MILITARY MALADJUSTMENT
A PSYCHOSOCIAL VIEW

By

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THIS DISSERTATION IS PRESENTED IN PART
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If troops are punished before their loyalty is secured they will be disobedient. If not obedient, it is difficult to employ them. If loyal but punishments are not enforced, you cannot employ them.

SUN - TZU

THE ART OF WAR - 500 B.C.

When the officers are valiant and the troops ineffective, the army is in distress. When the troops are strong and officers weak, the army is insurbodinate.

SUN - TZU

THE ART OF WAR - 500 B.C.
DECLARATION

I DAMMAS MUSAU KATHUKU DO HEREBY DECLARE
THAT THIS DISSERTATION IS MY OWN ORIGINAL
WORK AND HAS NOT BEEN PRESENTED FOR A
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MILITARY MALADJUSTMENT

A PSYCHOSOCIAL VIEW

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>ACKNOWLEDGEMENTS</td>
<td>(i)</td>
</tr>
<tr>
<td>2.</td>
<td>LIST OF GRAPHS AND TABLES</td>
<td>(ii)</td>
</tr>
<tr>
<td>3.</td>
<td>ABSTRACT</td>
<td>(iv)</td>
</tr>
<tr>
<td>4.</td>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>5.</td>
<td>CHAPTER I: LITERATURE REVIEW</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>i) Introduction</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>ii) Early Times</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>iii) Early National Armies</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>iv) American Civil War (1861 - 1865)</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>v) World War I (1917 - 1918)</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>vi) World War II (1934 - 1946)</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>vii) Korean War and After (1951)</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>viii) Pre and Post Independence Armies in Africa (1890 - 1986)</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>ix) Conclusions</td>
<td>20</td>
</tr>
<tr>
<td>6.</td>
<td>CHAPTER II: CONCEPTS OF MILITARY MALADJUSTMENT</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>i) Failure of adaptation at battle</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>ii) Post Combat Aggression</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>iii) The Psychotic Soldier</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>iv) Conversional Reactions</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>v) Suicidal Attempts</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>vi) Drug Abuse</td>
<td>26</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>vii) Delinquency</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>viii) The Social Approach</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>ix) The Psychodynamic View</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>x) The &quot;cry for help&quot; phenomenon</td>
<td>31</td>
<td></td>
</tr>
</tbody>
</table>

7. CHAPTER III
   i) Military Psychiatrist and the Maladjusted Soldier | 34 |
   ii) Focus of this Study | 35 |
   iii) Recruitment Procedure | 35 |
   iv) Objectives of the Study | 37 |

8. CHAPTER IV: METHODOLOGY | 38 |
   i) Site of Study | 38 |
   ii) Interview Procedure | 39 |
   iii) Inclusion Criteria | 41 |
   iv) Exclusion Criteria | 41 |
   v) Results | 43 |

9. CHAPTER V: DISCUSSION | 68 |

10. CHAPTER VI: SUMMARY | 81 |

11. CHAPTER VII: RECOMMENDATIONS AND AREAS OF FURTHER RESEARCH | 83 |
12. **CHAPTER VIII: BIBLIOGRAPHY**

13. **APPENDICES**

   i) Research Instruments  
   
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LIST OF GRAPHS AND TABLES

1. Figure I: Armed Forces Act Sections Contravened 53
2. Figure II: Rank 54
3. Figure III: Age 55
4. Figure IV: Education 56
5. Figure V: Trade 57
6. Figure VI: Length of Service 58
7. Table I: Distribution of offences by offender's opinion of cause of offence 59
8. Table II: Alcohol drinkers. MAST, M.C.V. and G.G.T. Scores 60
9. Table III: Drug use 61
10. Table IV: Distribution of type of offence by marital status

11. Table V: Distribution of type of offence by wife's Abode

12. Table VI: Distribution of offences by relationship with father

13. Table VII: Distribution of type of offences by history of mental disorder in parents

14. Table VIII: Distribution of offences by peer relationship

15. Table IX: Distribution of type of offences by relationship with supervisor
ABSTRACT

Disciplinary problems among members of the Armed Forces appear to be high (Glass et al., 1969; Atkinson, 1971 and Mirin, 1974). Over five years, (1968 - 1972) the U.S. Army saw increase of 90% administrative discharges for unfitness, unsuitability and misconduct (Nicholson et al., 1974). The pattern of disciplinary problems in peace time location include going away without official leave, (A.W.O.L.), failure to attend to military duty, sloven attendance to military duty, acts of aggression among peers and supervisors, alcohol plus drug abuse and misapplication/misappropriation of public property/funds, (Beary et al., 1983; Miller, 1984; Fox, 1974 and Friedman, 1972). Psychiatric disorders have been associated with disciplinary problems in the military situation. These include neurosis, psychosis, personality disorders and para-suicide (Ayugi, 1986; Mucha et al., 1970; Tucker et al., 1967 and Offenkrantz et al., 1957). Attempts at rehabilitation of the disciplinary maladjusted soldier are rather disappointing (Colman et al., 1969; Robbins, 1967). This author studied disciplinary maladjustment, in Moi Air Base over a one year period, (1986). Data was collected on the type and nature of the disciplinary maladjustment. Personal,
service, peer group and family factors likely to contribute to commission of military code infractions were evaluated. Among the 75 offenders studied, 37% were charged with A.W.O.L., 20% were charged with conduct to prejudice of good discipline, 16% were charged with failure to perform military duties, 14% were charged with disobedience to standing orders, 7% were charged with quarrelling and fighting, 3% were charged with neglect of duty and miscellaneous offences relating to property each. Fifty-seven percent had a previous offence in the previous three months.

Eighty-four percent of the offenders were privates, eight percent were corporals, four percent were sergeants and the remainder four percent were senior sergeants and above. Most (59%) were aged below 25 years with 97% being aged below 36 years. Majority (61%) were of secondary school education and above. Minority (47%) were in "soft jobs". Sixty-three percent had served the military for less than 6 years and 94% had served for less than 11 years. Most of them (48%) blamed themselves for the offences committed with only 24% blaming the military service. Seventy-five percent gave history of regular use of alcohol and 51% of the alcohol drinkers were positive for brief MAST, 77% had raised M.C.V. whereas 30% had raised G.G.T. levels. Sixty-nine percent smoked cigarettes, 16% chewed miraa and 20% had
tasted cannabis whereas 7% used tranquillisers, stimulants and cocaine. Thirty-nine percent had a psychiatric diagnosis: of these 38% had neurotic depression, 24% personality disorders, 14% anxiety neurosis, 14% manic-depressive psychosis and the remainder had temporal lobe epilepsy, psychosomatic disorder, and drug induced psychosis; with a frequency of 3% each.

Majority (56%) were married and 64% were married for less than nine years. Sixy-four percent had less than three children whereas 79% were geographically separated from their wives despite reported good marital harmony (69%). No significant poor relations with extended family members were noted and there was no evidence of significant genetic loading for psychiatric illness in the offenders. Peer relationships were good (80%) while relationships with military supervisors were equivocal.

It is hereby suggested that disciplinary maladjustment is a major concern of the military commander at any level. Any attempt to curb the problem is a saving to the military and a contribution towards the creation of a cadre military force. Psychiatric evaluation of military offenders at the
earliest possible occasion is suggested as a step in the right direction. This calls for the training of military medical personnel conversant with the evaluation of human behaviour at all levels. Psychiatrists well conversant with the nuances of the military subculture should be used as personnel officers/consultants for effective deployment of personnel in the military, both in command and otherwise, to minimize the "square-peg-in-a-round-hole" phenomenon with resultant failure to adjust to military life.
1. INTRODUCTION

Maladjustment to the military service refers to armed forces personnel who do not perform their military duty as required by the service rules and regulations. When a soldier does not perform his duty effectively for whatever reason (including sickness) he is deemed to be maladjusted to the normal military service at that point in time. If this failure to perform his stipulated duties leads to disciplinary action based on the Armed Forces Code of Regulations, the soldier is deemed to be maladjusted in legal terms. Consequently he may face one of these sequelae: he may be (i) reprimanded, (ii) severely reprimanded, (iii) fined (iv) made to forfeit part of his salary, (v) demoted to a lower rank, (vi) imprisoned with or without return to active duty, (vii) imprisoned for life or (viii) made to suffer capital punishment if the degree and/or nature of the offence so warrants.

There are no hard and fast rules as to the course of action taken to deal with the problems of a military offender. Any one or a combination of the above punishments may be employed in disposal of any military offender,
provided it is so prescribed for a particular offender as per Armed Force Code (The Armed Forces Act, 1968, Chapter 199 of the Laws of Kenya in the local situation). (see Appendix II).

2. PROFILE OF THE MILITARY OFFENDER

Studies of those who fail to adjust to military life in some way indicate that a typical offender is usually (i) young (ii) low ranking (iii) enlisted man/woman. This is the case whether one looks at the incidence of illicit drug use, judicial punishment or suicidal gesture in a military setting. The backgrounds of the offenders include broken homes, poverty and emotional deprivation. There are usually gross signs of poor adjustment prior to entry into the military. The work history is unsatisfactory even at menial tasks. They show low tolerance to frustration, poor ability to tolerate anger and their approach to deal with life problems is frequently devoid of any constructive course of action.

Many of the affected are unable to maintain a positive self image. Gradually, they come to view the military and its high status members as oppressive. Frequently they respond by withdrawal from "troublesome
situations" and seek gratification elsewhere. They join others similarly alienated and establish a self approving peer group. As peer group ties solidify one's willingness to accept or identify one's own role conferred by the military wanes. At the same time, feelings of hostility and paranoid projection towards the system set in.

Poor grooming standards (i.e. hair cuts, uniform violations) and deteriorating work performance are the early symptoms of disaffection. As infractions multiply, supervisors resort to informal disciplinary measures like extra work details or other forms of non-judicial punishment. Warnings give way to disciplinary action under military code. However, involvement in judicial proceedings may enhance one's status within an emerging delinquent peer group! Finally punishment often sets in motion an escalating cycle of provocation and retaliation from which perhaps both the offender and the supervisor derive unconscious gratification. For the military career man, the all encompassing nature of the service life favours considerable introjection of organisational values. For the supervisors, breaches of regulations or inefficient job performance by the soldier not only constitute a challenge to their authority but also a blow to their own esteem. Hence the strong desire
to punish the transgressor and reaffirm the cherished military values of discipline and authority.

Stockade screening experience shows that by the time the serviceman is involved in sufficient difficulty to require confinement, he has often developed fixed deviant patterns of behaviour and is neither interested in nor amenable to routine corrective measures. Hence it is necessary to devise ways and means of assisting individuals preferably at an earlier stage of their disciplinary maladjustment. Since few soldiers are confined as a result of their first offence, confinement has been utilised as a means of early identification of the problem soldier requiring psychiatric evaluation and possible treatment. The present author considers this to be a late step in assisting a problematic serviceman. In the author's opinion the evaluation of an offender should be instituted at the first registration of an offence leading to action so as to achieve early and possibly effective management of the offenders thus saving valuable time for the soldier and more importantly for the disciplinary machinery.
CHAPTER I

LITERATURE REVIEW

1. INTRODUCTION

The existence of maladjustment to military life is a proven fact. Studies of this phenomenon hold true no matter whether one looks at Garrison-based community psychiatry services/user rates, psychiatric morbidity among military psychiatric hospital referrals, less than honourable military discharge rates, alcohol/drug abuse rates, para-suicide and suicide rates plus combat/post combat behavioural decompensation rates. The pattern and extent of military maladjustment in the developed world has been extensively researched and innovations to curb its extent devised, tried and perfected. The situation obtaining in the third world is quite the opposite. Scanty work has been done on post combat psychiatric decompensations and hospital based psychiatric morbidity patterns/rates (Ayugi, 1986).

