epidemiologically incidence peaked in the earlier years of the twentieth century, being recorded in greater numbers than both malaria and cholera.[821] By October 1947, the spectre of Tropical Neurasthenia had been raised at a meeting of the Central Division of the Malaya Branch, British Medical Association, where Dr Lamprell gave a paper on the topic. Following the paper, a resolution was carried:

> That this Division believes Neurasthenia is of very considerable importance in Malaya and recommends the Branch Council appoints a small Select Committee to consider and report on its cause and best methods of reducing its incidence.[822]

A select committee was convened with Dr B.F. Home, medical superintendent of the mental hospital in Singapore,[823] Dr A. Viswalingam, an Ophthalmic specialist, and the first Asian doctor to ascend to the higher echelons of the Malayan Medical Service,[824] Dr. Ong Chong Keng and Dr B.A. Lamprell, as its members.[825] The select committee would meet with the increasing political violence. On 1st September the *Malaya Tribune* reported that Dr. Ong Chong Keng had been shot and killed the previous night after being called out on an alleged

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[819] Derek Tacchi, 'Jungle Medicine', *JRAMC*, 97:4, (1951), p.274.

[820] Ibid, p.276.

[821] Anna Greenwood, 'Looking back-The strange history of tropical neurasthenia', *Psychologist*, 24:3, (2011), p.226.

[822] 'British Medical Association Malaya Branch, Central Division', *The Medical Journal of Malaya*, 2:1, (1947), p.79.

[823] 'Retirement', *The Singapore Free Press*, 14th June 1950, p.7. https://eresources.nlb.gov.sg/newspapers/. Accessed 14/02/19.

[824] 'First Asiatic Doctor to Reach Super-Scale', *The Straits Times*, 21st October 1946, p.5. https://eresources.nlb.gov.sg/newspapers/. Accessed 14/02/19.

[825] 'BMA Pressing for More Pay', *The Straits Times*, 28th March 1948, p.7. https://eresources.nlb.gov.sg/newspapers/. Accessed 14/02/19.

case.[826] Later newspaper reports confirmed that he had been murdered by Communist insurgents.[827] In September 1948, the paper was published in *The Medical Journal of Malaya* (*MJM*). Tropical Neurasthenia was put forward as an explanation for a rash of suicides and nervous conditions among civil servants and planters following the war. [828] It was a disturbing trend which appeared to continue as the Emergency progressed and illicit further concern. A 1954 edition of the *MJM* reported a much higher rate of suicides among European civilian males than in the UK.[829]

Within military psychiatry, however, this sort of diagnosis was being questioned, if not, disregarded: 'In the opinion of those with large experience, the label "tropical neurasthenia", applied to a common type of peace-time tropical case, concealed a variety of psycho-neuroses which showed little different from those found elsewhere'.[830] Military psychiatrists were keen to dispel the idea that the climate could be a cause of breakdowns, a belief that would be problematic if it took hold among service personnel. Instead, these cases were to be considered neurotic, which shifted the cause onto constitutional weakness. Neurasthenia, nevertheless, continued to be a part of the medical discourse in the Far East. It was raised again at the Annual Pan-Malayan Meeting of the Alumni Association of the King Edward VII College of Medicine in Singapore, in August 1950.[831]

By 1958, tropical neurasthenia had been renamed as 'heat neurotic reactions' and remained a controversial diagnosis. A joint subcommittee of the Medical Research Council and of the Registrar General's department produced a memorandum titled 'A Classification of Heat Illness' which aimed to clarify the myriad of heat illness available for diagnosis in the

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[826] 'Dr. Ong Chong Keng Shot Dead Stop Press', *Malaya Tribune*, 1st September 1948, p.1. https://eresources.nlb.gov.sg/newspapers/. Accessed 14/02/19.

[827] 'Straits-Born Murder', *The Straits Times*, 2nd September 1948, p.6. https://eresources.nlb.gov.sg/newspapers/. Accessed 14/02/19.

[828] B.A. Lamprell, 'Tropical Neurasthenia', *The Medical Journal of Malaya*, 3:1, (1948), pp.38-39.

[829] H.B.M. Murphy, 'The Mental Health of Singapore. Part 1 - Suicide', *The Medical Journal of Malaya*, 9:1, (1954), pp.13-15.

[830] Emanuel Miller, A.T.M. Wilson, Eric Wittkower, 'Clinical Case Studies and their Relationships, including the Psychosomatic Disorders'. In Emanuel Miller (Ed), *The Neuroses in War*, (London: Macmillan and Co Ltd, 1940), pp.82-83.

[831] A. Somasundaram, 'Man, Mind and Medicine', *Proceedings of the Alumni Association of the King Edward VII College of Medicine in Singapore*, 3:3, (1950), p.244.

International Classification of Diseases. *The British Medical Journal* report on the memorandum, in June 1958, noted:

> There will be some who will regret the spurious validity given to a highly controversial condition, "tropical neurasthenia," or, as it is called in the memorandum, "heat neurotic reactions." At least one author with long practical experience has suggested that the incidence of tropical neuroses is associated with the availability of psychiatrists to diagnose them.[832]

The author referred to was F. P. Ellis, Surgeon Commander, Royal Navy and Director of the Medical Research Council's Royal Naval Tropical Research Unit at the University of Malaya, Singapore. Writing earlier, in 1952, his scepticism was directed at the patients from which the psychiatrists drew their findings:

> When mental breakdown occurs, psychiatrists often find that the hot climate is a less important factor than family separations, failure to readjust to new domestic and social circumstances, economic worries, and over-indulgence in alcohol; but they derive this information from the histories of persons who have already succumbed to the circumstances of their tropical environment - the less robust personalities, the overworked, the convalescent, the unhappily married, and the misfits.[833]

Despite military medical reservations about attributing psychiatric conditions to the environment, both the environment and resulting 'neurasthenia' were codified in *The Manual of Army Health*, published by the War Office in 1959, as being deleterious to the mental health of service personnel and the cause of psychiatric conditions. Where temperate climates were considered to be optimal for 'thought and action' and 'man's fullest development', 'impairment of memory, mental irritability and neurasthenia must all be ascribed directly to the effects of a prolonged stay in hot climates.'[834]

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[832] 'Annotations - Heat Illness', *British Medical Journal*, 1, (1958), p.1531.

[833] F. P. Ellis, 'Hot-Climate Fatigue in the Royal Navy: A Review of Lay Opinion', *The Lancet*, 260:6733, (1952), p.527.

[834] The War Office, *The Manual of Army Health*, (London: HMSO, 1959), p.37, IWM LBY WO 1083.

Ultimately, the 1948 paper, which was concerned with preserving manpower, recommended better selection to reduce incidence of the condition and referral to a temperate climate to treat cases that had occurred.[835] In this sense it was workable diagnosis for an RMO who appeared to have deferred to a colonial, instead of military, diagnosis to deal with cases of stress. Tacchi, the RMO described above, prescribed a period of convalescence in response to any 'tropical neurasthenia', instead of referral to a specialist:

> I usually sent such cases down to the Regiment's rest camp at Kampong Tanjong Bidara, on the West coast just North of Malacca. Here a bungalow, on the edge of a long stretch of palm lined beach, housed the men and they spent their days swimming, sunbathing and generally being lazy. After a week or two here they returned to duty bronzed and fit and once more mentally alert.[836]

As with the diagnosis Tropical Neurasthenia, convalescence was an artefact of the colonies and had a very recent history of use for treating war related stress. As the Second World War abated convalescent depots were set up for Other Ranks in Burma while officers in Malaya were sent to the Cameron Highlands, where psychoneurotic patients were said to have done very well.[837] The Cameron Highlands continued to be used for convalescence throughout the Emergency.[838]

Further evidence that psychiatric casualties were being send to the Highlands comes from Ronald Harper, a British private with 1st Battalion Royal West Kent Regiment in Malaya, 1952-1953, describes the use of the Cameron Highlands. Harper spoke about a soldier who had 'folded up' due to nerves before a jungle patrol, and who ended up in a rehabilitation centre in the Cameron Highlands.[839] As mentioned in the morale in action chapter the Highlands as well as the regimental rest areas by the sea had become well used as place of leave. Corporal Rowland Owen, who served as a sanitary assistant and medical orderly with RAMC during his National Service in the opening years of the Malayan Emergency, also

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[835] Lamprell, 'Tropical Neurasthenia', pp.38-39.

[836] Tacchi, 'Jungle Medicine', pp. 276.

[837] Lt-Colonel R. F. Tredgold, 'Medical Quarterly Report Advisor in Psychiatry ALFSEA Jan- Mar 46', TNA WO 222/1319.

[838] Lieutenant-Colonel D.T. Swift, 'Quarterly Historical Report Of The British Military Hospital, Kinrara And H.Q. 34 Coy. R.A.M.C. For The Quarter Ending 31st March, 1950.', p.1, TNA WO 268/634.

[839] Ronald William Harper, IWMSA, 17224, reel 1.

reported that: 'The officers had a rest camp bungalow by the sea' and that 'eventually a corrugated iron hut was provided for other ranks to have 48 hours leave.'[840] All of this suggested an informal system was being used to manage cases of mild stress resulting from participation in the Emergency.

In medical units, however, medical officers continued to struggle with the more complex psychiatric conditions. Dr W.S.B. Loosmore was a Regimental Medical Officer in Malaya towards the end of the Emergency. When he arrived, he was stationed at Sungei Besi Camp close to Kuala Lumpur, where he administered to a Gurkha Regiment and a small detachment of British troops.[841] Dr Loosmore suggested there was still a chronic lack of medical care, particularly for soldiers stationed in remote areas. He complained that the extended list of responsibilities prevented Medical Officers from travelling to jungle camps to see the soldiers stationed there.[842] He saw a range of psychiatric cases with specialist consultation or referral being used in the more pressing.[843] He reported only one neurotic case and was horrified when an officer asked him what was wrong in front of the patient.[844] Psychogenic symptoms (physical symptoms thought to have an underlying psychological cause) were more common, being indicated by regular attendance at sick parade and carrying a bleak prognosis. His diary noted, with a certain fatalism, 'I have a regular clientele of Gurkha soldiers now who turn up with all sorts of neurotic pains and sprains which will not get better.'[845]

Despite the frustrating nature of these cases, their diagnosis and referral remained a delicate matter. Regimental culture remained an influence with referral on suspected psychological grounds carrying the danger of a reduction in rank. In one case a Gurkha Lance Corporal lost his stripe as a result of being referred due to 'a psychological pain in his leg'.[846] Illness with no observable organic cause represented a major concern for the medical services, in large measure because the symptoms were conceptualised as functional, meaning they provided a means of escape from the given environment. To arrest this process the MO had

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[840] Corporal Rowland Owen, 'The National Service Reminiscences Project', IWM Miscellaneous 4071.

[841] Loosmore, 'Diary', 25th October 1957.

[842] Ibid, 30th January 1959.

[843] Ibid, 15-16th January 1958.

[844] Ibid, 4th December 1957.

[845] Ibid, 5th December 1957.

[846] Ibid, 21st November 1957.

to rule out organic disease and make a correct referral. The primary diagnostic tool was taking a history.[847] Here the MO was better placed than the psychiatrist, given their regular contact with the patient.[848] However, one senior MO thought a six to twelve month period of intensive psychiatric training was needed to 'examine a case properly and make a true psychogenic assessment of every case'.[849] This sort of training was reserved for specialists and not practical for MO's.

This next section will look in more detail at what happened to service personnel who were referred to a psychiatrist stationed at the base hospital in Singapore. There was a general suspicion of malingering that came with illness and injury in Malaya. J. Beasley, a driver with 16th Field Ambulance (1948-49), for example, wrote that a regular part of his routine was transporting the 'sick, lame and lazy'.[850] In Singapore, recognition of stigma played a role in the management of psychiatric casualties.

4.4.2. *Psychiatry at the British Military Hospital in Singapore*

In 1951, a survey of service psychiatry was carried out in the Far East, based on that year's patients. In the same year as the survey was being conducted the Malayan Emergency, taking place across the causeway, was reaching its peak. 1951 saw over 6,000 incidents, which resulted in well over 1,000 casualties among the security forces (see figure 4). General Bower, who would later become Director of Operations, wrote: 'This period with its peak of Communist violence and widespread expectation of wholesale Communist occupation of South East Asia was undoubtedly the most dangerous of the Emergency.'[851]

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[847] J. P. P. Bradshaw, 'Fears, Fits and Faints', *JRAMC,* 97:5, (1951), p.340.

[848] Ibid, p.345.

[849] J. Mackay-Dick, 'Views on the Use and Abuse of Psychiatry', *JRAMC*, 95:2, (1950), pp. 88-89.

[850] J. Beasley, 'The Malayan Emergency (Communist uprising)', p.82, IWM 67/53/1.

[851] Director of Operations Malaya, 'Review of Operations Malaya from June 1948 to August 1957', (Kuala Lumpur, 1957), p.9.
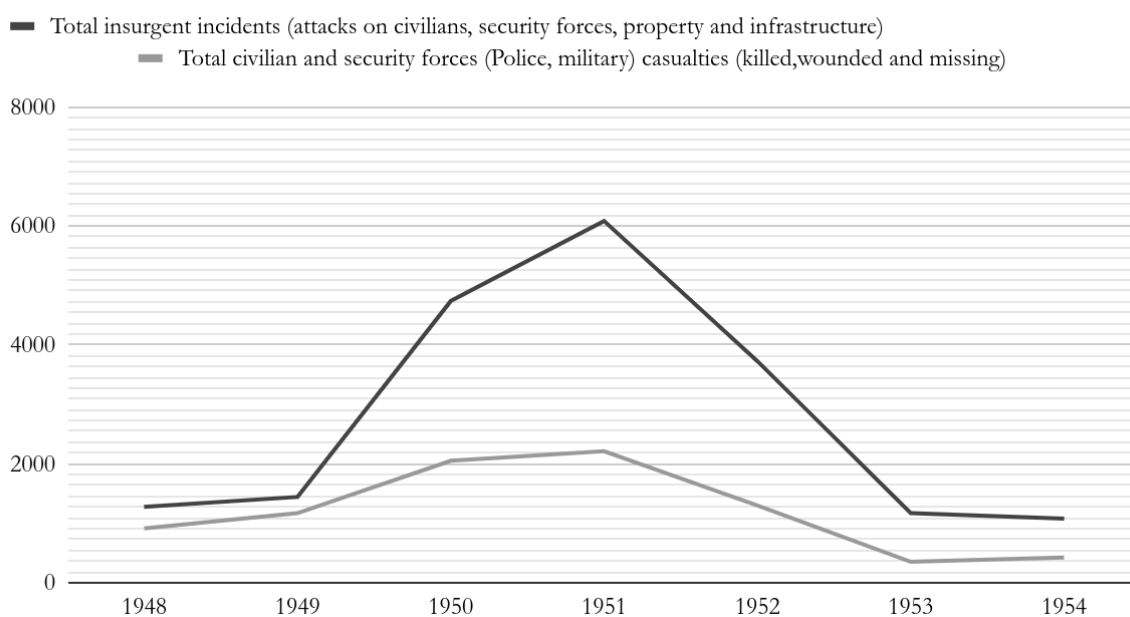
Total Casualties and Incidents

Figure 4: Civilian and security forces casualties and insurgency incidents.

Source: Adapted from figures presented in 'Comparative study of the emergencies in Malaya and Kenya', (1957), TNA WO 291/1670.

The 1951 report's lead author, Lieutenant-Colonel John McGhie, was then the senior of three psychiatrists operating across Far East Land Forces. McGhie, Jones and Wessely note, 'had originally trained in obstetrics and had run a forward treatment unit for malaria in Burma.' It was only on his return to the UK John McGhie qualified in psychiatry, which for Jones and Wessely questioned his ability to transfer wartime psychiatric practice into the postwar military.[852] The earlier concerns about the shortage of psychiatrists were realised, with three rather than the minimum recommended five psychiatrists. The transfer of knowledge, however, appeared more successful. As mentioned above, Burma was a theatre where psychiatric knowledge was disseminated among medical officers. McGhie then, arguably had a better understanding of forward psychiatry than his CV initially suggested.

Furthermore, the two World Wars, and more specifically the work of the wartime psychiatrists, would continue to influence the conceptualisation and treatment of psychological trauma throughout the postwar period. This is typified within *Henderson and*

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[852] Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*, (East Sussex: Psychology Press, 2005), pp.117-118.

Gillespie's Textbook of Psychiatry which contained a dedicated chapter on 'Psychoses and Neuroses in War' into its ninth edition (1962).[853] The textbook advocated simple psychotherapy and retaining service personnel in forward areas. 'For neurotic reactions of minor intensity simple explanation and persuasion are sufficient, at least in individuals of good morale. Very often it is not desirable to remove such people, even temporarily, from the scene of action.'[854] A review of the textbook in a 1950 edition of the *Journal of the Royal Army Medical Corps* stated: 'For the Service psychiatrist this is a valuable book of reference, and one that should be included in his personal travelling library.' Signed 'H.P.', the review was almost certainly written by Harry Pozner, one of the more influential postwar military psychiatrists and a regular contributor to the journal.[855] It continued to reviewed and recommended in the *JRAMC*.[856] One military psychiatrist, writing about his deployment to the Far East in 1953, stated 'I took only one psychiatric work, Henderson and Gillespie's Textbook of Psychiatry.'[857]

The role of Adviser in Psychiatry, meanwhile, was expansive. As an earlier War Establishments report noted, his advice should be sought 'on all matters pertaining to the mental health of the Army'.[858] More specifically, the report states, 'he should supervise the management of … psychiatric cases during action, and be responsible … for the avoidance of indiscriminate evacuation and for the proper election for treatment on the spot.'[859] In this role, McGhie was responsible for the management of psychiatric conditions at British Military Units across the Far East. The second author of the survey, Major D. J. McConvell, was in charge of the psychiatric block at the base hospital in Singapore. This was the location of the survey, and as the survey noted 'the only service hospital in the theatre where such therapeutic facilities are available and cases arrive by air, road, sea and rail almost daily'.[860]

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[853] *Henderson and Gillespie's Textbook of Psychiatry for Students and Practitioners Ninth Edition*, Revised by Sir David Henderson and Ivor R.C. Batchelor, (London: OUP, 1962), p.466.

[854] *Henderson and Gillespie's Textbook of Psychiatry for Students and Practitioners Ninth Edition*, p.479.

[855] 'Reviews: Textbook of Psychiatry', *JRAMC*, 95:4, (1950), p.252.

[856] H.P., 'Book Reviews: Textbook of Psychiatry', *JRAMC*, 103:2, (1957), p.105.

[857] Leslie A. Bartlet, 'A National Service Psychiatrist's Story', *JRAMC*, 156:4, (2010), p.273.

[858] Lieutenant-Colonel T.F. Main, 'War Establishments', (1944), WC RAMC/408/3/6.

[859] Main, 'War Establishments'.

[860] J. McGhie and D. J. McConvell, 'A Survey of Service Psychiatry in the Far East in 1951', *JRAMC*, 99:5 (1953), p.173-4.

