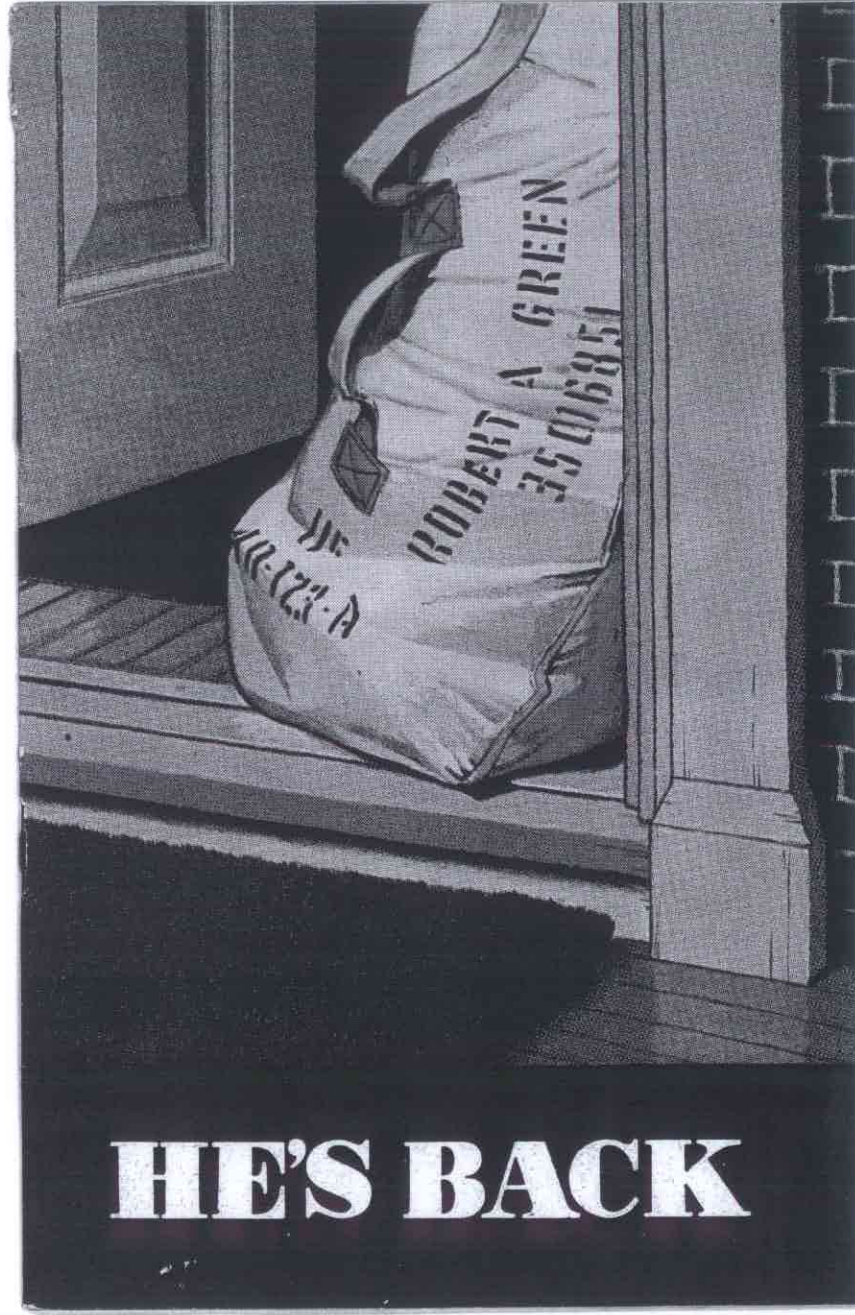


DISABLED VETERANS

11PP (PETS 3)

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# **HE'S BACK**

Prepared by the Surgeon General's Office  
United States Army

## **REHABILITATION STARTS IN ARMY HOSPITALS**

Rehabilitation has as its goal the restoration of the earning capacity of the disabled individual. It implies more than good medical treatment. Modern medical skill, through the use of blood plasma, penicillin, and perfected techniques of evacuating wounded from the battlefield, may save the life of the soldier wounded in battle. But it is not enough to transport the wounded to a hospital quickly and to provide medical and surgical treatment promptly in an attempt to save life and restore health. There is a larger obligation to ease mental suffering and to restore the individual to a full and useful life. The beginnings of rehabilitation may be undertaken in Army hospitals coincident with medical and surgical treatment. But it must be continued after the discharge of soldiers, by those agencies set up by legislative act (1) to accomplish this purpose—and it must be helped by the family and friends of the handicapped man.

