CONSCIENTIOUS OBJECTORS WITH PSYCHIATRIC STATES.

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CONSCIENTIOUS objection is a problem involving both personalities and society. It has important military, political, ethical, religious and sometimes psychiatric aspects. It is only where conscientious objection arises in a person who shows signs of psychiatric disorder that the psychiatrist has to take an active professional interest. He has sometimes to treat patients struggling with the problem of conscientious objection and sometimes has to report on them to the Recruiting Medical Boards. Thus this aspect of conscientious objection becomes a part of war psychiatry. My own interest in the problem was aroused by seeing a number of psychiatric patients who were objectors.

LITERATURE.

There are few psychiatric writings on conscientious objectors, possibly because the subject is both delicate and difficult. Most of the papers come from continental countries, where the law does not provide for conscientious objection, and where it appears that as a result most of the few objectors that exist are seriously involved mentally. That, of course, is not the case in this country. The Minister of Labour (Bevin, 1942) has said that in this war up to June, 1942, nearly 64,000 men had applied to be registered as objectors. The continental literature, like this paper, cannot possibly be applied to this large group of people. However, I quote later two papers from the United States in the last war, which claim to give a broader interpretation of conscientious objectors as a class.

Schulthess (1934) gave this concise, self-explanatory table of previous writers' cases:

Author.	Motive.	Normal.	Psychopathic.	Psychotic.	Total.
Köppen	Pacifism	1	—	—	1
Ziehen	Seventh Day Adventist	—	1	—	1
E. Meyer	?	—	—	2	2
R. Gaupp	Religion	—	—	1 schizophrenic	
	,,	—	—	1 manic depressive	
	Politics	—	1 paranoid	—	
	Religion	—	1 delusions of grandeur	—	
	,,	—	1 folie à deux	—	
	Religion "in whose case the military offence was due to strong internal conflicts or introspective personalities"	6	—	—	11
S. Loeb	Seventh Day Adventist	—	1 schizoid	—	1
A. Hoppe	Religion	—	1	1	2
O. Marienfeld	Religion (Jehovah's Witness)	—	1	—	1
L. Stanojevic	Religion	—	Diagnosis not known		1
Schulthess's own cases	,,	—	11	5	16
	Politics	—	3	—	3
	Ethics	1	1	1	3
	No specific reason	—	1	8	9
		—	—	—	—
Totals		8	23	19	51

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Schulthess's group of psychopaths apparently consists mainly of seriously involved persons, some of whom would in this country be classified as psychotic. Thus of his own 15 psychopaths, 4 were feeble-minded as well and 6 were schizoid, with suspicion of schizophrenia. Of his own psychotic cases, all were schizophrenic except one general paralytic. Only one person was considered mentally normal, as only those suspected of abnormality were sent for examination. Schulthess thought that where there are obvious pathological conditions it is better that the man be discharged on health grounds than punished as an objector. Lange (1937) wrote on religious scruples as a basis for refusal to serve in the Army and found that conscientious objectors were frequently schizophrenic. Maulin (1938) described a feeble-minded Seventh Day Adventist who refused military duties on Saturdays. Laignel-Lavastine *et al.* (1940) discussed a case of paranoia of Dide's " passionate idealist " type who acted as a conscientious objector and who tried to take measures to stop the war at its outbreak.

May (1920) reported the extensive official experience in the United States in the last war. The Surgeon-General's Office, Division of Psychology, sent to the camp psychologists detailed instructions for the examination of conscientious objectors in the Army. These instructions are given in full in May's paper. They cover mental age ; family, personal, educational, occupational, religious, moral and social histories ; and the grounds and degree of objection. After carefully applying the examination little doubt remained in the examiner's mind as to the objector's sincerity or insincerity. There were, however, no data showing how well the psychologists' recommendations correlated with the findings of the Board of Inquiry. May summarized the reports on about 1,000 objectors, a little less than half the total number in the Army. Objection was not due to inferior intelligence, the objectors being on the average superior to the white draft as a whole. The great majority were " sane." About 50 per cent. were Mennonites (and therefore usually farmers) and most of the rest belonged to small religious sects. 90 per cent. objected on religious grounds ; 5 per cent. on social grounds ; 3 per cent. on political grounds and 2 per cent. on ethical grounds. 90 per cent. were native-born. Speaking generally the average objector was a non-voter, belonged to no social organizations and was not interested in community enterprises. Three main types were distinguished ; the religious-literalist, the religious-idealist and the socialist. Hoag (1920) mentioned that there had been conscientious objectors to many great questions—to religion, political parties, government and medicine. Hoag touched on the history of conscientious objection from the time of the Roman Empire. He said that the objector, although a manifestation of war, was a product of peace ; the causes of his objecting had long been existent in his environment, education and heredity. Each objector must be taken as an individual. He gave interesting and full, although general, descriptions of the main types of objectors according to their religious, political and personality backgrounds. He described the case of an objector, called Stierheim, who in the Great War deserted under fire on conscientious grounds, but performed great deeds of bravery under fire in rescuing wounded men.

