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PERSONALITY, DRAFT STATUS, AND MILITARY SERVICE

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Personality, Draft Status, and Military Service*

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Speculation about the quality of personnel joining the Navy under zero-draft or all-volunteer can be found not only in the daily newspapers (and the weekly service journals), but also in the scholarly periodicals of the sociologists and the manpower economists. The conclusions of the Gates commission were optimistic; the results of British and other trials of all-volunteer forces in recent years have led to pessimistic views of just how many really good men will be joining the forces.

One intriguing way to look at characteristics of recent recruits is to compare those who presumably joined without any compulsion--those with high numbers in the draft lottery--with those who may well have been induced to enlist because their low draft numbers assured their entry into some branch of the forces--the Army.

For an Air Force sample, Valentine and Vitola (1970) showed that there were fewer self-motivated enlistees (those enlistees with a high draft lottery number) who had completed high school, more who had dropped out of school at an earlier age, and more who perceived their academic performance less favorably than did the draft-motivated group (enlistees who entered the service with a low draft lottery number). In addition, the self-motivated enlistees came more frequently from minority racial groups, from homes that were bi-lingual, with one or both parents having been foreign born. Also, their parents had completed fewer years of school than the parents of the draft-motivated group. The self-motivated group had a more positive attitude towards the military service, though their aptitude test performance was lower than the draft-motivated group. A study

by Rhode, Delke, and Cook (1972) indicated that volunteers in the Navy generally were younger in age and had less education than those sailors who were drafted. Plag (1963, 1971) and Plag and Hardacre (1965) demonstrated a direct relationship between the quality of input (completing high school, pre-service disciplinary record, and aptitude scores) for Navy recruits and the psychiatric incidence rate and administrative discharges. This study examined attitudinal and personality variables to further define the nature of the volunteer to aid in developing procedures for selection of potentially effective enlistees.

Method

Recruit Temperament Survey (RTS). An analysis was made of self-reported attitudes, complaints, and history obtained from the Recruit Temperament Survey (RTS), a standard instrument administered to all Navy recruits during recruit training in San Diego and Great Lakes Naval Training Centers. The RTS is a 117 item yes-no test devised by Waite and Barnes (1968) in an attempt to identify those recruits who might become psychiatric casualties or have to be discharged prematurely from the Navy. The items focus on psychiatric symptoms, attitudes, and past behavior of the individual. High scores are indicative of poor adjustment potential and early discharge from the Navy.

Sample. The RTS responses from 7936 sailors who enlisted from January 1970 through December 1971 were studied. Of this initial group 5866 comprised the draft-motivated group, which was defined as those individuals with draft lottery numbers from 1 - 122, and 2070 men were in the self-motivated group with draft lottery numbers from 245 - 366. In addition, 8010 men were randomly selected from the available recruit sample who entered the service from January 1967 to December 1971 to provide a comparison group for contrasting responses to each item (random group).

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Results and Discussion

The results were analyzed in two parts: (1) a comparison of the RTS response patterns for draft-motivated, self-motivated, and the randomly generated comparison group of enlistees, and (2) an examination of the distribution of psychiatric incidence for self--motivated and draft-motivated enlistees.

Comparisons of Response Patterns. Of the initial 115 items, 25 significantly discriminated between at least two of the groups. These items fell into three categories describing (a) items on which the draft-motivated group scored higher, (b) items on which the self-motivated group scored higher, and (c) Navy related attitudes and feelings. The results are summarized in Table I. It should be noted that significant differences were achieved, but the actual differences are quite small. The consistency with which the self-motivated and draft-motivated groups answered the items, however, lends plausibility to the argument that these two different groups enter the service with differential attitudes toward the Navy and their assessment of themselves.

(Insert Table I about here.)

Category A. The draft-motivated group reported back pains, sweating, pains in the chest and worrying over trifles more often than the self-motivated group. In addition, they reported that they wanted to quit and go home, and that their feet hurt when they stand for an extended period of time more often than the self-motivated group.