## **WOUNDS OF THE SPIRIT**

In spite of prompt and skillful medical attention, battle wounds sometimes cripple or cause prolonged invalidism. Often the deepest wounds—those hardest to heal—are of the spirit. It is essential, therefore, that medical treatment attempt to alleviate mental anguish and to supply the information and guidance necessary to assure the handicapped that he can and will be self-sufficient and economically independent. Most difficult to dispel is the emotional despair of the blinded, the feeling of aloneness of the deafened, or the bitter resentment against a cruel fate that has allowed one

(1) Public Laws Nos. 16 and 113 of the Seventy-eighth Congress.



youth to be armless, legless, or otherwise disfigured when so many of his companions suffered comparatively minor discomforts that could be quickly forgotten.

## **FALSE BELIEFS ABOUT HANDICAPS ARE COMMON**

Because of the almost universal tendency to associate disabilities with handicapped human derelicts, the approach to rehabilitation should seek to correct false beliefs people hold about illness and incapacity. Many persons think of blindness as the most terrible of all afflictions. To the average man, blindness and other equally serious handicaps mean incompetence and dependency, for he visualizes the man on the street corner with the tin cup and shoe laces, or the legless pencil seller on his little cart. Yet there are ever so many blind who get about with amazing agility, are married, hold jobs, and live satisfying lives. Their achievements are the result of a rehabilitation program and of patient practice in acquiring new skills.

Did you ever stop to think how much you can do without sight? The keyhole and the light switch are easily found in the dark; the voices of friends recognized over the telephone and the dinner menu distinguished by the odors of cooking. The blind learn to devote increased attention to their other senses. So it is with other handicapped people. Often they do more with their remaining senses than ordinary people do with a full set. Think of Edison, Steinmetz, Helen Keller, Alec Templeton, Seversky, and a host of others who have risen to the heights of fame in spite of handicaps.

Initially the disabled soldier shares the common belief that disablement means a complete wreck of all hope for success. Therefore, rehabilitation must combat misinfor-

mation and create assurance that life can still be satisfying and successful.

## **ATTITUDES CAN BE HARMFUL**

The attitude toward handicaps held by people with whom the disabled come in daily contact may profoundly influence adjustment. If others consider his future one of helplessness and dependency he will sense it, and this will increase his own fears and insecurities. You must really *know* that the blind and the legless may overcome their afflictions and find happiness, if you are to be able to assure the man similarly disabled. The handicapped person is keenly alert and hypersensitive to your reactions. He will be able to tell what you believe. Your excessive sympathy and assurance that he will be protected may plunge him into the depths of despair, for that may be proof enough to him that he will always be helplessly dependent upon others.

## **LOOK TOWARD THE FUTURE**

During the period of military hospitalization, rehabilitative measures are started which encourage the disabled soldier to look hopefully toward the future. The gains made in this direction, through participation in the Army's Convalescent Reconditioning Program, must be built upon after discharge from the Army. Goals of self-sufficiency, self-reliance, and a full and useful life must be constantly in view. Pensions, governmental assistance, and the help of social agencies are not enough.

What then can puzzled friends and family, who stand by in loving concern, do to help? The following guides may help:

## **TRY TO UNDERSTAND THE SOLDIER'S PROBLEM**

**ANXIETY IS ASSOCIATED WITH SERIOUS ILLNESS OR INJURY.** Crippling injuries, disfiguring wounds, or any serious and prolonged illness induce an apprehensive fear that life will somehow be profoundly altered afterwards. At the outset, emotional upsets and black despondency are to be expected, though some men accept their misfortunes with remarkable calm and fortitude. Others gain strength from beholding comrades in varying stages of convalescence, some quite skillful in the use of their artificial limbs. As long as the soldier is a member of a group similarly handicapped, it is easy for him to suppress his fear of going home a cripple and facing friends.

