"If He Comes Home Nervous": U.S. World War II Neuropsychiatric Casualties and Postwar Masculinities

Christina Jarvis
State University of New York, Fredonia

This essay analyzes representations of psychiatric casualties in advice literature and mainstream news periodicals of the late war (World War II) and early postwar period. Because they explicitly exposed the emotional side of men and challenged a warrior ideal predicated upon bravery, self-mastery, control, and courage under fire, mentally wounded veterans, I argue, became especially important subjects for cultural rehabilitation and remasculinization in the postwar victory culture. In addition to exploring the various rhetorical strategies that writers used to normalize and to remasculinize psychiatric casualties, the article briefly examines some fissures within military ideals of masculinity. Ultimately, I suggest that the relational nature and (re)constructions of these models of manhood highlight the complexity of both the heroic and the abject masculinities created by war.

Keywords: World War II veterans, psychiatric casualties, readjustment literature, postwar masculinities, remasculinization, war injuries

---

> The rebuilding of a war neurotic, sent home for treatment, must begin by convincing him that he is not a coward or a failure, but a battle casualty just as truly as the man who lost a leg. (Wecter, 1944, p. 547)

Having already signed into the law the most generous benefits package ever bestowed on a nation's veterans, President Roosevelt wrote to Secretary of War Henry Stimson that he was "deeply concerned over the physical and emotional condition of

Christina Jarvis, Department of English, State University of New York, Fredonia.

This essay is a revised version of a talk I gave at the "Genders, Societies, and Cultures after World War II" conference in Erfurt, Germany in June 2007. My thanks goes to Jürgen Martschukat for inviting me to explore this topic and to an anonymous reviewer at *The Journal of Men's Studies* for his/her helpful editorial suggestions. The phrase "If He Comes Back Nervous" is taken from the National Committee for Mental Hygiene advice book, *When He Comes Back, If He Comes Back Nervous* (quoted in Kupper, 1945, p. 178).

Correspondence concerning this article should be addressed to Christina Jarvis, Department of English, State University of New York Fredonia, Fredonia, NY 14063. Electronic mail: Christina.Jarvis@fredonia.edu

The Journal of Men's Studies, Vol. 17, No. 2, Spring 2009, 97-115.

jms.1702.97/$14.00 • DOI: 10.3149/jms.1702.97 • Url: http://dx.doi.org/10.3149/jms.1702.97

disabled men returning from the war. The "ultimate ought to be done for them," FDR told Stimson in his December 4, 1944 letter, "to return them as useful citizens—useful not alone to themselves but to the community."[1] Roosevelt's particular concern for America's physically and mentally wounded servicemen mirrored national sentiment during the late war and early postwar years. Indeed, between 1944 and 1946 the bevy of books on veterans' readjustments devoted special chapters to each group of wounded, and the popular press filled its pages with images of and stories about injured veterans. Sensing the symbolic importance of these veterans, Yale University Professor George Pratt (1944) remarked, "What is done wisely or unwisely for them will be a sign and measure of our times and a forecast of our future" (p. xi).

Although Pratt and many of his contemporaries saw veterans' rehabilitations as opportunities to repay the nation's debt to its citizen soldiers, historians, media critics, and gender studies scholars have viewed wounded veterans and their physical and emotional readjustments as privileged sites for exploring gender ideals and relations in the postwar period. Hartmann (1978) and Silverman (1992), for example, have examined women's central curative roles in restoring wounded veterans' masculinities and facilitating a return to a "normal" gender order. More recently, Gerber (1994, 2000), Serlin (2004), and Jarvis (2004) have analyzed the ways in which discourses surrounding the rebuilding of injured veterans' bodies via state-of-the-art prosthetic devices and medical procedures communicated the nation's strength and celebrated American triumphs in medicine, technology, and industry. Rather than damaging or threatening the wartime and postwar body politics, in fact, images of wounded veterans—especially amputees—became "powerful visual and rhetorical symbols through which war-related disability was unequivocally identified with heroism" (Serlin, p. 30).

Despite several decades of exciting scholarship on war and gender issues and an increased focus on post-traumatic stress disorder (PTSD) and war's other mental wounds in the post-Vietnam era, gender focused studies of injured U.S. World War II veterans continue to privilege physical wounds over mental ones.[2] Of course, it is impossible to separate the physical and emotional costs of war; many physically wounded veterans also developed psychological scars while numerous psychiatric casualties suffered real somatic symptoms or were haunted by memories of dead and maimed bodies. In an attempt to expand masculinity scholarship on the disabled veteran, this essay analyzes representations of the psychiatric casualty in advice literature and mainstream

[1] Roosevelt's letter along with Stimson's replies can be found at the National Archives and Records Administration (NARA) in the Army's neuropsychiatric files, RG 112, E31, Box 307.

[2] I do not mean to suggest, however, that there is a dearth of scholarship on U.S. World War II neuropsychiatric casualties. There are several military histories aimed at analyzing these "ineffective" soldiers in order to prevent psychiatric casualties in future wars (Ginzberg, Anderson, Ginsburg, & Herma, 1959; Ginzberg, Miner, Anderson, Ginsburg, & Herma, 1959; Glass & Bernucci, 1966; Glass, 1973). Several comparative studies of twentieth-century wars and their psychiatric tolls also discuss U.S. psychiatric casualties from the Second World War (Bourke, 1999, pp. 230-255; Goldstein, 2001, pp. 253-272; Shepard, 2001; Gabriel, 1987; Binneveld, 1997).

news periodicals of the late war and early postwar period. Although less visually prominent than the war amputee or otherwise physically injured soldier, the mentally wounded veteran, I argue, became an especially important subject for cultural rehabilitation and remasculinization (Jeffords, 1989).

In part, sheer numbers necessitated these rehabilitations. In contrast to the 671,000 men who received nonfatal combat injuries, between January 1942 and June 1945, there were approximately 1,000,000 hospital admissions, 1,750,000 Selective Service rejections, and 457,000 discharges for "neuropsychiatric disorders" (Appel, 1946, pp. 433,435)—an umbrella term that included a range of neurological and psychological conditions along with so-called "disorders of intelligence."[3] More importantly, by "breaking down" under the stress of military life or combat, the psychiatric casualty explicitly exposed the emotional side of men and challenged a warrior ideal predicated upon bravery, self-mastery, control, and courage under fire. The normalization and rehabilitation of the neuropsychiatric veteran or the "N.P. case" as he was frequently called in the popular press, then, was vital to the continuous operation of America's economic and war machines. Despite the unquestioned technological supremacy ushered in by the atomic bomb, the world's newest super power could neither afford a tarnished image of its military or the projected tax burden that a new crop of unproductive "shell shocked" veterans would create. Of course, not all "N.P. cases" could be "salvaged" for civilian reintegration, and, as Patton's July and August 1943 slappings of two psychiatric patients in Sicilian military hospitals reveal, many top military officers and indeed the military's culture itself did not readily recognize psychiatric cases as "real" casualties of war. Thus both military and civilian discourses drew distinctions between the vast majority of psychiatric casualties deemed worthy of rehabilitation and national support and a small minority who could be written off as social "misfits." The relational nature (Connell, 1995, 2000; Kimmel, 1996) and (re)constructions of these variously damaged models of manhood highlight the complexity of both the heroic and the abject masculinities created by war.