Case Reports.

The cases reported were all seen primarily for their psychiatric states and not for their objection. Two patients suffered from schizophrenia, one from a schizoid state and one (Case 4) from a mixed paranoid and manic state which might be related to the schizophrenic types of reaction. There is thus a certain preponderance of schizophrenic types, as found by previous writers.

Hoppe (1919) quoted Jörger's statement that the manic-depressive type is rare among objectors. The later literature confirms this. Only Case 4 in this series showed manic features, but was far from being a typical manic-depressive.

Otherwise the present cases show no specificity in the types of psychiatric reaction developed ; a number of different reaction types appeared. However, their previous personalities fall into three groups of apparent significance in relation to the objection.

(1) *The introverted-asocial group.*—Generally speaking these patients were introspective, shy and sensitive, religious or idealistic, dreamy and unpractical, psychosexually and generally immature, subject to fear, inadequately adapted

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socially and undistinguished in their careers They do not show *anti*-social behaviour as contrasted with the next group.

CASE 1.—*Obsessive state:* A single man, aged 25, has attended the out-patient department of the Jordanburn Nerve Hospital since March, 1942. He had numerous anxious, ruminative and compulsive symptoms which changed their objects frequently and which had been developing since the age of puberty. His father was medically unfit in the last war from heart trouble, probably functional. His mother is of a very anxious nature. The patient is an only child and was spoiled. From his earliest years he had numerous neurotic symptoms of varying types too numerous and scattered to be easily described. Most were of an anxious kind, including fear of illness. He was shy, sensitive and timid; he was at all times scrupulously honest and truthful. He matriculated, entered an office and took night-classes. In the office he was the odd man out because he did not smoke, swear or drink, because of his religiousness and prudery, and because of the strange disclosures he sometimes made about his symptoms. He was teased about all these things, but in time was able to hold his own. He could be stubborn with people, yet lacked application in many things, such as his music. The patient is a faithful member of the United Free Church of Scotland, and takes part in many church activities. For years before the war he was interested in foreign lands and people, travelled abroad, tried to learn several languages and had foreign correspondents. As a schoolboy he was afraid of fights, and for years said that if a war did come he would be a conscientious objector. He has a gross emotional dependence on his mother, has formed three curious attachments to middle-aged women and has never been able to form a relationship with a girl of his own age. From puberty he had conflict and guilt over masturbation, with compulsive handwashing and fears of harming and impregnating women by casual contact. He had anxious fantasies of sexual misdeeds and once or twice of murdering a boy. The Local Tribunal for Conscientious Objectors registered him for agricultural work. At one stage he volunteered for the National Fire Service to "save life," but had to be released because of his neurotic behaviour. Psychotherapy on analytic lines is being given and the patient is very much better; he only had a few weeks' unfitness for work.

CASE 2.—*Schizophrenia:* A man, aged 21, admitted to Jordanburn in January, 1942, was transferred to West House Mental Hospital, where he remains.

The father had many anxious symptoms as a young man and was therefore rejected medically in the last war. Several other relations had minor psychiatric symptoms. The patient has been subject to enuresis all his life and was very sensitive about this, especially when it occurred in Scout camps or in school by day. He was similarly sensitive about a squint and wearing glasses. As a child he would wander away by himself for the greater part of the day; from age 16 he went alone on hiking holidays. The patient was always "shut-in," shy, good-tempered and obedient, unsociable, unconfiding and rather stubborn. He was very simple, believing all he was told, and was very honest and truthful. As a child he had occasional nightmares, some mannerisms and hypnagogic hallucinations once. His school work was undistinguished except in art. His headmaster and his scoutmaster spoke well of him. He failed the examination for the Civil Service grade his father is in. The employer to whom he was apprenticed as a commercial artist found him hard-working and reliable, but lacking in initiative and originality.