Any disability which makes a person less efficient creates an unconscious dependence upon others, quite like that of the helpless child upon his parents. Gains in self-reliance, made in the hospital, may be swept away by the fear of pity and by resentment toward a "make-it-easy-for-the-boy" attitude on the part of people at home. "Tailspins" are frequent. It takes patient guidance to reestablish ego strength.

**THERE IS BITTERNESS DIRECTED TOWARD THE ARMY.** The soldier who has been in combat or who has spent many weary months overseas should really not expect people at home to understand how he feels; they can't, they weren't there, and it just can't be described. Oftentimes bitterness is openly directed toward the Army. It is helpful to know how very normal this bitterness is for it has always been so for citizen-soldiers. The soldier in the front line of combat, whose life is constantly in danger, may bitterly resent the man in the "safe job" in reserve or support, for

he must sleep in the foxhole, eat canned rations, and endure countless hardships which other soldiers are spared. The man in combat support units may resent the man in the "easy job" in the service units at the port who speed supplies forward; the man at the port may bitterly protest favoritism and promotions and the "easy life" back home.

The combat soldier may be bitter, too, because out of all the millions in America he should have been chosen to endure combat hardships and risk his life. He *knows* that someone had to fight and suffer to win the war, but why should it have been he? He *knows* it takes men to plan, men to forward supplies, and men to establish communications and run hospitals, but he is bitter toward the system that "puts the finger on him" and then leaves him "up there" while the others are out of danger.

**RESENTMENT AGAINST CIVILIANS.** When the soldier has been away from home for many months, or even years, and has experienced hardships, exposure, monotony, and danger, it is not surprising to find that he may resent those who stayed at home and continued their comfortable living, seemingly oblivious of war. Long working hours, rationing, and no gasoline leave him unimpressed in comparison with his recollection of the horrors of even one hour of combat. He is in a frame of mind to resent strikes or large war profits. He may believe that everyone at home was making big money while he was the "fall guy" elected to carry the torch. He particularly may resent men in his own age group with occupational or physical deferments. Intellectually, of course, he realizes that some men must produce war supplies and that some are physically unfit to serve, but he boils over with unreasoning rage that some should escape the horror he had to endure.



Army training encourages hostility, and pugnacity is upheld as a virtue. Open expressions of hostility and aggressiveness are the natural outpouring of bitterness and resentment. They may find expression in fierce argumentation, fits of anger or actual destructiveness upon slight provocation. For example, if someone were so thoughtless as to ask why a discharged combat soldier is not in uniform, he may proceed to "take the place apart."

Uncritical encouragement of feelings of hostility and resentments is unwise.

**IDEALIZATION OF THINGS AT HOME IS INEVITABLE.** When the soldier is far away from wife or sweetheart and has to rely on letters, there is created a dream image of the loved one, exaggerating virtues and depreciating faults. Home is longed for as the most wonderful place in the world; mother's cooking the most succulent; the home town, old friends and past associations are all unconsciously glorified. All too frequently, a man comes home to find the town gone to seed; home a bit shabby; mother's "corn pone and fat-back" not so tasty as the balanced diet in the convalescent hospital. Maybe some 4-F married his best girl, or his wife seems silly and superficial, now that life is measured for him by different standards. Of course, this is not always the case, but because real persons have faults, there are things to irritate and quarrel about with wife or sweetheart.

**ARMY REGIMENTATION.** Just the simple fact of prolonged military service during wartime creates a whole host of problems. You cannot take a young man and keep him in the Army for 2, 3, or more years without doing something to him. The regimentation, the hardships endured, the fears overcome upon exposure to danger may make profound

changes in personality. They may not be undesirable changes, but they make a difference, nevertheless.

## CONTROL YOUR EMOTIONS

When meeting the disabled, the disfigured, or the seriously ill, allow no horror or sorrow or revulsion to appear in face or manner. Avoid excesses of sympathy. It may be harmful to treat him either like a hero or a martyr. Recognize the debt we owe to him for his sacrifice, but don't patronize or pity or fuss over him.

Fear of the emotional storms that the news of serious handicaps would bring has led many soldiers to conceal the fact from the family. One boy remarked he could better endure the enemy's bullets again than his mother's tears. A soldier with his jaw shot away tried to keep the knowledge of his damage from his wife. He feared she would be so overwhelmed that he felt he couldn't stand meeting her. The Commanding Officer of the hospital fully explained the situation to the wife and she had time to get herself in hand. One day, she walked into the patient's room unannounced. He was astonished that she could treat him as though nothing had changed between them. And nothing *had* really changed. It is the right of those who love deeply to share the depths of adversity as well as life's more tranquil moments.