Military Policies and Media Censorship

Early wartime military policies[4] for dealing with psychiatric casualties reflect a perceived incompatibility between the tough masculine domain of the military and men with psychological or emotional "weaknesses." Despite the fact that the U.S. military had recognized the psychologically wounded as legitimate battle casualties during World War I (in previous wars such servicemen would generally have been disciplined

[3] I purposely have used conservative statistics here. Other sources put the number of hospital admissions at 1,103,067 (Glass, 1973, p.1004) and the number of discharges at 504,000 (Gabriel, 1987, p. 4).

[4] For additional discussion of U.S. military policies on screening, categorization, discharge, and treatment of neuropsychiatric casualties during World War II, see Glass & Bernucci (1966), Glass (1973), Shephard (2001), Gabriel (1987) and Binneveld (1997).

for "cowardice")[5] and had developed a fairly broad program for treating such injuries by 1918, the armed forces did not seriously address the problem of psychiatric casualties in the Second World War until early 1943. As William Menninger, the Army's top neuropsychiatrist from 1943 to 1946, details in 1948 volume *Psychiatry in a Troubled World*, the military believed it could simply prevent incidents of "shell shock" through careful screening at induction centers. By including a psychiatrist on every Selective Service board and employing Freudian based theories about ego/personality development, military officials believed, "the misfits and obviously potential psychiatric casualties" could be screened out (Menninger, 1948, p. 29). These "misfits" and potential casualties included persons with "mental deficiencies, psychopathic personalities, psychoneurotic disorders, chronic alcoholism and drug addiction, and the psychoses—manic depressives, paranoiacs, and schizophrenics" (O'Neil, 1943, p. 652). Moreover, early in the war, soldiers and sailors who "broke down" under the strains of combat or military life were generally discharged instead of treated.

According to military psychiatrists Malcolm Farrell and John Appel, these early discharges stemmed from the idea that initially the military thought "it was possible to contemplate an Army made up of the cream of American manhood" (1944, p. 14). Drawing on pre-World War I notions, the war's earliest "N.P. cases" were sent home to their families or, in some states, held in local jails until provisions were made for them by the local community, usually in state institutions (U.S. Congress, 1943, p. 65). Given the military's initial assumptions that only servicemen with "weak," underdeveloped egos broke down, it is not surprising that early psychiatric casualties were stigmatized—especially when labeled "psychoneurotic," a term that included associations with both the "feminine" (neurosis) and the insane (psycho). Certainly such discharges were not "the cream of American manhood."

By March 1943, however, the military, Congress, and the Veterans Administration all recognized that existing plans for dealing with psychiatric casualties were grossly inadequate, and the Army's Surgeon General Office began to plan for and to treat servicemen's psychological wounds more effectively. Not only did the armed forces begin a program of prompt treatment near the front lines that ultimately returned between 80 and 90 percent of psychiatric casualties for further military duty (40-60 percent returned to combat), but military psychiatrists also discovered their own "magic bullet" in their war for improved care of psychiatric casualties: the term "combat exhaustion." Although the general umbrella term "neuropsychiatric" and the label "psychoneurosis," which was used as an official diagnosis for nearly two-thirds of psychiatric casualties, were still used in military and popular writings until the end of the war, beginning with the end of the Tunisia campaign in April 1943, Major General

[5] Many Civil War soldiers were also simply discharged. According to Gabriel, "Insane soldiers in the Union and Confederate armies were often escorted to the gate of a military camp and turned loose. Others were put on trains with no supervision, the name of their hometown or state pinned to their tunics. Others were left to wander about the countryside until they died from exposure or starvation" (1987, p. 108).

Omar Bradley ordered that the term "exhaustion" be used as the "initial diagnosis for all combat psychiatric cases" in the North African Theater (Glass, 1973, p. 9). Colonel Long, who is credited with coining the term, wrote that combat exhaustion "was chosen because it was thought to convey the least implication of neuropsychiatric disturbance" (quoted in Glass, p. 10). Despite the fact that labels such as "battle fatigue," "combat exhaustion," and "old sergeant syndrome" actually represented approximately one quarter of the war's total neuropsychiatric admissions, military personnel and the public readily embraced the terms because they destigmatized psychiatric wounds by conveying a sense of masculine toughness rather than weakness.

Even with more palatable labels, the Office of War Information and the War Department's Bureau of Public Relations basically kept statistics on and images of psychiatric casualties out of the media until late April 1944, when it became increasingly clear that that they could no longer hide the psychiatric tolls of war. In line with similar early wartime prohibitions against showing images of physically wounded and dead servicemen, these policies were designed to help sustain public morale on the home front and to preserve representations of the nation's powerful wartime body politic.[6] Despite strict wartime censorship policies, Hollywood films such as *Destination Tokyo* (1943), *Love Letters* (1943) and *I'll Be Seeing You* (1944) included brief scenes of "emotional breakdown" (Roeder, 1993, p. 24), and news of Patton slapping psychiatric casualties along with scattered reports on psychiatric discharges did reach the popular press in the fall of 1943 (Menninger, 1948, pp. 39-40). Nonetheless, censorship policies successfully hid Patton's actions from the public for several months, and most news outlets downplayed the event and other mentions of psychiatric casualties. *The New York Times*, for example, only printed a brief mention of the incident on November 28, 1943, and even then focused on the military's effective treatments for psychiatric casualties and its 80 percent return-to-duty rate. Moreover, the article did not mention Patton by name, citing only "a high-ranking American Army commander" (Barkley, 1943, p. E6). By the spring of 1944, however, the government and military began to release more statistics and information on psychiatric casualties in order to prepare civilians for the realities of these veterans' returns and readjustments.

Readjustment Literature and Representations in the Popular Press

Along with more stories on mentally wounded soldiers showing up in news periodicals, a steady stream of advice literature on veterans' readjustments began to appear in 1944. One of the first of these texts was William Waller's *The Veteran Comes Back*, which warned readers that veterans were the nation's "gravest social problem" (1944, p. 6). While the volume's main focus is to point out past institutional failures in

[6] Photographs depicting American deaths were banned for the first twenty-one months of U.S. involvement in the war, while images of combat wounds were kept out of the media largely for the first year. For more discussion of and background on wartime censorship policies, see Roeder (1993).

helping previous veterans return peacefully to civilian life, Waller, a leading expert on war and family issues, also speculates on the futures of the more than 215,000 World War II veterans already discharged for psychoneurosis by 1944. Although citing statistics for the present war, Waller bases much of his discussion of "the Veteran Who is Psychoneurotic" on the experiences of earlier veterans, noting that nearly half of the 67,000 beds in VA hospitals were still occupied by psychiatric casualties from World War I. These "shell-shocked" World War I veterans who broke under stress and strains "that would not have harmed the ordinary man," Waller contends, had already cost the nation a billion dollars (p. 166). While he calls for better medical treatment for and less discrimination toward the psychoneurotic veteran in order to avoid the economic and social readjustment problems of the previous war, Waller does little to destigmatize the psychiatric casualty. Echoing the early Freudian sentiments of psychiatrists at induction boards, Waller suggests that their breakdowns stemmed from a "pre-existing weakness in the personality" (1944, p. 166) rather than "from the exigencies of war." (1944, p. 168) It is not surprising, then, that Waller opposes pensions for psychiatric discharges because of their "slight contributions to the war" and concludes that "the popular attitude that regards the psychoneurotic veteran with some suspicion is partly justified" (1944, p. 169).