Prolonged service due to the Emergency and 'traumatic battle experience' were near the bottom of a list of environmental factors in the causes of psychiatric breakdowns. The 477 British army personnel seen throughout 1951 were grouped into four diagnostic categories. 'Psychoneurosis and Psychopathic Personality' and 'Psychosis' accounted for 253 cases. These two categories were used for psychometric simplicity and subsumed a range of clinical diagnosis in operation at that time. Three cases were classed as 'Other Diagnosis' and 221 were recorded as having 'No Gross Psychiatric Disability'. This last group were thought to have only 'minor forms of psychiatric disability'. They were returned to 'full combat duty' with only a 'single session of psychotherapy' consisting of 'explanations, persuasion and re-assurance'. As the report stated 'it is wise not to award a diagnosis of mild neurosis in these cases. A psychiatric label once applied has the habit of sticking to the soldier for the rest of his service.'[861]

In comparison, we can look to an incomplete series of monthly returns which recorded the psychiatric admissions to 25th Field Dressing Station during the war in Korea between May 1952 and June 1953. The eight surviving monthly returns show that of the 483 service personnel recorded the majority, 271 or 56 percent, were diagnosed with psychoneurosis. A further 104 cases, or 22 percent, were awarded a diagnosis of 'No significant disorder'.[862] This was arguably comparable to the 'No Gross Psychiatric Disability' being utilised in Singapore. The higher percentage of psychoneurosis being seen in Korea suggested greater stress in that theatre. Conversely, in Singapore, there was a higher percentage of 'No Gross Psychiatric Disability', or 'mild neurosis'. In line with the low-intensity warfare being conducted in Malaya then, there was a significant number of service personnel experiencing mild stress conditions as a result of participation in the counterinsurgency being conducted there.

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[861] Ibid, pp.174-175.

[862] Edgar Jones and Ian Palmer, 'Army psychiatry in the Korean War: The Experience of 1 Commonwealth Division', *Military Medicine*, 165:4, (2000), pp.257-258.
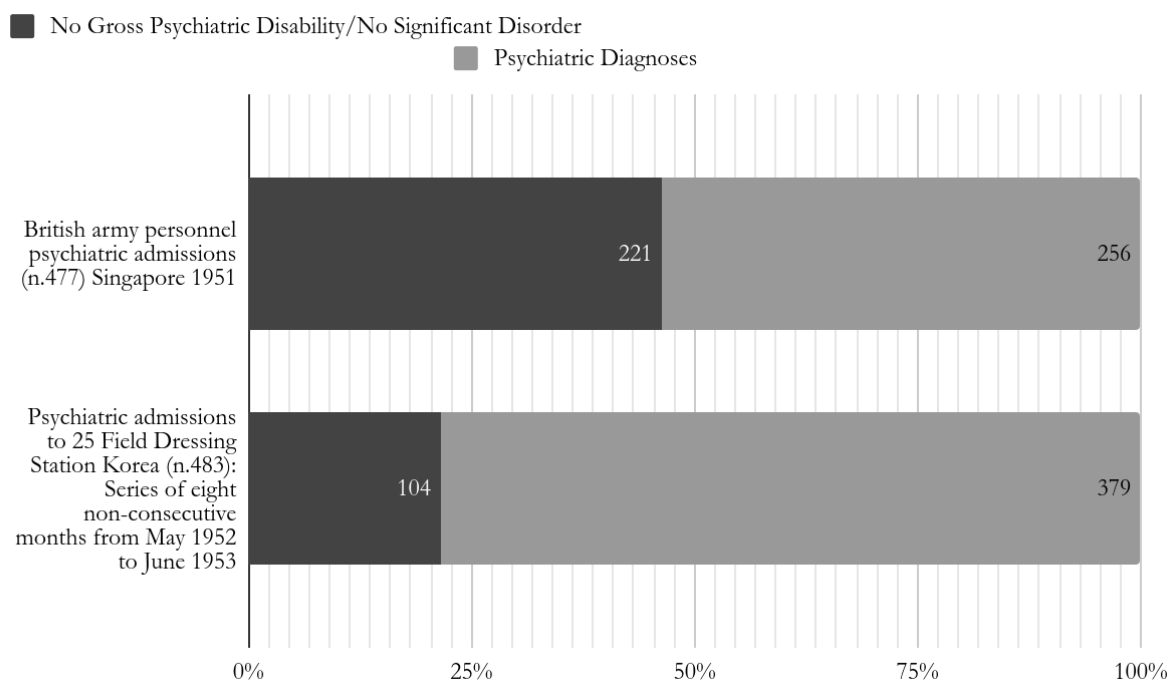
Figure 5: Comparison of Psychiatric Admissions in Singapore and Korea.

Source: Adapted from figures presented in McGhie and McConvell, 'A Survey of Service Psychiatry in the Far East in 1951', p.174; Jones and Palmer, 'Army psychiatry in the Korean War', p.256.

The heightened awareness of psychiatric nomenclature within the military also suggested that the no diagnosis was a preventative measure. The psychiatric casualty, it was thought, would fixate on a positive diagnosis which in turn would be both prolong and worsen the condition. The classification of service personnel experiencing mild conditions, as having no gross disability, certainly facilitated their return to duty. In turn, a steady return to duty rate would have reinforced the utility of psychiatry, particularly within a command conducting a prolonged counterinsurgency campaign.

As relapse rates were not presented in the survey the efficacy of the strategy remains unknown. A subsequent relapse would have undermined the original diagnosis, or lack of, suggesting a more serious condition. This also raises the concern that the category concealed more serious conditions and prevented access to a more comprehensive course of treatment. McGhie and McConvell noted the 'monotonous frequency' of patients referred with a 'suicidal tag, whether genuine or hysterical, pseudo-suicidal attempts'. 40 of these cases were found to have 'no gross psychiatric disability'. This figure was not specific to the 477 British Army Personnel seen but instead refers to 40 of the 861 Army, Navy, RAF and civilians accounted for in the survey. It was not stated how many, if any, of these cases were

accounted for within the 221 British Army personnel given the non-diagnosis. It is probable, however, that the majority were army cases, given the proportion of army service personnel to others in the survey. The survey noted that one of these cases was a National Serviceman who 'held the record for hospital admissions because of pseudo-suicidal attempts.' He was found to have '[n]o psychiatric disorder', 'charged with self-inflicted injuries, rendering himself unfit for duty' and 'awarded 18 months' detention'. A suicidal attempt, 'whether genuine or hysterical', suggested a more serious condition than the non-diagnosis conferred.[863]

A similar case, reported in the press, suggested that 'hysterical' suicide attempts may be concealing the stress of participation in the counterinsurgency. As Tommy Atkins, a veteran of the Second World War and senior NCO with the Queen's Royal Regiment in Malaya, put it: 'By the time our own regiment became involved the security forces had got the measure of the CTs but there was still much hard Jungle Bashing to be done before the final curtain came down.'[864] In 1955, under the headline 'The soldier who was scared of the jungle' *The Straits Times* reported the 'suicide bid' of a 19 year old soldier from the Queen's Royal Regiment. At the court martial in Singapore his defending officer said the soldier's case was related to his 'fear of the jungle' and an incident in which he nearly killed a fellow soldier by accident. The defending officer also noted that the soldier had 'had an unfortunate experience at the age of 10 when he was sent to an approved school.' By 1955 Lieutenant Colonel J. J. McGragh had taken over as advisor in psychiatry.[865] McGragh, adviser in psychiatry to GHQ FARELF, found the soldier to be of low intelligence and his attempted suicide a 'hysterical gesture'. The soldier was found not guilty on the charge of attempted suicide but sentenced to detention for 112 days.[866]

Ultimately, the concerns raised above over the non-diagnosis must be weighed against the significant stigma of a psychiatric diagnosis at that time. The stigma of a psychiatric diagnosis will receive further attention in a later section.

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[863] McGhie and McConvell, 'A Survey of Service Psychiatry in the Far East in 1951', p.177.

[864] H. Atkins, 'Final Instalment, Post War Service 1950-1959. (Tommy Atkins).', p.130, IWM 92/28/1.

[865] Surname misspelt in source: 'Other arrivals of note are ... Lieut.-Colonel J. J. MacGrath [sic] as adviser in Psychiatry'. 'Notes from the Stations – FARELF', *The Army Medical Services Magazine*, 7:3, July (1955), p.88.

[866] ''Suicide Bid' was a pose, court told: The soldier who was scared of the jungle', *The Straits Times*, 7th June 1955, p.13. https://eresources.nlb.gov.sg/newspapers/. Accessed 11/02/19.

4.4.3. National Service Personnel, Regulars and Officers

In 1948, the opening year of the Emergency, Maurice Silverman, one of the psychiatrists stationed in Singapore,[867] argued that conscripted service abroad was also a determining factor in psychiatric conditions:

> When it is remembered that the personnel being considered were mainly young conscripts with no fundamental interest in service life as a career; that they were stationed overseas, thousands of miles from home, in a strange country; and that they had not even an "enemy" to talk about - it will be realized that fertile soil existed for the growth of neurotic symptoms.[868]

In short, conscripts deployed to Malaya were thought to lack the discipline and motivation of their professional counterparts. In 1951, however, McGhie and McConvell instead found that young National Servicemen were more resilient than regulars. National Servicemen were young, selected and unencumbered by responsibility. Separation anxiety was thought to have been resolved in basic training and their short service engagements meant they could bide their time 'without resorting to symptoms of neurosis.' Indeed, their shorter National Service tours were seen as a contributing factor in the psychiatric instability of Regulars, the latter having to soldier on whilst their National Service counterparts returned home after approximately 18 months, 'in the highest possible state of morale'.[869] The 1951 survey suggested that training was effective in conditioning conscripts for service abroad while their short service engagement delimited the stress of service. Further, the PULHEEMS system of selection was taken to be an effective preventative measure, which ensured only the more resilient National Service personnel were deployed abroad.

McGhie and McConvell's 1951 survey of psychiatry in the Far East contained a notable omission. It neither recorded any psychiatric conditions among officers nor provided any commentary on their absence. While these omissions preclude a definitive statement

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[867] Silverman, 'Causes of Neurotic Breakdown in British Service Personnel Stationed in the Far East in Peacetime', p.494.

[868] Ibid, p.497.

[869] McGhie and McConvell, 'A Survey of Service Psychiatry in the Far East in 1951', p.176.

concerning psychiatric conditions among officers, contemporaneous psychiatric reports establish the significance of this omission. Firstly, it is worth noting that officers and other ranks were routinely recorded in separate categories in psychiatric reports relating to both the First and Second World Wars. It is not necessary, however, to return to these reports. Instead we can look to a further report which John McGhie co-authored. This was a clinical survey of psychiatric conditions admitted to the Royal Victoria Hospital, Netley, in the first six months of 1954. Of the 618 admissions over this period 9.6 percent, or close to 60, had arrived from Far East Land Forces command. In contrast to McGhie's earlier FARELF report the admission of officers was recorded, with 44 of the 618 being officers.[870] The report did not specify whether any of these officers had arrived from the Far East but is suggestive of admissions being roughly in proportion to the overall ratio of officers to men.

Further, officers had previously been the subject to dedicated research. Roger Tredgold, Psychiatric Adviser to ALFSEA, co-authored a paper on serious psychiatric conditions among officers in India, published in 1946. For Tredgold, these psychiatric conditions assumed greater importance than conditions among other ranks:

> It can scarcely be denied that the wastage of officers on this scale is serious in its military effects and, possibly, in its medical and social implications. This must be the excuse for discussing such a statistically small number and for venturing to draw conclusions and suggesting proposals to counteract the existing factors.[871]

The routine categorisation of officers in psychiatric reports in tandem with the greater importance placed on their psychiatric conditions again makes the omission notable in the 1951 survey. While it is possible that there were no psychiatric conditions among officers during 1951 this seems improbable. Further research published in a 1954 edition of the *MJM* reported a much higher rate of suicides among European civilian males than in the UK, and, a higher percentage of suicides in officers over other ranks in Singapore during the postwar

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[870] J.T. Robinson and J. McGhie, 'Endocrinological Investigations of the Psychiatric Casualty in the Army', *JRAMC*, 101:2, (1955), pp.130-131.

[871] R. F. Tredgold, H. N. Heffernan, G. Kelly, and P. R. W. Leigh, 'Serious Psychiatric Disability Among British Officers in India', *Lancet*, 248:6417, (1946), p.261.

period. This suggests a high level of social or occupational stress among officers.[872] Further, attempting suicide was conceptualised as a psychiatric problem.

As illustrated above, there was a somewhat informal system of infrastructure to deal with officer patients should there be reticence concerning their entry into the medical system. There was precedent for disparity between the treatment of psychiatric casualties among officers and other ranks. As Peter Leese has argued, during the First World War, officers encountered more lenient attitudes among regimental medical officers and privileged access to psychiatric care.[873] Then, as mentioned above, following the Second World War convalescent depots were set up for Other Ranks in Burma while in Malaya officers were sent to the Cameron Highlands.[874] Stigma was mentioned as a concern in the psychiatric survey, which may have been a reason for omitting officer patients. As will be shown in the following section, stigma was a real concern once a psychiatric label had been applied, and in the UK, there was further effort to avoid the stigma of a psychiatric diagnosis.

4.4.4. Serious Cases and Stigma

A small number of cases appear to have been dealt with administratively, with either leave or a home posting.[875] The Australian contingent, deployed to Malaya in 1955, were said to have adopted an administrative approach to their psychiatric casualties. They initially reported very few cases although it was later found that many went unrecorded. In dealing with these cases administratively rather than medically 'the figures represented an understatement of the true incidence of 'psychiatric' problems overall.' Their policy has been attributed to a reluctance in pathologising normal transient reactions to the conditions, a lesson learnt from previous wars.[876] The exact nature of the Australian administrative

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[872] H.B.M. Murphy, 'The Mental Health of Singapore. Part 1 - Suicide', *The Medical Journal of Malaya*, 9:1, Sept. 1954, pp.13-15.

[873] Peter Leese, *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War*, (Hampshire: Palgrave Macmillan, 2002), pp.103-104.

[874] LT.Col. R. F. Tredgold. RAMC. Medical Quarterly Report Advisor in Psychiatry ALFSEA Jan- Mar 46 TNA WO 222/1319

[875] McGhie and McConvell, 'A Survey of Service Psychiatry in the Far East in 1951', p.176.

[876] Brendan O'Keefe and Francis Barrymore Smith, *Medicine at War: Medical Aspects of Australia's Involvement in Southeast Asia, 1950-1972*, (New South Wales: Allen & Unwin, 1994), p.13.

approach in Malaya is unclear. However, a higher rate of evacuating psychiatric cases than the British suggests this to have played a role. The proximity of Malaya to Australia would have eased the logistical problem of evacuation.[877] Conversely, the 1951 survey suggested the British meant to keep their psychiatric cases in theatre, with only the most severe constitutional cases being invalided back to the UK.[878] While 351, or 75 percent, of the 477 British Service Personnel dealt with in the 1951 survey were returned to full duty 78 were downgraded and reallocated to 'non-front-line' service in Malaya. A further 45 (approximately 9 percent) were invalided back to the UK and 3 discharged from the Army.[879]

The serious cases were treated with the physical methods advanced during the Second World War. A Directorate of Army Psychiatry memorandum (1944), concerned with the application of psychological medicine during the Second World War stated definitively 'that psychoanalytic technique has not at any time during this war been used in the treatment of psychiatric cases'. This position was in deference to the 1922 War Office Committee, which questioned the efficacy of psychoanalysis and its practicality in the treatment of service personnel. While it had been used, for example in the UK, it was not applied in forward areas. One reason for this was that a course of treatment psychoanalysis was measured in months.[880]

Instead, more generally confidence was placed in the physical methods of treatment which William Sargant and Eliot Slater had codified into a set of principles and practices for instruction. The methods contained in their manual, which included chapters on chemical techniques and therapies, had been tested in the 'exigencies of war' which conferred a sense of legitimacy onto their postwar use.[881] Importantly, physical treatments produced immediate results, without recourse to theoretical models which, for Sargant and Slater,

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[877] O'Keefe and Barrymore Smith, *Medicine at War,* 15.

[878] McGhie and McConvell, 'A Survey of Service Psychiatry in the Far East in 1951', pp.176-7.

[879] Ibid, p.180.

[880] 'Summary of Memorandum on Army Psychiatry' (1944). In 'Work of Psychologists and Psychiatrists in the Services', p.2, TNA CAB 21/914.

[881] William Sargant and Eliot Slater, *An Introduction to Physical Methods of Treatment in Psychiatry*, (Edinburgh: E.&S. Livingstone,1944), Preface, pp.vii-viii. Preface reproduced in William Sargant and Eliot Slater, *An Introduction to Physical Methods of Treatment in Psychiatry*, (Edinburgh: E.&S. Livingstone, 1948).

alienated medical practitioners.[882] Leslie Bartlet, a Royal Army Medical Corps psychiatrist 'posted to the home of army psychiatry, The [R]oyal Victoria Hospital, Netley', stated that: 'I gained experience in assessment, categorization, abreactive techniques, deep narcosis and simple psychotherapy. At that time (1953) the work of the service was much influenced by the school of Sargant and Slater with particular to physical therapeutic methods'.[883] The pharmacologically based treatments advanced in the Second World War continued to be employed in Malaya.[884] In short, the management of psychiatric conditions at the base hospital was derived from wartime thinking and geared toward returning service personnel to duty.

By 1954, however, McGhie had returned to the UK where he co-authored a clinical survey of psychiatric conditions admitted to the Royal Victoria Hospital, Netley. It revealed the psychiatric casualties were being evacuated from the Far East in significantly higher numbers than in 1951. Of the 618 admissions in the first six months of 1954 9.6 percent, or close to 60, had arrived from FARELF.[885] Once these more severe cases were diagnosed and repatriated, they became subject to the stigma of a psychiatric label. John Poole was tasked with escorting psychiatric casualties from Singapore to Southampton. 'I was' Poole noted in his memoir, 'to look after three "nut cases".'[886]

Back in the UK there was some effort to avoid the stigma of being admitted to the psychiatric ward. Rob Holley, who was posted to the Royal Victoria Hospital at Netley (1952-1953) on National Service, wrote: 'In the extensive grounds of the Hospital was a building known at that time as P Wing, a psychiatric unit which served all three of Britain's armed forces.'[887] Previously the building was known as 'D Block', a moniker which had become notorious among soldiers during the Second World War. It was for this reason that by August 1949,

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[882] Sargant and Slater, *An Introduction to Physical Methods of Treatment in Psychiatry*, pp.1-3. See also William Sargant, *The Unquiet Mind: The Autobiography of a Physician in Psychological Medicine*, (London: Heinemann, 1967), pp.120-124.

[883] Leslie Bartlet, 'A National Service Psychiatrist's Story', *JRAMC*, 156:4, (2010), p.273.

[884] McGhie and McConvell, 'A Survey of Service Psychiatry in the Far East in 1951', p.179-180.

[885] Robinson and McGhie, 'Endocrinological Investigations of the Psychiatric Casualty in the Army', pp.130-131.

[886] John Stanley Poole, 'Under Three Flags: An Old Soldier's Tale', p.51, IWM 62/220/1.