There is the story, too, of the man in an Army hospital who had had his nose shot off. As a temporary expedient, until a new nose could be fashioned through plastic surgery, he wore a plastic nose. In the excited embrace of greeting his wife, the plastic nose was dislodged and fell to the floor. The wife's immediate reaction was worth months of rehabilitation for she reassured her tortured husband with the remark, "I married a man, not a face."



What a man looks like matters little. One of the most cheerful and pleasing personalities is carried about in the twisted and deformed body of a hunchback.

### **TREAT THE DISABLED SOLDIER LIKE A NORMAL, MATURE MAN**

The loss of an arm or leg or ear may change the appearance of a man, but his personality and character need not alter. The handicap or disability should be ignored and the individual treated as the normal person he is. There are no special techniques to be mastered in such an approach. A natural manner is all that is necessary. Avoid questions of combat experiences. Don't inquire about the symptoms and origins of a man's present trouble unless he seems to want to get something off his chest. Listening, under such conditions, places an obligation upon the listener to do no harm. Don't become involved in giving advice or opinions about the adequacy of treatment or the completeness of recovery that may be anticipated. Do reassure him that handicaps are no more than that and can be overcome. Remember, too, that war speeds the process of growing up. The 18-year-old lad who has been away from home a couple of years and wears the Purple Heart for his sacrifice in combat is not the carefree boy he was. He's a man now. Exposure to danger and assumption of the soldier's daily responsibilities have made him older than his years. Treat him with awareness of that fact.

### **HELP RESTORE FAITH IN HIMSELF**

Even though a soldier in a hospital is surrounded with every comfort and sympathy and has nurses wait on his every

wish, he may still despair. The thoughts of his own helplessness and the fear that he may become a burden upon loved ones appall him. The newly blinded soldier fears he will make himself ridiculously conspicuous or fall and hurt himself if he ventures out of his room. He is quite willing to have people wait upon him. Unless he does brave the unknown dangers of his new world of darkness, he will never learn to walk about easily or to orient himself through his remaining senses. That requires practice, discouragement, and many hard knocks. It is essential if rehabilitation is to be successful to restore the individual's faith in his ability to do things for himself as a person. Happiness is related to goals, is born of achievement and is built through one's efforts. Help the soldier concentrate on the determination to get well and to overcome his loss. New goals and new interests can be found. Opportunities consistent with the disability still exist and offer a realm for self-satisfaction. A problem-solving point of view and the slogan, "I'll get there yet!" help restore faith.

### **FACE THE REALITY OF DISABILITY**

There have been times when a disabled soldier was afraid to go home and face his friends. There must be created within every handicapped soldier the conscious acceptance of his acquired physical limitations. Don't attempt to minimize the crippling effects that may result from the disability. It will usually be found that there is far less emotional shock to the average handicapped man if the hazards of his new life are discussed at the outset. The man who has undergone extensive plastic surgery is helped through the understanding that his appearance is changed, and he learns to accept that

fact. We are familiar with the disfigured fearful person who compulsively asks, "How do I look?" When well meaning friends say, "Why—just fine!" it only momentarily quiets his anxieties, for he is aware of the untruth of this assertion, even though he hasn't brought himself to face it. Personal anxieties and even great problems lose their capacity to frighten and cause tension if they are brought into the open, squarely faced and talked about. How much simpler life becomes for all when the hard of hearing wear their hearing aids openly! The handicap of deafness is seldom concealed by bluffing. The hook on an artificial arm may be an ugly thing, but when skillfully used it makes possible normal competitive work. How much better it is to wear the hook openly and proudly demonstrate one's ability to use it than to conceal the disability by keeping an arm behind one's back! That fools no one.

### **HELP THE DISABLED TO HELP THEMSELVES**

You get what you work for in this world. In the hospital, the physical therapist cannot restore a functioning hand merely through heat and massage; nor can the occupational therapist prevent stiffness unaided. It is the soldier, himself, who must work diligently by exercise to restore normal functioning. A man may be fitted with an artificial leg and be shown how to use it, but it is up to the man to work at the job of developing power, balance, and skill. Every handicapped individual has a share in the responsibility for his own welfare. Even though he falter and find the path to recovery difficult, he must learn to do it for himself, for only by so doing may he become independent and self-reliant. Avoid doing things for the handicapped. Ad-

versity may become an asset with reassurance, guidance, and a chance to work things out for one's self.