About the beginning of the war, while feeling depressed, he had a religious experience through meeting an evangelist. His parents did not approve of his conscientious objection, which they attributed to his reading books, such as Tolstoy's *War and Peace*, and to the influence of disgruntled ex-servicemen in his place of work and of other objectors among the art students. They advised him to get a medical certificate about his bed-wetting, but he refused. The patient told the Local Tribunal he would accept non-combatant service and went to the Pioneer Corps in October, 1940. (The mother is normally religious; the father is an atheist.) He volunteered for fire-fighting and demolition work in a blitzed city, and after a few weeks there suddenly developed a stupor and was admitted to a military mental hospital. There he improved with cardiazol therapy, but relapsed after discharge. He now has a severe catatonic state with stupor, excitement, many mannerisms, deteriorated habits such as striking others, and visual and auditory hallucinations. He especially thinks that he can communicate with one of his officers by telepathy. Electric convulsion therapy has not helped.

CASE 3.—*Schizophrenia:* A man, aged 23, was in Jordanburn from August to December, 1939, and from October to December, 1940. His father is a chronic alcoholic, whose condition was said to have been aggravated by service in the last war and who abandoned the patient when he was 9 months old. He is still alive, but has never seen his son since; does practically no work and is frequently in hospital. An uncle was an alcoholic. The mother became depressed soon after the patient's birth and was taken to a mental hospital, where she died two years later.

The patient was adopted by a childless uncle and his wife. At 7 he was afraid of traffic and other things. He lacked confidence at games and indeed at most activities. He was shy, reserved and timid; allowed himself to be led by other children; took criticism badly and always felt deeply about his own mistakes, and was a model child of the "home boy" type. At school he only succeeded by great effort. He failed the matriculation the first time, but gained it with a University Scholarship the next year.

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Brought up to believe that his foster-parents were his real parents he began to suffer some doubts about this and was told the truth in January, 1937. He was then studying hard, and in March became mildly depressed, with feelings of unreality. These symptoms recurred at intervals, and the international crisis in September, 1938, brought his sense of reality back for a time.

Like some other sensitive and intelligent young people he had a difficult adolescence, with much speculation upon abstract, philosophical and sexual subjects. He had much conflict about his own personality-worth, including his conscience, apparently before he was an objector. This evolved until in 1939 he was suffering from loss of feeling, also described by him as ennui and accidie. The speculation had evolved into prolonged self-analyses, such as this: "I had the feeling as though I were coming out of something. Simultaneously my beliefs were in a state of change; I was, in fact, rather volatile, with no great religious impulse latterly. In short I was getting to that stage in a young man's life when he begins at last to make something of the world he has never made before . . . My life began to weigh on me as a sort of travesty. . . . The unreality or lack of feeling is quite indescribable, a feeling that the only thing worth having is feeling. To feel sorrow and pain is beautiful, for it is an assurance of life." Clinically, however, the affect was more like anxiety. With the fixity of a delusion he believed that his illness was due to syphilis which was due to masturbation. He contemplated suicide. He received much psychotherapy and two triazol convulsions. Sent home in a remission he registered as an objector. The Local Tribunal registered him for non-combatant service, which he was willing to do, but the Recruiting Medical Board rejected him entirely.

Readmitted in a relapse, he no longer attended properly to his personal needs and had grosser abnormalities of the thought content, including delusions of being influenced and of influencing others. About the wireless he said: "My conscientious objection affected my response to the news; I seemed to have a double feeling and able to read the feeling of the announcer." Afraid of more convulsion therapy he returned home and later went voluntarily to a mental hospital. After treatment he was discharged. In September, 1942, his uncle wrote that he was very much improved and had been working in a library since August, 1941.

CASE 4.—*Mixed paranoid and manic states:* A single man, aged 37, was admitted to Craig House Mental Hospital in May, 1941. He had an elated but unstable mood, pressure of speech and psychomotor activity; the thought content was grandiose. The illness developed as an atypical manic or exalted paranoid reaction.

His father was a very religious man and held several church offices; he served in the Volunteers in peace time, but was too old to serve in the last war. The mother had a very anxious temperament. The patient was devoted to both parents. In the last war the family suffered from financial stress due to war conditions.