Possibly the most pessimistic of the wartime volumes on returning veterans' readjustments, Waller's *Veteran Comes Back* nevertheless captures the image of the psychiatric casualty as a threat to both economic and domestic order. A "poor marriage risk" and potentially unreliable worker (Waller, 1944, p. 169), the psychoneurotic veteran of Waller's imagination indeed offers a worthy "problem" to be solved in postwar cinematic and literary representations.[7] Books by numerous other experts on veterans' readjustments, however, more than balanced Waller's alarmist perspective. Given the wide range of subject matters, disciplinary approaches and apparent intentions, it is impossible to fully probe the wealth of gendered meanings in this extensive advice literature. Indeed, as Hartmann (1978) has shown, even while discussing the veteran and his needs, the advice given to wives and mothers contains rich messages about women's expanded social roles and regressive prescriptions for stabilizing the postwar gender order. Nevertheless, in the case of constructing the neuropsychiatric patient, the readjustment texts reveal some basic patterns. Those directed toward the families, friends, and future employers of veterans focus primarily on normalizing and remasculinizing the psychiatric casualty while describing what civilians and medical technology can do to speed his rehabilitation. Although also concerned with destigmatizing psychiatric wounds, the literature addressed to veterans themselves presents masculinity as a self-regenerating process and offers guidelines for restoring one's manhood through employment, self-sufficiency, and communal masculine activities. These latter texts also tend to down play and, in some instances, to deny the existence of mental health problems in returning veterans.

[7] For a discussion of literary and cinematic representations of physically and mentally wounded veterans, see Jarvis (2004, pp. 96-112).

Destigmatizing and Normalizing Psychiatric Wounds

George Pratt's *Soldier to Civilian* (1944) readily demonstrates initial attempts to destigmatize and normalize psychiatric discharges. An induction center psychiatric examiner himself, Pratt carefully assures his readers that "contrary to wide public opinion, the term 'psychiatric' is not a synonym for 'insane'" (p. 14). He further explains that in military usage the term referred to "a departure from average personality traits or temperament … that render a soldier unsuitable for *military* service" (p. 14). Reflecting the shift that occurred in military psychiatric discourses over the course of the war, Pratt characterizes the discharges as a result of *situational* stressors rather than due to a weak ego or flawed personality. Although subtly privileging the apparent mental toughness of servicemen who did well in "the peculiar trade of fighting a war," Pratt reminds readers that "in any other trade, in any other environment except a military one, [the psychiatric discharge] would doubtless be an efficient member of the community" (p. 15). Like much of the literature on veterans, Pratt's book suggests that civilians as well as veterans will need to adjust. Fortunately thanks to Pratt, they can enlighten themselves with information and social strategies while leaving the more difficult job of "probing emotional sore spots" (p. 146) to the psychiatrist.

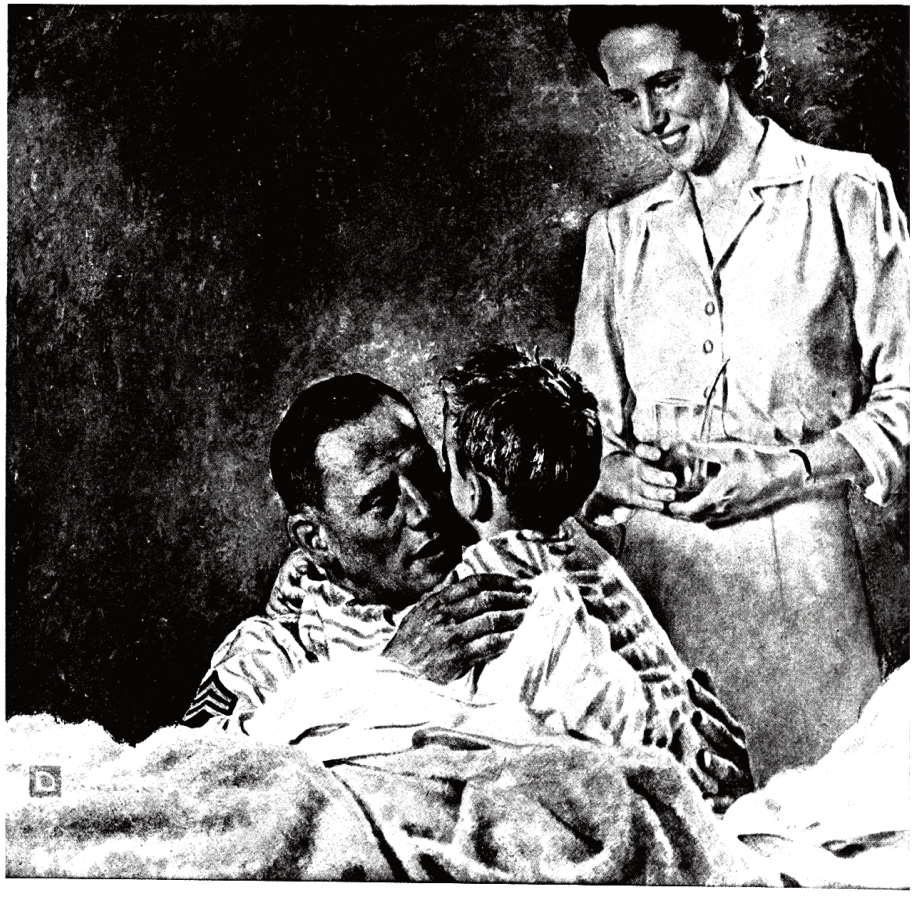
One of the more optimistic and blatantly patriotic readjustment texts, Dixon Wecter's 1944 volume *When Johnny Comes Marching Home* shares Pratt's celebration of the advances in wartime psychiatric treatment and reassures readers that even the most badly damaged veteran will return to normal. Citing 70 to 80 percent return-to-duty rates for psychiatric cases via prompt treatment, Wecter also specifically celebrates the ways in which "treatment of shell shock or battle neurosis has also progressed far beyond that in the last war" (p. 546). As Wecter explains, "The veteran is no longer invited to forget these painful memories, but told 'to spill it,' to purge himself by talk" (p. 546). Praising the wonders of the drug sodium pentothal and the "medico's help" in allowing the patient to dredge up unconscious anxieties via the process of narcosynthesis, Wecter concludes that modern military psychiatry "restores the wholeness of the man" (p. 546). Given Wecter's general emphasis on self sufficiency and a rapid return to normalcy, the implied assumption is that the veteran can become "whole" again by "purging" himself of emotions and then sealing up his tough exterior. Later advice manuals such as Morton Thompson's *How to Be a Civilian* (1946), in fact, made the notion of purging more explicit. Urging readers with mental wounds or haunting war memories to visit a psychiatrist, Thompson writes, "A guy who wants to get rid of them can dump them with a psychiatrist and walk out a free man and a whole man again" (p. 171). Far from embracing the abject, emotional dimensions of warfare, Wecter's and Thompson's prescriptions for achieving a "normal" or a "whole" masculinity urge the psychiatric casualty to cleanse himself of both the emasculating label and feelings attached to his war experiences. Moreover, framed within the discourses of advances in military medicine and technology, these psychiatric treatments remain within the broader masculinist domain of warfare and military life.