Category B. The self-motivated group was significantly higher on the items in Category B. That is, they reported more often that people take advantage of them, and that they don't care what happens to them. In addition, a higher proportion of the self-motivated group failed two or more grades.

Category C. The four items in Category C indicate that the self-motivated group enlisted in the Navy because there was no work. They reported that they

also had a clearer idea as to the ship on which they would like to be stationed than did the draft-motivated group. The item that most discriminated between these two groups of enlistees indicated that the self-motivated group, with much greater regularity than the draft-motivated group, expected "to enjoy the next twelve months as much as the last twelve months."

Comment. These results suggest that the self-motivated enlistee has had more difficulty at home, in school, and has led a less socially oriented existence (reported characterological symptoms) than the draft-motivated group. Their attitude toward the Navy was much more positive, they had thought about the service for a longer period of time, and were relatively optimistic in terms of their future in the service. The draft-motivated group was more anxious and depressed than the self-motivated group, reporting more neurotic-like symptoms (anxiety, depression, and sleep disturbance) than the self-motivated group.

Comparisons with a Random Group

It was felt that what we have been calling neurotic symptoms or characterological problems may have emerged because of the way in which the groups were defined. Both groups were a restricted sample from the total Navy recruit population. Classically, subjects who report characterological, behavioral problems do not report neurotic symptoms. It is conceivable, therefore, that the draft-motivated group looked more "neurotic" only because they were compared to a very "unneurotic" group of subjects. As a result the data described above were compared to another group of 8010 recruits from the general population (random group).

Category A. On every one of the items in Category A, the random group admitted to significantly fewer complaints than both the draft-motivated and self-motivated groups. That is, there was less anxiety, depression, and sleep disturbance symptoms for the random group than for both the others.

Category B. The pattern was less consistent for the items in Category B. The random group completed less schooling and failed more grades than both of the other groups. They admitted to less of a need to be by oneself and more of a preference to go to parties than to watch TV than the other two groups. The random group also admitted to caring more about what will happen to them in the future than the other two groups.

It should be noted that there were two items on which the random group fell in between the draft-motivated and self-motivated groups. The draft-motivated group was significantly lower and the self-motivated group was significantly higher than the random group on the items indicating that "people often take advantage of me" and "I had to quit school because of family problems."

Category C. The results in Category C indicate that (1) the random group was significantly lower than both of the other groups in terms of the frequency with which they entered the service because no other job was available; (2) the random group was significantly higher than the draft-motivated and self-motivated groups in terms of the frequency with which they knew what ship they would like; (3) the random group was significantly lower than the self-motivated group though no significant difference was obtained between the random and draft-motivated groups in terms of frequency with which the subjects had thought about the future; and (4) the random group was significantly higher than the draft-motivated group though significantly lower than the self-motivated group in terms of their optimism about the next 12 months in the Navy.

Comment. In general, these results indicate that the random group reports fewer somatic, anxiety, and sleep disturbance symptoms than the self-motivated and draft-motivated groups, while leading a more sociable type of existence. They have completed fewer grades in school and have failed more grades. They seem to be more future oriented. They have given more thought to their stay in

the Navy.

Psychiatric Incidence. The self-motivated and draft-motivated enlistees assessed themselves differently on the RTS. Are the differences obtained during the recruits' first weeks in boot camp reflected in his future performance? One way to answer this question is to look at the rate with which the self-motivated and draft-motivated groups are admitted to the psychiatric sick list and more specifically to look at their respective diagnoses. The draft-motivated and self-motivated recruits were followed through December 1972. In order to test for clinical differences, the incidence rates and the distribution of diagnoses for the two groups were examined. The results were summarized in Table 2.

(Insert Table 2 about here.)

The overall incidence rates for the two groups were not statistically different. These data suggest that the expected caseload for psychiatry and the subsequent psychiatric ineffectiveness for enlistees under an all-volunteer system will not change. However, it should be noted that the men in the self-motivated group who became psychiatric patients were diagnosed psychotic or neurotic almost twice as often as the draft-motivated group, but they were diagnosed with drug-related problems half as often as the self-motivated group. Characterological problems and transient, specific, organic, or psychophysical problems were relatively stable. It would appear that the all volunteer force may be faced with fewer drug cases and somewhat fewer characterological problems, in general. This may be accounted for by the nature of self-selection screening out those problem cases who would not choose to join the service if the option was theirs. Some marginally effective men might be expected to enter the service.

