

Foreword

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Speaking at the New York Academy of Medicine in 1944, Colonel Walter S. Jensen, Deputy Air Surgeon of the United States Army Air Forces, acknowledged the negative psychological effects of war while bemoaning their apparently perverse appeal to the general public. Defining war trauma as the source of multiple psychological symptoms, Jensen underscored the military's commitment to educating both soldiers and civilians on the subject. In so doing, he also warned that popular media were particularly pernicious in promulgating misinformation about various psychic disorders. Mainstream commercial representations had, in Jensen's view, so accustomed Americans to "thinking in terms of weaknesses rather than strength" that such individuals were likely unaware, by 1944, of major, "strength-restoring" developments in military psychiatry. Suggesting that "the lay public . . . may tend to view with alarm the incidence of neuropsychiatric casualties in this war," Jensen prescribed efforts to "place the subject in its proper perspective."¹

Among the most admired of such efforts is a 1977 dissertation entitled "The Role of the Psychiatrist in World War II," which Rebecca Schwartz Greene submitted as part of a PhD in American history at Columbia University. A comprehensive account of the relationship of war and medicine in the 1940s, Greene's groundbreaking research offered a foundation for several key interdisciplinary works, from Allan Bérubé's *Coming Out under Fire* in 1990 to Ellen Herman's *The Romance of American Psychology* in 1995. As Eric Jaffe rightly put it in his 2014 book *A Curious Madness*, "The best place to begin a study of psychiatry in World War II is a doctoral dissertation by Rebecca Schwartz Greene, 'The Role of the Psychiatrist in World War II.'"² While writing the dissertation, Greene was a Josiah Macy Historical Research Fellow at Cornell Medical Center, New York Hospital. She attended grand rounds and diagnostic sessions with psychiatric residents and gave papers before psychiatrists and historians at Cornell's Section on Psychiatric History. That Greene's pioneering dissertation is now available in book form is cause for celebration. An updated version of "The Role of

the Psychiatrist in World War II,” *Breaking Point* retains and expands the earlier work’s emphasis on the complex and at times contradictory influence of individual medical professionals on institutional and public perceptions of behavioral health. Beginning in the mid-1970s, Greene interviewed a number of those professionals—psychiatrists whose military service during World War II helped transform their field: Dr. John W. Appel, who worked in an “exhaustion center” near the battlefields of Cassino and Anzio and who would proclaim the inevitability of “neuropsychiatric casualties” among combat personnel, arguing that no one could sustain more than 240 consecutive days of fighting; Dr. M. Ralph Kaufman, who developed hypnosis techniques for the treatment of those traumatized in the Battle of Okinawa, in which he also served; Dr. Herbert Spiegel, who promoted therapeutic hypnosis while serving as a battalion surgeon in North Africa; and Dr. Abram Kardiner, a psychoanalyst who joined Spiegel in asserting that “the normal state for the soldier in battle is fatigue and fear.”³ A rigorous yet accessible account of psychiatry’s entwinement with World War II, Greene’s book is also, via these interviews, an invaluable record of the field’s self-image as it took shape during a later, perhaps equally pivotal period, when the war in Vietnam raised new—and reanimated old—questions regarding the individual mind and the national soul.

During World War II, the prevalence and severity of post-traumatic conditions far exceeded the military’s capacity to treat them, and efforts to rehabilitate the victims of war trauma were consistently compromised by the relative scarcity of psychiatrists, both stateside and at or near the front. Various crash courses were meant to spread psychoanalytic lessons beyond a small coterie of skilled practitioners, but even these proved difficult to administer. Qualified instructors were hardly abundant, even as the military continued to call for the “transmission” of psychiatric knowledge from doctors to “everyone else.” Setting up a series of so-called mental hygiene lectures for officers and enlisted men, the Neuropsychiatry Consultants Division would later conclude that these formal talks “undoubtedly contributed to the mental health of the Army by removing some of the mystery connected with psychiatry and by properly explaining many of the misconceptions commonly connected with this specialty.” But consultants, like psychiatrists in uniform, were forced to confront the fact that they alone could not meet the educational needs of all officers and enlisted men. The busy schedules of psychiatrists rarely allowed for much lecture time, and many inexperienced orators worried that they were unable to convey crucial information “in an impressive and instructive manner.” Compounding these problems was the fact that lectures on psychiatry were occasionally given

during soldiers' off-duty hours, leading to "much dissatisfaction" among enlisted men.⁴

With one out of every four white draft registrants rejected on the basis of a newly diagnosed "nervous condition," and with General George C. Marshall attributing the spread of psychoneurosis to failures in the field of education, urgent questions regarding the country's pedagogic and therapeutic obligations began to be asked. The epidemic proportions of psychoneurosis demanded immediate action, but severe manpower shortages meant that such action could not be limited to the use of psychiatrists alone. To begin with, those tasked with interviewing draft registrants and determining their "psychological conditions" were, in fact, only rarely psychiatrists; often, they were drafted physicians forced to make up for the dearth of psychiatric professionals in the military by providing services for which they were scarcely qualified.

In *Breaking Point*, Rebecca Schwartz Greene tackles all of this and more, offering indispensable insights into the lasting relevance of her subject. Psychosomatic illnesses—also known as "organ neuroses" or, more appropriately, "somatization reactions"—were much discussed in the immediate post-1945 period, their explication by military psychiatrists widely appreciated amid an explosion of pop-psychological self-help literature, widespread health reform, and sheer therapeutic optimism. During World War II, recalled William C. Menninger, pernicious somatization reactions "ran the gamut of illnesses in which the organs of the body act as mirrors for the emotional maladjustments of the individual."⁵ Menninger and others also anticipated a different mirroring process, however, one in which diverse civilians would increasingly reflect this symptomatology, their complex psychological experiences rendered reasonably intelligible by the wartime labors that *Breaking Point* lays bare.