The patient was always shy and diffident about speaking. As a child he had nightmares, sleepwalking, bedwetting and fear of heights. He was frequently off school with indefinite illnesses, including two separate years' absence. He left at 19 without his matriculation, trained as an engineer, qualified during the economic depression of 1929 and could only find a few odd jobs. So he opened a small radio shop, which afforded a scanty living. He was psychosexually immature; he formed slight attachments to two girls when he was 25, but felt curiously tormented in his feelings then and felt better after he ceased to interest himself in girls. Now he forms attachments to boys in their teens. He was very religious; he always lived at home.

At the outbreak of war he expressed strong pacifist views and stopped going to church because the church had failed to stop the war. He suffered much conflict about his views: "I have no notion for killing . . . you can't say that all the good men are on one side and all the bad on the other. I had thought a lot about it and had almost made up my mind to register as a conscientious objector, but that name just stuck in my throat. Most folk look on an objector as a dodger rather than a man with true religious beliefs, so in the end I just drifted in and registered in the ordinary way." The period of conflict led to a solution in his symptoms: "God showed me the way to get the war over. It is His plan and I am His instrument; even my thoughts are His. Then there will be peace and plenty for everyone." He gave away his money as everyone was to be equal; was convinced he had powers of healing, and brought home for treatment a boy crippled by anterior poliomyelitis. His conduct became grossly disordered and he was certified. Discharged on probation in August, 1942, he was seen in September. He still regarded himself as an exceptional person, was writing a book and received spiritualistic messages, sometimes by a voice, more often by "passive thoughts."

(2) *Antisocial group.*—There is only one such case. His record shows that he has always been antisocial, in not only one but several aspects of his behaviour.

CASE 5.—*Psychopathic state:* In September, 1940, the police surgeon referred a man, aged 24, who had twice been guilty of sexual offences. The paternal grandmother is a religious eccentric; both she and a paternal uncle cause much family friction. The father was in a reserved occupation in the last war; he is "against war"; he suffers from slight bouts of depression. The patient was always quiet and shy on the surface and liked his own way. He was always faddy about his clothes and as a child he more than once refused to go out because he did not think

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his clothes were right. For long he suffered from nail-biting and fear of heights. At 13 he had sexual intercourse on three occasions. From 18 he associated with many women, only to secure sexual gratification. He was frequently intoxicated. When his mother protested about his drinking companions he quarrelled with her and went into lodgings in 1939. He found that drink made him happy and increased his sexual desires; it enabled him to pick up women in a way he could not when sober. His two offences, known to the police, of accosting women and of indecent exposure occurred after drinking. The first was before the war began and the second was after. He was fined each time.

Before the war he had no special interest in religion, politics or community organizations. When war was declared he said he was not going to go although he thought he would be shot for this. Then he found he could register as a conscientious objector. Both the Local and Appellate Tribunals removed him without qualification from the register of conscientious objectors. His reasons for objecting were commonplace rationalizations: "I do not hate the Germans. War is against the principle of the brotherhood of man." He ignored repeated notices to appear at Medical Boards, and so was summoned to Court, where he was fined, with the option of 20 days' imprisonment. To show his continued resistance the patient refused to pay the fine and went to prison. He refused to let the prison medical officer examine him until he was assured that such examination had no connection with recruiting.

He attended as an out-patient and continued at work. He did not have any intercurrent psychiatric reaction and his condition is a psychopathic state, as described by Henderson (1939). He has stopped drinking and has married. He now claims to give much thought to religious, political and philosophical matters, and to be writing a book; he is very proud of his "ideas," which are really trite or childish. For example: "I think it would be a better world if we learned to make ourselves accountable to God instead of our next door neighbour. One fellow said to me that he didn't like the tie I had on; he must have been under the delusion that I put it on for his benefit. I think I am quite capable of buying my own ties, and if people outside don't like it they're not forced to look, are they?"

He refused a psychiatric report for the Medical Board, saying that if by any chance he were passed fit he would not go to the Forces. I felt he was simply maintaining a consistent resistance. However, after a second prison sentence, he accepted a report in June, 1942, and the Board found him unfit for service for psychiatric reasons.

(3) *Mixed group.*—In this group each case shows a remarkable mixture of both the introverted-asocial and the antisocial features of the first two groups.