Over five years (1968-1972) the U.S. Army saw a dramatic rise of 90% (from 3,800-6,700) in the number of administrative discharges for unfitness, unsuitability and misconduct. This is a highly disturbing observation as it occurred while the strength of the army had actually
declined by 35% during the same period (Nicholson et al., 1974).

Figures from U.K. and the continental Europe are not readily available. The same applies to the Afro-Asian save for a few studies from Arab/Israel experiences at war and its aftermath plus a single hospital based study on psychiatric morbidity among military personnel in Kenya (Ayugi, 1986).

Unit based community studies have not featured in any developing country at all. Hence operative forces at the unit level that contribute to a serviceman's acquisition and sustenance of deviant behaviour in these countries have never been well documented. It is with this aim that the current study was planned with a bias on studying the pattern of behavioural disorders manifested by members of the Kenya Military Services who had behavioural deviance serious enough to lead to legal - disciplinary action. Hence what follows is a historical review of military mal-adjustment as documented in various military situations experienced by various members of the profession of arms.
2. **EARLY TIMES**

(a) **The Spartans (7th Century B.C.)**

During the 7th Century B.C. "Sparta", the soldier was bred and nurtured. The Spartans thought it rather odd that people should put mares and bitches to the best sires they could hire or borrow but rely upon the sacred rights of husbands (even when they were feeble-minded, senile or diseased) to produce the community's crop of human beings. Hence they devised selective breeding. After breeding, a select body of elders decided whether the child was fit for rearing as a soldier and "unfit" children were got rid of by exposure. The fit-for-rearing were mothered for 7 years and then given a Spartan boy's education for 13 years which was conducted in such a way as to make him ideal for compulsory military service which would extend from his 21st year to the 60th year. Training was entirely moral and physical. The result was the achievement of an outstanding military distinction, with no disciplinary problems (Hackett, 1983).

(b) **Athenian Empire (5th Century B.C.)**

Discipline was generally poor during the Athenian Empire. Every citizen was liable for military service at home or abroad. In practice, only the poorer citizens of
Athens sustained the military service of this empire.
(Wells, 1961).

(c) The Romans (1st Century B.C.)

In the 1st Century B.C., especially after the military reforms which did away with property qualifications for army entry, the Romans started paying their soldiers a wage. These two reforms enabled even the poor to join the army. Similarly, the soldier's loyalty was switched to the republic and later to the emperor and not to the legion-general as was then the case. However, legions were given their own colours and numbers and were stationed for long periods in the same districts with permanent quarters. For the first time a sense of belonging and togetherness akin to the present regimental emotional attachment developed. Obedience was based on a stern code of discipline. Punishment inflicted on the soldier included death for desertion, false witness or culpable physical weakness. Public degradation was not unknown and grimmer penalties were imposed on whole units and sometimes led to execution of one in ten soldiers. Hence punishment and fear were deemed necessary to keep soldiers in proper order in their quarters but on the other hand, on the battle field, they were influenced by hope and reward (Hackett, 1983).
The Normans of the ninth Century A.D. had small but swift armies on boats. Their main interests were murder and booty. Hence proper military discipline was lacking in these armies and were seen by European societies as a disorderly menace (Wolf, 1985).

Medieval European Soldiery was dominated by the armoured knight and the castle. Battles were fought individually. Allegiance to the King was maintained by a land reward system. Foot soldiers were few and of little military importance (Wells, 1961). Often high spirited soldiers formed themselves in groups and sought fortune with their swords forming the first group of European mercenaries. According to Machiavelli, these mercenaries were disunited, ambitious, without discipline, faithless and their motive was a trifling wage which was not enough to make them ready to die for anybody! The same kind of mercenaries were involved in the 16th and 17th Century religious wars (Huntington, 1981).

Introduction of firearms in the 16th Century made it easy for the military to frighten the enemy easily by true shock action with gunnery. Drill and exercises were now introduced mainly for precision, better discipline and group cohesiveness.
and group coherence (Hackett, 1983).

3. **EARLY NATIONAL ARMIES**

National Armies originated in the 17th Century in Europe as they were deemed necessary as fighting forces to pursue the policy of expansionism and subdue those who resisted the power of the rulers. In France, recruitment was by monetary enticement with an infantry soldier costing 100 livres* and a calvary soldier 600 livres. These armies were large 160,000 to 440,000/20 million civil populations and were formed mainly of lowest orders, valets, carters, field labourers and junior officers. The nobility commanded the army and soldiers had no medical examinations on recruitment and their past medical histories were never enquired into. On recruitment, soldiers took on "battle names" which they dropped when they lost face in public. The soldier was however well paid and fed. They lived in garrison towns housed in pairs in civilian house-holds. They were usually idle, often drunk and nearly always a nuisance to the householder. This led to construction of barracks which were built mainly in frontier districts. Hence the soldier lost freedom. He was idle most of the time, was poorly fed and

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*livre: French monetary unit of 17th Century, of equal value to the present French franc.*
clothed. Marriage was by permission which was often denied. But womenfolk always followed these armies and were blamed for indiscipline. (Hackett, 1983).

The Prussian Army of King Fredrick William I, (1713 - 1740), was a conscript army under an "iron code discipline". Flogging was a daily military aspect of administration. Beheading for small infractions was normal. Instilling fear was the dominant aspect of soldier management. The quality of soldier was the lowest in any army ever formed in those days. According to Hackett (1983) the army was composed of the most vile and miserable class of citizens whom the society had rejected. The reluctance of the conscript was deadened by the then best anaesthetics; "the club and alcohol". These were freely used. Desertion was high. Some generals considered their armies to be composed of half citizens and half mercenaries. The latter deserted at the earliest opportunity but the discipline was so strict that any general's command was always obeyed. (Huntington, 1981).

In the nineteenth century, army command selection shifted from nobility to professionalism. It was based on the fit to command and not on a social class basis. The Prussian army officer cadets were selected on the basis
of physical fitness and mental capacity. Promotion was based on examination, and pay was improved. France and England followed later in command changes with slow progress in liberalization of officer selection with a great number still being selected on the basis of one's social class and not by fitness to command. Hence the Prussian Army in the 1870 French debacle was the best disciplined and most effective in Europe (Wolf, 1985).

England was more interested in recruiting a person who could go straight from school accompanied by two non-commissioned officers (NCOs) and fifteen private soldiers to get a shipload of convicts to Australia without trouble. Purchase of promotion was the norm. Officers' pay in 1856 was at the same level as 150 years earlier. The soldiers consisted of the restless, the misfits, and the unhappy of the British society. Throughout the nineteenth century, they were considered second class citizens (Hackett, 1983).

In America the nineteenth century military officer was an expert in some speciality which he shared with some civilians but the military expertise which he shared with other officers remained small indeed. Promotion was by seniority only; there was no retirement and the army
officers worked until they literally dropped dead. The Navy had only three ranks and two promotions in a lifetime (Hackett, 1983).

4. **AMERICAN CIVIL WAR (1861 - 1865)**

The armies that fought the American Civil War (1861 - 1865) were mainly conscript armies. Introduction of a bounty system of paying U.S. $300 to a new conscript as recruitment incentive meant the possibility of earning some money for the unemployed and the social misfits. Even the physically disabled disguised their disabilities in order to be recruited into the Armed Forces who consequently formed a number of "unfit for military duty" personnel. They were then discharged but sought entry into the military at a different point of entry. This was made worse by the fact that the affluent could avoid conscription by buying these "misfits" to do time in the military in their stead. The result was a very high rate of indiscipline in the American Armed Forces. At one time, half of the Union and half of the Confederate armies were said to have consisted of fifty percent of each others deserters (Hackett, 1983).

For the first time, a syndrome in which soldiers
became basically homesick, fatigued and unable to continue with military duties was documented and referred to as "nostalgia". The incidence of nostalgia was 2.34/1000 troops in the first year of war rising to 3.3/1000 troops in the second year. Insanity was reported as contributing 6/1000 troops of all discharges. It is noteworthy that these were mainly diagnosed by neurologists rather than psychiatrists. Every psychiatric casualty cost the American tax payer U.S. $30,000 per year in terms of care treatment and upkeep (A.P.A., 1944).

5. **WORLD WAR I (1914 - 1918)**

In this conflict the expeditionary forces to Europe were for the first time confronted with combat/post-combat neurosis presenting as acute or chronic forms of what was referred to then as "shell shock". At one time during this war the rate of American combat neurosis was the same as that of the inductee rate into the Army. This made it very difficult to retain a soldier within the Army. The discharge rate for "shell-shock" in the British Army was 4/1000 troops (A.P.A., 1944).

The French were the first to devise ways of combating "shell shock" by retraining programmes based on forward-based psychiatric treatment with high expectation of
return to combat duty. Aversion techniques as well as threat of loss of privileges with actual confined isolation were reserved for 'slow-to-recover' soldiers. However, these techniques had their shortcomings and did not prove to be the answer to this problem (Hausman et al., 1967).

The British evacuated their combat neurotics to civilian general hospital back home and soldiers were treated along normal civilian models. The result was a poor return to duty, high incidence of chronicity and low return to self care (A.P.A., 1944).

6. WORLD WAR II (1939 - 1946)

Glass et al. (1961) noted that the U.S. Army disciplinary maladjustment rate was lowest prior to military mobilizations in preparation for the war and highest prior to demobilization after the war. The summary court martial rates for military offences in the U. S. Army were low at 25/1,000 army strength in 1943 rising to 110/1,000 army strength in 1950. The rate of U.S. Army personnel incarcerated in stockades shows a similar trend. In 1948 the stockade prisoner rate was 12/1,000 army strength falling to a 1950 post demobilization rate of 5/1,000 troops.
Military discharges due to psychiatric decompensations showed a similar trend. The 1944 rate was 2.5/1,000 troops climbing to 12.5/1,000 troops in 1948 and falling to a 1950 rate of 2.5/1,000 (Glass et al., 1961).

The pacific war of 1941 proved the Japanese soldier to be unsurpassed in qualities of courage, tenacity and physical endurance. Their officers treated the soldiers with severity that would have been thought barbaric even in the Prussian Army. The soldiers' conduct towards the prisoners of war (P.O.W) was likewise terribly harsh. Similar harshness was displayed towards the bulk of Asian people who came under Japanese military control. Hence in their 1942 retreat, the Japanese found no sympathisers among the Asian communities they were streaming through (Storry, 1984).

7. KOREAN WAR AND AFTER (1951 - 1952)

During the Korean campaign, the U.S. Army premobilization court martial rates were 25/1,000 troops. The rates rose to their highest, (60/1,000 troops), during the war and fell to a low 5/1,000 troops after the hostilities were over. The discharge rate was highest for psychiatric
decompensations during this war: it was 7/1,000 troops as compared to 2/1,000 troops in World War I (Glass et al., 1961). The rejection rate for psychiatric reasons at recruiting centres during this war was 7/1,000 troops as compared to 2/1,000 troops in the World War I (Glass et al., 1961). However, psychiatric cases formed only a third of all medical discharges during the Korean War (A.P.A., 1944).

8. PRE AND POST INDEPENDENCE ARMIES IN AFRICA (1890 - 1986)

The African soldiers of the Kings African Rifles (K.A.R.) were of good morale but inclined to be incredulous and quickly affected by rumour. The Sudanese soldiers who formed the pillar of K.A.R. were no heroes; but in endurance, subordination, patience and cheerfulness they were a model to be admired and imitated by every army in the world. Crime and punishment were unknown among them. In contrast the Swahili soldier recruited from the East African Coast was cheerful, teachable, hardy and often imbued with greater courage than expected but had little sense of responsibility and no ambition. Constant detailed supervision was essential and Sudanese officers and NCOs had to be drafted to provide it (Moyse-Barlett, 1956). However, it was the same Sudanese soldiers who in
1897 mutinied against the British and Indian officers. To quell the mutiny it took the British five major and seven minor engagements, 35 skirmishes and a deployment of 2,000 troops and 3,000 auxiliaries. Several thousand carriers were employed and many marches were made over 40,000 square miles of East Africa. The losses suffered by the British force included 7 European, 280 Indian and African soldiers killed in action while five Europeans, 555 Indian and African soldiers were wounded. In July 1900 forty-four Swahili soldiers also mutinied in the Nile province of Uganda. The British officers could not speak Swahili. The Sudanese officers present were fluent in Swahili, but contemptuous of the Swahili soldiers whom they considered fit only as porters. Hence the Swahili soldiers unable to secure audience for their grievances, mutinied but were disarmed quietly (Moyse-Bartlett, 1956).