These results are somewhat contrary to the impression given by the RTS response differences for the self-motivated and draft-motivated groups. Although the self-motivated group reported more symptoms which conform to psychiatric

descriptions of characterological problems, they received the diagnosis of neurosis or psychosis more often than the draft-motivated group. In addition, there was no difference between the self-motivated and draft-motivated group in terms of the frequency with which they were given the diagnosis of a character disorder. The self-motivated group had significantly fewer men with drug-related problems. Perhaps, the self-motivated responses are indicative of greater potential for severe pathology than the draft-motivated responses, while the "Neurotic" report indicates potential for anxiety reduction through drug involvement. These speculations merit further consideration for discovery and understanding of high risk enlistees.

Summary and Conclusions

The self-motivated enlistees tend to have completed less school, have failed two or more grades, and report more difficulty at home and in relating to other people than draft-motivated enlistees do. The draft-motivated enlistees tended to report being more anxious and depressed, with more sleep disturbance symptoms, coming from families who might be described as being more overprotective than the self-motivated group. Both the self-motivated and draft-motivated groups reported more complaints than a randomly chosen group of Navy enlistees. As a result, it is felt that the all volunteer force may change the clinical psychiatric picture for the armed services. While the results of this study only describe response differences, the responses and incidence patterns suggest that the RTS may assist in defining special populations in the Navy and that clustering or scoring techniques may identify psychiatric or administrative high-risk enlistees.

The results described above have focused on the difference between groups of enlistees who joined the service under two special conditions. It is important to look at these results with the understanding that the significant differences

between the self-motivated and draft-motivated and the random groups were much more impressive than between the self-motivated and the draft-motivated groups. The results suggest that individuals coming into the service under these special conditions not only differ on attitudinal variables and their eventual psychiatric incidence rates, but that both of these special groups are more alike in their admission to psychiatric symptoms than when a more extensive Navy sample is considered.

Footnotes

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Table I

IRQ Items That Discriminate Between Draft-Motivated and Self-Motivated Navy Enlistees

Item	Proportion Responding "True"		Baseline (BL)
	Draft-Mot. (DM)	Self-Mot. (SM)	
<u>Pattern A</u>			
1. High school completed	93	91	83
17. Back pains	22	18	11
38. Tense	79	77	84
43. Want to quit and go home	38	35	27
44. Trouble with sleep	31	29	22
50. Could not bring friends home	36	35	29
71. Sweat a lot	42	40	35
74. Pains in chest	16	13	09
76. Walk under a ladder easily	88	86	92
83. Tires easily	48	47	39
84. Family have sick headaches	28	26	21
89. Feet hurt when standing	87	84	58

Table 2

A Distribution of Selected Diagnoses for Inpatient
Psychiatric Cases Among Self-Motivated
and Draft-Motivated Enlistees

Diagnosis	Self-motivated ^a (N = 56, I = 2.12) ^b	Draft-motivated ^a (N = 127, I = 2.80) ^b
Psychosis	11*	5
Neurosis	30*	17
Character Disorder	41	50
Drug-related	7*	14
Other (transient, specific, organic, psychophysiological)	11	14

^aFigures are expressed in terms of percentage of the psychiatric cases for each group.

^bI is the incidence of men in the sample suffering psychiatric crisis expressed in percentage. No significant difference ($p \geq .50$)

*Statistical difference ($p < .05$)

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more anxious and depressed than the self-motivated group. In terms of the psychiatric incidence of the two groups, the self-motivated group, when compared to the draft-motivated group, had twice the incidence rate for psychosis and neurosis and half the incidence rate for drug-related hospitalization. The results were discussed in terms of the effect that the all-volunteer force will have in psychiatric facilities in the U.S. Navy.

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