[887] 'The Royal Victoria Hospital and Military Cemetery at Netley - The "Asylum"', Rob Holley, (September, 2018). https://www.netley-military-cemetery.co.uk. Accessed 15/03/19.

'"D" Block', which was being used to treat 'officer patients suffering from the psychoses and the psychoneuroses', had been renamed '"P" Wing'. As R.G. Anderson, inspecting officer for the Board of Control, noted in his 1949 report, 'it was felt that officers returning to their units might be at a disadvantage if it was realised that they had been treated in "D" Block which was widely known throughout the Army as a centre for patients suffering from mental illness.'[888] The previous year, in October 1946, the other ranks being treated at "D" Block had been transferred and the unit evacuated for refurbishment. When the unit was reopened, the following month, it was to treat officers.[889] On 8 August a further unit, named "E" Block, was opened for neurotic patients.[890] By August 1951, '"P" Wing' was being used to treat psychotic patients of both officers and other ranks and "E" was used for psychoneurotics of all ranks.[891] By September 1953, the earlier refurbishments had been all but undone with 'leaking roofs, rotten floors, and crumbling plaster in many parts of the building.'[892] Then, by August 1955, 'P' had come to mean 'Psychotic Wing' and 'E' had become known as 'PN' or 'Psychoneurotic Wing'.[893] Despite the rebranding its reputation would persist into the National Service era. One RAMC recruit, for example, referred to it as the 'nutters' hospital at Netley.[894]

One psychotic soldier patient arrived at Netley by troopship from the British Medical Hospital in Singapore. He would ultimately be diagnosed as schizophrenic and discharged after undergoing a course of unsuccessful electrical therapy. While at Netley his case would come to the attention of a young psychiatrist named R.D. Laing.[895] Laing would go on to be a leading figure in the anti-psychiatry movement during the 1960s and probably the most vocal critic of postwar British military psychiatry. As a newly qualified psychiatrist he had been conscripted for National Service and posted to the psychiatric ward of the Royal Victoria Hospital, Netley. He later described a world of isolation and brutal treatment regimes. At the time of service, however, Laing demonstrated suspicion toward his psychiatric patients: 'I developed an intense desire to be able to ferret out the differences

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[888] R.G. Anderson, '"P" Wing', (1949), p.1, TNA MH 95/34.

[889] E.N. Butler, '"D" Block', (1947), p.1, TNA MH 95/34.

[890] R.G. Anderson, '"P" Wing', (1949), p.2, TNA MH 95/34.

[891] R.G. Anderson, '"P" Wing', (1951), p.1, TNA MH 95/34.

[892] E.N. Butler, 'Royal Victoria Hospital, Netley', (1953), p.1, TNA MH 95/34.

[893] R.G. Anderson, 'Royal Victoria Hospital, Netley', (1955), p.2, TNA MH 95/34.

[894] Joe Robinson, *Chips on My Shoulder*, (Newcastle: TUPS, 1999), p.87.

[895] Philip Hoare, *Spike Island: The Memory of a Military Hospital*, (London: Fourth Estate, 2002), pp.317-318.

between deception, malingering, self-deception (hysteria), neurosis and psychosis, functional and organic.'[896]

Further research suggested that more personnel were being evacuated with medical conditions that may have been concealing psychiatric conditions. Major D. Gill of the RAMC found ringworm was common in those new to Malaya. It was expected to be a transient condition which would clear up once a degree of resistance had developed. When chronic, 'the great majority of long-term effects were attributed to constitutional or psychocutaneous breakdown in which the ringworm had played an accidental part.'[897] A later study by the same author found evidence of a range of psychiatric symptomatology in troops being returned to the UK as a result of skin disease. Where orthodox therapy had failed, being invalided by a medical board had resulted in remission with no obvious further change to their situation. The conclusion was clear to Gill, these types of cases had 'all the characteristics of an escape from an intolerable situation.' For Major Gill, persistent symptomatology moved the explanation from a purely somatic understanding of disease to a psychogenic one, with the underlying reason being secondary gain. His proposed solution was not directed at the individual, whose resistance to established treatment was demoralising for both patient and doctor, but instead at the group. This took the form of medical propaganda, promoting the idea that service in the Far East carried with it little serious risk of incurable skin disease.[898] The above raises the possibility that disease concealed psychiatric conditions.

4.5.   Dependents and Service Psychiatry in Singapore

As described above, military psychiatry had undergone a process of simplification. It had, particularly in forward areas, taken the shape of a system of psychiatric triage, the aim of which was to return service personnel to duty. Soldiers were generally sedated for a period of rest and then given 'simple psychotherapy' consisting of 'persuasion, explanation, firm

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[896] R.D. Laing. *Wisdom, Madness and Folly: The Making of a Psychiatrist 1927-57*, (Edinburgh: Canongate, 1998), p.108. See also R.D. Laing, 'An Instance of the Ganser Syndrome, *JRAMC*, 99:4, (1953), pp.169-172.

[897] D. Gill, 'Some Clinical Features of Ringworm in Malaya and Hong Kong', *JRAMC*, 105:3, (1959), pp. 122-3.

[898] D. Gill, 'Eczema in British Troops in the Far East: A Study of Some Cases Invalided from Singapore', *JRAMC*, 106:4, (1960), p.181.

encouragement and suggestion.'[899] Within this system, medical officers received training in forward psychiatry. The system, and particularly the psychiatric training of medical officers, had evolved to deal with the relatively homogenous group of soldiers experiencing battlefield stress.[900] The end of the war, however, brought a different set of commitments for the British Army which meant the medical services would be dealing with a less homogeneous population. Major General John Irvine, Director of Medical Services, British Army on the Rhine (BAOR), noted 1 British Corps came with 76,000 dependents. This represented 'a formidable task' for the medical services, 'because' stated Irvine, 'we are endeavouring to provide a[n] NHS for them with backing very far short of that service'.[901] The number of families being allowed in Malaya during the Emergency was lower. As General Sir Neil M. Ritchie stated, by March 1949, 'The number of officers and other ranks wishing to bring their families to FARELF is very small, being confined largely to those in ancillary units who have applied to remain and complete a full overseas tour'.[902] Nevertheless within this number psychiatric conditions would emerge.

This section will address the management of female psychiatric patients under Far East Land Forces, a population military psychiatry and medical officers had not been accustomed to dealing with in forward areas during the Second World War. It will suggest that the management of female patients was in contrast to that of soldiers and that this contrasting management in turn helps to highlight what was distinctive in the treatment of soldiers.

Lieutenant-General Roger Bower later wrote, as Director of Operations, 'The Europeans (excluding Government servants) are divided into two completely distinct categories. On the one hand there are those who live in the large towns, who do not go about in danger of their lives, and on the other there are the planters and miners who have been at the forefront of the battle since 1948.'[903] 'Of all the civilians in Malaya' wrote Graham Greene in his 1951

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[899] 'Report of a Conference on Psychiatry in Forward Areas', p.5.

[900] Edward Armstrong Bennet, 'Psychiatry in India and Pakistan', *Mental Health*, 8:1, (1948), p.3.

[901] Private Papers of Major General J. Irvine, 'Lecture to Canadian Forces Medical Services', (Undated), p. 13, IWM 12/28/1.

[902] General Sir Neil M. Ritchie, 'Report on Operations in Malaya - June 1948 to July 1949', (1949), p.35, TNA WO 106/5884.

[903] Director of Operations, Malaya, (Lieutenant-General Roger Bower) 'Review of the Emergency Situation in Malaya at the end of 1954', (January, 1955), p.21, TNA WO 208/3219.

article for *Life* magazine, 'the planter is in the position of greatest danger.'[904] Extracts from the Desk Diary of the Sabai Estate in Kerak, which listed a series of incidents between 31st August and 9th December 1950, included the ambush and killing of Planters.[905] 1951 saw over 6,000 incidents, which resulted in more than 1,000 casualties among civilians.[906]

Wives of service personnel, meanwhile, were vulnerable to attacks while travelling by rail and road. The most high-profile incident of this nature was the ambush of High Commissioner Sir Henry Gurney, on 7th October 1951, who was travelling with his wife Lady Isabel Weir. The wives of service personnel were, however, more generally insulated from the worst of the political violence. When one National Service Officer, for example, was posted to 'a village deep in the jungle in the midst of bandit country', his wife and another officer's wife moved to a town, approximately 40 kilometres away.[907]

The 1951 survey of service psychiatry included a section on the psychiatric health of the families of service personnel, published in October 1953. In the survey, the stress of living in Malaya, during the Emergency, was only indirectly recognised in the aetiology of psychiatric conditions in female patients, through participation of the husband. Significantly though, 'Frequent separations from husband and worry over husband fighting in jungle or guerilla [sic] warfare' was listed as the most frequent precipitating cause of psychiatric conditions among the wives of service personnel, followed by 'Financial worries', 'Inability to accept the culture and climate', 'Dislike of hotel or boarding house life', 'Intermarital disharmony' and 'Excessive alcoholic indulgence'.[908]

McGhie and McConvell's 1951 survey had found that the incidence of psychiatric conditions among officers' wives was a subject of note. As most of the wives in-theatre were thought to be those of the other ranks, it was found that officer's wives were overrepresented, comprising 51 of the patients.[909] One explanation of this, put forward in the survey, was

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[904] Graham Greene, 'Malaya, the forgotten war', *Life*, 30th July 1951, pp.51-52.

[905] R. Thambipally (Ed), *God's Little Acre 1948-1998*, Ipoh: Perak Planters Association (1998), pp.115-117.

[906] Short, *Communist Insurrection*, Appendix.

[907] Roy Yorke Calne, *The Ultimate Gift: The Story of Britain's Premier Transplant Surgeon*, (London: Headline, 1998), p.15.

[908] J. McGhie and D.J. McConvell, 'A Survey of Service Psychiatry in the Far East in 1951: Section III', *JRAMC*, 99:5, (1953), p.230.

[909] Ibid, p.229.

'Too much leisure - usually officers' wives with two or three servants and too little to occupy their interests or attention.'[910] 'The idle memsahib', writes Dane Kennedy, 'is one of the most enduring stereotypes of the British Empire.'[911] The survey assented to this trope in explanation of psychiatric conditions among the wives of service personnel. The emphasis on wives of officers again highlighted the omission of officer patients among service personnel in the earlier section of the survey.

McGhie and McConvell deferred to traditional beliefs that western women were prone to mental illness in the colonies. 'Individuals, and especially the female sex,' stated the authors 'become completely hypochondriacal. In time it is hoped that just as the spine pad and the topee have quietly disappeared, so too will this over-emphasis on mental ill-health follow suit. Perhaps by then the term "tropical fatigue" will be realized to be an excuse for laziness.'[912] The psychiatrists thought this preoccupation with climate concealed a further reason for psychiatric conditions: 'Another important factor', they wrote, 'is, of course, the fact that there is no stigma in having been treated by a psychiatrist in this part of the world. In fact it is fashionable - it is the done thing - the mental breakdown is easily attributed to the "terrible climate."'[913]

McGhie appeared reluctant to award a diagnosis, such as tropical fatigue or tropical neurasthenia, which validated the climate as a precipitating factor in breakdowns. Instead, the term psychoneurosis, which had been adopted by British military psychiatrists during the Second World War, was employed. Importantly, the diagnosis implied 'a pre-existing neurotic constitution'.[914] The survey reported that 82 wives of service personnel were seen in 1951. Of these, 6 were thought to be suffering from psychosis, 15 from 'a severe form of psychoneurosis' and 56 were diagnosed as 'mildly psychoneurotic'. The remaining 5 cases were thought to have 'no true psychoneuroses'.[915] 'Psychotherapy was, of course, the main

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[910] Ibid, p.230.

[911] Dane Kennedy, 'Diagnosing the Colonial Dilemma: Tropical Neurasthenia and the Alienated Briton'. In Durba Ghosh and Dane Kennedy (Eds), *Decentering Empire: Britain, India and the Transcolonial World*, (London: Sangam Books Limited, 2006), p.172.

[912] McGhie and McConvell, 'Section III', p.229.

[913] Ibid, p.228.

[914] Jones and Wessely, *Shell Shock to PTSD*, p.238.

[915] McGhie and McConvell, 'Section III', p.230.

course of treatment' for female patients, stated the survey. In approximately 'half of the cases seen this was supplemented by at least one drug abreaction.'[916]
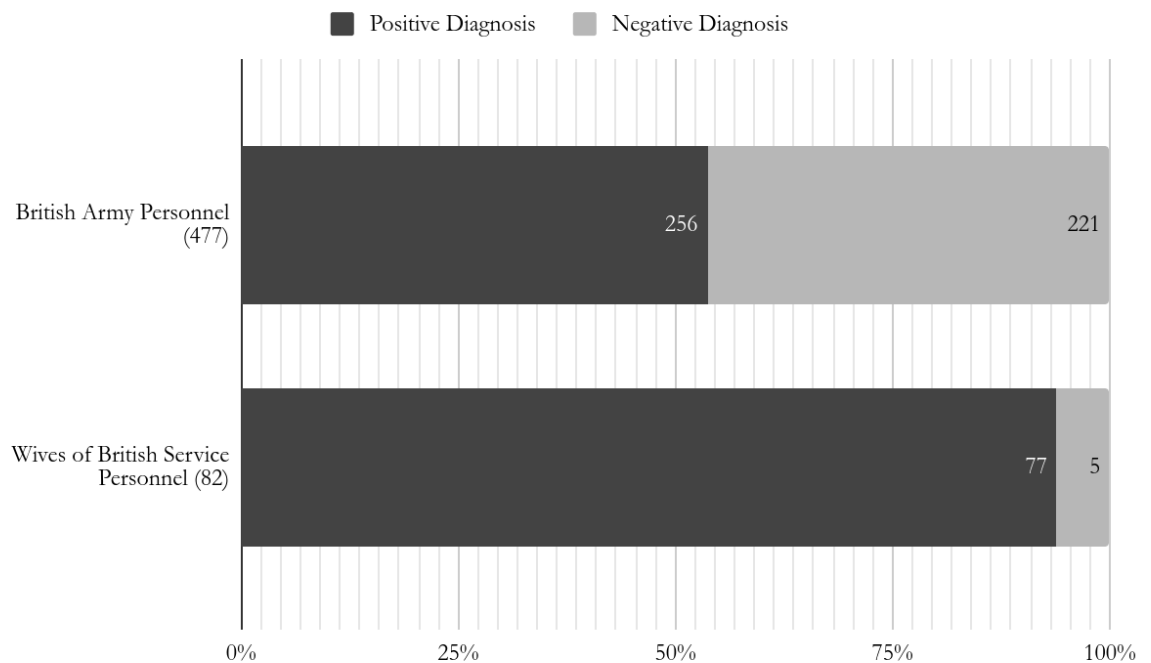

Figure 6: Stacked bar chart comparing positive and negative diagnosis in British Army Personnel and the wives of service personnel.

Source: Adapted from figures presented in McGhie and McConvell, 'A Survey of Service Psychiatry in the Far East in 1951: Sections I-III'.

As Figure 6 shows, in contrast to the approximately 46 percent of the British Army Personnel found to have no gross psychiatric disability, only 6 percent of the wives were found to have the comparable diagnosis of 'no true psychoneurosis'.[917] The fundamental difference then was that mild neurosis in servicemen was categorised as a negative diagnosis whereas mildly neurotic female patients were given a positive diagnosis. The statistics demonstrated that service psychiatrists had a tendency to award a positive psychiatric diagnosis to wives and not to service personnel. This classification bias revealed the instrumentalisation of service psychiatry. McGhie and McConvell had demonstrated concern over stigmatising service personnel with a psychiatric diagnosis, which was ostensibly to prevent a psychiatric label inhibiting future career prospects. With the negative diagnosis came perfunctory

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[916] Ibid, p.231.

[917] Ibid, p.230.

psychotherapy and a swift return to service. Conversely, as the wives of service personnel had no immediate military utility the same concern was not expressed. Instead the perceived lack of stigma was considered fundamental in the genesis of psychiatric conditions among female patients. Further, regulars were thought more susceptible to psychiatric conditions due to familial responsibilities and long service engagements.[918]

4.5.1. Military Psychiatry, Medical Officers and Female Psychiatric Patients

The survey reported that families came into contact with a psychiatrist much earlier than in the UK. This assertion was largely a criticism of the Regimental Medical Officer who was conceptualised as the military equivalent of a general practitioner and seen as the gatekeeper to psychiatric care. 'Such a practitioner, a trusted friend and father confessor,' wrote McGhie and McConvell 'would listen to their tale of woe and then give his reassurance, help and advice, and probably prevent an adventure into mental illness.' Instead, they complained that the RMO was generally young, newly qualified and subject to frequent postings and transfers. These circumstances, thought McGhie and McConvell, inhibited the RMO's ability to develop relationships while his youth and lack of experience undermined his medical authority.[919] In short, the psychiatrist's criticism of the RMO was that they failed to represent a sufficiently paternal figure to arrest a decline into a mental ill-health.

As mentioned above, the RAMC was understaffed in Malaya and their MOs overworked. Further, the limited number of lectures received at Millbank, which focused on the military applications of psychiatry, would have done little to prepare the MO to treat the families of service personnel in the Far East. The diary of Dr Loosmore suggested overwork and a lack of psychiatric training rather than an insufficient display of medical paternalism characterised the doctor-patient interaction. Dr Loosmore complained that the RMO had far more duties than a GP,[920] and because of this he was failing to provide adequate cover to those within his jurisdiction. Once Loosmore was deployed to Malaya, his diary entries, which referred to psychiatric symptoms among his female patients, were characterised by indecision, incomprehension and frustration. On 21st June 1958, for example, a woman was

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[918] McGhie and McConvell, 'A Survey of Service Psychiatry in the Far East in 1951', p.176.

[919] McGhie and McConvell, 'Section III', p.228.

[920] Loosmore, 'Diary of a National Service Medical Officer', 24th October 1958.

admitted to the hospital under his care with what he suspected was 'hypochondriac depression'. 'I don't know what to do with her' wrote Loosmore, 'Decided to keep her tonight.'[921] Then two days later, on 23rd June, a further diary entry confessed: 'The woman with depression is as bad as ever. I don't understand these cases. They are perfectly logical and know they are being absurd, and yet don't, or cannot do anything about it. I sometimes feel annoyed by them but it must be wrong to do that. I decided to discharge her and we shall see what happens.'[922]

4.5.2. Referral and Evacuation of Female Psychiatric Patients

While the survey implicated the RMO, there was, however, a more pressing reason why female psychiatric patients were being evacuated to Singapore. As mentioned, a series of quarterly historical reports dating to 1949 showed that the Advisor in Psychiatry was travelling to see psychiatric patients at the British Medical Hospitals and Field Ambulances stationed throughout Malaya.[923] On 24th June, for example, Lieutenant-Colonel John McGhie was listed as visiting the Military Hospital in Perak State, north western Malaya. Conversely, over 50 percent of the female cases referred to in the survey were treated at Singapore.[924] This high percentage was attributed to a lack of facilities in Malaya which meant many who could have been treated as outpatients instead had to travel up to two or three days to the psychiatric block at the base hospital. The base hospital was itself lacking in dedicated facilities for its female patients which in turn meant accommodation and treatment facilities had to be improvised. Female psychoneurotic patients were admitted to the ordinary family's ward and the more serious psychotic cases, together with those under observation or awaiting treatment, were housed in a small separate ward adjoining the main male ward. 'Burglar-proof wire netting' intended to negate 'the effect, of a barred ward' was used to ensure the safety of these female patients.[925] In contrast to the management of

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[921] Ibid, 21st June 1958.

