

Psychiatrists and Secret Agents

In a memoir of her exploits in the Second World War, the redoubtable Nancy Wake, a straight-talking New Zealander famed for her work with the French Resistance, recalled being screened by a British psychiatrist for service as a secret agent. Among his methods was the Rorschach projective test, which required her to state what she saw in a series of ambiguous shapes made from inkblots. After declaring that they looked like inkblots, 'I told him he should be doing something more constructive instead of wasting his time and mine'.

Nancy Wake belonged to the Special Operations Executive (SOE), a clandestine organisation tasked with dispatching trained agents into enemy territory to carry out sabotage and encourage subversion. Psychiatrists do not emerge well from the memoirs of those who served in it. If they are not being lampooned as stereotypical 'trick-cyclists' seeking out irrelevant mother-fixations, they are made to seem conspicuous by their absence when their skills were needed most: operatives trying to live and survive undercover endured extreme and prolonged conditions of severe strain and threat (capture, for example, was known to risk torture and execution) but where was the care when they returned from the field with psychological problems?

Though the plight of abandoned veterans may resonate with debates about today's armed forces, the images from such wartime memoirs paint only a partial picture of the contributions made by SOE's psychiatrists during the war. Only with the ongoing release of its wartime files has it become possible to better understand the roles performed by its specialists, and see how, 75 years ago, steps had indeed been taken to address the pressures to which its personnel were exposed.

Set up in the darkest days of 1940, SOE was envisaged as a new way of hitting back at the Axis and certainly took time to bring psychiatrists on board. Nearly 3 years passed before the first was recruited. This, though, should not be seen as damning evidence of neglect. By 1945, SOE's role was global, its agents assisting guerrillas as disparate as resistance fighters in Norway and Chinese communists in Malaya. At the outset, though, it was tiny, with slim resources and not many personnel. Penetrating enemy-occupied Europe – its main field of operations – proved difficult and slow. Not many agents were dispatched to the Continent before 1943.

Only a fraction came back in that time. It was hard to get them home, and casualties were high.

Indeed, the decision to employ psychiatrists was precipitated not by any need to provide care for returning agents but by a change in SOE's approach to selecting volunteers. In 1943, inspired by new War Office methods of screening young soldiers to be trained as army officers, SOE established, in a secluded country house outside London, a 4-day 'Students Assessment Board' where would-be agents underwent a programme of tests and interviews. Its staff comprised psychologists, psychiatrists and military training instructors. The psychiatrists' duties were to interview candidates and oversee other methods of assessment that sought insight into individuals' mental and physical capabilities and suitability for work 'in the field'. Loaned by the War Office, all three of SOE's psychiatrists – all wartime majors in the Royal Army Medical Corps – joined this board: P.M. Turquet (1913-1975), J.J.M. Jacobs (1907-1963), and W.E.R. Mons (1897-1984). Postwar, all would pursue accomplished civilian careers: Turquet as a researcher in group dynamics and consultant to London's Tavistock Clinic; Jacobs in child psychiatry and psychotherapy and also as a consultant to the Tavistock; and Mons in private practice and as a consultant to London's Portman Clinic.

A distinctive feature of the board was its approach to intelligence testing. The chosen methods varied from the army's standard pen-and-paper tests to various tasks of block-manipulation introduced and developed by the board's own staff. With many of these, less significance was attached to candidates' final scores than to the tests' perceived ability to offer 'important sidelights' on personality. What was wanted, Turquet noted, were agents who not only possessed 'good sound intelligence' but were 'practical, matter of fact and terre-à-terre [down-to-earth]'. Responses to complex and difficult tasks were felt to provide valuable insight into individuals' analytical skills, for example, and possible tendencies towards impetuosity, impatience, indecision, and so on.

Selection tends to appear in the accounts of most ex-agents as a brief and baffling stepping-stone to adventures worthier of record. 'I went for a "lost weekend" in a beautiful house,' is one, not untypical, recollection: 'We just played around and did a few silly things.' A fair comment would be that the board's techniques were far from flawless. Developed in wartime to meet urgent operational needs, its methods were often improvised and mostly impossible to validate. Importantly, from the point

of view of their assessments, its staff knew their limitations. As Turquet wrote, the best ‘quick and ready answer to the Gestapo’ might not always be to draw a gun or attempt to escape, but this was ‘not a thing which can be satisfactorily tested, either by inside laboratory or outdoor performance tests, as it is impossible in these tests to imitate at all effectively the conditions in the field’.