Medical and Technological Transformations: Physicalizing Mental Wounds

The notion of a quick fix through modern medicine and technology also appeared in advertisements and news stories during the early postwar period. A September 17, 1945 *Life* advertisement for Wyeth drugs (Figure 1), for example, presented the tale of "Three lives brightened by 'deadly nightshade.'" Featuring a uniformed serviceman hugging his son while his smiling wife looks on, the ad informs readers that recently "Sergeant Bob … was suffering from what they called 'shellshock' in World War I." The text continues: "Today it's called 'battle reaction' or 'mental trauma.' Bad stuff. But Uncle Sam's doctors cured the Sergeant with modern psychiatric treatment—and the help of Deadly Nightshade." Similar to Wecter's descriptions, the ad grants great agency to modern medicine, but it also implies that "Sergeant Bob" has progressed way ahead of his World War I predecessors, many of whom were still depicted as "emotional cripples" in the pervasive readjustment literature. He has been through "bad stuff," but has already returned to his fatherly duties within weeks of the war's end.

Given the relational, collective nature of masculine identities, it is not surprising that such comparisons between World War I and World War II psychiatric casualties pervaded the advice literature and popular press. Although marginalized in comparison to servicemen who did not "break down" in combat or from the strain of military life, the psychiatric casualty could still occupy a space within the broader hegemonic ideal of wartime and postwar military masculinities via juxtapositions with the "shell shocked" veterans of the First World War. Menninger and other military psychiatrists reinforced these comparisons by suggesting that "World War II was a 'tougher' one than World War I" (Menninger, 1948, p. 132). Thus "Sergeant Bob" and his peers could lay claim to less marginalized masculine identities than their World War I predecessors based on their comparatively faster recoveries and their experiences in a longer, "tougher," and more lethal war.

Continuing with its focus on technological advances for treating the war's mentally wounded veterans, in its October 29, 1945 issue, *Life* ran an extensive photo spread and short story by John Hersey that celebrated the use of narcosynthesis in treating psychiatric casualties. The first of two photo layouts dramatized the process of a narcosynthesis interview and the subsequent recovery of a conversion hysteria patient. The caption for the narcosynthesis images explains: "During the interview the patient's face reflects various emotions and thoughts, which previously have been hidden from his conscious mind. He shows and speaks of shadowy memories, deep calm, repressed desires, anger, guilt, hostilities, fear and finally pleasure and peace" (1945, pp. 99-100). Illustrating the "purging" Wecter mentioned, the nine photos and caption visually transform a pained, worried, and "paralyzed" soldier into a rested, strong, healthy looking man, whom we are told "is now able to walk." In the second series of images—stills from John Huston's then in-progress documentary *Let There Be Light*—the viewer not only sees the patient purging the "unconscious emotions which have crippled him," but also his dramatic steps as he "strides across [the] room steadily and normally" (Figures 2 & 3). To emphasize the success of his rehabilitation, the final image and caption



THREE LIVES BRIGHTENED BY "DEADLY NIGHTSHADE"

SERGEANT Bob not long ago was suffering from what they called "shellshock" in World War I. Today it's called "battle reaction" or "mental trauma." Bad stuff. But Uncle Sam's doctors cured the Sergeant with modern psychiatric treatment—and the help of *Deadly Nightshade.*

Bob Jr.'s is another story. His mother recently saw him white and doubled up with the excruciating spasms of colic. And his doctor saw fit to bring to his rescue the same *Deadly Nightshade.*

It was a poison from the lovely plant Deadly Nightshade that helped both Sergeant Bob and his son back to health. Yes, a poison. But dispensed in proper form by *your druggist* this drug, Atropa Belladonna, relieves much human suffering.

The Man Your Doctor Counts On

It is one of hundreds of potent drugs with which *your druggist* is familiar. It is only one example of countless life-saving and pain-relieving substances compounded and dispensed by *your druggist.*

His knowledge and his skill have not been acquired easily. They are the fruit of four intensive years of study in college. Study that extends far beyond just chemistry and pharmacology—to physics, botany, biology, physiology, bacteriology, toxicology. Study culminating in a hard-won Bachelor of Science degree.

Only then is your druggist considered fit to become a key man in the vast system that brings from all parts of the world the 60,000 to 100,000 items used by Americans to prevent and treat disease.

One of a series of messages published as a public service by the S. M. A. Corporation, Philadelphia ... Pioneers in the field of infant nutrition. Relied upon by your physician and druggist for nutritional products of merit.

DIVISION OF

Wyeth

YOU CAN COUNT ON YOUR DRUGGIST—YOUR DOCTOR DOES!

Figure 1. This Wyeth advertisement illustrates both the normalization of psychiatric casualties and the post-war optimism associated with medical cures for wounded veterans. (September 17, 1945, *Life*. By permission of Wyeth.)

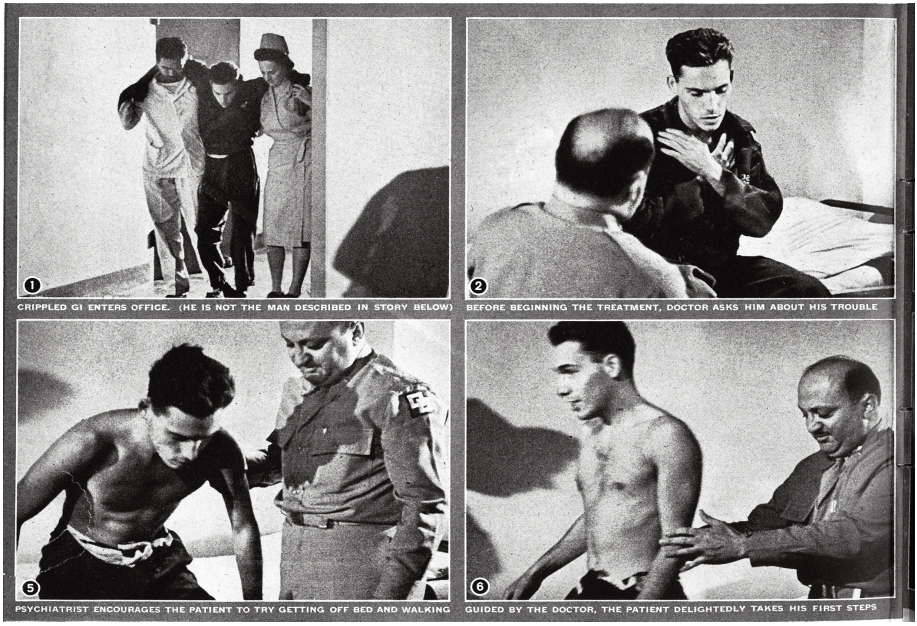


Figure 2. The left half of an eight-photograph layout, these images capture the first steps of soldier cured of his conversion hysteria via narcosynthesis. (October 29, 1945, *Life*. Courtesy of the U.S. Army Signal Corps.)