### **WHERE TO GET HELP IF IT IS NEEDED**

"Information For Soldiers Going Back To Civilian Life" is a pamphlet given to the discharged serviceman. It should be consulted.

After discharge, disabled veterans should write the Veterans' Administration, not the War Department, for information about *claims and further medical care*. If *additional hospital care* should ever become necessary for the disability, contact the nearest facility of the Veterans' Administration.

If the disability prevents work at the veteran's old job, he can probably be taught a new occupation in which his disability will not be a hindrance. Information about *vocational training* can be obtained from the Veterans' Administration.

Between the time of discharge and the time of adjudication of a claim by the Veterans' Administration, an application for *emergency assistance or relief* may be made through the local chapter of the Red Cross.

*Legal protection* or advice, lawsuits for collection of debts, information about taxes, etc. may be obtained upon consultation with the local Selective Service Board, the Red Cross, the Legal Aid Society, or Bar Association.

The Reemployment Committee of the local Selective Service Board in your community will offer help to get the *old job back*. If a new job is needed, or if the serviceman was not previously employed, the United States Employment Service office is the place to seek help.



## **AIDS TO THE MANAGEMENT OF SPECIAL DISABILITIES**

The following brief pointers indicate how specific information may make the adjustment of the handicapped easier. There are many useful prepared guides to particular handicaps.

**FOR THE BLIND:** The relatives of the newly blind man may be his worst enemies, for although prompted by kindness, they may thwart rehabilitation and foster dependency. The blind learn to use their ears and hands and other senses to visualize their world. It is important to remember that the newly blind soldier continues to visualize his surroundings even though he doesn't see. Learn to describe scenes and places. Explain the arrangement of rooms. Don't fail to describe any change made in the familiar arrangement of furniture. Help him "see" people through your description. Encourage him to meet people. Always identify yourself and others present. Address him directly, don't talk through other persons.

Call his attention frankly to any mannerism or unusual habits he may develop. Help him by your encouragement to have good posture, a normal walking gait, neat personal appearance, good table etiquette, and an animated facial expression.

Keep doors open or shut, never half open. Offer your arm when walking; he'll touch it lightly. Don't grab his arm and push him around.

(Additional reference: "An Open Letter To My Newly Blinded Friend," by J. P. Clunk from the National Society for the Blind, Woodward Building, Washington, D. C.)

**FOR THE DEAFENED:** The deafened soldier is taught lip reading prior to discharge from the Army. He will usually wear a hearing aid. See that he wears it and keeps it in good working order. Lip reading supplements what he doesn't hear with an aid. When you speak to him, face him and be sure there is enough good light so that he can see your lips. Don't cover your mouth or speak with a cigarette in your lips. Attract his attention by moving your hand. Speak slowly and distinctly, without "mouthing" your words. It is sufficiently difficult to read lips without having to interpret exaggerated distortions. If he doesn't understand, don't shout. Rephrase the sentence, it's easier to catch the meaning that way. Be sure he understands, discourage bluffing. Proper names are always difficult. Never talk behind his back. Never, at any time, direct conversation to another which he is not supposed to hear. Always act in this regard as you would if he had normal hearing.

Correct any change in voice quality in order that his speech may remain pleasant. Encourage him to keep up with his lip reading and to secure advanced training if he needs it. The Society for the Hard of Hearing will direct him to a teacher.

(Additional reference: "How To Help Your Hearing" by Louise M. Neuschutz, published by Harpers.)

**FOR THE MAN WITH AN AMPUTATION:** Take good care of the amputation stump. If soreness or irritation develops, communicate with the nearest facility of the Veterans' Administration. See that there is sufficient supply of stump socks for a daily change. Wash the woolen socks carefully. The artificial limb should be worn and kept in good adjustment and repair. If replacement becomes neces-

sary, consult the Veterans' Administration. The man with an amputation asks no consideration other than a little longer time to be sure of himself on a job.