[922] Ibid, 23rd June 1958.

[923] 'Quarterly Historical Report of The Military Hospital, Kuala Lumpur. And H.Q. 34 Coy R.A.M.C. For The Quarter Ending 30th June. 1949', TNA WO 268/636: 'Military Hospital Kamunting, Quarterly Historical Report, July 1949', TNA WO 268/631: 'Quarterly Historical Report. 1 Field Ambulance RAMC (BT/LEP)' (Undated), TNA WO 268/637.

[924] McGhie and McConvell, 'A Survey of Service Psychiatry in the Far East in 1951: Section III', p.231.

[925] Ibid, p.230.

psychiatric conditions among service personnel, the survey noted that invaliding back to the UK when used judiciously was 'a most powerful therapeutic weapon'.[926]

Lieutenant-Colonel R.J. Wawman later wrote that the structure of the psychiatric services was largely derived from the requirements of the Second World War and National Service, with psychiatric care orientated towards the serviceman.[927] After National Service had come to an end the Armed Forces changed in composition from young conscripts to career servicemen and the percentage of married men increased.[928] As a result, Wawman, argued for the reorganisation of the psychiatric services to include better provision for families.[929] There is some evidence that this came to pass as a later survey of psychiatry in the Far East in 1968 saw a drop in admissions. This was explained by an emphasis on treating cases within the community, facilitated by additional welfare services.[930] In Malaya during the Emergency these facilities were not in place.

Meanwhile, 1950s perceptions of female psychiatric patients would persist into the sixties. A 1968 study of 50 military wives referred to a psychiatrist in Singapore and what had become Malaysia emphasised personality as the primary aetiological concern. A history of instability predating deployment was found in 70 percent of these referrals, with 46 having received previous psychiatric treatment. While the author recognised environmental stress as a contributing factor, this was seen as secondary compared to an inability to adapt ultimately due to character, which emphasised a constitutional cause. The husband's profession was now minimised as a stressor, Wawman emphasising that 'it should be remembered that the Far East in 1968 was a relatively stable theatre with little separation or danger and virtually no financial hardship.'[931]

The management of psychiatric conditions in the Far East was orientated towards servicemen.[932] The psychiatric survey conducted in 1951 marginalised the insurgency within

[926] Ibid, p.231.

[927] Lieutenant-Colonel R.J. Wawman, 'Psychiatry and the Serviceman's Family', *JRAMC*, 119:1, (1973), p.17.

[928] Major R. J. Wawman, 'Problems of the Armed Force in Modern Society: The Changing Military Environment', *Proceedings of the Royal Society of Medicine*, 61, (1968), p.981.

[929] Wawman, 'Psychiatry and the Serviceman's Family', p.20.

[930] Ibid, p.18.

[931] Ibid, p.16.

[932] Ibid, p.17.

the aetiology of psychiatric conditions among female psychiatric patients. Instead, the psychiatrists deferred to constitutional weakness in their conceptualisation of these conditions and in response promoted a form of medical paternalism to prevent what they saw as 'an adventure into mental illness'.[933] The psychiatrists attitude toward female patients was manifested in their propensity to award a positive psychiatric diagnosis for mild symptoms. In the end, the wives of service personnel had no immediate military utility and as such were treated as an additional pressure on the overstretched military medical services, and their husbands, in Singapore and Malaya.

4.6.   *Comparative Research*

Perhaps the most effective method of ascertaining the true psychiatric cost of participation in the Malayan Emergency is by looking at comparative research. In the immediate aftermath of the Second World War, the end of operations in the Far East saw a slow decline in the incidence of psychiatric conditions. Then, due in part to an outbreak of manic states among officers, the incidence again began to rise. The cause of these manic states was uncertain with debate over whether it was primarily physical, the result of malaria for example, or psychological.[934] Roger Tredgold, Psychiatric Adviser to South East Asia Command, would go on to publish these findings in the *British Medical Journal* the following year in 1947. By the time of publication, he had concluded that these manic states, typified by over-activity and paranoia, were 'thought to be the sudden release of tension and the consequent change in the tempo of work.'[935] Publication prompted a concise response from one reader with an idea of how to test the thesis. Dr Harris of Surrey wrote: 'It might be of interest and value to analyse statistically the relative incidence of manic reactions in the general community after V J day.'[936] The comparison of military and civilian populations would have been revealing as a significantly higher incidence among the military population would have implicated military service as being the cause of these states. Conversely, a comparable incidence between groups would suggest that conditions within the military were not outside of the

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[933] McGhie and McConvell, 'Section III', p.229.

[934] Lt. Col. R.F. Tredgold, Medical Quarterly Report: Adviser in Psychiatry ALFSEA. Jan - Mar 46. TNA, WO 222/1319, pp.4-5.

[935] R.F. Tredgold, 'Manic States in the Far East', *British Medical Journal*, 2:4526, (1947), p.525.

[936] H. Harris, 'Points from Letters: Manic States in the Far East', *British Medical Journal*, 2:4529, (1947), p.673.

normal range of conditions seen in civilians. Following the logic of Dr Harris, using a series of annual reports on the health of the army, this section will compare the total number of psychiatric conditions across FARELF to UK command, and then to the UK civilian population, in order to understand whether service in the Far East, during the Malayan Emergency, was a significant cause of psychiatric conditions.

Sidney Rosenbaum built his PhD thesis on analysing data for the Army Medical Statistics Branch of the War Office.[937] 'Compared with equivalent civilian groups', wrote Rosenbaum, 'the Army is an extremely favourable position for the ascertainment of disease, for controlled observation and treatment, above all for preventative medicine. It has an envied facility for measuring sickness, and a wide scope for study.'[938] He reported that illness and injury was most closely associated with geography across Britain's postwar commands. The 'jungle patrolling in Malaya' and the war in Korea, were described as 'accidents of contemporary history ... superimposed on the more permanent features of climate'.[939] While disease rates generally conformed to this thesis, the yearly rates of psychiatric morbidity suggested a more complex aetiological picture.

Figure 7 charts the number of psychiatric conditions per 1,000 service personnel per year in FARELF and UK command from 1946 to 1961. By 1947 psychiatric conditions among service personnel had declined, to 7 per 1,000, following the cessation of the Second World War. Then, in the opening year of the Malayan Emergency, there was a notable increase to 10.5 per 1,000 in 1948. While correlation is not causation, it was a correlation which questioned the permanence of climate and instead implicated what Rosenbaum had described as the 'accidents of contemporary history'. During the opening years of the Emergency, the yearly number of psychiatric conditions in FARELF remained significantly higher than in the UK. As Karl Hack has argued, the insurgency reached its peak in 1951. Then, in the following years the indices of the insurgency, namely insurgent incidents and security forces casualties, began to steadily decline. By 1955 they were a fraction of what

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[937] Sidney Rosenbaum, 'Statistical Studies of the Health and Physique of Young Soldiers during the Period of National Service', Thesis, PhD, (1960), WC RAMC/833 B460E7. Box 187.

[938] S. Rosenbaum, 'Army Medical Department Statistics', *JRAMC*, 104:3, (1958), p.165.

[939] S. Rosenbaum, 'Cross-Sectional Review of Morbidity among Young Soldiers', *British Journal of Preventive and Social Medicine*, 13:3, (1959), p.117.

they had earlier been.[940] The psychiatric statistics broadly correlate with this trend and by 1955 they were a fraction of what they were in during the opening years. The correlation is not a simple one and as explained above the psychiatric conditions recorded were subject to managerial decisions. Nevertheless, the Emergency did appear to have an impact on the psychiatric conditions being seen in FARELF.

In 1956 the annual reports showed that psychiatric conditions began to rise. As Rosenbaum noted, in 1956 the composition of Far East Land Forces changed and the remaining soldiers stationed in Korea came under the command.[941] Psychiatric casualties from Korea were not included in the survey prior to this time which in probability explains the rise in psychiatric conditions from 1956.[942] Between 1969-1970, a further psychiatric survey took place at the British Military Hospital in Singapore, reporting that there were 3.9 per 1,000 Army personnel were being treated as in patients.[943] The Emergency had been officially declared over a decade earlier and British forces were preparing to leave Singapore. The survey offers a Far East command comparison to the Emergency years. The 1955 figure was comparable to the 1969-70 figure, suggesting by 1955 the Emergency was not having an impact on the level of psychiatric conditions in the Far East. By 1970, however, there was a developed system of outpatient centres which may have meant less service personnel had to be admitted as in patients.[944]

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[940] Karl Hack, 'The Malayan Emergency as Counter-Insurgency Paradigm', *Journal of Strategic Studies*, 32:3, (2009), p.391.

[941] Rosenbaum, 'Cross-sectional review', p.110.

[942] Initially, in 1950 Commonwealth soldiers were evacuated to 29th British General Hospital in Kure, Japan. Later, in 1951 some attempt was made to retain psychiatric casualties in theatre, the aim of which was to prevent transient conditions from becoming fixed. The World Wars had shown that the further a soldier was removed from the fighting and his comrades the more intractable the condition became. These soldiers were under the command of 1 Commonwealth Division. See Edgar Jones and Lieutenant-Colonel Ian P. Palmer, 'Army Psychiatry in the Korean War: The Experience of 1 Commonwealth Division', *Military Medicine*, 165, 4:256 (2000), p.256.

[943] D. W. F. Glen, 'A Survey of the Clinical Work of the Psychiatric Services Based on British Military Hospital, Singapore, 1969-1970', *JRAMC*, 118:3, (1972), p.140.
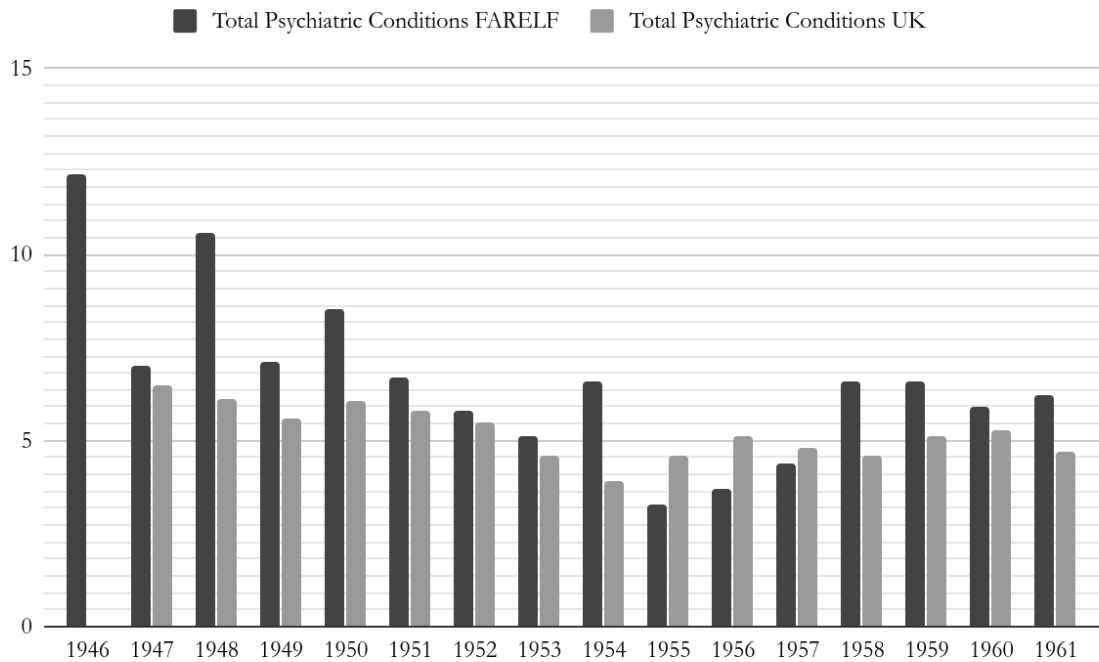
[944] Ibid, pp.136-137.

Figure 7: Comparison of psychiatric morbidity in FARELF and UK commands per 1,000 troops.

Notes: Figures were not available for UK command in 1946. FARELF was formed in 1947. In 1946 the command was known as SEAC. Troops remaining in Korea came under FARELF command midway through 1956.

Source: Compiled from a series of War Office reports on the health of the army covering1946 to 1961.[945]

Rosenbaum stated that 'in Army terms' morbidity was 'fairly consistent' with 'the criterion being a stay of over 48 hours in a medical unit.'[946] During the second World War, one medical officer stationed in the UK believed that minor psychological disorders were more commonly observed in the services than in civilian practice. He attributed this to 'an increased readiness to seek medical advice' in service personnel and that they were 'subjected to enforced medical supervision.'[947] Rosenbaum picked up on the medical

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[945] The War Office, 'Report on the Health of the Army 1946-1952', pp.79-81, pp.85-86, pp.76-77, TNA WO 279/610; The War Office, 'Report on the Health of the Army 1953', p. 84, TNA WO 279/614; The War Office, 'Report on the Health of the Army 1954', p.65, TNA WO 279/615; The War Office, 'Report on the Health of the Army 1955', p.52 TNA WO 279/617; The War Office, 'Report on the Health of the Army 1956', p.41, TNA WO 279/627; The War Office, 'Report on the Health of the Army 1957', p.12, TNA WO 279/285; The War Office, 'Report on the Health of the Army 1958', p.7, TNA WO 279/631; The War Office, 'Report on the Health of the Army 1959', p.7, TNA WO 279/291; The War Office, 'Report on the Health of the Army 1960', p.7, TNA WO 279/350; The War Office, 'Report on the Health of the Army 1961', p.7, TNA WO 279/635.

[946] Rosenbaum, 'Cross-sectional review', p.104.

[947] Ian Douglas-Wilson, 'Minor Psychological Disturbances in the Services', *JRAMC*, 81:6, (1943), p.283.

supervision, stating: 'There is no equivalent in the Army to staying at home in bed for a few days home nursing, so the soldier has to go to hospital when a civilian with the same complaint would not.'[948] Firstly, it is worth restating that at the base hospital in Singapore the minor psychological disorders that came to the attention of the psychiatrists were not given a psychiatric diagnosis, meaning they were not recorded as such. It is also worth restating that further service personnel with psychological disorders were kept in their units, and either sent to rest areas or reallocated to a support role, so would not appear in the statistics. This also raises the question of how psychiatric conditions in the army compare to those in civilian life. Back in the UK, rates of psychiatric disorder among the civilian population were significantly higher than in the armed forces stationed at home and abroad.

The psychiatrist David Stafford-Clark stated that, the incidence of psychoneurotic illness, for example, fell 'somewhere between eight and eleven per thousand of the population.'[949] As the decade progressed, there was concern among some medical practitioners that the incidence of these conditions had become a problem. R.F. Tredgold, the ex-army psychiatrist who had taken up civilian practice, warned that neurosis had become a burden on industry and the medical services in postwar Britain. While these conditions did not require treatment as inpatients, stated Tredgold, they crowded into outpatients' clinics and the general practitioner surgery.[950] One General Practitioner, L. M. Franklin, suggested that the creation of the National Health Service was to blame for the apparent increase in psychiatric conditions being seen in general practice. Franklin thought the NHS had 'swept aside the barrier of a fee between patient and doctor' and, as a result, 'released on to GPs a flood of major and minor mental illnesses'.[951] Another way of looking at the apparent increase in psychiatric conditions in the UK was that the democratisation of access to psychiatric care provided by the NHS meant that pre-existing conditions had been recognised. This arguably goes some way to making the comparison between the incidence of psychiatric conditions seen in service personnel and those in seen in civilians a more valid one, in that both service personnel and civilians had access to healthcare.

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[948] Rosenbaum, 'Cross-sectional review', p.106.

[949] David Stafford-Clark, *Psychiatry To-Day*, (Middlesex: Penguin, first published 1952, reprinted 1961), p.258.

[950] R.F. Tredgold, (Ed), *Bridging the Gap: From Fear to Understanding in Mental Illness*, (London: Christopher Johnson, 1958), p.252.

[951] L.M. Franklin, 'Psychiatric Illness in General Practice: The Urgency of the Problem', *Mental Health*, 20:4 (1962), pp.143-144.

Even at its peak, the counterinsurgency campaign in Malaya was less intense than much of the fighting conducted during the Second World War. Broadly speaking, the more intense opening years of the Emergency did, however, appear to have an impact on the incidence of psychiatric conditions. The figures represent an obfuscated aetiological picture, not specific to Malaya, but indicate that the Emergency played a causal role in psychiatric morbidity in its early years, most notably in 1948 the opening year of the Emergency. It was perhaps unsurprising that service personnel, both in the Far East and the UK, were healthier than civilians as they were generally young and had been subject to a system of selection which screened out those with a history of mental disorder.

4.7. Conclusion

The psychiatric history and psychological fitness of service personnel took a prominent position within a system of selection that was designed with the defence and administration of Britain's overseas territories in mind.[952] The discharge rate for psychiatric conditions suggests these procedures were used in full.[953] While selection could not predict all those who would breakdown in extremis, its application meant those deployed to Malaya had been selected, and so in theory, were a more resilient group. Indeed, selection was considered to be successful in preventing psychiatric casualties among National Servicemen in the Far East.[954]

Once the Emergency was under way the lack of psychiatric causalities at the base hospital led to the assertion that the pursuit of a coherent enemy was good for morale. This and the fact that the counterinsurgency campaign in Malaya was a low-intensity conflict suggested psychiatric casualties would not materialise in significant numbers. [955] While later research suggested that the intensity of the Malayan Emergency did play a significant role in the

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[952] 'The Application of the PULHEEMS System', p.21.

[953] Bergman and Miller, 'Unfit for further service: trends in medical discharge from the British army 1861-1998', pp.204-11.

[954] McGhie and McConvell, 'A Survey of Service Psychiatry in the Far East in 1951', p.176.

[955] Silverman, 'Causes of Neurotic Breakdown in British Service Personnel Stationed in the Far East in Peacetime', p.497.

psychiatric conditions seen, the figures remained comparatively low throughout.[956] This less intense form of conflict appeared to be producing a lower incidence of serious psychiatric casualties.

It also appeared to be producing milder stress reactions. These were being dealt with by medical officers who were directing soldiers with these conditions to rest areas.[957] At the base hospital in Singapore concern over stigmatising these mild conditions meant service personnel were not diagnosed with a psychiatric condition.[958] This, in turn, would have resulted in fewer serious psychiatric conditions being recorded. While this strategy raised questions about whether service personnel were in fact experiencing more serious conditions which required prolonged medical care, it arguably negated the significant stigma that came with a psychiatric diagnosis at that time.[959] The management of psychiatric conditions in this way was a departure from Second World War psychiatric thinking and an adaption to counterinsurgency.