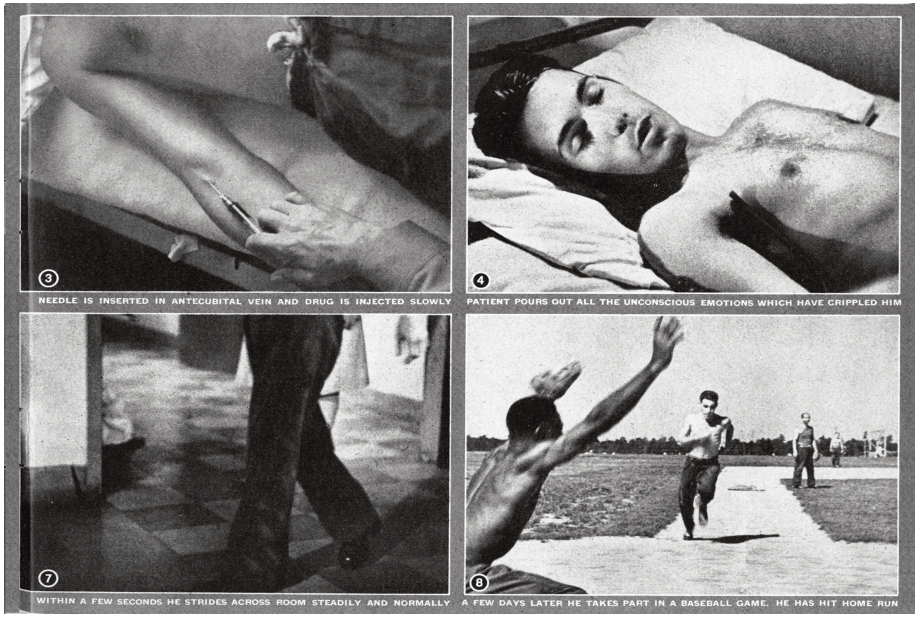


Figure 3. The photographs in the right half of the layout, meanwhile, further illustrate the narcosynthesis process along with the patient's dramatic recovery and subsequent remasculinization. (October 29, 1945, *Life*. Courtesy of the U.S. Army Signal Corps.)

show that "a few days later he takes part in a baseball game. He has hit a home run" (1945, p. 111). While celebrating another "miracle" of modern military medicine, the photos and text also work to remasculinize the psychiatric patient in the public's mind by presenting two healthy, clean-cut G.I.'s. Shirtless in most of the images, the men reveal strong, virile upper bodies, and, in the case of the latter patient, prowess in America's favorite sports pastime. Although more nuanced and in-depth than the accompanying pictures, Hersey's story, "A Short Talk With Erlanger," nonetheless also reinforces the manhood of its protagonist by describing the soldier as a "huge man" who had seen "46 days of continuous front-line action" and unsuccessfully tried to rescue his seriously wounded buddy. In fact, it is his excessive concern for his manhood—his fears of being viewed as weak or "soft," for not behaving more heroically in battle—that paralyzes Erlanger's leg.

In an interesting reversal of rehabilitations of physically disabled veterans, where men learned psychological toughness—overcoming their handicaps through a positive attitude and sheer will[8]—psychiatric casualties were often remasculinized via rhetoric of the body. Their manhood could be reinforced through depictions of strong bodies as in the case of the *Life* images, or it could be suggested via comparisons with corporeal sacrifices of the physically wounded. Wecter (1944), for example, urged readers to view the "war neurotic" as "a battle casualty just as truly as the man who lost a leg" (p. 547). Other readjustment text authors such as Alanson Edgerton physicalized the psychiatric casualty's condition by describing his "shell-shocked" nervous system, which could be easily healed through relaxation and healthy civilian attitudes (1946, p. 226). This strategy of viewing the psychiatric casualty in bodily terms was also readily embraced in the advice literature aimed at veterans themselves. In the 1946 volume, *The Veteran and His Future Job*, for example, James Bedford not only praises the wonders of medical science for "restoring to health those whose nervous systems were wounded through the stress and strain of battle," but he also reminds readers that the "nervously wounded veteran" was also "as much a battle casualty as the veteran who has stopped a machine gun bullet or a piece of flak" (p. 240). In physicalizing the disorder as a wound to the "nervous system" and by discussing physical and mental battle wounds simultaneously, Bedford effectively destigmatizes and verbally rehabilitates the psychiatric casualty by placing him within traditional wartime heroic discourses. While critics such as Silverman might interpret such comparisons as exposing "the ruins of masculinity" (Silverman, 1992, p. 52), it is crucial to remember that wartime and early postwar images of physically wounded veterans uniformly depicted them as heroes for whom the public could never do enough.

[8] Harold Russell's triumphs over his double hand amputations in the Army rehabilitation film *Diary of a Sergeant* (1945), via the character of Homer Parrish in *The Best Years of Our Lives* (1946), and in his 1949 biography, *Victory in My Hands* provide some of the postwar period's most famous illustrations of this idea. In *Victory in My Hands,* for example, Russell informs readers "that this seeming disaster has brought me a wealth of spirit that I am sure I could never have possessed otherwise" (1949, p. 278).

The impulse to view injured soldiers as heroes was so great in the postwar victory culture that in its January 14, 1946 issue, *Time* printed an article about an Army Medical Corps study of 200 "NP cases," which ultimately concluded that "Neurotics, playing their own warped perspectives against battlefield dangers, often make better-than-adequate soldiers" (p. 48). Entitled "Neurotic Heroes," the article highlights the battlefield exploits of combat soldiers who displayed "exceptional bravery" despite their medical records "of serious emotional instability" (p. 48). To strengthen its case, "Neurotic Heroes" also mentions famous military leaders of the past who had psychiatric disorders; the brief essay explains that Ivan the Terrible, Julius Caesar, Alexander the Great, and Peter the Great "were all good soldiers in spite of—or perhaps because of—their mental ills" (1946, p. 48). A far cry from its earlier coverage of psychiatric screening in the Army, which featured the titled "Sissy or Neurotic?" (1944), *Time*'s "Neurotic Heroes," with its accompanying image of a well muscled Alexander the Great and his horse poised for battle, reveals both the broader cultural remasculinization of World War II psychiatric casualties and the rhetorical strategies employed in the popular press to facilitate these symbolic rehabilitations.