The East African Rifles (E.A.R) formed in 1895 consisted of Sudanese, Swahili and Masai soldiers with Indian and British officers. Some of the problems faced by the E.A.R. were (a) the Indians required special diet, (b) the Sudanese had very large families that needed constant feeding and housing (c) the Swahili was deemed to be just but a moderate soldier (d) the Masai was considered as untrustworthy in his location and became nostalgic in other locations and was prone to desertion (Moyse-Bartlett, 1956).
During the "Mad Mullah" campaigns in Somali in 1900 General Egerton referred to his local Somali irregular mounted corps service as an indisciplined, costly, unreliable and troublesome body despite their useful local knowledge. Desertion to join the "Mad Mullah" forces was indeed very high (Moyse-Bartlett, 1956).

In 1944 the Somaliland Camel Corps of 150 soldiers mutinied at Burao looting army ammunition and stores. Although order was restored in a day, 69 deserters and 185 rifles were still missing at the end of a fortnight. Eventually on 30/9/1944, the corps was officially disbanded (Moyse - Barlett, 1956).

Most of the colonial African armies had no African Commissioned Officers. The highest rank of African officership at independence in most cases was that of a Sergeant-Major. This was the rank used for keeping a bridge between the Western oriented commissioned officer and the African soldier. The level of education was low and most soldiers were recruited on the strength of their physique and used for pacifying the civilian population and rarely for formal war (Moyse-Barlett, 1956).

Rapid Africanisation of post-independence African
state militaries led to gross disciplinary problems mainly due to resistance by European Commissioned Officers to Africanisation. However, even after Africanisation of most independent African Armies, disciplinary problems have still persisted ranging from insurbodination through mutinies to frank coup d'etats (Wakano, 1985). But systematic studies of the nature of disciplinary problems in these situations is not well documented due to lack of scientific research.

9. CONCLUSIONS

From the above literature review it can be concluded that:

1) Maladjustment to military life has existed since the Seventh Century B.C. (Sparta days) but with variable manifestations in different armies.

2) Systematic studies of military maladjustment started in the Nineteenth Century.

3) These studies have used several parameters such as
   (a) less than honourable discharge rates,
   (b) stockade prisoner rates, (c) prevalence of
psychiatric disorders and (d) desertion rates to elucidate the nature of this problem.

iv) The phenomenon of military maladjustment is not well documented in African Armies.

v) Maladjustment in the armed forces is an important issue as (a) it is time consuming for the military commander who has to listen to and dispose of offences, (b) it drains family finances in the way of fines and forfeitures of pay, (c) time and money used on training manpower is eventually wasted when a soldier is prematurely discharged, (d) expensive equipment may be destroyed or even misapplied occasioning a great financial or human loss to the military (e) it is also exasperating and often demoralising to the affected soldier who gets a dishonourable discharge thus jeopardising his chances of getting any employment in the civil world.
CHAPTER II

CONCEPTS OF MALADJUSTMENT

The theories of disciplinary military maladjustment are multifactorial and vary with the situations.

1. FAILURE OF ADAPTATION AT BATTLE

According to Bourne (1970) accumulative evidence over 50 years ending in the Vietnam experience has led to a conceptualization of the mentally decompensating soldier at war as a result of failure to adapt to battle stress often of a temporary nature. The classical and protracted form of combat fatigue more prevalent in previous wars such as the two world wars was represented by a small percentage in the Vietnam case. The clinical picture of the decompensation at combat was irrelevant, the critical issue being that the soldier had ceased to cope with or function in his environment. Whether he presented with hysterical paralysis or self-inflicted gunshot wound could be largely socially or culturally determined (Langner, 1971; Bourne, 1970).

Return to battle depended on rest, emotional support, opportunity to ventilate and time to reintegrate adaptive
capacities temporarily overwhelmed. Pharmacotherapy was of use to a slight extent (Bourne, 1970).

2. **POST-COMBAT AGGRESSION**

Fox (1974) found post-combat aggression to be of three types: (1) Adaptive hostile aggression: was akin to that found in members of two competing football teams locked in a serious game. This was noted in combat situations and was governed by group dynamics in the face of real danger. Personal motivation gave way to group oriented goals. This hardly stimulated subjective conflict within the individual and had minimal consequences to the individual's post-combat handling of hostility and aggression. (2) A more personally felt hostile aggression: often it involved the death of a buddy in combat with subsequent murderous rage and wish for revenge. Even when psychoanalysed, the predominant theme was one of vengeance rather than mourning. (3) A murderous rage linked with primitive destructive fantasies. The individual psychodynamic factors overrode group considerations resulting in ego and super-ego disintegration leading to severe disciplinary problems both in combat and post-combat settings.
3. **THE PSYCHOTIC SOLDIER**

Badgley et al. (1962) in a three-year follow-up of 784 military hospital admissions diagnosed as schizophrenic noted that 93% improved enough to be discharged to their own care whereas 25.6% of them returned to active duty. A two-year follow-up of this group showed 14% had remained on duty, 7% of them had some sort of disciplinary legal maladjustment such as absence without official leave (A.W.O.L.), 12% were rated average/above average by their commanding officers on a social/work rating scale. However, these researchers were unable to demonstrate disease factors predictive of successful reintegration in units after discharge from hospital. They advocated early recognition of recurrences and prompt management as the main factors in good rehabilitation and protracted in-service stay.

4. **CONVERSIONAL REACTIONS**

According to Robbins (1967) service in the armed forces is one of the greatest causes of hysterical conversion reactions. In a study of male student naval aviators, Mucha et al. (1970) found an incidence of conversion reaction of 16% as compared with that of 11% for general male population quoted in the same study. Clinically, visual
conversion reactions (73%) featured mainly among the very high achievement oriented (89%) aviators. The explanation was that these students, when faced with the stress of military flying, resorted to this unconscious mechanism of somatization in order to rationalize their failure which was totally unacceptable to their super-ego.

5. **SUICIDE ATTEMPTS**

Offenkrantz et al. (1975) in a control study of 75 parasuicides in a military unit and a matched control group found that the suicide group was younger, had less in-service time, were more frequently diagnosed "character disorder" and "immaturity reactions" than the control group. At the end of five to 19 months of follow-up of the para-suicide groups it was found that they were likely to have an 'other-than' honourable discharge from the military service.

Tucker et al. (1967) in a similar study of 49 parasuicides in an 18 month follow-up found that 83% had returned to active duty. Repeat of suicidal gestures were 4% of all parasuicides, 73% had verbally communicated their desire to leave the military service and 66% successfully achieved this result. Hence the suicide gesture in this study was seen as a non-verbal communication of "let me
out". The intensity and urgency of this request is noted by a 66% discharge rate.

6. **DRUGS**

1) **Alcohol and the Serviceman**

Alcoholism and the attendant military disciplinary problems have been associated and documented even during biblical times. Inappropriate alcohol consumption by troops had led to severe battle losses. Imperial Roman Soldiers were noted for plundering their enemies when the latter had finished a feast. Martial religions such as Islam forbade alcohol as a result of military indiscipline after troops had been involved in prolonged drinking (Beles, 1966). In U.S.A. 1896, the Surgeon-General reported that the hospital admission rate for alcoholism was 41.43/1000 troops. The German Army had a similar experience noting that almost all excesses and disturbances in the army were traced to alcohol (Bowers, 1916). The French Army's symposium on alcohol in 1940 stressed on the relationship between alcohol and military criminality (Hugonot, 1940). During the World War II, U.S.A. Surgeon-General blamed the chronic alcoholic in the military as a serious problem in any army. He was
deemed to be a pathological liar, unreliable in every way, often paranoid and when the pressure became great, he quickly defected. Ultimately he broke down physically, mentally and ethically.

Lemere (1943) found that 30% of alcoholics enlisted voluntarily into the armed forces as compared to 18% of controls. Some believed that the armed forces would reform them, others saw the army way of life as entirely suitable to them (Miller, 1984).

In the U.S.A. out of 500 convicted military offenders, 32.2% were chronic alcoholics whereas another 62% admitted alcoholic tendencies. In 1947, 7% of 2,142 military prisoners were found to be chronic alcoholics (Miller, 1984).

In Britain, Brewer (1944), found 1.3% of 1,000 military detentions were alcoholics. Calahan (1972) described 35% of enlisted men in the U.S. Army as problem drinkers and 32% as heavy or moderate drinkers. Greden et al. (1975) found 36% of Vietnam veterans to be either actual, borderline or potential alcoholics. The 1985 official U. S. Army policy on
alcohol and drug abuse was that the practice is incompatible with military service. However, the same policy states that the army would offer rehabilitation to a serviceman once only. No definitive policy on this drug is available in other countries' armed forces.

ii) Other Drug Abuse

Drug (other than alcohol) abuse in the military was not given importance until 1968. Greden et al. (1972) and Greden et al. (1975) studied patterns of drug use and abuse and the attitude towards its treatment in the U.S. Army. 50.5% of serving soldiers reported at least some illegal drug usage and 19.4% were limited drug users. The typical heavy alcohol drinker smoked more heavily than the low alcohol consumer.

7. DELINQUENCY

Deviant behaviour has several explanations. As per Redlich and Freedman (1966) symptoms do co-exist with character traits that are equally inappropriate expressions of behaviour. Often it is impossible to state clearly whether one is dealing with a symptom or habit, for instance, in the case of a patient with excessive and life long anxiety.
The two researchers would place neurotic behaviour disorders on a continuum ranging from "symptom" neurosis through character neuroses to sociopathies. This is not based on psychopathology as much as on value judgements and the attitudes of the society. The sick role is typically assigned to persons with character neuroses and in the case of sociopathies, the sick role is at best granted grudgingly (Atkinson, 1971).

Prior to World War II, military regulations had already distinguished between classical psychoneuroses and the more frequent problems of inadaptability. The usual measures provided by the military for medical conditions (medical diagnosis, hospitalization, medical discharge or disability pensions) did not seem appropriate for handling the numerous nonclassical behaviour problems. For the latter cases, the rubric of "personality disorder" was provided. These were then administratively processed out of the military (Atkinson, 1971).

However, it has also been argued that man's failure to adapt is often the product of contemporary transactional disturbance. Hence the label "personality disorder" otherwise referred to as "ineffective personnel" or "unsuitable personnel" came to indicate that the blame
nonetheless is primarily on the man when it becomes necessary to explicate his deviant behaviour officially.

8. THE SOCIAL APPROACH

According to Mirin (1974), military disciplinary maladjustment is a problem of the lower socio-economic groups of the military sub-culture. Social problems at wider scope have also been demonstrated. Demotions, lost promotional chances, poor work output, frequent work-related accidents, loss of religious affiliations, increased civil crime rate and poor marital relations have all been found to dominate in the same socio-economic stratum. These are all indicators of low social cohesion and hence poor morale among the affected military personnel.

9. THE PSYCHODYNAMIC VIEW

This explanation of military maladjustment can be viewed on the basis of passive-aggressive hypothesis of human behaviour. According to Storry (1985), some people, because of their guilt feelings, have difficulties in self assertion thereby resulting in their inability to express aggressive feelings towards their environment. In turn these feelings are directed towards the individual
concerned leading to his destruction at somatic, social
and/or psychological levels. The military sub-culture in
peace time supresses all levels of expression of aggressive
feelings save those in socially acceptable outlets as games,
athletics, rifle range competitions and mock war games. Hence
self assertion is hereby converted into the achievement of
acceptable service goals.