CASE 6.—*Hysteria:* A man, aged 31, was admitted to Jordanburn in September, 1940, with an hysterical spasmodic torticollis. His father served throughout the last war; as a child the patient heard his father speaking in his sleep of his war experiences. The father gambled, drank and caused much unhappiness at home; the patient did not, however, associate the last symptoms with his father's war service. As a child the patient had nightmares and fears of the dark. The parents and eight children lived in one room in a condemned house. He was dour and rebellious at school and at home; ran away from home more than once and received many thrashings for disobedience and stealing at home. He also stole outside and appeared in Court for this four times before the age of 17 and was once birched. From 14 he worked in iron foundries and from then onwards he frequently had symptoms such as dizziness, fatigue and fears of people, his work, diving, darkness, fire and vermin; he had various bodily symptoms and at 15 consulted his doctor for functional heart symptoms. He boxed a great deal and fought about 70 contests for money, yet at the same time was afraid of boxing. All the money he could get was spent on gambling on dogs, horses and cards; he often sat up gambling until the early hours and was not able to work properly next day. There was some pre-marital intercourse. At about age 20 he twice tried to join the Regular Army, but was rejected—apparently for the state of his teeth at the time.

At 23 he was suddenly converted to the Plymouth Brethren. No mental preparation preceded the conversion, but it was certainly sincere. His disordered conduct ceased and his phobias diminished. He spoke at open-air meetings, generally paraded his religion, and really gloried in being as notorious for his conversion as he was for his previous conduct: "Hundreds of people knew me through my boxing . . . ask anyone in A—— and he will tell you what a marvellous change has taken place in my life."

He based his objection in a stereotyped manner on Biblical passages. The torticollis developed at the time of registration, when he was obsessed by two fears—that he would be shot as an objector and that the bogie of molten iron, which he hauled at his work, would upset and burn him to death. The Local Tribunal registered him for non-combatant service and the Medical Board rejected him entirely for psychiatric reasons. The torticollis persisted and, in response to a direct question, the patient admitted he now feared that his rejection might not be permanent but subject to review. In September, 1942, he still had a severe torticollis and had been able to do only a few weeks' work.

CASE 7.—*Schizoid state:* A fuller account of this case will be found in a paper on "Panic States in Civilians" (Stalker, 1940, Case 3).

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The patient's father had a nervous breakdown as a young man and still has gastric symptoms. In the last war the father served only at home, as his vision was defective. He was a strict parent and the patient was afraid of him. The mother died of heart disease when the patient was 15 and some of his bodily symptoms resembled those of his parents. A brother also is in the Methodist Peace Fellowship and is an objector. The patient's earliest recollection is of seeing the damage done to buildings in an air-raid during the last war. As a child he had a number of anxious symptoms, yet he also showed slight behaviour disorders. His work was prosaic and his idealism turned into Church activities. For a time he drank and had a sexual liaison. There are many details of his rather double character upon which his later doubts about his motives might well be founded.

Two years before the war he joined the Methodist Peace Fellowship. For one year before the war he was constantly apprehensive of its coming, and pictured vividly to himself all its possible horrors. After the outbreak of war he suffered conflict between his views and those of the majority. He analysed in detail the origins, motives and purpose of his objection. Soon he analysed all his acts in the same way. He often concluded that his motives were unworthy and selfish. He had acute anxiety attacks, somatic anxiety symptoms, and obsessive thoughts of sexual and of religious kinds. There were bouts of depression in which something like a voice suggested he commit suicide.

He attended from December, 1939, to March, 1941, with only a few weeks of hospital residence and incapacity for work. The Local and Appellate Tribunals registered him for non-combatant service and the Medical Board rejected him entirely for psychiatric reasons. In September, 1942, he had married, was working well and was free of symptoms.

CASE 8.—*Anxiety state:* A coal-miner, aged 29, was admitted to Jordanburn in September, 1942. His father was a volunteer in the last war and has since suffered from an apparently organic deafness due to a shell explosion. A miner also, he has not worked since 1928 because of the deafness and because of a row with the management; he is an active member of the British Legion. The father occasionally drinks heavily. As a boy the patient received some thrashings and was generally afraid of the father. He was afraid of the dark, of heights, and of animals; he had nightmares and nail-biting; he was shy and had feelings of inferiority, yet at the same time was generally a very mischievous boy. The mischief was usually not serious, but he once was put on probation at the Juvenile Court for breaking into a shop.

Since leaving school he has worked as a miner and before 1942 was hardly ever idle or off sick. For eight years he worked in a wet and gassy section, where the roof frequently made a noise like thunder and all the men used to run lest it fall in. Actually nothing serious ever happened, but a number of fatal accidents have occurred in other sections. All the other men found this section a strain, and the patient, too, after working in it for five years, felt afraid and tired, had bodily pains, was sleepless and had nightmares of his work, so that he had to go to another section. Ever since he has been afraid of being put back into that section. He "had to get married" at age 19 because of the pregnancy of his wife, which however resulted in a stillbirth. The two following pregnancies were equally unsuccessful. For years the patient has been a keen politician, a Communist and a trade union official. In January, 1942, he had symptoms of a left medial meniscus injury, which was operated upon in June.