Classifications, Relational Masculine Identities, and the Job Cure

Physicalizing mental wounds and comparing psychiatric casualties to their predecessors from earlier wars offered one strategy for remasculinizing the mentally wounded veteran by placing him within traditional military frameworks for measuring manliness. At the other end of the spectrum, writers and military psychiatrists drew on the relational nature of masculine identities to redeem the "true" psychiatric casualty via juxtapositions with other marginalized masculinities or the feminine. In his article on "Mental Breakdowns in the Army" for *Yank: The Army Weekly,* for instance, Mack Morriss (1944) carefully explains that conversion hysteria "is not to be confused with the hysteria of a screaming woman. It is a neurosis that causes a physical part of the body to quit functioning although there is nothing wrong with that part of the body" (p. 9). In addition to removing psychoneurosis's associations with the feminine, Morriss also clearly separates psychiatric casualties from the military's most reviled persons: "cowards" and "goldbricks" (p. 8). For Morris and other *Yank* writers, psychiatric casualties' masculine identities existed on a spectrum between cowards and soldiers who had more successfully resolved the psychological conflict between being brave and being safe. Neither brave enough to fight nor cowardly enough to desert or injure themselves, psychiatric casualties developed various "war neuroses" that incapacitated them.[9]

[9] *Yank*'s article "Psychology for the Fighting Man" offers a more detailed discussion of this "war with the man" (1943, p. 4). Noting the importance of homosocial bonding and relational masculinities, the article explains the dilemma between being brave and being safe: "Every man is equipped with two kinds of deep-seated desires or instincts. Often these two conflict. One set has to do with his relations with other men—he wants to be one of the gang, appreciated and admired by the others, and he even likes to sacrifice himself for the good of the groups to which

Other authors such as Wecter and Menninger also carefully separated the "true" psychiatric casualty from malingers and the "inapt" (Wecter, 1944, p. 525). More than any other author writing about psychiatric casualties, Menninger repeatedly made this distinction during the war and more fully in *Psychiatry in a Troubled World*. Because the category "neuropsychiatric" was used for a such a wide variety of discharges ranging from battle fatigue to homosexuality to enuresis, Menninger frequently drew distinctions between the "genuine" psychiatric casualty (often given medical discharges) and the "misfits" and "infeffectives" separated with administrative discharges—sometimes bearing the stigma of the blue (neither honorable nor dishonorable) discharge slip. As Menninger (1948) explains, "there had to be a differentiation between such individuals and the men who carried their load and so contributed successfully and conscientiously to the mission of the Army" (p. 21). Although never fully accepted within military culture, the "genuine" psychiatric casualty could be redeemed in the popular cultural imagination thanks in part to contradistinctions with veterans receiving blue (neither honorable nor dishonorable) and yellow (dishonorable) discharge slips. Compared to these maladjusted, "chronically unreliable, antisocial persons" (Menninger, p. 36), the honorably discharged psychiatric casualty could be more easily positioned as a "normal" man who was simply pushed beyond his limit by rigors of war.[10] This narrative was naturally aided by the general popular willingness to let the combat fatigued veteran or soldier suffering from the "old sergeant syndrome" stand in for the war's larger body of mentally wounded men.

Charles Bolte's 1945 book, *The New Veteran*, illustrates how images of mentally wounded veterans were streamlined and simplified in this manner for the American public. Bolte, one of the founders of the American Veterans Committee, simply characterizes psychoneurosis as the "state of having been carried beyond one's own breaking point by the strain of fear or tension or enormous fatigue" (pp. 142-143). Like other readjustment literature authors, Bolte normalizes and destigmatizes "the N.P. case"; however, he uses this representation of psychiatric casualties to minimize the projected social and economic costs of rehabilitating such veterans. In fact, Bolte informs his reader that many communities have discovered "that a psychiatrist is very rarely needed" (p. 137). Although writing for the larger public, Bolte captures the prescrip-

---

he belongs, whether it is family, church, army or nation. But he has another set of desires that cannot ever be entirely denied, desires, connected with himself—his life, his comfort, his personal freedom" (1943, p. 4).

[10] Because the practice of limiting tours of combat duty was only implemented at the very end of the war, many servicemen were, in fact, kept in combat until they were wounded physically or psychologically. In the spring of 1944, Army psychiatrist John Appel proposed a 210 day tour of duty based on the notion that "the average man could last between 200 and 240 combat days before becoming ineffective as a soldier" (Shephard, 2001, p. 245). In his final chapter of *Wartime: Understanding and Behavior in the Second World War,* Fussell (1989) discusses the broader normalization of fear that occurred both within servicemen's minds and popular imagination during World War II.

tions for self-sufficiency and self-healing that pervaded guidebooks and military pamphlets aimed at veterans.

For Bolte and military guidebook authors, "a job is the very essence of rehabilitation" (1945, p. 113) for wounded and noninjured veterans alike. Naturally writers such as Bedford supported this "job cure" for the "nervously wounded veteran," but most advice literature aimed at veterans did as well. The Infantry Journal's *Psychology for the Returning Serviceman,* for example, encouraged the "NP" veteran to "put yourself wholeheartedly into some kind of work.... Build up a reputation for being a dependable worker, and for knowing your job thoroughly. Gradually you can gain the feeling that others are counting on you, looking to you for advice or help. It is a healing and satisfying feeling" (Child & Van De Water, 1945, p. 179). While these exhortations to find gainful employment no doubt stem from larger national fears about the economic and social productivity of veterans, they also tie in to particular ideals of masculinity. Not surprisingly, the veteran suffering from "combat nerves," is advised to "work outdoors—hard physical work is best" (Child & Van De Water, p. 192), further associating him with more rugged models of breadwinning, while the "NP" is directed to participate in competitive sports and to work in a more corporate setting so he can achieve white-collar masculine success.

Whether directing the psychiatric casualty toward blue-collar or more middle-class employment pursuits, advice for veterans also drew on rhetoric of the self-made man (Rotundo, 1993) and militaristic principles of group cohesion and camaraderie. The Army's 1945 booklet "What's the Score in a Case Like Mine?" distributed to men discharged for psychoneurosis, for example, urged the veteran to "remember that a man's condition is his own problem, whether it is a pain in the belly or an ache in his soul. Try to whip it yourself" (quoted in Menninger, 1948, p. 384). Bolte, meanwhile, simply explained that "the prerequisite for healing is a sense of self-sufficiency" (1945, p. 142) while Bedford firmly told the injured veteran that he had "no reason to pity himself, or to ask for a grateful government to support him the rest of his life" (1946, p. 241). Whereas the readjustment literature written for civilians stressed the importance of professional psychiatric treatment and patience on the part of families, military minded works presented the men's rehabilitation as self-regenerating processes. These calls for self-sufficiency and rapid returns to work were in many ways logical extensions of the military's 1943 and onward policy of treating combat psychiatric casualties near the front lines so that they could be "salvaged" for additional combat duty or noncombat duty as quickly as possible.