Hence military code infractions can be viewed as a poor
psychodynamic functioning aimed at self assertion at the
social level and at the same time achieving a psycholo­
gical catharsis for the maladjusting servicemen. However,
this behaviour is equated to disobedience to the military
authority and resultant admonition is geared to indoctri­
nation that obedience offers optimal chances of fulfilment
(Foucault, 1985).

10. THE "CRY FOR HELP" CONCEPT

Disciplinary maladjustment may occur as a "cry for
help." The maladjusted soldier may be calling attention to
some of his wishes and needs that may have been apparently
overlooked either due to other military factors or due to
budgetary constraints (Bourne, 1970). A.W.O.L. cases may
stem from an acute local housing problem requiring personnel
to leave families in their geographical areas leading to unavoidable separation reactions. In the event of one not getting a "let pass" or official leave to visit one's family for a period, it is conceivable that one who is labouring under "nostalgia" may simply go home for days only to be admonished on voluntary or compulsory return to one's duty unit.

In such cases the soldier is perhaps using the disciplinary maladjustment to communicate to his superiors or others around him that all is not well and that he is unconsciously seeking intervention of some sort. Like any other human being, the soldier is able to think, distinguish and make personal decisions despite the eventuality. He experiences the environmental strains when he encounters incongruency between experience and self. For instance, the alcoholic serviceman may be grieving his missed chance of promotion or a missed chance of advanced trade training. He may be reacting to perceived misdeployment vis-a-vis the military requirement of service in any capacity at any time and in any place in the world. Hence relative deprivation may lead to incongruency between experience and self (Foucault, 1985).

In summary the theories of military maladjustment
encompass combat situational adaptive failures, postcombat reactions, psychotic/neurotic reactions, parasuicide/suicide decompensations, drug use and abuse, military deliquency and social/interaction problems.
CHAPTER III

1. THE MILITARY PSYCHIATRIST AND THE MALADJUSTED SOLDIER

A firmly held conviction in all military services is that behavioural problems arising within the armed forces are best understood and managed by military oriented personnel and institutions. The role of the military psychiatrist in this respect is at (1) Primary (2) Secondary and (3) Tertiary prevention levels. At the primary level, frank and effective communication between commanders and psychiatric services on issues likely to affect troop morale and efficiency results in reduction of maladjustment within the affected units. Secondary prevention is based on early identification and prompt management of psychiatric disorders which might later lead to behavioural maladjustment. The tertiary prevention involves the use of the community for establishing appropriate rehabilitation facilities for the maladjusted soldier when he is discharged from the military community and returns to the civilian community at large. Of course, the effectiveness of a military psychiatrist is determined by his commitment to understanding the psychological problems of the troops and his willingness in dealing with them firmly by early identification and appropriate intervention (Glass et al., 1961).
2. **FOCUS OF THIS STUDY**

This study focusses on the Kenya Military Offender with particular emphasis on identifying possible psychiatric disorder. Other objectives of this work would be to study situational, social, work, substance-use and other possible factors which are likely to contribute to maladjustment among the offenders.

The author also wishes to study in some depth the possibility of structuring a profile of a typically maladjusted soldier in the Kenyan environment. It appears that no such research work has been undertaken in any African Army since the independence of numerous countries on this continent.

Further attempt will be made to recognise any predictive factors that may emerge from this work which may help either early identification of a soldier likely to have disciplinary problems or maladjustment, plus prompt corrective measures which are likely to help such a soldier.

3. **RECRUITMENT INTO THE KENYA ARMED FORCES**

Currently recruitment into the Kenya Armed Forces is voluntary and on a district based quota system. Recruits
are required: (a) to pass a medical examination for physical fitness (b) to have minimum of primary school education though this may be waived so as to raise a district quota with a lower average educational level (c) to pass aptitude tests given at the time of recruitment (d) to have specific qualifications as required for the military job deployment (specific military trade requirements) (e) to be aged between 18 – 24 years and have no history of conflict with civil law. The recruitment experience of the present author is that the aspirants meeting the minimum requirements in a particular district can exceed the district quota. In this case the selection becomes highly competitive with only the best performers in each district being recruited. Hence entry into the Kenya Armed Forces is at present highly competitive. Those recruited may join the Army, Air Force, or the Navy units after the induction training, depending on their initial assignment at recruitment.
4. **NATURE OF DISCIPLINARY MALADJUSTMENT AMONG MEMBERS OF THE KENYA ARMED FORCES IN MOI AIR BASE, NAIROBI, KENYA, 1986**

**OBJECTIVES OF THE STUDY**

i) To determine the type and the nature of disciplinary maladjustment of the Kenya Armed Forces at Moi Air Base over a period of one year (1986).

ii) To evaluate personal service, peer group, family and other factor(s) contributing to this problem.

iii) To devise a scheme which may identify the "likely to maladjust soldier".

iv) To suggest possible measures to prevent and deal with disciplinary maladjustment among the members of the Kenya Armed Forces in the light of the findings of this study.
CHAPTER IV

METHODOLOGY

1. SITE OF STUDY

This author selected Moi Air Base (MAB), 1986, as the focus of study for reasons of convenience. It is hoped that it will serve as a representative setting for the Kenya Armed Forces. MAB is located to the East of Nairobi City adjacent to the Mathare slum, Eastleigh, Buruburu and Kariobangi estates of Nairobi City. The main mission of this base is to fly military missions and most base activities are aimed at producing optimum monthly flying hours.

There is a high mobility of personnel into and out of the base for various functions such as exercises, training, sports and other military errands. Hence the base military population at any one time is quite a fluid factor.

Military offences can be reported and dealt with at either the Squadron Commander, Wing Commander or Base Commander Courts in that order of court seniority. Each subsequent senior court has more legal punitive powers. Hence the level at which a case is decided denotes the
gravity of the offence. For this study, the author chose to study offenders with charges registered at the Wing Commander's Court during the year of 1986. This was seen as a good attempt to eliminate petty offences which would be decided at the Squadron Commander's Court and below. Also the period of one year was deemed to be long enough for statistically significant cases to be accumulated for an in depth study. (See sampling chart page 40).

Identified cases were interviewed in a relaxed hospital atmosphere. The purpose of the interview was first explained to them and only consenting cases were interviewed. All cases were interviewed only by the author.

2. INTERVIEW PROCEDURE

Interviews were conducted according to the self coding research protocol (Appendix I). All cases answering positive to alcohol indulgence were subjected to a brief MAST and blood estimates of M.C.V. and gamma G.T. were also done. All cases were subjected to a self rating questionnaire (SRQ) to screen for a psychiatric disorder. Positive cases for S.R. Q. were subjected to a structured psychiatric interview (S.P.I.) and a diagnosis if
1) Sampling

Flow Chart

1986
(1) MOI AIR BASE MILITARY POPULATION

(ii) ALL MILITARY OFFENDERS

(iii) CHARGED OFFENDERS

(iv) TRACED CHARGED OFFENDERS

(v) CASE AT*CO's COURT

(vi) CO-OPERATIVE OFFENDERS

REx REST
discarded
discarded
discarded
discarded

case for study

NON CO-OPERATIVE OFFENDERS
discarded

* CO : Commanding Officer.
possible was made as per I.C.D.9 (W.H.O., 1978) criteria. A physical examination and appropriate laboratory examinations were done when indicated and physical diagnosis was also made. Treatment of cases was instituted where indicated. (See interview procedure flow chart page 42).

3. **INCLUSION CRITERIA**

All Moi Air Base military personnel with registered offences at Wing Commander's court were traced within seven days and included in the study.

4. **EXCLUSION CRITERIA**

1) All offenders not willing to participate in this study.

2) All offenders with offences disposed at lower than Wing Commanding Officer's court.

3) Qualifying cases not traced in seven days after registration of the offence.

All data were coded and transferred to the punch cards. The latter were subjected to analysis on a MICROSTAT programme. The results are displayed in figures.
2) **INTERVIEW PROCEDURE**

INDEX CASE SUBJECTED TO RESEARCH PROTOCOL

- **SOCIO/DEMOGRAPHIC DATA**
- **OTHER DRUGS USE**
- **S.R.Q.**
- **OTHER MEDICAL DIAGNOSIS**

LEVEL OF SOCIAL/WORK ADJUSTMENT

ALCOHOL DRINKER

- **BRIEF MAST**
  - **-VE**
  - **+VE**

- **SPI**
  - **-VE**
  - **+VE**

MCV

- **NORMAL**
- **ELEVATED**

GGT

- **ELEVATED**
- **NORMAL**

LAB PROVEN ALCOHOL DEPENDENCE

*ICD9; International Classification of Diseases: - 9th. revision.*
and tables. For statistical comparisons between discrete variables chi-square ($X^2$) tests were used. Significance was at 0.05 probability level.

5. RESULTS

The data on 75 servicemen charged with various disciplinary offences during the period of this study (1 year) was analysed and the following illustrations show the various aspects of the soldiers and their offences.

i) TYPE OF OFFENCE

Twenty-eight (37.33%) were charged with going away from their duties without official leave (A.W.O.L.), fifteen (20%) were charged with conduct unbecoming of military personnel, and twelve (16%) were charged with disobedience to military standing orders. The remaining offences were committed by twenty offenders (26%) and consisted of offences against sections 30, (14%), 37 (6.67%), 28 (2.66%), 42 (1.33%) and 19 (1.33%) of the Armed Forces Act (see Appendix II). Ref. Fig.I.
11) DISTRIBUTION BY RANK, AGE, EDUCATION, TRADE AND CAUSES OF OFFENCES

a) Rank

Sixty three (84%) of the offenders were privates, six (8%) corporals, three sergeants (4%) one each in the category of senior sergeant (1.33%), warrant officer (1.33%) and commissioned officer (1.33%). The majority were privates (p < 0.05) Ref. Fig. II.

b) Age

Forty (58.67%) of the study sample consisted of soldiers younger than 26 years of age, with twenty five (38.67%) between 26 - 35 years and only two (2.67%) being older than 36 years. The distribution of offenders by age was not significant (p ≤ 0.05) Ref. Fig. III.

c) Education

Distribution of offenders by educational level showed that twenty-nine (39.67%) had primary education (p ≤ 7 years) and forty-six (61.33%) had secondary education or higher. Most of the offenders had significantly higher education (p ≤ 0.05) Ref. Fig. IV.
d) **Trade**

Thirty-four (47.33%) were employed in "soft jobs" such as waiters, stewards, cooks, barmen, guards and drivers; twenty (25.67%) had clerical or technical jobs and one (1.33%) was in the professional category. Ref. Fig. V.

e) **Length of Service**

The period spent in military service showed forty-seven (62.67%) had less than 6 years of service, twenty-four (32%) had served for a period of 6 - 10 years while two (2.67%) were in each category of 11 - 15 and 16 plus years of service. Ref. Fig. VI.

f) **Causes of Offence**

Distribution of offenders according to their own views on possible reasons for military code infraction showed that thirty-six (48%) thought they themselves were responsible, eighteen (24%) blamed the military service, nine (12%) thought that their own nuclear and extended families had a role to play while eight (10.67%) thought their friends instigated
them to commit the offences and four (5.33%) blamed other factors such as drugs (mainly alcohol). This distribution of causes of offences was found to be highly significant ($p < 0.05$). (Table I).

iii) **SELF RELATED FACTORS**

a) **Criminal Propensity**

A fair number, forty-three (57%) had been involved in military code infractions in the past three months prior to committing the present offence.

b) **Alcohol Use**

1) The distribution of offenders by history of regular ethanol use showed that fifty-six (74.67%) were regular ethanol drinkers while nineteen (25.33%) denied drinking at all. (Table II).

2) When subjected to the brief MAST, positive scores were obtained in twenty-nine cases. (Table II).
3) Blood samples from the drinkers showed elevated mean corpuscular volumes (M.C.V.) in forty-three (76.79%) cases whereas the rest had normal M.C.V. (p < 0.05). (Table II).