**FOR THE NEUROPSYCHIATRIC PATIENT:** In the great majority of instances where a soldier has been discharged from the Army for nervous or mental reasons, it has been for psychoneurosis. This is not a form of insanity nor is it likely to become insanity. With proper management, it doesn't interfere with living a normal life and if cured it is not likely to recur. It is not hereditary. Psychoneuroses in combat troops usually are the result of the tremendously abnormal situations. Some people can stand less of the horrors in battle than others, but nearly all break down if kept under fire long enough. Such battle psychoneuroses, showing up in otherwise normal men, differ from civilian psychoneuroses where it is more common to find that it is an abnormal person (one with immature and faulty habits of reaction to situations) that has a nervous breakdown under the stress of ordinary life.

The psychoneurotic may be hard to live with for a while, but nervousness and emotional upsets may be overcome in time. Tensions and nervousness are often expressed in bodily symptoms. This fact is common experience, for everyone is familiar with indigestion which follows excitement and the headache that develops when one has had an unpleasant experience. The soldier who has developed a psychoneurosis in the service should return to work and should confidently look forward to freedom from symptoms that interfere with his normal life.

(Additional reference: "Psychology for the Returned Serviceman," a Penguin book published by the Infantry Journal,

1115 Seventeenth Street NW., Washington, D. C., or "Just Nerves", a book by Austin Riggs.)

## **HELP THE DISABLED TO GET BACK TO WORK QUICKLY**

One of the very best incentives to rapid recovery is the certainty of a job ahead which the disabled soldier is confident he can handle. Therefore, it is best to get a job promptly or go back to school. Work is associated in our minds with health. It is for this reason that occupational therapy is started early during the stay in a hospital. Idleness and boredom during the hospital's weary day breeds restlessness and discontent. It is even more important to get back to work when a man comes home. Vocational advice is available if it is needed and so is retraining to overcome a handicap in getting a job. There should be no forcing of the handicapped into job categories. There are many different fields open. The aptitudes and interests of the individual can be determined and matched with a job that is satisfying. Happiness is related to goals in life. If each new day brings the expectation of problems, if it offers the opportunity to learn something new, and if the people about the patient are interested in him as a person, there is created a sense of personal worth and security that is one means of reestablishing social stability. A job that is satisfying is a most worthwhile goal.

## **CONTINUE SOCIAL LIVING**

We live our lives normally in contact with others. Without stimulating friendships, life becomes dreary. Social occasions are fostered within the hospital center to preserve contacts between the handicapped and the non-handicapped.



They help a man build habits of independence. It is also very necessary to communicate the spirit of optimism and the need for self-reliance and independence to the family of the patient in order that they may help and not hinder his progress in this direction. Encouragement should be given to the patient to resume social contacts after he returns home. It has been well said that the best way to get friends is to be one.

### **REALIZE IT TAKES TIME TO ADJUST TO BEING A CIVILIAN AGAIN**

The soldier has been out of touch with the old life for a long time. In the Army, with all its hardships and in spite of the "griping," there was much that made life easier. Everyday problems of existence were attended to without a thought. Food, clothing, housing, pay, even recreation and entertainment, were there for the asking. Above all, there was the companionship of kindred spirits. One got to know intimately the lives of one's friends in the service. At home, things are different. It's hard to get used to being a civilian. The pals left behind, who didn't serve in the Army, have grown apart and now have their own lives and interests. These are not the interests of the returned soldier. The veteran may become restless and bored; he may suffer from the lack of companionship. He needs a well-balanced program so that each day provides participation in some physical exercise or sports; so that each day may also bring an opportunity for creative work with a hobby, apart from the dominant vocation. He needs, too, an opportunity for mental growth. If his schooling was

interrupted, encourage the veteran to take special refresher courses. Encourage him to attend lectures, enter into discussion groups and continue reading. Encourage him also to give up some time, without expectation of personal reward, to the general community welfare. This applies to the handicapped as well as to the uninjured.

### **STRESS THE IMPORTANCE OF BEAUTY OF SPIRIT**

Much of the charm of thoughtful people comes from their genuine interest in and service to others. The sustaining faith in a God that helps a person to overcome adversity can be communicated to others less fortunate. The shining example of a handicapped person who has overcome his disability carries a great message to those who feel overburdened by life's many tribulations. He who has the will to achieve demonstrates true greatness of character.