According to military psychiatrist Colonel Ralph Kaufman, the success of this prompt treatment close to combat areas stemmed from the patient's "desire to return to duty, to help his buddies, unit, his country."[11] Fittingly, military advice literature for mentally wounded veterans emphasized rehabilitation through communal masculine

[11] This quote is taken from Colonel Ralph Kaufman's unpublished April 5, 1955 report on neuropsychiatric treatment practices in the South Pacific Area, available at NARA, RG 112, E31, Box 307.

outlets. In *Psychology for the Returning Serviceman,* the veteran suffering from combat nerves, in fact, was told *not* to talk to family members because they were "bad listeners" and were "likely to be too sympathetic, too shocked and worried about what you have been through, and … likely to give too much advice in their effort to be helpful" (Child & Van De Water, 1945, p. 193). The "Do" section in "What's the Score in a Case like Mine?" likewise echoed these sentiments, informing the reader that the best person to talk to "is another veteran who has been through the same thing you have" (quoted in Menninger, 1948, p. 383). Marine Hospital Staff psychiatrist Herbert Kupper (1945) recognized the importance of veterans' groups as "crude psychiatric units" (p. 173), and, in fact, proposed the types of mental health therapy groups within veterans' organizations and communities that started after the Vietnam War. Given the military messages of self sufficiency, rapid recovery, and mastering physical and psychological handicaps, it is not surprising that one New York City rehabilitation clinic found that only 25 percent of veterans discharged for psychoneurotic reasons were willing to accept help (Kupper, p. 193).

Reinforcing Narratives of Successful Readjustments

By the early 1950s, the story of the wounded veteran's rapid and self-motivated recovery was already firmly in place in the national imagination. This narrative was partially established by Hollywood films such as *Pride of the Marines* (1945), *The Best Years of Our Lives* (1946), *Till the End of the Time* (1946), *Home of the Brave* (1949), and *The Men* (1950), which showed audiences that even the most severely physically and psychologically wounded veterans could return to happy, productive civilian lives. More than timely explorations of readjustment problems and the physical and emotional rehabilitations of veterans, these films presented injured veterans as doubly heroic for winning both wartime and peacetime battles. Describing the domestic and employment triumphs of Fred Derry and Homer Parrish in *The Best Years of Our Lives,* for example, *New York Times* reviewer Bosley Crowther (1946) proclaimed that the film contained "some of the most beautiful and inspiring demonstrations of human fortitude that we have had in film" (p. 34). With their affirmative and tidy endings, these films not only foreclosed possibilities that veterans could fail in their civilian reintegrations, but they also minimized the long-term impact of physical and mental wounds.

While Hollywood lionized veterans' heroic rehabilitations, other early Cold War voices added to narratives of rapid and successful readjustments by downplaying the struggles wounded veterans faced after the war. Ralph Strom, director of the American Council on Education's nationwide study of disabled college veterans, reinforced this idea when he wrote in 1950:

> In summary, one thing must be made clear. Not every college veteran returned was a "problem." In fact, many veterans resented the "kid-gloves" and "handle with care" approach of well-meaning relatives or friends. The war was a growing up period for many of these men and women, and they did not return as neurotics or advocates of radical new

> social orders…Their sole concern was that of getting back "into the swing of things," and the attempts of some zealots to depict them as a group apart were ill advised. (p. 22)

Reflecting the reality of the millions of veterans who did make successful returns to civilian life under the provisions of the G.I. Bill, Strom's comments collectively position veterans as good democratic citizens by distancing them from "radical new social orders" and "zealots." Focusing solely on the triumphs of individuals and institutions, the report leaves little room for contemplating the long-term psychological and emotional costs of the war. In fact, psychiatric casualties and the mental wounds accompanying physical ones are almost entirely displaced in the study. Strom's comments denying the presence of "neurotic veterans," however, merely completed a process begun by in the readjustment literature. Even while writing about psychiatric casualties to destigmatize them, writers such as Bedford claimed that "the veteran is not an N.P. case" (1946, p. 2), setting up a pattern of denial and dissociation that eventually worked to put the war's psychiatric casualties "out of sight, out mind" (Gottschalk, 2004).[12]

Conclusions and Implications

Whether appearing in advertisements, readjustment literature, or other cultural representations, the psychiatric casualty offers an interesting site to explore the fissures within and the cultural privileging of military models of masculinity. On the one hand, these cultural narratives destigmatized and (at least partially) remasculinized the mentally wounded veteran to reassure the public that all veterans—even the ones most seriously damaged by the war— would be able to take their places as useful workers and citizens. Yet the simultaneous need to deny his presence via censorship policies and to redeem him culturally suggests that the psychiatric casualty exposed a dangerous vulnerability and emotional dimension to military models of American manhood. Recognizing this vulnerability, many top military officers continued to reject the legitimacy of psychiatric casualties throughout the entire course of World War II. For example, Major General Paul Hawley, Chief Surgeon for the ETO, wrote in an August 1944 memo that "*the basic cause of psychoneurosis is insufficient courage*" and reminded his officers that "*psychoneurosis is not a problem in the Russian Army*. The Russians punish cowardice with death" (quoted in Glass, 1973, pp. 1031, 1032). Indeed, as Colonel Glass noted in his overview of the neuropsychiatry in World War II, "accurate psychiatric rates were difficult to establish" because many officers failed to report such casualties for fear of marring their leadership records and because many psychiatric disorders were often "hidden" under more acceptable physical labels (p. 997). Clearly

[12] As Gottschalk (2004), Clipp and Elder, Jr. (1996), and others have noted, the minimization and displacement of veterans' mental wounds has resulted not only in serious limitations in longitudinal and cross-sectional studies of PTSD in World War II veterans, but also in a current underdiagnosis of PTSD in these veterans (Clipp & Elder, Jr., 1996, pp. 36, 43).

the stigma associated with the labels "neuropsychiatric" and "psychoneurotic" continued even after the military and the public substituted more acceptable terms like "battle fatigue" and "combat exhaustion."

Although not a scientifically derived sample, the results from my own survey of 137 World War II veterans reinforce this idea.[13] In response to a the question "Did you ever experience battle fatigue, 'shell shock,' or post traumatic stress disorder?" only six respondents (including one filled out by the veteran's wife) replied in the affirmative, but nine others who said "no" went on to report typical symptoms of PTSD and other mental health problems such as "haunting nightmares [about] body parts, blood, death"; embarrassing startle reactions to fireworks, cars backfiring, Venetian blind being drawn, etc.; panic attacks; and reliving "the combat experiences for a number of years." An additional eight veterans also replied "no," but reported post-combat fatigue and, in a few instances, fear as well. Two other respondents indicated that they had not experienced combat stress, but noted that "many in [their] outfit did." Perhaps most telling is that the fact that of the fifteen respondents who clearly indicated that they had experienced an emotional or psychological wound, only two reported that they had received any treatment for it. In keeping with the "whip it yourself' prescriptions of the military, the veterans variously mentioned that military discipline, prayer, time, and "the Statue of Liberty" were the "best doctors."

Despite the fact that the post-Vietnam period focused popular attention on war's psychiatric casualties and historians such as Shepard (2001), Binneveld (1997), and Gabriel (1987) have complicated accounts of U.S. military psychiatry in the twentieth-century, the U.S. military continues to stigmatize servicemen and women with mental wounds. A 2004 *New England Journal of Medicine* study found that only 23 to 40 percent of those with mental disorders sought professional help (Hoge, Castro, Messer, McGurk, Cotting, & Koffman, 2004, p. 18), while Daniel Swerdling's in-depth NPR stories in December 2006 and May 2007 revealed that soldiers seeking help for PTSD and other mental health problems were harassed, punished and sometimes discharged at Fort Carson, Colorado Army base. The alleged harassment was so severe that former soldier Alex Orum offered this advice: "I will continue to encourage any soldier who isn't sleeping, who is having nightmare, who is having PTSD not to go seek help. Because as soon as they go and seek help, their life is going to get ten times worse" (quoted in NPR, 2006). Until we fully come to terms with the psychiatric casualties of past wars and problematize the myth of the World War II veteran's rapid and seamless postwar readjustment, many of war's emotional and psychological scars will continue to remain culturally invisible.