4) Gamma glutamate transaminase (G.G.T.) levels of the drinkers showed elevated levels in seventeen (30.36%) cases. (Table II).

c) Smoking

Three (4%) cases reported that they tasted the cigarette, forty-three (57.33%) were moderate smokers (≤ 20 cigarettes/day) but nine (12%) smoked more than one packet per day and were deemed as excessive users of nicotine. Twenty (26.77%) denied ever tasting the cigarette. (Table III).

d) Miraa Use

Forty-five (60%) denied ever chewing miraa. Eighteen (24%) soldiers had tasted miraa while nine (12%) reported a moderate use of less than two 'kilos' per week and three (4%) were excessive users chewing over two 'kilo' per week. (Table III).

*See page 61 for definition of "Kilo"
e) **Cannabis Use**

Sixty offenders (30%) had never tasted cannabis while thirteen (17.33%) had tasted it and only two (2.67%) reported a regular use of the drug of at least one roll daily, hence regular users. (Table III).

f) **Other Drug Use**

The use of other drugs of addiction (Mandrax), Benzodiazepines, "Roches" (Valium) and Cocaine was reported in five cases (6.67%) while seventy (93.33%) denied other drug use. This lack of other drug use was highly significant ($p<0.05$). Table III.

g) **Screening for Psychiatric Disorder S.R.Q./S.P.I.**

All offenders were subjected to a self rating questionnaire (S.R.Q.) for detection of psychiatric illness and then all S.R.Q. positive cases were subjected to modified structured psychiatric interviews (S.P.I.). All S.R.Q. positive cases were confirmed as definite cases on the S.P.I. A psychiatric diagnosis was then made on each case using the World Health Organisation International classification of diseases; 9th revision (I.C.D. - 9, 1978).
Twenty-nine (38.7%) of the offenders were identified as psychiatric cases and could be diagnosed according to I.C.D.-9 criteria as follows:— (1) Neurotic depression, eleven (37.93%), (2) Personality disorder (mainly sociopathic), seven (24.14%), (3) Anxiety neurosis, four (13.79%), (4) Manic depressive psychosis, four (13.79%) and the remaining three cases were (5) Miraa induced psychosis, one (3.45%), (6) Organic brain disorder, one (3.45%) and (7) Psychosomatic disorder (psychogenic peptic ulcer) one (3.45%).

IV) FAMILY RELATED FACTORS

a) Marital Status and Number of Children

Forty-two (56%) of the offenders were married, thirty-two (42.67%) were single and one (1.33%) was divorced. Test of significance of offence distribution by marital status was highly significant. \( (p < 0.5) \) (Table IV).

Of the married, seventeen (40.76%) were married for 3-4 years, six (14.29%) were married for 5-6 years, four (9-33%) were married for 7-8 years with six (14.24%) married for 9 + years. The offence distribution by duration of marriage was not statistically significant.
Of the married, four (9.52%) had no children, twenty-seven (64.29%) had less than three children, seven (16.67%) had up to four children, two (4.76%) had 5–6 children and two (4.76%) had 7+ children.

b) **Wife's Abode**

The distribution of offences by family separation was measured by the wife's domicile. Nine (21.43%) of the families were housed and actually living together on base. Thirty-three (78.57%) of the married offenders were living separately with their wives. Twenty-one (50%) of the latter had their wives in their geographical homes while twelve (28.57%) were living elsewhere (mainly in hired accommodation off base but in the city)(Table V).

c) **Marital Harmony**

Four cases (9.52%) reported bad relations with their spouses while nine cases (21.43%) reported satisfactory relations and twenty (69.05%) reported good relations with their spouses.
V) EXTENDED FAMILY

a) Marital Status of Parents

The distribution of offences by marital status of the parents showed no significance ($p > 0.05$).

b) Relations With Father

Distribution by relations with father were reported good in forty-nine (65.33%) and bad in ten (13.33%) cases while the remainder were fair: neither good nor bad. The distribution of offences by the quality of relations with the father was highly significant ($p < 0.05$) (Table VI).

c) Relations with Mother

Sixty-four (85.33%) of the sample cases had good relations with their mothers while five (6.67%) had bad relations and six (8%) reported only fair relations.

d) Mental Disorder in Parents

Eleven (14.67%) of the study cases reported presence of a psychiatric disorder in at least one of their parents, with sixty-two (8.6%) reporting no history of mental disorder in parents and two (2.67%) were equivocal (Table VII).
vi) **PEER EFFECT**

Distribution of offences by relations with peers within the service was reported good in sixty-six (88%) cases while five (6.67%) reported bad relations and four (5.33%) satisfactory relations (Table VIII).

vii) **SERVICE RELATED FACTORS**

The distribution of offences by relations with immediate military supervisors was reported as good in thirty-four (45.33%) bad in thirty (40%) and satisfactory in eleven (14.67%) cases. However, this distribution showed no statistical significance; \( p > 0.05 \) (Table IX).
### ARMED FORCES SECTIONS CONTRAVENED.

<table>
<thead>
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<th>Class</th>
<th>Freq.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
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<td>(a)</td>
<td>19</td>
<td>1.33%</td>
</tr>
<tr>
<td>(b)</td>
<td>28</td>
<td>2.66%</td>
</tr>
<tr>
<td>(c)</td>
<td>30</td>
<td>14.00%</td>
</tr>
<tr>
<td>(d)</td>
<td>32</td>
<td>37.33%</td>
</tr>
<tr>
<td>(e)</td>
<td>34</td>
<td>16.00%</td>
</tr>
<tr>
<td>(f)</td>
<td>37</td>
<td>6.67%</td>
</tr>
<tr>
<td>(g)</td>
<td>42</td>
<td>1.33%</td>
</tr>
<tr>
<td>(h)</td>
<td>68</td>
<td>20.00%</td>
</tr>
</tbody>
</table>

**A.F.A. SECTIONS.**

28. Disobedience to particular order.
30. Disobedience to standing orders.
32. Absence without leave.
34. Failure to perform military duties.
37. Quarrelling.
42. Miscellaneous offences relating to property.
68. Conduct to prejudice of good order and discipline.
FIGURE 11

RANK.

(a) Senior sergeant and above
   (3) 4 %

(b) Sergeants
   (3) 4 %

(c) Corporals
   (6) 8 %

(d) Privates
   (63) 84 %

\[ P = 0.02 \text{ for type of offences} \]

\[ DF = 28 \]

\[ x^2 = 45.749 \]
FIGURE 112  AGE

Age in years

<table>
<thead>
<tr>
<th></th>
<th>Percent.</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-25</td>
<td>(44) 58.67%</td>
</tr>
<tr>
<td>26-35</td>
<td>(29) 38.67%</td>
</tr>
<tr>
<td>36+</td>
<td>(2) 2.67%</td>
</tr>
</tbody>
</table>

P < 0.05 for type of offences.

DF = 14

x² = 13.284
FIGURE IV.

EDUCATION

(46) 61.33%

(29) 38.6%

7yrs. Primary
14yrs. Secondary and above

P < 0.05 for type of offences.

DF = 7

x^2 = 14.768
FIGURE IV.

EDUCATION

(46) 61.33 %

(29) 38.6 %

7 yrs. 14 yrs.
Primary Secondary and above

P < 0.05 for type of offences.

DF = 7

x² = 14.768
P > 0.05 for distribution of type of offences.

DF = 21

$\chi^2 = 19.201$
FIGURE VI

LENGTH OF SERVICE IN YEARS.

<table>
<thead>
<tr>
<th>Class</th>
<th>Freq.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) 0-5</td>
<td>47</td>
<td>62.67%</td>
</tr>
<tr>
<td>(b) 6-10</td>
<td>24</td>
<td>32.00%</td>
</tr>
<tr>
<td>(c) 11-15</td>
<td>2</td>
<td>2.67%</td>
</tr>
<tr>
<td>(d) 16+</td>
<td>2</td>
<td>2.67%</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

\[ P = 0.7142 \] for type of offences

\[ DF = 21 \]

\[ x^2 = 16.948 \]
TABLE I: DISTRIBUTION OF OFFENCES BY OFFENDER'S OPINION ON CAUSE OF OFFENCE

<table>
<thead>
<tr>
<th>OFFENCE</th>
<th>SELF</th>
<th>SERVICE</th>
<th>FAMILY</th>
<th>PEERS</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>28</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>30</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>32</td>
<td>13</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>34</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>37</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>42</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>68</td>
<td>8</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>TOTAL</td>
<td>36</td>
<td>18</td>
<td>9</td>
<td>8</td>
<td>4</td>
<td>75</td>
</tr>
<tr>
<td>PERCENT</td>
<td>48.00</td>
<td>24.00</td>
<td>12.00</td>
<td>10.67</td>
<td>5.33</td>
<td>100</td>
</tr>
</tbody>
</table>

\[ x^2 = 50.563 \quad D.F = 28 \quad \text{Prob} = (0.006) \] (S)
### Table II: Alcohol Drinkers and MAST, MCV, and GGT Scores

<table>
<thead>
<tr>
<th>TEST</th>
<th>RESULTS</th>
<th>P VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Brief MAST</strong></td>
<td>29 (51%) Positive</td>
<td>N.S</td>
</tr>
<tr>
<td><strong>MCV</strong></td>
<td>43 (77%) Raised</td>
<td>&lt; 0.01 (S)</td>
</tr>
<tr>
<td><strong>GGT</strong></td>
<td>17 (31%) Raised</td>
<td>N.S</td>
</tr>
</tbody>
</table>

(a) Drinkers: n = 56 (75%)  
Non Drinkers: n = 19 (25%)  
Total n = 75.

(b) Drinkers Results.

\[ x^2 = 4.760 \text{ D.F} = 7 \]

P > 0.05 for offences
### TABLE III: DRUG USE

n = 75

<table>
<thead>
<tr>
<th>DRUG</th>
<th>NONSMOKERS</th>
<th>&lt;20 CIG/DAY</th>
<th>&gt;20 CIG/DAY</th>
<th>P VALUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. NICOTINE (Cigarettes)</td>
<td>23 (31%)</td>
<td>43 (57%)</td>
<td>9 (12%)</td>
<td>0.06 (N.S)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DRUG</th>
<th>NONCHEWERS</th>
<th>MILD CHEWERS 2 &quot;Kilo&quot;/WK</th>
<th>MODERATE CHEWERS &gt;2 &quot;Kilo&quot;/WK</th>
<th>P VALUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>II. MIRAA (Khat)</td>
<td>63 (84%)</td>
<td>1 (12%)</td>
<td>3 (4%)</td>
<td>0.3 (N.S)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DRUG</th>
<th>NONUSERS</th>
<th>TASTED</th>
<th>REGULAR USE (&gt; One roll daily)</th>
<th>P VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>III. CANNABIS (Bhang)</td>
<td>60 (80%)</td>
<td>13 (17%)</td>
<td>2 (3%)</td>
<td>0.2 (N.S)</td>
</tr>
</tbody>
</table>

### IV. OTHER DRUGS

<table>
<thead>
<tr>
<th>NONUSERS</th>
<th>USERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Tranquilizers</td>
<td>70 (93%)</td>
</tr>
<tr>
<td>b) Stimulants</td>
<td></td>
</tr>
<tr>
<td>c) Cocaine</td>
<td></td>
</tr>
</tbody>
</table>

* "Kilo" refers to a bundle of miraa shoots and not a metric kilogramme.
TABLE IV: DISTRIBUTION OF TYPE OF OFFENCE BY MARITAL STATUS

<table>
<thead>
<tr>
<th>TYPE OF OFFENCES</th>
<th>SINGLE</th>
<th>MARRIED</th>
<th>DIVORCED</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>28</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>30</td>
<td>3</td>
<td>8</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>32</td>
<td>11</td>
<td>17</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>34</td>
<td>5</td>
<td>7</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>37</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>42</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>68</td>
<td>10</td>
<td>5</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>TOTAL</td>
<td>32</td>
<td>42</td>
<td>1</td>
<td>75</td>
</tr>
</tbody>
</table>