This chapter has looked at the incidence, conceptualisation and management of soldiers who demonstrated symptoms of stress at the time of their service. This next chapter will consider the long-term psychological impact of participation in the Malayan Emergency.

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[956] See figure 7.

[957] Tacchi, 'Jungle Medicine', p.276.

[958] McGhie and McConvell, 'A Survey of Service Psychiatry in the Far East in 1951', pp.174-175.

[959] Poole, 'Under Three Flags: An Old Soldier's Tale', p.51.

Chapter 5

Afterlife: The Psychological Legacy of Service during the Malayan Emergency

5.1. Introduction

On 8th October 2018 it was widely reported that rates of Post-Traumatic Stress Disorder (PTSD) in the British Army had increased from 4% in 2004-06, a figure not significantly different from the general population, to 6% in 2014-16.[960] Within these figures, the research, which the media had picked up on, reported that rates of PTSD were significantly higher among ex-service personnel (7.4%) than those still serving (4.8%) and higher still among ex-service personnel who had been deployed to Iraq or Afghanistan in a combat role (17%) than in a support role (5.7%).[961] Despite the figures, Sir Simon Wessely, the senior author of the research, stated 'it would be wrong to say there is a 'bow wave', tsunami or timebomb of PTSD in the UK military and veteran community.'[962] It was a statement made in response to earlier press reports which utilised these metaphors to raise fears over a coming epidemic of traumatised soldiers.[963] While the press have misreported aspects of military mental health - a notable example was the 'misleading sound bite' that more Falklands veterans had committed suicide than had been killed in the war - it was also a significant departure from the earlier line that 'Despite the intense tempo of UK military operations over the past 9 years, mental health of the UK Armed Forces as a whole seems to remain broadly comparable to the UK civilian population.' [964] The implication was clear, the

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[960] 'PTSD rates increase in UK military personnel, research suggests', *The Guardian*, Monday 8th Oct 2018. https://www.theguardian.com/society. Accessed 07/06/19.

[961] Ibid.

[962] Ibid.

[963] Sharon A. M. Stevelink, Margaret Jones, Lisa Hull, et al, 'Mental Health Outcomes at the End of the British Involvement in the Iraq and Afghanistan Conflicts: A Cohort Study', *The British Journal of Psychiatry*, 213:6, (2018), p.696.

[964] J. Holmes, S. Wessely, J. Sharpley, et al, 'Suicide among Falkland war veterans: Responses Should be Based on Sound Statistics not Misleading Sound Bites. (Report)', *British Medical Journal*, 346:7909, (2013), pp.1-2; Elizabeth J. F. Hunt, Simon Wessely, Norman Jones, et al, 'The Mental Health of the UK Armed Forces: Where Facts Meet Fiction', *European Journal of Psychotraumatology*, 5:1, (2014), p12.

long-term impact of participation in recent counterinsurgencies was more serious than initially supposed. What then of the long-term psychiatric impact of participation during the Malayan Emergency?

As the earlier chapter on psychiatry showed, National Service personnel deployed to Malaya underwent a selection process that was believed to have played a role in the relatively low level of psychiatric attrition encountered there. A recent study has suggested that selection may have also helped to prevent long term psychiatric conditions. The study compared a group of ex-servicemen against a group who were not conscripted. It found that 'National [S]ervice veterans were less likely to have any mental health problems compared to non-veterans.' The authors suggested this may have been due to the selection procedures in place at the time which suggested that the 'non-veteran group was worse off to start with, and this initial difference would then mask any impact of [N]ational [S]ervice in the veteran group.'[965] This point, and the fact that a relatively small number of personnel served in Malaya, also suggests that the long-term psychiatric cost of the Emergency was relatively low. Epidemiological research into pension files found that the number of service personnel deployed to Malaya represented a small proportion of the armed forces, which created difficulties in finding psychiatric pension awards relating to that conflict.[966] Further to this the authors noted that the prolonged engagements of the Second World War 'were significantly more intense than modern counter-insurgency campaigns'.[967]

In summary, service personnel were selected in a way that sieved out many potential psychiatric issues, served in relatively low numbers, and counterinsurgency was low intensity. Together these factors would suggest that the campaign in Malaya generated few long-term psychiatric casualties. The earlier psychiatry chapter also introduced a number of further salient themes in relation to psychiatric casualties resulting from the Malayan Emergency, namely the importance placed on training for and maintaining morale, the use of psychiatric nomenclature that reduced the number of people classified as ill in this way, and the issue of avoiding stigma by using alternative terms. This chapter will pick up these

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[965] Charlotte Woodhead, Roberto J. Rona, Amy C. Iversen, et al, 'Health of National Service Veterans: An Analysis of a Community-Based Sample using Data from the 2007 Adult Psychiatric Morbidity Survey of England', *Social Psychiatry and Psychiatric Epidemiology*, 46:7, (2011), p.559.

[966] Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*, (Hove: Psychology Press, 2005), pp.200-201.

[967] Jones and Wessely, *Shell shock to PTSD*, p.175.

themes suggesting that they also played a key role in the long-term psychological impact of participation. To begin with, this first section will introduce the modern medical formulation of traumatic response to stress.

5.2.   *Postwar British Military Psychiatry, Counterinsurgency and the Emergence of PTSD*

This section will delineate the emergence of Post-Traumatic Stress Disorder into British military medical thinking. It will suggest that PTSD is now the preferred diagnosis for veterans of the Malayan Emergency, and military conflicts generally, who are experiencing ongoing psychological disturbances as a result of their service. Firstly, however, it will turn briefly to the French postwar period of decolonisation and the American experience in Vietnam, in order to map out some salient points against which to measure the British experience.

The war in Vietnam was thought by some to be uniquely stressful and service there had motivated its own term: Post-Vietnam Syndrome. Robert Jay Lifton endorsed the term only to the point that it 'correctly suggests something special about the psychological impact of the Vietnam War.' 'Other than that', Lifton argued 'post-Vietnam syndrome is a dubious, easily-abused category, especially in its ready equation of effects of the war with a clinical condition (a "syndrome").' Instead Lifton suggested the anger and guilt which veterans were experiencing was in some cases a constructive response to a wrongful conflict and were included in the condition. It was a commentary which signalled the growing politicisation of psychological trauma in the aftermath of the Vietnam War. 'Still,' writes Lifton 'the evocative quality of the term - its availability as a catchall - makes it widely used by almost everyone.'[968] Many of the psychiatrists linked to the war in Vietnam would become instrumental in the conception of the modern formulation of trauma, PTSD.[969]

Post-Traumatic Stress Disorder become available as a diagnosis when it entered into the third edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) in 1980. Its entry into the DSM-III was the result of a highly

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[968] Robert Jay Lifton, *Home from the War*, (London: Wildwood House, 1974), p.420n.

[969] Mardi Horowitz, 'A Life in but Not Under Stress', Charles R. Figley, (Ed) *Mapping Trauma and its Wake: Autobiographic Essays by Pioneer Trauma Scholars*, (London: Routledge, 2007), p.88.

politicised process following the War in Vietnam. For example, two of the leading activists for the inclusion of a stress related disorder in the DSM were psychiatrists who had come to their position on trauma through their involvement with the group Vietnam Veterans against the War. Chaim Shatan and the aforementioned Robert Jay Lifton had pioneered the idea of 'rap groups' - forums in which veterans could discuss moral and psychological concerns resulting from their service in Vietnam - as a form of therapy for traumatised veterans and later presented research to the committee who would codify PTSD into the DSM-III.[970]

PTSD is considered unique as a diagnostic category. Where other DSM diagnostic categories seek only to codify a set of symptoms as a given disorder, the PTSD diagnosis links its symptoms to a stressful event. In this way, the codification of PTSD is making a statement about cause and effect. Allan Young has argued that advocates won this concession based on 'historical legitimacy', meaning the disorder was taken to recur with consistency across historical periods, and that it secured the 'clinical needs and pension rights of a deserving patient population, notably American veterans of the Vietnam War.'[971] A similar pattern had emerged in the aftermath of French involvement in Indochina (1945-54) and Algeria (1954-62).

In France, nomenclature had emerged which suggested counterinsurgency was uniquely stressful. In 1969, a group of French psychiatrists suggested the term 'guerrilla neurosis' for the psychiatric conditions resulting from low intensity warfare conducted in Indochina and Algeria. The term was chosen in order to emphasise the particular stress of counterinsurgency there, such as 'doubt about the presence of the enemy' and 'the surprise of attack or ambush'.[972] The National Federation of North-African Ex-Servicemen (FNACA), a group for veterans of the French counterinsurgency campaign in Algeria commissioned research into psychological disorders resulting from service there. The psychiatrists charged with carrying out this research published a report in 1985 which noted

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[970] David J. Morris, *The Evil Hours: A Biography of Post-Traumatic Stress Disorder*, (Boston and New York: Houghton Mifflin Harcourt, 2015), pp.153-156.

[971] Allan Young, 'When Traumatic Memory Was a Problem: On the Historical Antecedents of PTSD'. In *Posttraumatic Stress Disorder: Issues and Controversies*, Gerald M. Rosen (Ed), (Chichester: John Wiley & Sons, 2004), pp.127-128.

[972] Louis Crocq, Marc-Antoine Crocq, Claude Barrois, Gregory Belenky and Frank D. Jones, 'Low Intensity Combat Psychiatric Casualties'. In P. Pichot, P. Berner, R. Wolf and K. Thau, *Psychiatry The State of Art*, (New York: Plenium, 1983), p.548.

that 'large numbers' of veterans had been disturbed by their experiences and were left unable to cope. These psychological disturbances were attributed to the 'perpetual state of tension' engendered by the asymmetrical tactics encountered in Algeria which resulted in depression on their return home.[973]

The psychiatrist and critic of French colonialism, Frantz Fanon, had earlier written that the 'pitiless atmosphere' and 'inhuman practices' engendered in counterinsurgency in Algeria created the same 'psychiatric phenomenon' in both the '"pacified" population' and 'those who carry out the "pacification"'. Fanon forwarded the term 'reactionary psychoses' to describe these phenomena, which emphasised the event over ideas about constitutional weakness. In short, for Fanon, colonialism, and the counterinsurgency measures used to pacify the people, were inherently pathological and the cause of psychiatric conditions. 'The truth', writes Fanon, 'is that colonialism in its essence was already taking on the aspect of a fertile purveyor for psychiatric hospitals.'[974] In locating the cause of psychiatric illness in the political system Fanon politicised mental illness connected with counterinsurgency.

In 1992, the documentary *The Undeclared War*, directed by Bertrand Tavernier, was released to coincide with the thirtieth anniversary of the end of the conflict in Algeria. One of the concluding scenes shows interviews with traumatised veterans of the counterinsurgency as they take a day away from the Grenoble psychiatric hospital.[975] The problem of psychiatric illness among veterans was again raised in the press. In the early 2000s, the French newspaper *Le Monde* ran the headline '350,000 Algerian Veterans Suffering from Psychological Distress Related to the War'. The accompanying editorial implied that the recovery of these veterans was dependent on France reconciling itself with its colonial past. Following the article, the psychoanalyst and colleague of Frantz Fanon, Alice Cherki again made the point that the torturers were traumatised along with the

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[973] Martin Evans, 'Rehabilitating the Traumatized War Veteran: The Case of French Conscripts from the Algerian War, 1954-1962'. In Martin Evans and Ken Lunn (Eds), *War and Memory in the Twentieth Century*, (Oxford: Berg Publishers, 1997), p.80.

[974] Frantz Fanon, *The Wretched of the Earth*, (London: Penguin Classics, 2001), pp.200-202.

[975] Evans, 'Rehabilitating the Traumatized War Veteran', pp.81-83.

tortured.[976] The psychiatric casualties of the French counterinsurgencies have invariably come under the rubric of PTSD.[977]

In the UK the term PTSD entered the military lexicon after the wars of decolonisation were over. The Two World Wars, more specifically the work of the wartime psychiatrists, would dominate understandings of psychological trauma throughout most of the postwar period. This is typified within *Henderson and Gillespie's Textbook of Psychiatry* which contained a dedicated chapter on the 'Psychoses and Neuroses in War' into its ninth edition (1962).[978] By the tenth edition, however (1969) Sir David Henderson had passed away and the chapter on 'Psychoses and Neuroses in War' had been replaced by a section on 'Neuroses following Trauma'. The section used language that appeared closer to how trauma is now understood, which focuses on a 'psychologically traumatic event' not specific to war and its subsequent symptoms, for example, 'terrifying dreams'. It was, however, still a long way from current understandings, retaining notions of predisposition and compensation driven symptoms.[979]

As in Malaya, officers deployed to the Cyprus Emergency (1955-59) were observing that participation in the counterinsurgency could have a deleterious effect on morale. Brigadier Baker, the Governor's Chief of Staff in Cyprus during 1955-56, thought the unusual, sometimes distasteful stresses of an Emergency meant morale was harder to maintain than in conventional war.[980] A similar observation was made by a Parachute Regiment RMO, who noted that: 'Frustration was the keynote in the battle against EOKA. For the problem of Cyprus was a political one, and no amount of soldiers would ever solve it.'[981] Despite these observations, the military medical conceptualisation that offensive operations were good for morale persisted. In one paper, for example, habitual drinking in the Mess was noted as a cause of alcohol-induced psychiatric states in Cyprus. 'The apparent increase of

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[976] Didier Fassin and Richard Rechtman, *The Empire of Trauma: An Inquiry into the Condition of Victimhood*, (Princeton: Princeton University Press, 2009), pp.20-21.

[977] Marc-Antoine Crocq and Louis Crocq, 'From Shell Shock and War Neurosis to Posttraumatic Stress Disorder: A History of Psychotraumatology', *Dialogues in Clinical Neuroscience*, 2:1, (2000), p. 53.

[978] *Henderson and Gillespie's Textbook of Psychiatry for Students and Practitioners Ninth Edition*, Revised by Sir David Henderson and Ivor R.C. Batchelor, (London: OUP, 1962), p.466.

[979] *Henderson and Gillespie's Textbook of Psychiatry for Students and Practitioners Tenth Edition*, Revised by Ivor R.C. Batchelor, (London: OUP, 1969), p.171.

[980] Brigadier G.H. Baker, Cyprus Emergency (Baker Report), 75–6, MSS.Medit.s.28, BLCAS. See also, Simon Robbins, 'The British Counter-insurgency in Cyprus', *Small Wars & Insurgencies*, 23:4-5, (2012), pp.733-34.

[981] Sandy Cavenagh, *Airborne to Suez*, (London: William Kimber 1965), 60.

the condition from 1958 to 1960', noted the author, 'may be related to the reduction of alertness consequent on the Cyprus Truce of March, 1959.'[982] Total psychiatric admissions, however, peaked at 100 in 1958, dropping to 76 in 1959 and 20 in the first quarter of 1960.[983] This was in line with EOKA activity, which again peaked in 1958 and then declined sharply into 1959, suggesting a different aetiological picture for overall admissions.[984] However, as these were total psychiatric admissions, as opposed to admissions per thousand strength, an overall decline in troop numbers may also explain fewer psychiatric admissions. More generally, a decrease in hospital admissions, was said to halve in the year which the Cyprus Emergency was declared. The senior RAMC man on the island, Lieutenant-Colonel F.G. Neild, reported that one of the health lessons from Cyprus was that sick rates were lower when morale was good, and that morale was good when the troops were deployed in the counterterrorism role, as opposed to being used as labour.[985] A further counterinsurgency, however, would continue to erode this idea.

By the early seventies, as British Army units stationed in Northern Ireland were experiencing mounting casualties, medical officers were acknowledging that the stress of participation was taking a psychological toll on service personnel. [986] In December 1972 Captain Grieve gave a lecture on his 'Experiences as an RMO in Northern Ireland', with the 2nd Battalion Royal Regiment of Fusiliers, at 201st Northern Field Hospital in the UK. A deployment to Northern Ireland required 'Constant alertness and therefore very little, if any true rest.' 'Although it is not an acknowledged total war situation,' stated Grieve, 'many of the stresses of war are present, and the lack of a clearly defined enemy who is to be shot on sight, compensates for any shortage of other hazards.'[987] The stress of counterinsurgency was beginning to be seen as different in a way which undermined any simple correlation between physical and psychiatric casualties.

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[982] Michael W. P. Carney, 'Alcoholic Hallucinosis among Servicemen in Cyprus', *JRAMC*, 109:1, (1963), p.169.

[983] Carney, 'Alcoholic Hallucinosis among Servicemen in Cyprus', p.165.

[984] David French, *Fighting EOKA: The British Counter-Insurgency Campaign on Cyprus, 1955-1959*, (Oxford: OUP, 2015), p.275.

[985] F. G. Neild, 'The Health Lessons of Cyprus, 1955−58', *JRAMC*, 105:4, (1959), pp.155-56.

[986] Edward Burke, 'Counter-Insurgency against 'Kith and Kin'? The British Army in Northern Ireland, 1970–76', *The Journal of Imperial and Commonwealth History*, 43:4, (2015) p.659.

[987] Captain Grieve, 'Experiences as an RMO in Northern Ireland', (1972), p.4. In Major General J. Irvine, IWM 12/28/1.

Major-General Anthony Deane-Drummond, who specialised in public order and riot control noted that: 'Intense - and time-consuming - periods of training are required to prepare troops tactically and psychologically for a role which although less lethal in terms of overall casualties than conventional war is equally demanding and stressful.'[988] 'In Northern Ireland', wrote Lieutenant-Colonel R.J. Belas, 'casualties are occurring, not on a large scale, but at present with some degree of regularity'. In a departure from the established correlation between casualties and psychiatric conditions Belas raised the unusual stress of counterinsurgency as a cause of breakdowns. He quoted one 'battle wise' infantry officer who had previously served in Korea and Malaya as saying: 'I am trained to fight and this is acceptable when I know who my enemy is, but when for political reasons, one cannot fight back, an impossible situation is created.' 'This', wrote Belas, 'leads to questioning of purpose, indecision and consequent lowering of morale. This, it is suggested, would increase the liability to psychiatric casualties, although so far it has not been possible to produce figures to support this theory.'[989]

Peter Abraham, professor of military psychiatry at Millbank, the main place of instruction for medical officers, supposed that the army had been 'lulled into a false sense of security' by the apparently low psychiatric cost of postwar counterinsurgency campaigns and the presumption that if another war occurred it would be brief and would not generate the psychiatric casualty levels of the Second World War. As an analogue, he looked to research conducted by the Israeli Defence Force during the Yom Kippur War in 1973, which suggested that breakdowns could occur immediately. 'Gone is the notion of battle 'exhaustion' developing after protracted exposure to the ordeals and terrors of modern warfare. The shock can occur on day one.' In line with this assertion Abraham adopted the term 'battleshock' which he defined as an 'inability to fight which does not result from major physical injury or disease.' The term alluded to 'battlefield paralysis' which resulted from heavy bombardment. 'This' wrote Abraham 'must have a familiar ring to students of the subject of breakdown in battle in the two world wars.' Abraham thought 'it is logical to describe under one heading conditions which have a common aetiology in the unique circumstances of battle; affecting for the most part stable individuals; and which require

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[988] Anthony Deane-Drummond, *Riot Control*, (London: Royal United Services Institute, 1975), p.64.