He registered as a conscientious objector on political grounds in April, 1940, as he opposed the Government in nearly everything. (He does not practise any religion.) After a talk with his father he withdrew his objection a week later. In April, 1941, he organized a two-day stay-in strike in his section of the pit in spite of the disapproval of his tradé union, which threatened to expel him for it. He has always been quick-tempered and occasionally drank too much. Three weeks before admission he had to work in the bad section for a few hours and he was intoxicated that night; the next day he saw some soldiers fighting among themselves and at once developed an obsessive thought of killing his wife, which persisted until his admission. The obsession has already gone, but some anxiety remains and he is at present afraid to return to coal-mining.

There are three features found in almost all the cases in all three groups:

(1) *Aggression.*—It is noteworthy that in all of the cases aggressive trends appear more or less openly either in the previous personality or in the illness. It is of interest here to recall the views of Glover on pacifist activities (1935), although he was not writing specifically about conscientious objection. I quote: "Peace and war activities are both solutions of mental tension, the apparent and actual differences being due to the different defensive mechanisms employed. The driving energy in both cases belongs to the destructive group of instincts, in particular that variety which when fused with some love components is known as sadism. In illustration, the fanatical pacifist under certain circumstances may be a danger to peace."

In this series aggressive trends are seen as follows: In Case 1 in the obsessional ideas of harming others; in Case 2 in the symptom of striking other patients; in Case 3 in the delusions of influencing others and inverted as thoughts of suicide;

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in Case 4 in the ideas of omnipotence, which may have been derived from aggressive tendencies; in Case 5 in all his antisocial behaviour; in Case 6 in his previously disordered behaviour; in Case 7 in the previously disordered behaviour and in the thoughts of suicide; and in Case 8 in certain aspects of his previous personality and in the obsession of killing his wife.

(2) *Pathological fear.*—Pathological fear is clearly shown in the previous personalities and in the illnesses of Cases 1, 3, 6, 7 and 8. In Case 2 it may be inferred from the previous personality and from the circumstances of the onset of the illness. In Case 4 it is seen in the previous personality, for which the illness may be a compensation. In Case 5 there was only slight fear in childhood. It is not surprising to find pathological fear in individuals who at the same time show strong aggressive trends. Pathological fear is often a fear of the subject's own unconscious impulses. It may well be that in some of these cases the fear of the release of strong aggressive tendencies has been an important factor in the genesis of the objection to combatant service which implies release of aggressive impulses.

(3) An important factor is that in seven out of the eight cases the reactions of the fathers to military service in the last war had been very uninspiring if not abnormal. In Cases 1 and 2 the fathers had been psychiatrically unfit for service; in Case 5 the father was in a reserved occupation and is "against war"; in Case 4 the father was too old to serve; in Case 7 the father was on home service only; while in two cases (3 and 6) where the father had combatant service he developed psychiatric symptoms said to be partly due to that service. That leaves only Case 8 in which the father performed full service and had no psychiatric sequelae. In another case—not reported because only once seen—the father was an objector in the last war and all three sons are objectors in this one.

I think that the histories permit one to infer that in these psychiatric cases the conscientious objection was but one of several similar manifestations of the patient's previous personality, and in several, of the later psychiatric reaction as well. One may ask further whether conflicts arising about objection had in their turn aggravated the psychiatric state. This could occur either as conflict about *whether to be* an objector or as conflict about *being* an objector. In Case 4 there was great conflict about whether to be an objector. In Case 7 there was great conflict about both "whether" and "being." In some other cases there was a little evidence of such aggravation; in Case 3, conflict about his "conscience" apparently before being an objector; in Cases 5 and 6 the alleged belief that the patient would be shot as an objector; in Case 8 the patient withdrew his application after a discussion with his father. In Cases 1 and 2 no evidence was obtained of any such conflicts.

The case material presented shows that in some cases conscientious objection may be associated with an abnormal mental condition, and I would make a plea that Tribunals for Conscientious Objectors and Recruiting Medical Boards should be on the watch for such cases, so that full justice may be done to them on the basis of their mental conditions.

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