PERCENT

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>42.67%</td>
<td>56.00%</td>
<td>1.33%</td>
<td>100</td>
</tr>
</tbody>
</table>

\[ x^2 = 43.995 \quad D.F = 4 \quad \text{Prob.} = 0.00005 (S) \]
### Table V: Distribution of Offences by Wife's Abode

<table>
<thead>
<tr>
<th>Type of Offence</th>
<th>Home</th>
<th>On Base</th>
<th>Else Where</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>30</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>32</td>
<td>9</td>
<td>1</td>
<td>7</td>
<td>17</td>
</tr>
<tr>
<td>34</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>37</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>42</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>68</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>9</td>
<td>12</td>
<td>42</td>
</tr>
<tr>
<td>Percent</td>
<td>50.00</td>
<td>21.43</td>
<td>28.57</td>
<td>100</td>
</tr>
</tbody>
</table>

\[ x^2 = 16.978 \quad \text{D.F.} = 12 \quad \text{Prob.} = 0.1504 \text{ (N.S)} \]
TABLE VI: DISTRIBUTION OF OFFENCES BY RELATIONSHIP WITH FATHER

<table>
<thead>
<tr>
<th>OFFENCE</th>
<th>GOOD</th>
<th>BAD</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>28</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>30</td>
<td>7</td>
<td>0</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>32</td>
<td>16</td>
<td>7</td>
<td>5</td>
<td>28</td>
</tr>
<tr>
<td>34</td>
<td>8</td>
<td>1</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>37</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>42</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>68</td>
<td>13</td>
<td>0</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>TOTAL</td>
<td>49</td>
<td>10</td>
<td>16</td>
<td>75</td>
</tr>
<tr>
<td>PERCENT</td>
<td>65.33</td>
<td>13.33</td>
<td>21.33</td>
<td>100</td>
</tr>
</tbody>
</table>

\[ x^2 = 27.793 \quad D.F. = 14 \quad Prob. = 0.0152 \ (S) \]
### TABLE VII: DISTRIBUTION OF OFFENCES BY HISTORY OF MENTAL DISORDER IN PARENTS

<table>
<thead>
<tr>
<th>TYPE OF OFFENCE</th>
<th>H/O MENTAL DISORDER IN PARENTS</th>
<th></th>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PRESENT</td>
<td>ABSENT</td>
<td>UNKNOWN</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>28</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>30</td>
<td>2</td>
<td>8</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>32</td>
<td>5</td>
<td>22</td>
<td>1</td>
<td>28</td>
</tr>
<tr>
<td>34</td>
<td>1</td>
<td>11</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>37</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>42</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>68</td>
<td>2</td>
<td>13</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>TOTAL</td>
<td>11</td>
<td>62</td>
<td>2</td>
<td>75</td>
</tr>
</tbody>
</table>

| PERCENT | 14.67  | 82.67  | 2.67   | 100    |

\[ x^2 = 4.550 \quad \text{D.F.} = 14 \quad \text{Prob.} = 0.911 \ (N.S) \]
<table>
<thead>
<tr>
<th>OFFENCES</th>
<th>PEER RELATIONSHIP</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GOOD</td>
<td>BAD</td>
</tr>
<tr>
<td>19</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>28</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>30</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>32</td>
<td>23</td>
<td>4</td>
</tr>
<tr>
<td>34</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>37</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>42</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>68</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>66</td>
<td>5</td>
</tr>
<tr>
<td>PERCENT</td>
<td>88.00</td>
<td>6.67</td>
</tr>
</tbody>
</table>

$x^2 = 18.821$ \hspace{1cm} D.F = 14 \hspace{1cm} Prob=0.1719 (N.S)
### TABLE IX: DISTRIBUTION OF OFFENCES BY RELATIONSHIP WITH SUPERVISORS

<table>
<thead>
<tr>
<th>OFFENCE</th>
<th>GOOD</th>
<th>SATISFACTORY</th>
<th>BAD</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>28</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>30</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>32</td>
<td>10</td>
<td>3</td>
<td>15</td>
<td>28</td>
</tr>
<tr>
<td>34</td>
<td>7</td>
<td>1</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>37</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>68</td>
<td>8</td>
<td>2</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>34</strong></td>
<td><strong>11</strong></td>
<td><strong>30</strong></td>
<td><strong>75</strong></td>
</tr>
</tbody>
</table>

| PERCENT | 45.33 | 14.67 | 40.00 | 100.00 |

\[ x^2 = 10.372 \]  
\[ D.F = 14 \]  
\[ \text{Prob} = 0.7345 \text{ (N.S)} \]
The concept of disciplinary maladjustment at garrison or base level has been viewed in many variant ways. Explanation of the problem as a part of adolescent and young adult problems has been advanced. Those who subscribe to this explanation suggest it will abate with age and experience as the offender develops a better view of the military. Drug and alcohol abuse as a cause of disciplinary problems in the military has also been considered. This suggests that alcohol/drug abuse rehabilitation programmes should then be able to curb this problem in any military. Personality disorder (sociopathic) has been advanced as an explanation for disciplinary disorder and schemes of rehabilitating soldiers with such a problem have been devised, tried and improved upon. Psychiatric disorders leading to disciplinary problems have been documented in military units. Community based military psychiatry in units has been utilised with good effects on the reduction of this problem. Disciplinary maladjustment has also been viewed as a generation concept of culture from an "authority-bound" to a "more-questioning-hence-less obedient" citizenry.
Since all armies draw their personnel from the general civilian population, it can be concluded that by and large, disciplinary problems in the military tend to reflect the type of problems in the general population.

Despite all the explanations and attempts for correction of an offending soldier, the problem still continues to pre-occupy military commanders at all levels. Consequently, military personnel with disciplinary maladjustment continue to be discharged into the civil community. The effect of this on the civil community has never been well documented.

The site chosen for this study itself may be viewed as a limitation in that it may not reflect the true situation in our military. Only male offenders were studied as Moi Air Base population does not include female military personnel who do form a part of our military. Offenders with military offences registered in lower than Wing Commander's Court were not studied. This means that the majority of the petty but frequent offences committed by military personnel were missed in this study. Not all offenders with offences registered at the Wing Commander's Court were interviewed. Some were discharged from the military too soon to be traced for interview; others were confined in units, bases, or prisons distant enough to discourage their inclusion.
into this study. Others were not traced within seven days after registration of the offence due to service deployments. Even when traced fourteen of the offenders declined to be interviewed for this study.

The three most frequent offences committed by the cases in this study were: (a) going away without official leave (38%), (b) conduct to prejudice of good order and discipline (20%), and failure to perform military duty (16%). The remainder were a scatter of other sections of the Armed Forces Act as noted in Figure I. The seriousness of these offences may, on the face of it, look rather menial but when one is reminded that the offences carry custodial sentences ranging from a few days imprisonment to life imprisonment, then one realises the gravity of the infractions in the eyes of the law. (Appendix II).

Maladjustment to military life has frequently been found to be a problem of the young, low ranking, newly employed soldier of low educational achievement and hence employed at 'soft jobs' within the military service. At a wider 'social level', these offenders are found to have a high degree of alcohol and drug abuse; poor social relations at work, peer group and family level. The majority of them have been diagnosed as having behaviour/character
disorders. Their stay in any military organisation is turbulent and usually short-lived ending in less-than-honourable discharges. This usually has critical implications to the soldier who adds another 'drop-out' experience to his pattern of chronic failure in school, family, job and now the military service (Robbins, 1966; Colman et al., 1969 and Friedman 1972).

In this study, individual, family, peer, and service factors relating to the type of military offences committed were studied. Data was processed on the same lines. It was also hoped that aetiological or predictive factors in the likely to maladjust soldier might crystallize from this data analysis. Thus suggestions of ways and means of curbing the extent of this problem would be made.

Results from this study suggest that they young, newly employed, low ranking, fairly well educated serviceman employed at "soft jobs" is at a higher risk of committing a military offence and would have been involved in at least one other offence over the last three months. In most cases he has a history of alcohol use/abuse, is a cigarette smoker and may chew miraa or use other drugs of addiction. Most likely the offender is newly married, has few children but is geographically separated from his wife and children despite good marital harmony. He is from a
stable family but has fair relationship with father and
good relationship with mother; relations with peers are
usually good but those with supervisors tend to be
equivocal. Hence a detailed analysis of these findings
follows.

1. PERSONAL FACTORS

1) Rank and Age

The majority (84%) of the offenders were below the
rank of corporal. This compares well with studies from
other military services which demonstrate that military
offenders tend to be mainly below the rank of sergeant
(Yanger, 1976). Few junior officers have also featured as
offenders (Greenberg, 1967).

The majority (97%) were aged 35 years and below. More
interesting is the finding that most (57%) of the offenders
were 25 years and below. This points towards military
maladjustment as being a part of adolescent misbehaviour
(Beary et al., 1983).

The above two factors may also be explained by the
skewed population of our military and especially at the
location of this study where the majority of the personnel
were employed after 1982; hence the high number in the
younger age bracket. But even in a hospital based psychiatric morbidity study of referral cases from all services of the Kenya Armed Forces, Ayugi (1986) found majority of his sample were below 36 years of age. In studies similar to this one, Colman et al. (1969) and Yanger (1976) showed the age range of the bulk of the offenders to be between 19-20 with an average of 20 years. Thus disciplinary maladjustment appears to be a problem of the younger people.

ii) Education and Age

Aptitude test results and initial academic achievement are the two major determinants of the job allocation within the military and more so in the specialised sections of the military. Therefore the finding that the majority (61%) of the offenders had secondary school education or more was not surprising in an air force unit. However, in Ayugi's (1986) study sample with a 70% army loading, only 30% of the cases had secondary education. The average soldier of the current study was fairly well educated (p < 0.05).

iii) Length of Service

Nearly two-thirds of the sample had five years or
less service in the military. Infact the majority (95%) had less than 10 years service. This is understandable as this study was done at a base which was functionally established about four years ago and staffed with mainly newly recruited personnel. However, in Ayugi's (1986) study, 77% of his cases had served the military for four or less years. Therefore it can be presumed that maladjustment is a problem of the newly employed.

iv) Cause of Offence

When information on the cause of their offences was sought, half of the offenders blamed themselves while 24% and 12% laid the blame on the service and family respectively. Peer and other factors played a minor (11%) and (5%) contributory role to the causation of code infractions. This suggests that soldiers' decisions were the main factors leading to offending. Hence the soldier, like any other human being, can think and make decisions on factors confronting him despite the eventualities that may subsequently befall him. The soldier must also be seen as a family man with family forces which sometimes conflict with military service requirements (Lagrone, 1978; Morrison, 1981; MacIntosh, 1968).
v) Proneness To Offending

Colman et al. (1969) noted that many maladjusted soldiers facing military offences had also been involved in civil offences prior to their recruitment in the Armed Forces. Thus they often had to repeat their anti-authority behaviour. In this study, most (57%) of the cases had history of at least one offence three months prior to the registration of current offence. Civil criminality was low (13%) and was reported only during military service. The obvious explanation here is the current practice of our military service to reject, at recruitment, any aspirant with a history of recorded conflicts with the civil law. A vetting system following recruitment also leads to laying off any recruited personnel with history of adverse relations at home and school settings.

vi) Drugs

a) Regular use of ethanol by 75% of the sample was higher than Ayugi's (1986) rate of 65%. Recent studies (Allen et al., 1986) still continue to demonstrate alcohol as a vital cause of impaired work performance in a third of ethanol users in the military. Screening for alcohol use in this study sample suggests that a
raised M.C.V. (77%) is the most sensitive and objective way of screening for alcohol dependence. This agrees with recent W.H.O. studies, (Barbur, 1986) which shows that the M.C.V. test is positive in as many as 80% of drinkers in the general population.

b) Nearly two-thirds of the sample smoked cigarettes regularly and 12% admitted to quite heavy smoking. This may be partly due to cheapness and readily availability of cigarettes in the Armed Forces. The effect of nicotine on the respiratory, cardiovascular and other body systems in these service personnel is likely to become evident in years to come.

c) Regular miraa use in our country is practised by some followers of the Islamic religion and this was so in our study when offenders and miraa chewing were compared (p \( \leq \) 0.05). The potential dangers posed by heavy miraa chewing leading to toxic psychosis must be borne in mind (Omolo, 1985).

d) Cannabis use is prohibited by military code and its use constitutes an offence. Hence the reported "tasted only" rate of 17% and an admission of 3% who regularly used it may not reflect the true
picture of the extent of the use of this drug in our forces. Lack of screening tests for the use of this drug in our setting adds to the problem of studying the drug use. Allen et al. (1986) reported a decline of marijuana use in the U.S. Armed Forces (40% to 25%) over the 1980 - 1982 period of study.

e) Other drug use on a regular basis showed that miraa, tranquillizer (benzodiazepines) and stimulants (Mandrax) were the main ones. Cocaine was "tasted" by one soldier. Opiates and hallucinogens were noted for their absence in use.