[989] Lieutenant-Colonel R.J. Belas, 'Combat Psychiatry and Preventive Aspects of Mental Health', *JRAMC*, 119:3, (1973), p.12.

similar management, namely early intervention, in the battle zone, with the expectation of rapid return to duty.'[990] In short, the term 'battleshock' was intended as catchall to describe a normal, but transient, response to an extremely stressful event during conventional war.

Abraham's concern over the preparedness of British Forces should another war break out, turned out to be prescient one. Between April and June 1982, the British fought a brief but bloody land campaign to retake the Falkland Islands. One report, published in the January 1983 edition of the *Journal of the Royal Army Medical Corps*, suggested that psychiatric casualties were non-existent. Captain Steven Hughes, Regimental Medical Officer to the Second Battalion Parachute Regiment, stated that there were no psychiatric injuries among 33 British casualties evacuated from Goose Green.[991] Abraham duly sent a letter to the journal, published in the following April edition, countering that psychiatric casualties had occurred but had not been evacuated at that time. 'Although the numbers of battleshock cases were, like those of the wounded, mercifully small,' wrote Abraham, 'the impression is unwittingly given by other medical officers as well as by himself, that they did not occur at all.'[992]

A further report comparing the Falklands War with the war in Vietnam indicated that the rate of psychiatric combat casualties in the south Atlantic was 'remarkably low'. 'During the course of the war' wrote Captain H.H. Price of the US Army Medical Corps 'the British lost 237 men killed, 777 wounded with 446 receiving significant hospital treatment. The rate of evacuated psychiatric casualties was 2% of all wounded with 16 declared cases evacuated from the hospital ship, Uganda.'[993] The figure was adjusted by Abraham who countered that 'The true figure for incapacity for psychological reasons was approximately four times that number'.[994] The Geneva Convention had prevented casualties that had been evacuated to the hospital ship from being returned to units on land. As Abraham stated, there were no specialised medical personnel on the island, which 'negated the fundamental principles of

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[990] Colonel P. Abraham, 'Training for Battleshock', *JRAMC*, 128:1, (1982), p.20.

[991] S.J. Hughes, 'The Battle for Goose Green — The RMO's view', *JRAMC*, 129:1, (1983), p.10.

[992] Colonel P. Abraham, 'Letters to the Editor: The Battle for Goose Green - the RMO's View', *JRAMC*, 129:2, (1983), pp.125-126.

[993] Captain H.H. Price, 'The Falklands: Rate of British Psychiatric Combat Casualties Compared to Recent American', *JRAMC*, 130:2, (1984), p.109.

[994] Colonel P. Abraham, Footnote. In H.H. Price, 'The Falklands: Rate of British Psychiatric Combat Casualties Compared to Recent American', *JRAMC*, 130:2, (1984), p.113.

early forward intervention and a rapid return to duty.' Abraham understood that the number of psychiatric casualties was 'inexorably linked to the number of wounded', and if the war had continued much longer was sure that psychiatric casualties 'were about to achieve significant proportions'.[995] Abraham then had been left with the sense that the taskforce had narrowly avoided hitting a crisis point in psychiatric casualties.

Morgan O'Connell, a Royal Navy Surgeon who had gained a diploma in Psychological Medicine at the Royal Victoria Hospital in the early 1970s, was deployed with the Task Force. On his return home O'Connell would experience symptoms of stress which prompted him to research post-traumatic stress among his fellow veterans, if only to reassure himself that the casualties were low.[996] Writing years after the conflict he still believed the figures were low although he also acknowledged that the management of psychiatric casualties on the islands may have had an impact on later recognition of stress. O'Connell had requested the presence of an Army Mental Health Team on the island in the aftermath of the battle at Goose Green. The request was denied, which, he believed, 'had a long term effect on the subsequent failure/unwillingness/difficulty in recognising psychiatric casualties among the returned combatants.'[997]

When the long-term effect of participation in the Falklands conflict began to be examined it was done so within the rubric of PTSD. Approximately five years after the conflict, one study looked at 64 Falklands veterans who were still serving. 'Half the veterans reported some symptoms of post-traumatic stress disorder,' the final paper stated, 'and 22% were rated as having the complete PTSD syndrome.' The symptoms were associated with 'intensity of combat experience and the retrospective report of emotional difficulties in the initial period on return from the war.'[998] In response to continuing presentations of psychiatric conditions related to the Falklands the first PTSD treatment programme in the

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[995] Colonel P. Abraham, 'The Falklands Campaign: Field Psychiatry', *JRAMC*, 129:1, (1983), p.4.

[996] Morgan R. O'Connell, 'Stress-Induced Stress in the Psychiatrist: A Naval Psychiatrist's Personal View of the Falklands Conflict', *Stress Medicine*, 2:4, (1986), pp.312-314.

[997] Morgan O'Connell, 'Commentary On: Rate of British Psychiatric Combat Casualties Compared to Recent American Wars', *JRAMC*, 153:3 Supplement, (2007), p.62.

[998] L.S. O' Brien and S. J. Hughes, 'Symptoms of Post-traumatic Stress Disorder in Falklands Veterans Five Years After the Conflict', *British Journal of Psychiatry*, 159:1, (1991), p. 135. See also R.J. Ørner, T. Lynch, and P. Seed, 'Long-term traumatic stress reactions in British Falklands War veterans', *British Journal of Clinical Psychology*, 32:4, (1993), pp.457-459.

country was established at the Royal Naval Hospital, Haslar, in 1987. O'Connell went on to become Consulting Psychiatrist to *Combat Stress*, the Ex-Services Mental Welfare Society, and stated that the organisation had approximately 400 Falklands veterans on its books.[999] The Falklands war then was the catalyst for the British military to adopt PTSD as a medical term.

A recent interview with Walter Busuttil, Medical Director at *Combat Stress* and veteran British military psychiatrist, suggested that different branches of the service recognised PTSD at different times. Busuttil stated that the Falklands War increased awareness of PTSD in the Navy, whereas it was not until the Gulf War in the early nineties that the Army really became aware of PTSD.[1000] The lessons of forward psychiatry appeared to have been re-learned by the time of the Gulf War (1990-1991). Battleshock Recovery Units, reminiscent of the exhaustion centres of the Second World War, were deployed with the fighting force to administer treatment.[1001] While the term battleshock was used in the naming of the field psychiatric units, the casualties came to be referred to under the nomenclature Combat Stress Reaction (CSR).[1002] This was in deference to research from Israel which had again recognised the intention underlying the exhaustion label and 'the powerful suggestive influence which the prevailing clinical description itself has on the symptomatic expression of CSR.' Like exhaustion, Combat Stress Reaction was considered a '"neutral" term'.[1003] Further, CSR was being discussed as a precursor to Post-Traumatic Stress Disorder. It was recognised that a psychiatric presence on the ground would preserve manpower but also help to prevent future cases of PTSD.[1004]

The first edition of the *Oxford Textbook of Psychiatry*, published in 1983, has been credited with introducing the term Post-Traumatic Stress Disorder into British psychiatric textbooks.

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[999] O'Connell, 'Commentary On', p.62.

[1000] Interview with Walter Busuttil, Medical Director at Combat Stress, *The Remembered Podcast,* Episode 4, 'Combat Stress', (2018). https://soundcloud.com/user-53387669/the-remembered-podcast-episode-4-combat-stress. Accessed 27/12/18.

[1001] A.B. Gillham and Ian Robbins, 'Brief Therapy in a Battleshock Recovery Unit: Three Case Studies', *JRAMC*, 139:2, (1993), p.58.

[1002] Gillham and Robbins, 'Brief Therapy in a Battleshock Recovery Unit', p.58.

[1003] A. Bleich, R. Garb, M Kottler, 'Combat Stress Disorder and the Military Physician: An Approach to a Category of Post-Traumatic Stress Disorder', *JRAMC*, 132:1, (1986), p.55.

[1004] Gillham and Robbins, 'Brief Therapy in a Battleshock Recovery Unit', p.58.

It was during the 1990s, however, that the PTSD concept became universally recognised within British psychiatric textbooks. This was in large part due to the inclusion of a PTSD category in the 10th revision of the World Health Organisation's International Statistical Classification of Diseases (ICD-10) in 1992.[1005] In the decade after its inclusion in the American DSM-III, PTSD had become a recognised diagnosis in the UK, both in military and civilian medical practice. By the 1990s PTSD had become established as the rubric through which post conflict psychological distress was being considered in the UK.

Subsequent to these developments, veterans of Malaya who are having ongoing psychological problems due to their service are generally come under the rubric of PTSD. Roy Brook, a retired Major working as a Welfare Officer for Combat Stress, the Ex-Services Mental Welfare Society, emphasised that Post-Traumatic Stress Disorder has become the main concern among service personnel. One case from Malaya was 'Albert':

> Albert went to Malaya as a soldier in 1952, straight from basic training. He became a dog handler in Singapore and travelled around Malaya, where dogs were used to track terrorists in the jungle. He described to me how he shot a terrorist during an ambush and how this and other horrific sights had worried him ever since. There was thus a possibility that Albert had PTSD.[1006]

Indeed, Combat Stress has changed the focus of its intervention toward the treatment of traumatic psychological reactions to meet the needs of its service users, a significant portion of which had seen active service in Malaya. A survey published in 2007 reported 74, or 2%, of its active cases had served in Malaya. This was slightly more than the active cases of those who had served in the conventional war in Korea, a campaign which ran contemporaneously with the Malayan Emergency, at 54 or 1.5%.[1007]

[1005] Christiane Wildgrube, Sara Dimic, Ruth Kloocke, et al, 'Psychological Trauma in German, Serbian and British Psychiatry Since 1945: A Comparison of Textbooks'. In Waltraud Ernst and Thomas Mueller (Eds), *Transnational Psychiatries: Social and Cultural Histories of Psychiatry in Comparative Perspective, c.1800-2000*, (Newcastle: Cambridge Scholars, 2010), pp.257-258.

[1006] Roy Brook, *The Stress of Combat The Combat of Stress: Caring Strategies towards Ex-Service Men and Women*, (Brighton: The Alpha Press 1999), pp.121-122.

[1007] Keron Fletcher, 'Combat Stress (The Ex-Services Mental Welfare Society), Veterans and Psychological Trauma'. In Harry Lee and Edgar Jones (eds), *War and Health: Lessons from the Gulf War*, (Chichester: John Wiley and Sons, 2007), pp. 90-91.

PTSD has become a part of the wider conversation on the experience of veterans of the Malayan Emergency and their subsequent issues. In his book on British National Service, for example, Tom Hickman has retroactively found evidence of Post-Traumatic Stress Disorder in veterans of the Malayan and other postwar Emergencies.[1008] PTSD has been cited in newspaper articles relating to participation in the Emergency. In April 2009 a regional newspaper, the *News Shopper*, ran a story concerning two Malayan Emergency veterans, who, supported by their local veterans' group, had begun a petition to have a rosette attached to the General Service Medal (GSM) awarded for service in Malaya. The Secretary of the North Kent and South-East London branch of the National Malaya and Borneo Veterans' Association, Bert Godsiff stated 'We deserve to be recognised'. The article suggested the widespread occurrence of psychological distress among the surviving veterans of the Malayan Emergency:

> Many of the guys who went out there had little or no knowledge of what they were being sent there for, because it was just called an emergency. … But it was a war, not an emergency. It was a harrowing war. … Most of the guys who fought out there are now dead and most of the ones still alive suffer post-traumatic stress.[1009]

The conceptualisation of the Malayan Emergency as a war that had traumatised its veterans was a significant shift away from an earlier popularised characterisation that had gone towards shaping the public perception of national service during the Malayan Emergency.

This came in the shape of a comically sexualised coming of age tale authored by a veteran of the Emergency. Leslie Thomas arrived in Singapore in January 1950 as a National Service Pay Clerk, and later crossed the causeway into Malaya. His book *The Virgin Soldiers* (1966), had arguably come to represent the young National Servicemen's experience of service during the Emergency in Malaya.[1010] *The Virgin Soldiers* went on to become a bestseller which Thomas attributed to it being 'a novel about National Service, as distinct from wartime military experience' and to its mildly salacious title arousing public 'curiosity'.[1011] It was

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[1008] Tom Hickman, *The Call-Up: A History of National Service*, (London: Headline, 2005), 265-273.

[1009] Michael Purton, 'NORTH KENT: Veterans want recognition for service in Malayan Emergency', *The News Shopper*, 10th April 2009. http://www.newsshopper.co.uk/news. Accessed 02/03/19.

[1010] Leslie Thomas, *In my wildest dreams*, (London: Arrow Books, 2006), p.265.

[1011] Thomas, *In My Wildest Dreams*, pp.500-501.

followed by *Onward Virgin Soldiers* (1971) and then *Stand Up Virgin Soldiers* (1975). The original book was made into a film in 1969. Like the book, the film *The Virgin Soldiers* was 'popular', although not well received by the critics. [1012] David Pirie, in review for the *Monthly Film Bulletin* wrote *'The Virgin Soldiers* remains firmly rooted in the tradition of British Forces comedy. The jokes, which make up most of the script, revolve round the obvious bawdy themes of service life, and the sexual encounters are presented in what is almost a *Carry On* fashion, … one isn't at all impressed by the script's sentimental suggestion that the various chaotic episodes which make up the story have somehow made the 'virgins' into men.'[1013] The film was followed a sequel *Stand Up Virgin Soldiers*, released eight years later in 1977. The second film was in the same style as the first. One reviewer noted that it 'guarantees the action of Leslie Thomas' nostalgic novel is lowered to the level of banal trousers-down antics in the barracks'.[1014] Its portrayal of less than professional soldiers certainly did not meet the model of resilience instilled at the Jungle Warfare School. John Baynes, a platoon and later company commander in Malaya from 1950 to 1953, for example, thought the book and film had perpetuated the idea that National Service personnel were poorly trained.[1015] There was, however, some truth to the characterisation of service in the Far East. In a public debate about sex and marriage, Thomas later admitted that he did indeed lose his virginity to a prostitute while in Singapore. He was by his own account 'the original virgin soldier.'[1016] The high rate of venereal disease among service personnel in the Far East, presented in Chapter 1 of this thesis, suggested this experience was not atypical.

In contrast to the American and French experience of counterinsurgency then, the British postwar counterinsurgencies did not generate any specific medical terminology which described the stress of participation. This was in part due to there being no British equivalent

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[1012] Alan Burton and Steve Chibnall, *Historical Dictionary of British Cinema*, (Plymouth: The Scarecrow Press, 2013), p.353.

[1013] David Pirie, 'The Virgin Soldiers - Great Britain 1969', *Monthly Film Bulletin*, 36:420, (1969), pp.261-262.

[1014] John Pym, 'Stand Up Virgin Soldiers - Great Britain 1977', *Monthly Film Bulletin*, 44:516, (1977), pp.107-108.

[1015] John Baynes, *The History of the Cameronians (Scottish Rifles): Volume IV: The close of Empire, 1948-1968,* (London: Cassell, 1971), p.56.

[1016] 'Virgin soldier on how he lost it to a S'pore girl for $10', *New Nation*, 31st October 1976, p. 23. http://eresources.nlb.gov.sg/newspapers/Digitised/Article/newnation. Accessed 10/02/19.

to the American and French psychiatrists who protested their respective counterinsurgencies from direct experience of these conflicts. The prosecution of the Malayan Emergency was protested by some who were there, notably Victor Purcell, mentioned above. Again, in contrast to the French and American experiences of counterinsurgency however, the Malayan Emergency was presented as a success by those who participated and wrote about it critically. Richard Clutterbuck, for example, a senior British officer and veteran of the Malayan Emergency, later described it as a one of the 'classic' examples of how to defeat a rural guerrilla insurgency.[1017]

Instead, the idea that the offensive operations engendered within counterinsurgency were good for morale persisted among medical officers into the Cyprus Emergency. While this idea was being questioned by other officers, it was not until the Troubles in Northern Ireland that medical personnel began to report that counterinsurgency engendered stress that could cause psychiatric problems. The effects of stress had been marginalised during Britain's postwar period of decolonisation. Then, the Falklands War led to the adoption of PTSD and ultimately to a re-conceptualisation of stress among veterans of the Malayan Emergency. This was a significant shift away from popular imaginings of what participation in the Emergency entailed. This next section will suggest that there has also been a shift in the conceptualisation of stress within the interviews and memoirs held at the IWM and beyond.

5.3.   The Conceptualisation of Stress in Malayan Emergency Memoirs

The jungle operations did prove stressful for service personnel as later memoirs would reveal. As John Scurr, a rifleman during the Emergency, wrote in his 1998 memoir: 'I did observe men who seemed to be close to breaking point and eventually I appeared to approach that vicinity myself.'[1018] Where breakdowns were reported they were reports of others who had broken down. Len Ives, a further rifleman in Malaya, for example, reported that an officer broke down prior to a large-scale operation. The officer was a veteran of the Second World War and it was his prior service which Ives used to explain the breakdown: 'Who

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[1017] Richard Clutterbuck, *Terrorism and Guerrilla Warfare: Forecasts and Remedies*, (London: Routledge, 1990), p,128.

[1018] John Scurr, *Jungle Campaign: A Memoir of National Service in Malaya, 1949-1951*, (England: The Book Guild, 1998), p.211.

knows what this man endured in WW2? The thought of heavy casualties in what was (allegedly) peacetime was probably more than he could bear!'[1019] While Malaya during the Emergency was the eventual site of the officer's breakdown Ives emphasised the unknown wartime history of the officer as its ultimate cause. History would again be important where medical language was found in the memoirs.

Where psychiatric terminology had crept into the published memoirs, it had previously done so in a form that emphasised predisposition toward psychiatric illness as opposed to the stress of participation in the counterinsurgency. After days in the jungle, Oliver Crawford noted in his published memoir *The Door Marked Malaya* (1958) that: 'It was a shock to exchange the claustrophobic jungle for the paddy now stretching all around us'.[1020] Returning to Arthur Campbell's semi-fictionalised account *Jungle Green*, predisposition toward breakdowns was brought about by a precipitating factor – the jungle. Campbell wrote of the soldier who he reassigned that 'His fear of the great wilderness was deep-seated; nothing would shift it.'[1021] This pattern is repeated as Campbell recounts the fears of a further soldier who struggles to cope:

> He had often told me that he wished he could master his fear of it but always, when those immense trees closed over his head and the stifling heat and silence pressed in on him, claustrophobia took hold of his nerves. He told me that he used to feel the same in the London Underground, and that he had to fight against it all the time.[1022]

Claustrophobia had long been considered a symptom of predisposition toward neurosis which showed itself during war. T.A. Ross defined phobias more generally as 'a specific fear which the patient himself knows is ridiculous but which he cannot overcome.' 'Fancy Greek names have been given to them' writes Ross. 'They are of no value, for they tell us nothing of why the patient has the fear and the important thing about a phobia is to find out why it arose. The real fear is never about the circumstance to which it has become attached

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[1019] L.S. Ives, 'A Musket for the King: The Trials and Tribulations of a National Serviceman 1949 to 1951', p.139, IWM 99/19/1.