References

Appel, J. (1946). Incidence of neuropsychiatric disorders in the United States army in World War II (preliminary report). *American Journal of Psychiatry, 102*, 433-436.

[13] For the entire list of survey questions, see Jarvis (2004, pp. 195-196).

Barkley, F. (1943, November 28). Most shell shocked cases now cured at the front. *New York Times*, E6.

Bedford, J. (1946). *The veteran and his future job: A guide-book for the veteran*. Los Angeles: Society for Occupational Research.

Binneveld, H. (1997). *From shell shock to combat stress: A comparative history of military psychiatry* (J. O'Kane, Trans.). Amsterdam: Amsterdam University Press.

Bolte, C. (1945). *The new veteran*. New York: Reynal and Hitchcock.

Bourke, J, (1999). *An intimate history of killing: Face-to-face killing in twentieth-century warfare*. New York: Basic Books.

Child, I., & Van de Water, M. (1945). *Psychology for the returning serviceman*. New York: Penguin.

Clipp, E., & Elder, Jr., G. (1996). The aging veteran of World War II: Psychiatric and life course insights. In P. Ruskin & J. Talbott (Eds.), *Aging and posttraumatic stress disorder* (pp. 19-51). Washington, DC: American Psychiatric Press.

Connell, R. W. (1995). *Masculinities*. Los Angeles: University of California Press.

Connell, R. W. (2000). *The men and the boys*. Los Angeles: University of California Press.

Crowther, B. (1946, November 22). The screen in review: At the laffmovie. *New York Times*, E34.

Edgerton, A. (1946). *Readjustment or revolution?: A guide to the economic, educational, and social readjustment of war veterans, ex-war workers, and oncoming youth*. New York: McGraw-Hill.

Farrell, M., & Appel, J. (1944). Current trends in military neuropsychiatry. *American Journal of Psychiatry, 101,* 12-19.

Fussell, P. (1989). *Wartime: Understanding and behavior in the Second World War.* New York: Oxford University Press.

Gabriel, R. (1987). *No more heroes: Madness and psychiatry in war*. New York: Hill and Wang.

Gerber, D. (1994). Heroes and misfits: The troubled social reintegration of disabled veterans in *the best years of our lives*. *American Quarterly, 46*(4), 545-574.

Gerber, D. (2000). Introduction: Finding disabled veterans in history. In D. Gerber (Ed.), *Disabled veterans in history* (pp. 1-51). Ann Arbor: University of Michigan Press.

Ginzberg, E., Anderson, J., Ginsburg, S., & Herma, J. (1959). *The ineffective soldier: The lost divisions*. New York: Columbia University Press.

Ginzberg, E, Miner, J., Anderson, J., Ginsburg, S., & Herma, J. (1959). *The ineffective soldier: Breakdown and recovery*. New York: Columbia University Press.

Glass, A. (Ed.). (1973). *Neuropsychiatry in World War II: Volume II, overseas theaters*. Washington, DC: Office of the Surgeon General, Department of the Army.

Glass, A., & Bernucci, R. (Eds.). (1966). *Neuropsychiatry in World War II: Volume I, zone of interior*. Washington, DC: Office of the Surgeon General, Department of the Army.

Goldstein, J. S. (2001). *War and gender: How gender shapes the war system and vice versa*. New York: Cambridge University Press.

Gottschalk, L. A. (2004). *World War II neuropsychiatric casualties: Out of sight, out of mind*. New York: Nova Science Publishers.

Hartmann, S. (1978). Prescriptions for Penelope: Literature on women's obligations to returning World War II veterans. *Women's Studies, 5*, 223-239.

Hersey, J. (1945, October 29). A short talk with Erlanger: The Army is using a dramatic treatment called narco-synthesis to help psychiatric casualties. *Life,* 108-112, 114, 116-118, 120, 122.

Hoge, C., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine, 351*(1), 13-22.

Huston, J. (Director & Writer). (1946). *Let there be light* [Motion picture]. United States: U.S. Army Signal Corps.

Jarvis, C. (2004). *The male body at war: American masculinity during World War II*. DeKalb: Northern Illinois University Press.

Jeffords, S. (1989). *The remasculinization of America: Gender and the Vietnam War*. Bloomington: Indiana University Press.

Kimmel, M. (1996). *Manhood in America: A cultural history*. New York: The Free Press.

Kupper, H. I. (1945). *Back to life: The emotional adjustment of our veterans*. New York: American Book-Stratford Press.

Menninger, W. C. (1948). *Psychiatry in a troubled world: Yesterday's war and today's challenges*. New York: MacMillan.

Morriss, M. (1944, March 31). Mental breakdowns in the Army. *Yank, the Army Weekly*, 8-9.

Neurotic heroes. (1944, January 14). *Time,* 48-49.

NPR news investigates military treatment of soldiers suffering from PTSD and other mental health problems associated with war on *All Things Considered* on Monday, December 4. (2006, November 30). npr.org. Retrieved May 2, 2007 from http://www.npr.org/about/press/061130.ptsd.html

O'Neil, W. (1943, September). 750,000 unwanted men. *Hygeia, 650*(52), 692-93.

Pratt, G. K. (1944). *Soldier to civilian: Problems of readjustment*. New York: McGraw-Hill.

Psychology for the fighting man. (1943, September 3). *Yank: The Army Weekly,* 4-5.

Roeder, G. (1993). *The censored war: American visual experience during World War II*. New Haven: Yale University Press.

Rotundo, E. A. (1993). *American manhood: Transformations in masculinity from the revolution to the modern era*. New York: Basic Books.

Russell, H. (with Rosen, V). (1949). *Victory in my hands*. New York: Creative Age Press.

Serlin, D. (2004). *Replaceable you: Engineering the body in postwar America*. Chicago: University of Chicago Press.

Shephard, B. (2001). *A war of nerves: Soldiers and psychiatrists in the twentieth century*. Cambridge: Harvard University Press.

Silverman, K. (1992). *Male subjectivity at the margins*. New York: Routledge.

Sissy or neurotic? (1944, September 25). *Time,* 47-48.

Strom, R. (1950). *The disabled college veteran of World War II*. Washington, DC: American Council on Education.

Thompson, M. (1946). *How to be a civilian*. New York: Doubleday & Company.

U.S. Congress, 78th. (1943). *Veterans' legislation: Hearings before a subcommittee on the committee of finance, United States Senate, seventy-eighth congress, first session*. Washington, DC: U.S. Government Printing Office.

Waller, W. (1944). *The veteran comes back*. New York: Dreyden Press.

Wecter, D. (1944). *When Johnny comes marching home*. New York: Houghton Mifflin.