The general trend of drug abuse in our military service needs systematic research. Other military studies (Allen et al., 1986) indicate a declining trend since the 1960s. This is attributed to reliable urinary tests for drug abuse made available in the U.S. Armed Forces. We need to employ similar tests to study the drug problem in our military.

2. FAMILY FACTORS

1) Married servicemen formed the majority (56%) offenders. Most of them (79%) were geographically separated from their
wives. The type of offences committed by the married servicemen were mainly A.W.O.L., not reporting to duty, or night stopping off base illegally. This contrasts with other studies (Kolb et al., 1983) which found disciplinary maladjustment to be a problem of the single, separated, divorced or widowed serviceman. In our study, good marital harmony was reported by the majority (90%) of the married offenders. This may be at the expense of good discipline at the base level or due to our different sociocultural background where many wives live at rural homes whereas the breadwinner husbands work and live alone in various parts of the country.

ii) Yanger (1976) found that the family background of most of the offenders is that of broken families and poor family dynamics. These findings contrast greatly with those of this study which found a low (13%) broken-home rate in the way of divorce and separations. Relations with parents were generally good but those with mother were better than with the father. This may reflect a cultural distancing of the son from father or genuine poor relationship with authority (Friedman, 1972).

3. PEER AND SUPERVISOR RELATIONSHIPS

Mirin (1974) reports that poor relationships between
peers and disciplinary maladjusted soldiers do exist and may cause increased acts of aggression. Friedman (1972) reports poor relations between the offenders and their immediate supervisors. In our study, good peer and fair supervisor relationships were reported. In general, acts of aggression among peers and against the supervisors were minimal or absent.

4. PSYCHIATRIC MORBIDITY

A low prevalence (15%) of psychiatric disorder in parents in this sample indicates a low genetic loading for developing mental illness in the maladjusted soldiers. The major identified disorder was neuroses in 42% of the participants and it compares favourably with Ayugi's (49%) noted in his hospital sample study. Psychosis was manic-depressive type and drug induced (Miraa) in 14% and 3% respectively. In Ayugi's (1986) study 39% of the hospital referrals had a diagnosis of schizophrenia whereas the present study identified none. It is likely that the army doctors, perhaps, identified schizophrenics and sent them to the psychiatric clinic at the Forces Memorial Hospital where Ayugi conducted his study. Alternatively if any schizophrenics did exist in M.A.B., they were well adjusted to military life. Ayugi (1986) found a low sociopathic
disorder rate (3.6%) which compares favourably with 2.5% for the entire U.S. Army as reported by Mirin (1974). In our study, sociopathic disorder was higher (24%) than both the above studies. This is expected as the present work involved the maladjusted military population which would obviously consist of more sociopaths or personality disorders. Temporal lobe epilepsy was noted in one case (3%) and was subsequently confirmed by E.E.G. One case of chronic psychogenic peptic ulcer, with unfavourable outcome, had been managed with drugs and redeployment including a trade change.
CHAPTER VI

SUMMARY OF CHARACTERISTICS OF THE SOLDIER LIKELY TO DEVELOP DISCIPLINARY MALADJUSTMENT

1. PERSONAL FACTORS

It is the young, low ranking, fairly well educated, newly employed serviceman who is at a higher risk in this regard. He has at least one more offence over the last three months, uses alcohol and nicotine regularly but may use miraa, cannabis and other drugs.

2. FAMILY FACTORS

Often the offender is a newly married serviceman with few children, geographically separated from the wife, but reporting good marital harmony. He is likely to have poor relations with father but good relations with mother and siblings and has low genetic loading for psychiatric disorders.

3. PEER AND SERVICE FACTORS

He has good relationships with his peers but equivocal
relationships with supervisors at work.

4. **MEDICAL FACTORS**

He is mainly in good physical status, may have a psychiatric disorder such as neurosis, psychosis or personality disorder.
1. SUGGESTIONS FOR PREVENTION AND DISPOSAL OF DISCIPLINARY MALADJUSTMENT

Mental health consultation services (M.H.C.S.) at base or garrison level have been found to be very effective in defusing situations that, if left unattended, may result in disciplinary maladjustment. In this regard, the non-commissioned mental health worker has been found to be the most effective person in communicating with the private soldier. In this manner, identification of the real source of stress in the military setting can be done at the earliest stage. Any military health policy should aim primarily at developing this cadre of mental health worker for early detection of soldiers likely to have disciplinary problems in the future. Subsequently health professionals and career military commanders can work out ways and means of solving the identified stress factors at work and domestic settings (Dunham, 1965; Hausman et al., 1967; Taboltt, 1969).

Identification and appropriate disposal of offenders
at an early stage is of vital importance in curbing disciplinary maladjustment. Early psychosocial evaluation of the offenders leading to the diagnosis of cause(s) of code infraction in each particular case should lead to the prescription of case-specific measures for dealing with the maladjustment. The aim need not be only punishment as prescribed by the Armed Forces Act but also resolution of the conflicts which lead to the disciplinary maladjustment. This may include retraining programmes which may be general or specific for a particular type of problem such as alcohol and drug abuse, behaviour/character disorders and frank psychiatric decompensations (Robbins, 1967; Colman et al., 1969; Rothberg et al., 1984; Foster, 1986).

Rehabilitation of military offenders both in military and civil life is of vital importance. In the former case, the offender still must conform to the military code requirements and win approval of military supervisors and peers. This calls for a considerable amount of tolerance on both sides and more so for the offender who must seek acceptance back into the military fold. For one with a predisposition to psychiatric decompensation, the stress generated by this situation may lead to frank psychological decompensation. Hence well intentioned support to an offender on rehabilitation should minimize repeat offending
and lead to quicker acceptance into the military.

The case of an offender who has to face dishonourable discharge from the military is a pathetic one. It is a fact that the same individual has also to resettle in the civil world. The problems involved in resettlement of military personnel in the civil community after their military retirement is well understood (McNeil et al., 1967). It involves family, community and at times civil law problems. This is worse in a person who just left an all-encompassing institution with total life support systems to an altogether no support system (Goffman, 1961). Hence the consequence is usually that of increased levels of civil law offences and few chances of re-employment. Thus resettlement opportunities for the military dischargee seem to be negligible and more so when he has been already maladjusted in the military. Even then, chances of the dischargee's failure to adjust to civil life are even higher after dishonourable discharge (Colman et al., 1969; Friedman, 1972).

2. AREAS OF FURTHER RESEARCH

1) The prevalence of disciplinary maladjustment in all of our armed forces.
ii) Prospective research on possible predictive factors which may contribute to disciplinary maladjustment later on.

iii) Prognosis of the disciplinary maladjusting soldiers in the military and their follow-up if discharged from the forces.

iv) Surveillance of disciplinary maladjustment within our services (Army, Navy and Air Force).
BIBLIOGRAPHY


44. OFFENKRANTZ W., CHURCH E., ELLIOT T. (1975): Psychiatric Management of Suicide Problems in


60. WORLD HEALTH ORGANIZATION, (1978): Mental Disorders Glossary and Guide to the Classification in Accordance with the 9th Revision of International Classification.

Case No. .................................. Date .................................................
Interviewer .................................................................

A) DEMOGRAPHIC DATA

<table>
<thead>
<tr>
<th>1. Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td>3. Rank</td>
<td>4. Age</td>
</tr>
<tr>
<td>0. Pte</td>
<td>0. 16-25</td>
</tr>
<tr>
<td>1. L/Cpl</td>
<td>1. 26-35</td>
</tr>
<tr>
<td>2. Cpl</td>
<td>2. 36-45</td>
</tr>
<tr>
<td>3. Sgt</td>
<td>3. 46+</td>
</tr>
<tr>
<td>4. Ssgt</td>
<td></td>
</tr>
<tr>
<td>5. W.O</td>
<td></td>
</tr>
<tr>
<td>6. C.O</td>
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<thead>
<tr>
<th>5. Education</th>
<th>6. Religion</th>
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<tr>
<td>1. CPE (7 yrs)</td>
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<tr>
<td>2. O'Level (11 yrs)</td>
<td>2. Protestant</td>
</tr>
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<td>3. A'Level (13 yrs)</td>
<td>3. Islam</td>
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<tr>
<td>5. University) (14+)</td>
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B) MARITAL HISTORY DATA

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<tr>
<th>7. Marital Status</th>
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<tr>
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<td>0. 1</td>
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<tr>
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<tr>
<td>2. Divorced</td>
<td>2. 3</td>
</tr>
<tr>
<td>3. Separated</td>
<td>3. 4+</td>
</tr>
<tr>
<td>4. Cohabitation</td>
<td>4. None</td>
</tr>
<tr>
<td>5. Widowed</td>
<td></td>
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</tbody>
</table>
9. Number of wives currently Married
0. 1  
1. 2  
2. 3+  
3. None

10. Duration since 1st Marriage
0. 1-2 yrs  
1. 3-4  
2. 5-6  
3. 7-8  
4. 9+

11. Children
0. None  
1. 1-2  
2. 3-4  
3. 5-6  
4. 7-8  
5. 9+

12. Marital Harmony
- Respondents Opinion
0. Good  
1. Satisfactory  
2. Bad  
3. Unsure

13. Wife's Abode
0. Home  
1. On Base  
2. Elsewhere

14. Education
0. C.P.E  
1. O'Level  
2. A'Level  
3. College  
4. University  
5. None  
6. Unknown

15. Occupation
0. None  
1. Labourer  
2. Artisan  
3. Technician  
4. Professional

16. Education
0. C.P.E  
1. O'Level  
2. A'Level  
3. College  
4. University  
5. Unknown

17. Occupation
0. None  
1. Labourer  
2. Artisan  
3. Technical  
4. Professional
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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<tbody>
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<td>18. Parents Currently</td>
<td></td>
</tr>
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<td>0. Together</td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>2. Separated</td>
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</tr>
<tr>
<td>3. Other</td>
<td>- Specify ....................</td>
</tr>
<tr>
<td>19. Psychiatric problems in parents</td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>1. Absent</td>
<td></td>
</tr>
<tr>
<td>2. Unknown</td>
<td>- Specify ....................</td>
</tr>
<tr>
<td>20. Chronic disease in parents</td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
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<td>- Specify ....................</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>21. Current Respondent's Relationship with father</td>
<td></td>
</tr>
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<td>- Specify ....................</td>
</tr>
<tr>
<td>1. Bad</td>
<td></td>
</tr>
<tr>
<td>2. Other</td>
<td>- Specify ....................</td>
</tr>
<tr>
<td>22. Current Respondent's relationship with mother</td>
<td></td>
</tr>
<tr>
<td>0. Good</td>
<td></td>
</tr>
<tr>
<td>1. Bad</td>
<td>- Specify ....................</td>
</tr>
<tr>
<td>2. Other</td>
<td>- Specify ....................</td>
</tr>
<tr>
<td>23. Siblings - specify No.</td>
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</tr>
<tr>
<td>1. 1-2</td>
<td></td>
</tr>
<tr>
<td>2. 3-4</td>
<td>- Specify ....................</td>
</tr>
<tr>
<td>3. 5-6</td>
<td></td>
</tr>
<tr>
<td>4. 7+</td>
<td></td>
</tr>
<tr>
<td>24. Siblings relationship</td>
<td></td>
</tr>
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<td>0. Good</td>
<td>- Specify ....................</td>
</tr>
<tr>
<td>1. Bad</td>
<td>- Specify ....................</td>
</tr>
<tr>
<td>2. Other</td>
<td>- Specify ....................</td>
</tr>
<tr>
<td>25. Psychiatric Problems in Siblings</td>
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</tr>
<tr>
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<td>- Specify ....................</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>2. Unknown</td>
<td>- Specify ....................</td>
</tr>
</tbody>
</table>
D) SOCIAL ADJUSTMENT