[1020] Oliver Crawford, *The Door Marked Malaya*, (London: Rupert Hart Davies, 1958), p.103.

[1021] Arthur Campbell, *Jungle Green*, (London: Allen and Unwin, 1953), p.43.

[1022] Ibid, pp.70-71.

in consciousness.'[1023] For military psychiatrists, this meant the cause of the condition was inevitably located outside of military service. W.H.R. Rivers, in his influential post First World War study for example, used the claustrophobia of one medical officer as a case study in his book *Instinct and the Unconscious*. Rivers traced the medical officer's fear of being in the enclosed trenches of the First World War back to traumatic events in the officer's childhood.[1024]

A further example comes from Abram Kardiner. In his book *The Traumatic Neurosis of War* Kardiner recounted the case of a veteran who had on several occasions witnessed the death of his companions while he was buried in a trench. On his return home, the soldier experienced 'uncontrollable anxiety' while riding the subway. Despite the apparent importance of the soldier's wartime experiences in the genesis of his postwar claustrophobia, Kardiner looked past these events into the soldiers more distant past to excavate earlier symptoms from which he established a neurotic personality.[1025] Culpin thought that service personnel were reluctant to report symptoms as they may be ashamed to admit to the fear or be unconscious of it.[1026] The idea that origins of claustrophobia were to be found in childhood persisted into the 1950s.[1027]

Given the insistence within military-medical thinking that psychiatric symptomology was a sign of a constitutional weakness, where service personnel did broach the subject of their own stress, they did so euphemistically. John P. Cross, a veteran of British wartime and postwar jungle campaigns, described being perceived as different following a sustained period of operations and that this perception would remain on his record:

> After I emerged from a three-month stint on the Malay-Thai border - one of three
> such in a year - with nine Gurkhas, I was told I was awkward with friends and that

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[1023] T.A. Ross, *The Common Neuroses: Their Treatment by Psychotherapy*, (London: Edward Arnold, 1938), p.145.

[1024] W.H.R. Rivers, *Instinct and the Unconscious: A Contribution to a Biological Theory of the Psycho-Neuroses*, (London: CUP, 1922), Appendix II, pp.170-184.

[1025] Abram Kardiner, *The Traumatic Neurosis of War*, (New York and London: Paul B. Hoeber, 1941), pp.11-12. See also Abram Kardiner and Herbert Spigel, *War Stress and Neurotic Illness*, (New York and London: Paul B. Hoeber, 1947), pp.101-102.

[1026] Millais Culpin, *The Nervous Patient*, (London: H.K. Lewis, 1924), pp.120-121.

[1027] J.A. Hadfield, *Psychology and Mental Health*, (London: George Allen and Unwin, 1950), p.296.

there was a strangeness about me which an unsympathetic commanding officer wrote up, for ever to remain in that confidential report, as weakness of character.[1028]

Cross, however, described the impact of these operations as becoming 'jungle happy'.[1029] This was a term that had been used in Burma during the Second World War. It was a variant of 'bomb happy' which was used to describe psychiatric casualties.[1030] The use of 'happy' as a suffix to a cause of stress was a common device during the Second World War. It lent irony to the terminology used to describe stress. Taking a humorous approach perhaps lessened the effects of psychiatric conditions within the group. Importantly, it was a euphemism that de-medicalised stress and in so doing lessened the stigma that came with a psychiatric label.

It continued in common use during the Emergency, particularly in relation to the stress of an approaching return to the UK. Perhaps counter-intuitively, an impending return home heightened the dangers of active service in the minds of service personnel. J. Beasley, a National Serviceman with the RASC in Malaya, wrote, 'As one nears the time of discharge one becomes very conscious of anything happening which might delay ones [sic] departure, like accidental death.'[1031] Walter Schwarz, the subaltern who had regularly led soldiers on jungle patrols noted this change of psychological state with some humour. 'Dear Folks', writes Schwarz, in May 1953, 'I have contracted a disease that all soldiers out here get sooner or later. It has no medical name that I know of, but among soldiers it is known as 'boat-happy.'[1032] A further, more serious example, comes from N.A. Martin, the National Servicemen who had been traumatised by his post-ambush experience in Malaya. In his memoir, he mentioned that his platoon were getting 'demob happy' when they had months left in Malaya and then, as their embarkation home approached, stated that 'we that are left of out platoon, are getting boat happy now'.[1033]

Turning to a selection of interviews recorded as part of the Imperial War Museum's ongoing oral history project, however, suggests the growing awareness of PTSD among veterans of

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[1028] J.P.Cross, *Jungle Warfare: Experiences and Encounters*, (South Yorkshire: Pen & Sword, 2008), p.15.

[1029] Ibid, p.15.

[1030] Donald Barr Chidsey, 'Some Lexicographical Notes', *American Speech*, 21:3, (1946), pp.208-209.

[1031] J. Beasley, 'Driver Beasley, J. 16th Filed Ambulance - RASC., 2nd Guards Brigade.', pp.104-105.

[1032] Walter Schwarz, *The Ideal Occupation: A Memoir*, (Brighton: Revel Barker Publishing, 2011), p.67.

[1033] N.A. Martin, 'The Day the Sun Stopped Shining', pp.80-83, IWM 02/19/1.

the Malayan Emergency. In 1983, Charles Allen interviewed William Hewlett, who had served as an infantryman in Malaya, between 1954 and 1956. He described the experience of counterinsurgency operations as 'a war of nerves' and emphasised that his time in the jungle had taken a psychological toll. 'My nerves were completely shattered; I was completely washed out. I was physically exhausted and mentally I was a wreck.' Interestingly, the jungle was both a source of anxiety and safety for Hewlett. He described becoming habituated to the jungle, conceptualising it as a 'suit of armour', then, upon leaving he instead felt 'naked'. He cited this as a cause of his later developing agoraphobia. He was also careful to point out that others fared much worse than him and mentioned unspecified cases of suicides among officers and senior NCOs.[1034] Like claustrophobia, the origins of agoraphobia were believed to be found in childhood.[1035] In this earlier interview stress was conceptualised using psychiatric terminology that implied predisposition.

Further interviews and memoirs make clear that until more recently there was little awareness of modern psychiatric nomenclature among veterans of the Emergency. As John Poole, a veteran of the Second World War, who re-joined the army and was deployed to Malaya and the Emergency, wrote: 'After the first world war [sic], … it was called shellshock. In the second world war it was called combat fatigue. I don't know what it will be called in the future, if it is called anything.'[1036] William Bye served as a trooper with the 8th Hussars in Korea. He went on to serve with the Army Air Corps in Malaya after the Emergency had officially ended (though in fact counterinsurgency continued at a very low level until 1989), taking part in the later operations along the Malay-Thai border. Conrad Wood asked Bye, in an interview for the IWM sound archive in 2000, if his service in Korea had 'left any after effect' to which Bye responded 'I'm not quite sure what you're getting at' and then went on to say that he would not want to go again and that it was a much tougher experience than his later experience in Malaya or Aden. Then as the interview was drawing to a close Bye returned to the subject unprovoked:

> We're now in the television age and we get stories of post-traumatic stress. … I'm just trying to find out where post-traumatic stress came from because we never had it. Nobody ever gave us medicine or tablets or pills or whatever for post-traumatic

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[1034] William Hewlett, IWMSA, 8433, Reel 1.

[1035] Hadfield, *Psychology and Mental Health*, p.295.

[1036] John Stanley Poole, 'Under Three Flags: An Old Soldier's Tale', (undated), p.33, IWM 62/220/1.

stress. … As long as you didn't have a physical injury the mental stress didn't come into it. There was no post-traumatic stress as such.[1037]

While William Bye remained sceptical about the emergence of post-traumatic stress another veteran used the diagnosis to give an incisive social commentary on the codification and treatment of trauma during the Emergency. Stephen Hurst, a British NCO who served with Federal Police in Malaya between 1954 and 1955, was interviewed by Toby Brooks in June 2009. He stated: 'Nobody knew the word PTSD, you know post-traumatic shock. … So they didn't have a word for it so since they didn't have a word it officially didn't exist.'[1038]

In line with growing awareness, the more recent memoirs mention symptoms of PTSD such as flashbacks and nightmares, which are both examples of re-experiencing a traumatic event. Using the modern formulation of trauma, Eric Dean has presented evidence of flashbacks in veterans of the American Civil War.[1039] Edgar Jones and Simon Wessely contend, from their study of war pension files, that the incidence of descriptions of flashbacks have risen sharply in recent wars. This, they suggest, means that 'cinema and video technology have exercised an important influence on the organisation of memory by providing new templates for expressing distress.'[1040] Whether a timeless response to stressful events which has only recently been recognised, or a modern psychological phenomenon, the visibility of the flashback, and further evidence of trauma, in the memoirs is dependent upon its being reported. These reports are present in the more recent memoirs.

John Chynoweth, for example, was commissioned into a county regiment during his National Service and then seconded to the Malay Regiment. In the epilogue to his memoir *Hunting Terrorists in the Jungle* (2005) he describes an intrusive memory on his return home:

> My first job was with an international oil company in London, and some unwelcome memories soon resurfaced. While walking down Oxford Street one lunchtime, a terrorist fired at me which caused me to dive behind the bushes. As I raised my

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[1037] William George Bye, IWMSA, 20375, Reel 7.

[1038] Stephen Brunel Hurst, IWMSA, 32590, Reel 6.

[1039] Eric T. Dean, Jr, *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War*, (Cambridge: Harvard University Press, 1997), pp.104-105.

[1040] Jones and Wessely, *Shell Shock to PTSD*, p.174.

carbine to shoot at him, I saw that he was a backfiring car, that my carbine was an umbrella, and that the bushes were planted in tubs outside the entrance to Selfridges.[1041]

A further example comes from Anthony Coote, a National Serviceman with the Suffolk Regiment in Malaya, who wrote that on his return back to the UK 'A friend and I went into Lowestoft one day, and a car back-fired. We both shot off down an alley and kept running for quite a time until we realised what it was. Talk about jumpy.'[1042] Neither Chynoweth or Coote were prompted to report these flashbacks by questionnaire or interview. Instead the inclusion of this phenomena in their own narratives can be attributed to a wider awareness of an experience which is no longer in the domain of madness but rather an accepted, if not understood, facet of memory.

Anthony Coote, a National Serviceman with the Suffolk Regiment, wrote 'There are a great many things that I still find difficult to deal with from my time in Malaya.' One troubling memory was of an operation, west of Kajang, in which a sweep was made of the swamp and rubber with stops put in place to intercept the exfiltrating Communist insurgents. In this operation, writes Coote, 'one of the bandits shot one of our lads at point blank range and he died instantly.' The event had a lasting impact: 'I think this was probably the most harrowing time for me, and it certainly left its mark. It is a time that I have never forgotten.'[1043] Anthony Coote, also went on to describe nightmares relating to his time in Malaya:

> My Father said that for quite a long time, when I came home, he would hear me shouting out in my sleep, and he would come into my room and I would be thrashing about and sweating. The nightmares went on for quite a while and some of them were pretty horrendous, but they eventually passed, as most things do, given time.[1044]

Norman Martin also experienced nightmares as a result of witnessing the aftermath of the worst ambush the British faced in Malaya, notably including dealing with the bodies and

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[1041] John Chynoweth, *Hunting Terrorists in the Jungle: The experiences of a National Service Subaltern in Malaya in the 1950s*, (Gloucestershire: Tempus, 2005), pp.150-151.

[1042] Pte. Anthony J. Coote, 'National Service 1951-1953 Malayan Jungle', p.6, (undated), Suffolk County Archives, GB 554/Y1/496 (part).

[1043] Ibid, p.3.

[1044] Ibid, p.7.

body parts of dead comrades. 'That day has stuck in my mind until this very day.' wrote Martin, 'I still have nightmares seeing all that carnage.'[1045]

While symptoms of PTSD were clearly present for some, two points are important to make here. Firstly, the most stressful or distasteful of these experiences - being ambushed or dealing with dead bodies for example - were somewhat atypical experiences. Although the threat of insurgent incident was ever-present it remained probable, even in the chaotic opening years, that many service personnel would complete their tours of Malaya without involvement in a serious incident. Secondly, while involvement in stressful or distasteful events may have been a sufficient cause of subsequent mental ill health, it was not a necessary one. As Erin Finley has shown in her study of veterans of modern counterinsurgency, 'an event that is pathologically traumatic for one individual may not be so for the next'.[1046] This is evident within the accounts of participation.

Kevin O'Sullivan, the National Service officer mentioned previously, was interrupted in the mess to go in pursuit of insurgents, one of whom he would shoot and wound.[1047] O'Sullivan's narrative made use of cinematic devices, 'high-definition' and 'slow motion', which indicated derealisation and de-temporalisation respectively. Both of which have come to be conceptualised as symptomatic of peritraumatic dissociation, a common response to acute stress. Acute Stress Disorder (ASD) was introduced into the fourth edition of the DSM in 1994 to describe the symptoms of post-traumatic stress in the more immediate aftermath of the traumatic event, and to predict PTSD. Dissociative symptoms, depersonalisation and derealisation for example, were taken to be an indicator of ASD, and by extension PTSD. The fifth edition of the DSM, however, removed the predictive function of ASD as only around half of those experiencing the symptoms of ASD went on to be diagnosed with PTSD.[1048] In short, ASD is now considered to be a largely transient condition. So, while O'Sullivan may have experienced the perceptual distortions common in moments of extreme stress, his memoir gives little indication of ongoing effects. Indeed, his narrative suggests the incident did not adversely affect him, instead, the experience appeared to be anticlimactic, 'So that was it, really. That's what I had come to Malaya to do. … I went on

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[1045] Martin, 'The Day The Sun Stopped Shining', pp.66-68.

[1046] Erin P. Finley, *Fields of Combat: Understanding PTSD among Veterans of Iraq and Afghanistan*, (Ithaca and London: Cornell University Press, 2012), p.49.

[1047] Lieutenant K.P. O'Sullivan, *Memoir: Loyal Regiment 1956-1958*, p.22, IWM 09/46/1.

[1048] Richard A Bryant, 'Acute Stress Disorder', *Current Opinion in Psychology*, 14, (2017), pp.127–131

patrolling.'[1049] On returning to England and university, his encounters with the Iban trackers motivated a change in plan, from studying English to Anthropology.[1050] He went on to take a further degree in Southeast Asian Studies and to develop business interests in the area, his 'NS experience in Malaya having given him a life-long interest in that part of the world.'[1051] Far from being traumatic then, Kevin O'Sullivan's National Service in Malaya appears to have been a formative experience.

A further example comes from Lieutenant Walter Schwarz, the National Service officer whose skin condition was thought to be psychological in origin.[1052] In his memoir, Schwarz writes that his boyhood ambition was 'a life of travel, excitement, freedom', he wanted the life of a journalist.[1053] His time as subaltern in Malaya became a step toward achieving that ambition. On 10th September 1953, Walter published an unauthorised article in the *Manchester Guardian* 'under the pseudonym Blake Walker.' It recounted a jungle operation which was what John Newsinger might term a product of the imperial imagination. It told of trackers 'who seemed to coax the undergrowth into silence', a fatally wounded 'bandit' who was 'tied to a pole like a boar' and the retrieval of the body by helicopter, which hovered with an 'orgy of noise and science' over 'that hushed and primitive theatre of war.'[1054] Later, after leaving the army, Schwarz went on to become the *Guardian's* correspondent in Nigeria, Israel, India and France. It was a career that led him back to war zones and even a brief spell in an African prison. As well as being a noted foreign correspondent he was also one of the first journalists to take note of the emerging Green movement. Walter married and had six children.[1055] His was a successful life in which his participation in the Malayan Emergency appeared to have played a formative role.

[1049] O'Sullivan, *Memoir: Loyal Regiment*, p.25.

[1050] Ibid, p.27-28.

[1051] Ibid, p.33.

[1052] Lieutenant W. Schwarz, 'Walter Schwarz Malaya Diary, 1952', 4th September 1952, IWM 08/118/1.

[1053] Schwarz, *The Ideal Occupation*, p.6.

[1054] Ibid, pp.66-67.

[1055] Schwarz, *The Ideal Occupation*, p.6-7. See also, Stephen Bates, 'Obituaries - Walter Schwarz', *The Guardian*, (12th September 2018), p.8.

5.4.   Morale, Stigma and Veterans of the Malayan Emergency

In his recent history of PTSD, Allan Horwitz has argued that military psychiatrists have historically been reluctant to award a psychiatric diagnosis. This was primarily due to the expectation that symptoms would subside once the soldier was removed from battle. When symptoms endured the explanation moved to a predisposition toward mental illness or compensation seeking. The application of a diagnostic label, it was thought, 'could reinforce, stabilize, and perpetuate symptoms'. There was then a significant stigma attached to the psychiatric afterlife of participation in war. Horowitz goes on to argue that widespread acceptance of a therapeutic culture during the twenty first century, which sought to recognise and address trauma, 'meant that no stigma accrued to veterans … who received PTSD diagnoses.'[1056] While the stigma attached to a psychiatric diagnosis resulting from recent conflicts may have lessened, veterans of the Malayan Emergency were bound by different ideas which surrounded help-seeking for mental health issues.

Social changes during the postwar period led some within the military to argue that British morale was being undermined. F.A.E. Crew's voluminous medical history of the Second World War emphasised access to amenities, as well as rest and recreation, as being fundamental to troop morale in the Middle East during 1942-1943.[1057] For Field Marshal Montgomery, who became commander of the Eighth Army in the Western Desert in August 1942, morale was not maintained by meeting welfare needs but by inculcating a sense of purpose in soldiers. Montgomery mobilised his position on welfare into a criticism of political changes in the postwar era: 'The creation of the Welfare State in Britain after the Second World War', wrote Montgomery, 'led too many to think that social security and individual prosperity were the only things worth while. But this is not so. If man wants prosperity he must work for it or else go without it. He won't get it merely by voting for it. The British soldier when properly led responds to a challenge and not welfare benefits. Man does not live by bread alone. The soldier has to be kept active, alert, and purposeful all the time.'[1058] Montgomery's criticism was essentially that welfare created a culture of dependence, both inside and outside of the army.

[1056] Alan V. Horwitz, *PTSD: A Short History*, (Baltimore: Johns Hopkins University Press, 2018), pp.157-158.

[1057] F.A.E. Crew, *The Army Medical Services: Campaigns Volume II: Hong Kong, Malaya, Iceland and he Faroes, Libya, 1942-1943, North-West Africa*, (London: HMSO, 1957), p.406.

[1058] Bernard Montgomery, *The Memoirs of Field-Marshal the Viscount Montgomery of Alamein*, (London: Collins, 1958), p.84.