Despite its shortcomings, the board was considered by contemporaries to be a significant improvement on previous techniques. It was praised by officers and instructors at headquarters and training schools for producing better recruits more quickly, reducing dropout rates in later training, and enhancing the final standard of finished agent: documents record that it was considered ‘a great help,’ responsible for ‘a better type of student,’ and so on. Borrowed for a brief period by Britain’s MI6 and the American Office of Strategic Services, Turquet was decorated – a rare distinction for a military psychiatrist – for his ‘outstanding efficiency, tireless energy, and excellent judgment’ when screening French and American recruits for missions sent to France at the time of the Normandy landings. An OSS version of the board, based in part on what SOE was doing, has been credited as the forefather of all postwar American assessment centres.

Contrary to suggestions by some former agents and headquarters staff, the diagnosis and treatment of psychological problems was another role undertaken by SOE’s psychiatrists. First Turquet, then Jacobs, was made available as a consultant to whom SOE personnel could be referred. Both men were already familiar with this line of duty: from February 1941 until June 1942, Turquet had worked in UK military hospitals treating neurosis in officers and other ranks; Jacobs, before joining SOE in the summer of 1943, had spent over two years as a senior psychiatrist to British troops in the Middle East.

Records suggest that this consultancy role became a regular part of their work. Writing in May, 1944, Turquet noted that ‘most’ agents demonstrated ‘some degree of emotional disturbance’ on their return from operations, and he observed that the symptoms seemed similar to those of ‘combat fatigue’ exhibited by frontline troops engaged in conventional fighting. ‘Mild cases complain of a sudden and inexplicable fatigue and a sense of aimlessness,’ whereas ‘severe’ cases showed ‘tremor, tension, marked egocentricity and irritability with varying degrees of failing memory’, Turquet wrote. Treatment, he recommended, should be similar in form to the Army’s ‘forward rest centres’, which were field ambulance-style units positioned close to the

frontlines where worn-down soldiers received immediate rest and treatment. According to Turquet, 'experience' had shown that early treatment was essential if an agent was to recover swiftly and return to operations: 'In fact, the longer they are left the severer and harder is their condition to treat. The longer the returned agent is left to hang about in such a state, the more likely he is to want to throw in his hand.'

Although no such SOE unit appears to have been created, it is clear that rest, sleep, and relief from worry were priorities when returned agents received treatment. More specialist handling could also be provided. Among the most serious instances of psychological breakdown were men and women who had been captured: a fate that had frequently meant torture and imprisonment in concentration camps. Several passed through Jacobs's hands in 1945. Private in-patient care was arranged for some of them at London's York Clinic, at Guy's Hospital, where treatments included psychotherapy, occupational therapy, and, for severe cases, drug-induced narcosis and electroconvulsive therapy. The scale of this attention and treatment should not be exaggerated. No system was in place for the psychiatric assessment of every agent. SOE's psychiatrists were UK-based, and only agents who happened to return to London from Western Europe – France, Belgium, Holland, and the camps – seem to have stood a chance of receiving professional support. For hundreds of operatives returning to SOE's many overseas headquarters, from Italy to India, no such level of assistance was available.

Nevertheless, in some respects SOE's consideration for the health of its personnel may even have been ahead of its time. In some respects it may even have been ahead of its time. SOE was never more than a few thousand strong, and it may be wondered whether another wartime unit of similar size had comparable access to full-time psychiatric help. Moreover, many of the troubled individuals to whom its psychiatrists attended were not returned agents at all, but trainee agents and headquarters staff disturbed by overwork, the London Blitz, problematic private lives and fears about the future. Today, when concern for combat veterans dominates discussions about mental health and the military, this may remind us that the wellbeing of personnel far away from the firing lines requires active consideration, too.

Roderick Bailey

Wellcome Unit for the History of Medicine, University of Oxford, Oxford OX2 6PE,
UK

roderick.bailey@wuhmo.ox.ac.uk

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Caption to illustrations:

Major P M Turquet (left) and Major J J M Jacobs, psychiatrists to the Special Operations Executive. The National Archives/ref. HS9/784/5 and HS9/1493/7.

Further reading

N. Wake, *The white mouse*. Melbourne: Macmillan, 1985

Imperial War Museum, London. Oral history interview with P Simpson-Jones

The National Archives UK. Records of the Special Operations Executive, including the personal files of Major P.M. Turquet, Major J.J.M. Jacobs, and Major W.E.R. Mons

US National Archives, College Park, MD. Records of the Office of Strategic Services

Links

For more on the **Imperial War Museum** see <http://www.iwm.org.uk>

For more on the **National Archives UK** see <http://www.nationalarchives.gov.uk>

For more on the **US National Archives** see <http://www.archives.gov>