26. Acts of aggression in last 3 months
   0. None
   1. One
   2. Two
   3. Three+

27. Peer Relations
   0. Good
   1. Bad
   2. Unsure
   3. Satisfactory

28. Relations with military authority in last 3 months
   0. Good
   1. Satisfactory
   2. Bad
   3. Unsure

E) DRUG HISTORY

29. Alcohol
   0. Positive
   1. Negative
   (O) conduct brief MAST

30. Cannabis
   0. Never Tasted
   1. Tasted
   2. Moderation
   3. Excess
   Daily consumption ............

31. Miraa
   0. Never Tasted
   1. Tasted
   2. Moderation
   3. Excess
   State Kg/Week...........

32. Cigarettes
   0. Never Tasted
   1. Tasted
   2. Moderation (< 20/day)
   3. Excess (> 21/day)
   Daily consumption

33. Other drugs
   0. +
   1. -
   - specify ...............
### F) WORK ADJUSTMENT:

<table>
<thead>
<tr>
<th>34. Length of Service</th>
<th>35. Trade at Recruitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. 0-5 yrs</td>
<td>0. Clerical</td>
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<tr>
<td>1. 6-10</td>
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<td>2. 11-15</td>
<td>2. Professional</td>
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<td>3. 16-20</td>
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<td>4. 21+</td>
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<table>
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<td>1. Technical</td>
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<tr>
<td>2. Professional</td>
</tr>
<tr>
<td>3. Other</td>
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<table>
<thead>
<tr>
<th>37. Number of Trade changes</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>1. One</td>
</tr>
<tr>
<td>2. Two</td>
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<td>3. Three</td>
</tr>
<tr>
<td>4. Four</td>
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<table>
<thead>
<tr>
<th>38. Promotions since Recruitment</th>
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</thead>
<tbody>
<tr>
<td>0. None</td>
</tr>
<tr>
<td>1. One</td>
</tr>
<tr>
<td>2. Two</td>
</tr>
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<td>3. Three</td>
</tr>
<tr>
<td>4. Four</td>
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<table>
<thead>
<tr>
<th>39. Demotions since recruitment</th>
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</thead>
<tbody>
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</tr>
<tr>
<td>1. One</td>
</tr>
<tr>
<td>2. Two</td>
</tr>
<tr>
<td>3. Three +</td>
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<table>
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<td>1. One</td>
</tr>
<tr>
<td>2. Two</td>
</tr>
<tr>
<td>3. Three</td>
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</table>

<table>
<thead>
<tr>
<th>41. Medals Awarded</th>
</tr>
</thead>
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<tr>
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</tr>
<tr>
<td>2. Two</td>
</tr>
<tr>
<td>3. Three</td>
</tr>
<tr>
<td>4. Four +</td>
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</tbody>
</table>

### G) MILITARY CODE INFRINGEMENTS:

<table>
<thead>
<tr>
<th>42. Date of last offence</th>
</tr>
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<table>
<thead>
<tr>
<th>43. Section of A.F.A. contravened</th>
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</table>

<table>
<thead>
<tr>
<th>44. Other offences in last 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. None</td>
</tr>
<tr>
<td>1. One</td>
</tr>
<tr>
<td>2. Two+</td>
</tr>
</tbody>
</table>
45. A.F.A. sections contravened in (43) above - specify

1. 
2. 
3. 
4. 
5. 

46. Respondents view of cause of infractions

0. Self
1. Service
2. Family
3. Peers
4. Other

- Specify.............

47. Civilian offences in last 12 months

0. None
1. One
2. Two +

48. Specify Nature of (47) above

1. ...........................................
2. ...........................................
3. ...........................................
4. ...........................................

49. Squadron Commander's Opinion of respondents conduct in last 3 months

0. Good
1. Bad
2. Unsure

50. Number of hospital admissions since recruitment

0. None
1. One
2. Two
3. Three
4. Four +
51. Cause of Admission ________

0. Physical illness
1. Psychiatric illness

I) SPECIAL TESTS AND PSYCHIATRIC DIAGNOSIS

52. Brief MAST 0. + 1. -
53. S.R.Q. 0. + 1. -

54. S.P.I. For case 0. + 1. -

55. I.C.D. 9 Dx No. _______________________

_________________________

J) PHYSICAL EXAM

56. H.E.E.N.T. 0. + 1. -
57. R.S. 0. + 1. -

58. C.V.S. 0. + 1. -
59. G.I.T. 0. + 1. -

60. M.S.S. 0. + 1. -
61. C.N.S. 0. + 1. -

62. Skin/integument 0. + 1. -
63. G.U.S. 0. + 1. -
64. G.G.T.
   0. Normal Range
   1. Elevated

65. M.C.V.
   0. Normal Range
   1. Elevated

66. Other
   0. +
   1.-

- Specify
1. Do you feel you are a normal drinker?  
   YES  NO (2 points)

2. Do friends or relatives think you are a normal drinker?  
   YES  NO (2 points)

3. Have you ever lost friends or girl friends or boy friends because of drinking?  
   YES (2 points) NO

4. Have you ever got into trouble at work because of drinking?  
   YES (2 points) NO

5. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?  
   YES (2 points) NO

6. Have you ever had delirium tremens (DTs) severe shaking,
heard voices or seen things that were not there after heavy drinking? YES (5 points) NO

7. Have you ever gone to anyone for help about your drinking? YES (5 points) NO

8. Have you ever been in a hospital because of drinking? YES (5 points) NO

9. Have you ever been arrested for drunken driving or driving after drinking? YES (2 points) NO

NB: Cut off for alcohol dependence (10 points)
SELF RATING QUESTIONNAIRE (SRQ)

a) NEUROTIC SYMPTOMS

1. Do you often have headaches?
2. Is your appetite poor?
3. Do you sleep badly?
4. Are you easily frightened?
5. Do your hands shake?
6. Do you feel nervous, tense or worried?
7. Is your digestion poor?
8. Do you have trouble thinking clearly?
9. Do you feel unhappy?
10. Do you cry more than usual?
11. Do you find it difficult to make decisions?
12. Is your daily work suffering?
13. Are you unable to play a useful part in life?

14. Do you find it difficult to enjoy your daily activities?

15. Have you lost interest in things?

16. Do you feel that you are a worthless person?

17. Has the thought of ending your life been in your mind?

18. Do you feel tired all the time?

19. Do you have uncomfortable feelings in your stomach?

20. Are you easily tired?

b) PSYCHOTIC SYMPTOMS

1. Do you feel that somebody has been trying to harm you in some way?

2. Are you a much more important person than most people think?
3. Have you noticed any interference 
or anything else unusual with 
your thinking?

4. Do you ever hear voices without 
knowing where they come from or 
which other people cannot hear?

5. Have you ever had fits, convulsions, or falls to the ground 
with movements of arms and legs, 
biting of your tongue or loss of 
consciousness?

NB: 1) Each positive answer scores one point.

2) Cut off for neurosis = 8 points.

3) Cut off for psychosis = 1 point
<table>
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<tr>
<th>SYMPTOM</th>
<th>RATING</th>
<th>REASON FOR RATING</th>
</tr>
</thead>
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<tr>
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### FUNCTIONS OF BEHAVIOURAL MOOD

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SECTIONS CONTRAVENED

19. **NEGLECT OF DUTY**

Any person subject to this Act who neglects or performs negligently any duty imposed on him shall be guilty of an offence and liable, on conviction by Court Martial, to imprisonment for a term not exceeding two years or any less punishment provided by this Act.

28. **DISOBEDIENCE TO PARTICULAR ORDERS**

1) Any person subject to this Act who, in such a manner as to show a wilful defiance of authority, disobeys any lawful command given or sent to him personally shall be guilty of an offence and liable, on conviction by Court Martial to imprisonment for life or any less punishment provided by this Act.

2) Any person subject to this Act who, wilfully or through neglect, disobeys any lawful command shall be guilty of an offence and liable, on conviction
by Court Martial, to imprisonment for a term not exceeding five years or any less punishment provided by the Act.

Provided that he shall not be liable to imprisonment for more than two years if the offence was not committed on active service.

30. DISOBEDIENCE TO STANDING ORDERS

1) Any person subject to this Act who contravenes or refuses or fails to comply with any provision of orders to which this section applies, being a provision which he knows of or might reasonably be expected to know of, shall be guilty of an offence and liable, on conviction by Court Martial, to imprisonment for a term not exceeding two years or any less punishment provided by this Act.

2) This section applies to standing orders of a continuing nature made for any information or unit or body of servicemen, or for any command or other area, garrison or place, or for a ship, train or aircraft.
32. **ABSENCE WITHOUT LEAVE**

Any person subject to this Act who:-

a) Absents himself without leave or

b) Persuades or procures any person subject to this Act to absent himself without leave

shall be guilty of an offence and liable, on conviction by Court Martial, to imprisonment for a term not exceeding two years or any less punishment provided by this Act.

34. **FAILURE TO PERFORM MILITARY DUTIES**

Any person subject to this Act who without reasonable excuse fails to attend for any parade or other service duty of any description, or leaves any such parade or duty as afore said before he is permitted to do so, shall be guilty of an offence and liable on conviction by Court Martial, to imprisonment for a term not exceeding two years or any less punishment provided by this Act.
37. **QUARRELLING**

Any person subject to this Act who:

a) Fights or quarrels with any other person whether subject to this Act or not or

b) Uses threatening, abusive, insulting or provocative words or behaviour likely to cause a disturbance, shall be guilty of an offence and liable, on conviction by Court Martial, to imprisonment or a term not exceeding two years or any less punishment provided by this Act.

42. **MISCELLANEOUS OFFENCES RELATING TO PROPERTY**

Any person subject to this Act who:

a) Loses or by negligence damages any public property of which he has the charge or which has been entrusted to his care, or which forms part of property of which has been entrusted to his care, or any service decoration granted to him; or

b) Loses, or by negligence damages, any clothing, arms, ammunition or other equipment issued to him for his use for service purposes; or
c) By negligence causes damage to public property; or

d) Fails to take proper care of any animal or bird of which he has the charge and which is used in the public services; or

e) Makes away with (whether by pawning, selling or destruction or in any other way) any service decoration granted to him or any clothing, arms, ammunition or other equipment issued to him for his use for service purposes, shall be guilty of an offence and liable, on conviction by Court Martial, to imprisonment for a term not exceeding two years or any less punishment provided by this Act.

Provided that it shall be defence for a person charged under this section with losing any property or any service decoration that he took reasonable steps for its care and preservation.

68. **CONDUCT TO PREJUDICE OF GOOD ORDER AND DISCIPLINE**

Any person subject to this Act who is guilty of any conduct or neglect to the prejudice of good order and
service discipline shall be guilty of an offence and liable, on conviction by Court Martial, to imprisonment for a term not exceeding two years or any less punishment provided by this Act.