While Montgomery thought welfare created dependence as opposed to resilience Field Marshal Lord Carver, formerly Chief of the Defence Staff, suggested that morale had been undermined by a cultural shift which made it more permissible to display one's emotions. In his address to the Royal Army Medical College in June 1988, Carver stated 'most of those who took part [in the Second World War] had been brought up to think that fear was something one must not admit to, and, indeed, that one should not give way to, nor openly express any of one's emotions, … With that went the concept that one was capable of controlling one's emotions if one exercised the will-power to do so, and that that was the right thing to do.' Instead, Carver complained that this stoicism had been eroded and singled out an Irish poet playwright as being the architect of this erosion. 'The current social ethos is almost exactly the opposite,' Carver went on to state, 'although fortunately it is limited in practice. The tenets of the aesthetic movement, of which Oscar Wilde was one of the leaders at the end of the 19th century, that it is wrong to repress one's instincts or emotions, and that life should be lived to the full by giving full rein to them, have taken hold.'[1059] Carver's concern, that stoicism had given way to displays of emotion did not appear to be true for veterans of the Malayan Emergency.

Dr John Blair, who served in the RAMC for his National Service, collated the memoirs of his fellow National Service doctors. 'The age that they described as theirs belongs to a half century ago; national characteristics of loyalty, patriotism, caritas [charity], were present then without doubt, and disrespect, narrow nationalism, the need for finding scapegoats and the constant urge for litigation, were absent.' This, wrote Blair, meant, 'Sad events and accidents were overcome without 'counselling' by eager enthusiasts, and those involved recovered more quickly with comrade compassion.'[1060] As one RAMC Corporal seconded 'We never heard of 'counselling', and it was not offered or expected.'[1061] Some, however, were questioning the apparent aversion toward help-seeking. Anthony Coote, mentioned above, also stated: 'There was no counselling in those days.'[1062] Coote however, expressed

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[1059] Field Marshal Lord Carver, 'Morale in battle - the medical and the military', *Journal of the Royal Society of Medicine*, 82:2, (1989), pp.68-69.

[1060] John S.G. Blair (ed), *The Conscript Doctors: Memories of National Service*, (Edinburgh: Pentland Press, 2001), p.xiv. See also J.S.G. Blair, 'Liked it or Loathed it, we all Served: The Conscript Doctors.', *JRAMC*, 156:4, (2010), p.272.

[1061] Corporal Rowland Owen, 'The National Service Reminisces Project', IWM Miscellaneous 4071.

[1062] Coote, 'National Service 1951-1953 Malayan Jungle', (further draft), p.6.

some doubt over the silence, or stoicism, that typified his response: 'I have, over the years, kept a lot of my thoughts and feelings to myself, instead of talking about them, and this may not be a good thing to do.'[1063] Roy Brook, a retired Major and Welfare Officer for *Combat Stress*, the Ex-Services Mental Welfare Society, mirrored Montgomery's concern stating that some veterans have been affected by the 'cult of the welfare state' and were driven by reports of compensation gained by some veterans. Conversely, however, Brook also stated that others who needed help, would not seek or accept it. He accounted for this through the 'stigma of shame' and an unwillingness to accept that they were ill.[1064] Stigma then, continued to be a factor in whether veterans of the Emergency sought help for mental health concerns.

5.5   Conclusion

In the years following Britain's postwar period of decolonisation the conceptualisation of trauma shifted significantly. In contrast to the American and French experience of counterinsurgency, the British postwar counterinsurgencies did not generate any specific medical terminology which described the stress of participation. Instead, the idea that the offensive operations that took place within counterinsurgency were good for morale persisted among medical officers into the Cyprus Emergency. While this idea was being eroded, it was not until the Troubles in Northern Ireland that medical personnel began to report that counterinsurgency contained a level of stress which undermined the correlation between physical and psychological casualties. The recognition of stress had been marginalised during Britain's postwar period of decolonisation. The Falklands War led to the adoption of PTSD as a diagnostic term and ultimately to the wider recognition and re-conceptualisation of stress among veterans of the Malayan Emergency. While the PTSD diagnosis may have to some extent destigmatised psychological problems resulting from participation in counterinsurgency, this chapter has suggested that veterans of the Malayan Emergency were in large part bound by earlier social expectations. As Richard Vinen states, in his book on National Service, cultural expectations in the 1950s meant that psychological effects were difficult to measure.[1065] As this chapter has argued, these cultural expectations

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[1063] Ibid, p.5.

[1064] Brook, *The Stress of Combat The Combat of Stress*, pp.1-2.

[1065] Richard Vinen, *National Service: Conscription in Britain, 1945-1963*, (London: Penguin, 2015), p.306.

could persist long after National Service had ended. While a cultural shift, including the re-conceptualisation of trauma, meant symptoms were more recognisable and reportable to some, others were bound by earlier cultural expectations and reluctant to seek help. The long-term psychological impact of participation in the Malayan Emergency remains, at least partially, obscured by the stigmatization of mental health concerns.

Conclusion

This thesis has been the result of an Arts and Humanities Research Council funded project to utilise the Imperial War Museum's archive to examine the impact of participation in Britain's postwar counterinsurgency campaigns on British service personnel. The IWM archive holds an extensive collection of personal papers authored by those who served in these campaigns. The Malayan Emergency (1948-60), which was the longest campaign of the postwar era and took place over hostile terrain and against a determined opposition, has generated a diverse range of letters, diaries and memoirs from officers and other ranks who served with a range of regiments.

The nature of the insurgency, along with the rich archival material, has made the Malayan Emergency an ideal case-study through which to understand the impact of participation on service personnel. This thesis has, therefore, utilised these materials to understand the reality of participation on the ground as the insurgency was ongoing as well as the aftermath of participation. In following service personnel, from selection and training, through the Emergency and into later life, this thesis has sought to delineate the lifecycle of participation. In this way it offers a model to study impact by breaking participation down into a series of stages and seeing how these interrelate. This thesis has also made use of a range of governmental and regimental documents to delineate the management of the counterinsurgency campaign and contextualise the experiences of service personnel.

In this way, this thesis has investigated the impact of participation using three overarching research questions. Firstly, what were the range and natures of stresses in counterinsurgency? Secondly, how did the military attempt to instil resilience, understood as morale, in service personnel? Thirdly, how many service personnel experienced debilitating symptoms of stress? How were these symptoms and conditions conceptualised and managed, both during and after the campaign?

The first question this thesis has sought to answer was, what was the nature and range of stress caused by participation in the Malayan Emergency? Chapter 1 suggested that participation in counterinsurgency might engender a different set of stresses than the

previous World Wars. The contacts with insurgents, when they came, were fleeting and less frequent than the engagements during conventional war. As such, they did not generally generate the same intensity, although certain units did take clusters of casualties. Nevertheless, this thesis has showed that intensity was still a factor in participation during the Emergency. From 1948 to 1952 the indices by which the Emergency was measured were significantly higher than in the later years. This meant there was a higher exposure to stressful events throughout that time. By 1953 the indices of the Emergency were all in steady decline, although as one serviceman stated, '… there was still much hard Jungle Bashing to be done before the final curtain came down.'[1066] While the stress of participation was generally greater through the more intense years, the counterinsurgency in Malaya produced a form of situational stress which persisted into later years. Service personnel had to maintain a constant state of vigilance while on gruelling jungle patrols and when operating in areas where civilians were present. The transition between these terrains introduced the further stress of when to use force. As the historian and veteran of the Emergency, Anthony Short has intimated, not using force could result in taking casualties, while using force could result in the death of innocent civilians.[1067] The physical, psychological and moral consequences of a lapse in concentration or the improper use of force were great.

The next question asked, what was the resilience, or morale, of the service personnel who participated in the Malayan Emergency? Answering this question meant looking at how service personnel were selected and prepared to conduct operations in Malaya. As this thesis has shown, a system of physical and psychological selection was implemented to remove those considered to be the weak from service abroad. Chapter 2 has argued that, once in Malaya, soldiers were encouraged to emulate hunters to overcome indiscipline and increase vigilance. These qualities were summed up as the 'offensive spirit' required to close with and kill the insurgents. Offensive spirit had become shorthand for high morale during the Second World War and training a way to inculcate morale, an earlier analogue of resilience, in service personnel. Underlying this offensive spirit was a system of behavioural training which drilled the skills and actions required to prosecute a jungle war into service personnel. Conversely, there was little or no reference to the delimitation of force in training. In short,

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[1066] H. Atkins, 'Final Instalment, Post War Service 1950-1959. (Tommy Atkins).', p.130, IWM 92/28/1.

[1067] Anthony Short, *The Communist Insurrection in Malaya 1948–1960*, (London: Frederick Muller, 1975), pp.160-161.

training did not fully prepare service personnel to operate over the complex system of areas and regulations which evolved over the course of the Emergency.

Britain's postwar counterinsurgency campaigns have recently been revisited by a set of histories which have challenged earlier works written by practitioner-scholars seeking to codify the prosecution of counterinsurgency into doctrine for future use. In the case of Malaya, these histories have suggested that the success of British counterinsurgency was not mainly due to a benign 'hearts and minds' campaign but instead the result of clinical population control measures and the use of force. As such, these histories have generally focused on overarching policy, the strategy and the legal framework that was used to prosecute counterinsurgency and govern the use of force. The journalist and veteran of the Malayan Emergency, Neal Ascherson has recently stated that instincts, adrenaline and emotions all compete with the rules under which conflict should take place.[1068] This thesis has shown that training should be added to this list. As research emanating from the counterinsurgency in Palestine had suggested, fear could impair judgement, exaggerate dangers and lead to erratic behaviour, instead of considered action. The behavioural training in Malaya, and its overarching narrative, sought to overcome fear and indecision by creating a conditioned response, or a pattern of behaviour to defer to, while under the stress of contact.

Out on operations, senior officers were concerned that insurgents might escape because service personnel were not using force quickly and decisively enough. Hence, for instance, the use of moving targets and instructions to fire instantly and from the hip, and instructions that emphasised the responsibility to open fire if one or more members of the group were reasonably believed to be armed. This concern, particularly in the early years, took priority over inhibiting the use of force. Chapter 3 also suggested that regimental culture built on the themes introduced in training and maintained the morale of soldiers. It also resulted in inter-regimental competition which manifested itself in keeping a scoreboard of kills. Indeed, the counterinsurgency operations and contact with insurgents was thought to be good for morale. While framing operations as a hunt may have lent resilience to service personnel, it did so at the cost of dehumanising the insurgents.

[1068] Neal Ascherson, '"They were horribly wounded; I shot them both dead": Neal Ascherson tries to make sense of a traumatic wartime memory', *Sunday Herald*, 29th January 2017. http://www.heraldscotland.com/opinion. Accessed 34/07/18.

The focus on resilience, in turn, led this research to consider breakdowns and the concomitant questions. What was the number of service personnel who experienced symptoms of stress and breakdowns? How were these symptoms and conditions conceptualised and managed, both during and after the campaign? Histories of trauma and military psychiatry have largely passed over Britain's postwar counterinsurgency campaigns. The two World Wars consolidated an orthodox conceptualisation of psychopathology, in relation to psychological trauma, that was not challenged until the emergence of Post-Traumatic Stress Disorder following the Vietnam War. Further to this, the World Wars and Vietnam generated a significant number of psychiatric breakdowns, both during and after participation respectively. As discussed in Chapter 4, an initial report from the Far East appeared to have justified the omission of Britain's postwar counterinsurgencies from these histories. This thesis, however, has suggested that the threat of attack and the need to maintain a heightened state of vigilance was sufficiently stressful to cause symptoms of stress and that involvement in serious incidents, such as ambushes, could be the cause of serious and ongoing conditions. It has also suggested the conceptualisation and management of these conditions was adapted to the Malayan Emergency.

By the end of 1948, the psychiatric cost of participation in the Emergency appeared to be non-existent, as none of the psychiatric patients at the base hospital in Singapore were attributed to the operations across the causeway. The World Wars had brought the realisation that even the most psychologically stable of soldiers would break down given a long enough exposure to stress. The small-scale engagements were not considered to be sufficiently intense to generate psychiatric casualties, but over time it became clear that was not the case. Regimental Officers were assigning soldiers considered nervous to support roles while Regimental Medical Officers were treating service personnel exhibiting symptoms of stress with rest. Many cases, therefore, were managed by the officers and RMOs without ever being referred to a psychiatrist.

Further to this, psychiatric conditions were being recorded at the military hospitals across FARELF command. Figures recorded throughout the Emergency years suggested that the incidence of psychiatric morbidity among service personnel stationed in the Far East was at its peak in 1948. By 1952, these figures were similar to those of troops stationed in the UK, and lower than the general population. This suggested that service in the Far East during the Malayan Emergency was not a significant cause of psychiatric conditions during the middle

and later years of the Emergency. Given National Service personnel had undergone a process of selection which sent the fittest abroad this was perhaps unsurprising. Psychiatric conditions in the Far East were, however, significantly higher during the opening years of the Emergency, when it was more intense. This in turn suggested that the higher rate of contacts and casualties did cause an increase in psychiatric conditions.

A more detailed survey of psychiatry gave insight into how these conditions were being managed by Far East Land Forces lead psychiatrists and suggested that the recording of incidence of psychiatric conditions was being kept artificially low. In 1951, when the insurgency was at its height, a survey of service psychiatry was carried out at the base hospital in Singapore. The milder cases seen at the hospital were not recorded as a psychiatric illness and instead as having 'No Gross Psychiatric Disability'. These cases were returned to full combat duty with limited medical intervention in the form of simple psychotherapy.

This plan of management was justified through the need to avoid the stigma of a psychiatric label. As relapse rates were not presented in the survey the efficacy of the strategy remains unknown. A psychiatric label, however, did carry a significant stigma during the Malayan Emergency, perhaps most saliently for this research, as service personnel exhibiting the symptoms of neurosis were effectively the antithesis of the hunter. Psychiatric textbooks in the 1950s retained the notion that antipathy towards aggression or an aversion to blood sports signified a predisposition toward 'lifelong neurotic anxiety'.[1069] It was a model of resilience which reflected a society that was engaged in developing martial tendencies within its population to fight big wars and the small wars of empire. Becoming a hunter then, signified the ability to adapt to the jungle, while an aversion to hunting was considered an inability to adapt due to character weakness. Ultimately, within military medicine the army is the patient and as such psychiatric casualties become a concern once they begin to threaten its combat effectiveness. Conceptualising these conditions as non-conditions enabled the service psychiatrists to return these personnel to duty and conserve the fighting strength.

The thesis that participation in counterinsurgency is uniquely stressful was raised in the wake of the recent military interventions in Iraq and Afghanistan. It was also a thesis that had been raised earlier by vehemently anti-imperialist, anti-interventionist psychiatrists as a result of

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[1069] David Henderson and R. D. Gillespie, *Henderson and Gillespie's Textbook of Psychiatry for Students and Practitioners*, (London: OUP, 1950), p.596.

the highly divisive French and American counterinsurgencies. Their politicisation of mental illness remains questionable. For these psychiatrists, to show these conflicts caused psychic harm proved that they were morally wrong. While the early years of the Malayan Emergency were demonstrably more intense than the later years, more generally Britain's postwar counterinsurgency campaigns never reached the intensity of the World Wars, or raised the level of public discontent, that the French campaign in Algeria and the American campaign in Vietnam did. As such, participation in the British counterinsurgencies was never medicalised in the same way. While these dissenting voices may not be impartial, they do act as a valuable counterbalance to the agenda driven military-medical voices and their concern with preserving manpower.

While the simple correlation between battle intensity and psychiatric casualties is reliable in terms of incidence, it arguably negates the significant stress that is often a feature of participation in low-intensity conflict. Ambushes, or more general action if intensity increases, does of course cause breakdowns. Many counterinsurgencies, however, are characterised by demands for long periods of intense alertness, dispersed threats, and difficulty of decision-taking both when operating in areas where civilians are present, and in fleeting encounters that may require instant reaction. These strains could be sufficiently stressful to cause ongoing, serious psychological concerns for significant numbers of service personnel, if not diagnosable psychiatric conditions. Participation in the Malayan Emergency resulted in a range of symptoms of stress, including more serious symptoms and long-term conditions among some of its participants.

The conceptualisation of psychiatric conditions at the time of the Malayan Emergency, raises a further issue. It is important to make the point that many service personnel who experienced the gruelling jungle patrols and operations in areas where insurgents could be confused with civilians, ultimately found their service during the Malayan Emergency to be formative. A salient example is that of Lieutenant Walter Schwarz, whose experience confounded the psychiatric orthodoxy of the time. Schwarz overcame adverse early life experience, moving to England as a child to escape the rise of Nazism, and then, concerns about his psychological robustness when he became a National Service Officer. In Malaya, Schwarz managed to convert his experiences in the jungle into a newspaper article, a first step toward his successful career as a journalist. It is worth considering whether Schwarz would have achieved his ambition had he been labelled as neurotic and prevented from deploying to Malaya. Similarly, it is worth considering whether deferring a psychiatric diagnosis and

returning service personnel to duty instead of stigmatising them as neurotic may have had less of an impact in the long term. They would have carried the highly stigmatising neurotic label into their civilian lives where the chances of a relapse were reduced as the stress of counterinsurgency was not present.

Chapter 5 showed that those veterans of the Malayan Emergency who have experienced ongoing psychological distress as a result of their service, for example those referred to the ex-services charity Combat Stress, now generally fall under the rubric of Post-Traumatic Stress Disorder. The creation of PTSD as a diagnosis in the US in 1980, eventually accepted in the British Army in the 1990s, has represented a paradigm shift in the conceptualisation of reactions to trauma. During much of the twentieth century those who broke down were thought to be constitutionally weak. PTSD, however, shifted the emphasis onto the traumatic event which absolved the individual from blame. As such, the diagnosis did not elicit the suspicion of malingering or cowardice that the earlier psychoneuroses had engendered. Consequently, the PTSD diagnosis awarded to veterans of recent conflicts, such as the counterinsurgencies in Afghanistan and Iraq, is considered to be free from stigma. In turn, the de-stigmatisation of mental health issues resulting from conflict has arguably led to ex-service personnel seeking help, increasing the number of conditions recorded and making them more visible.

Conversely, veterans of the Emergency have noted that psychological problems were generally not recognised or spoken about, and help was generally neither offered nor sought. There are veterans who having experienced traumatic events have subsequently questioned the culture of silence around mental health issues and expressed regret about not having sought help. Some veterans, who consider the Malayan Emergency to have been a war as opposed to acting in aid of the civil power, have insisted that PTSD has had an impact on their post-service lives. While this could be considered a symptom of the politicisation of trauma, that PTSD has become a language through which to express discontent, it may also be the case that veterans have recognised symptoms of the highly publicised disorder in themselves and their former comrades. Others who served in the Far East during the post-war period have remained sceptical of the concept, suggesting the disorder is a consequence of culture, spread by the media. While the stigma attached to a psychiatric diagnosis resulting from recent conflicts may have lessened, veterans of earlier conflicts were bound by a different code of conduct. It was a different age in which cultural expectations dictated that psychological problems were to be overcome independently of medical intervention. As

such, it was a time when ideas about stoicism could prevail over the recognition and investigation of mental health issues. These cultural expectations could persist long after National Service had ended, with veterans unwilling to seek or accept help due to the stigma of mental disorder. In short, cultural expectations in the 1950s have continued to obfuscate the true psychological cost of participation in the Malayan Emergency.

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