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"Let There Be Light": John Huston's Film and the concept of trauma in the United States after WWII.

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John Huston is widely recognized as one of the more important American film makers of the the 20th century. His works include such important films as Key Largo (1948), Asphalt Jungle (1950), African Queen (1951), Red Badge of Courage (1951), The Misfits (1961), Under the Volcano (1984) and his final film The Dead (1987). Inheriting a passion for theatre from his father, who often appeared in his son's films, John Huston had a keen eye for choosing stories suitable for the screen and for knowing how to tell them. His first film The Maltese Falcon was based on a novel by Dashell Hammet that had twice previously been made into a film. Only Huston's version is today considered a classic on par with the work of Dashell Hammet.. In 1942, near the start of the military involvement of the United States in W.W.II, John Huston accepted a commission in the Army Signal Corps. Lieutenant John Huston

directed three films for the Army during the War. The second and most famous of these, *The Battle of San Pietro*, 1945, provided Huston with his first taste of battling Army censorship. The film's use of footage actually shot during the assault in Italy resulted in its being initially labeled "anti-war." This changed when General of the Army George C. Marshall viewed the film. In Huston's autobiography *An Open Book*, the film maker recounts the General's official comment upon seeing the film: "this picture should be seen by every American soldier in training. It will not discourage but rather prepare them for the initial shock of combat." In retrospect, what is especially interesting about General Marshall's reason for approving the film's release is the film's potential use as a way of diminishing the effect of shock by allowing soldiers to prepare for what they might not otherwise be able to anticipate. In 1945, the effects of shock were a major concern for Marshall, since approximately a third of all casualties in the early part of the war were diagnosed as psychoneurotic. William C. Menninger, chief psychiatrist for the Army under the direction of the Surgeon General, clashed with Marshall in 1942 when the latter suggested publicly that soldiers treated for psychoneuroses were not really ill but actually cowards.

Huston's next and final film for the Army Signal Corps *Let There Be Light* would be even more directly related to shock, but this time to trauma that resulted from shock and to the possibilities for treatment and recovery. However, before the film could be shown publicly, it was confiscated by the policy group of Army Public Relations and was not permitted to have a public screening until 1981, 35 years later. Huston details the dramatic—one might

even say traumatic—timing and circumstances of the film's confiscation:

I had asked and received permission from Army Public Relations to have a showing of *Let There Be Light* at the Museum of Modern Art in New York, but the afternoon of the showing—a few minutes before it was to go on the screen—two military policemen arrived and demanded the print. Of course it was given up (126).

The working title under which Huston began work on the film was “The Returning Psychoneurotics.” In May 1945, the War Department stated in orders issued to Huston what were to be the film's goals:

The film on the “Nervously Wounded (or Psychoneurotic)” should (1) point out what a small proportion fall into this category; (2) eliminate the stigma now attached to the psychoneurotic through a thorough explanation of the conditions of what it really is—thus to offset the exaggerated picture that has already been given to the public through the press, magazine and radio stories; and (3) explain that in many cases the reason that makes a psychoneurotic unsatisfactory for the Army is the very reason for which this same person could be a real success in civilian life. (It has been stated by separatees that those qualities which made them a success as a civilian were the very things that made them *crack up* as a soldier.) (Edgerton 33)

Huston shot the film at the Mason General Hospital in Brentwood, Long Island, at that time one of the largest and most modern facilities of its kind on the East Coast. Regarding his decision to shoot the film at Mason General, Huston singled out the enthusiasm of the doctors at the hospital, in particular Colonel

Benjamin Simon, who appears prominently throughout out the film. The Hospital was then receiving two groups of seventy-five returning soldiers a week, with orders to have them restored to sufficient mental and physical shape to be discharged within six to eight weeks. Huston's film follows one such group, focusing on the treatment of a small number of the soldiers. After being individually interviewed, the soldiers are shown receiving various forms of individual treatment. In some of the most dramatic scenes, all of which feature Colonel Benjamin Simon, soldiers are given sodium pentothal, recall past events and apparently are cured instantly of their symptoms. Hypnotism is used by Simon with equally dramatic success. In addition to individual treatment, the soldiers are shown receiving group therapy and their progress to recovery is marked by their increasing integration as a group. The group cohesion culminates in a baseball game, followed by their participation in a ceremony at which they are honorably discharged.

The confiscation of the film in 1946 was commented on in the press, most notably by the writer and film critic James Agee, who spoke very highly of the film in The Nation. When *Let There Be Light* was released to the public again in 1981, there was a heightened sense of anticipation. When it was finally seen, there was a general sense of disappointment; in an article published in the Village Voice, this is how film critic Andrew Sarris described his reaction to seeing the film in 1981:

Nothing in Agee's elegantly-lean critiques had prepared me for the sheer conventionality and unoriginality of the work. Why on earth would the top brass object to a film which attributed to an army psychiatrist the combined

talents and powers of Mandrake the Magician and Bernadette of Lourdes? Indeed, *Let There Be Light* could be subtitled *The Song of Sigmund* as it depicts a series of Freudian-faith-healing sessions as so many clinical epiphanies crossing over from the medical to the miraculous (45).

One official explanation as to why the film was banned that was given in 1946 was in order to protect the identity of the soldiers. But Huston had gotten signed releases from the soldiers shown in the film. These signed releases couldn't be found when Huston went to retrieve them from the Signal Corps Photographic Center in Astoria, Long Island. Huston strongly implies they were intentionally removed to prevent him using them in defense of the film. Further casting doubt on the veracity of this explanation as to why the film had been banned, stills from the film—close-ups of the soldiers receiving treatment—already had been released to the press and had been widely seen in Life magazine and Harper's Bazaar, as well as elsewhere. The proverbial cat was already out of the bag.

Huston offered an alternative explanation as to why the film was confiscated:

I think it boils down to the fact that they wanted to maintain the "warrior" myth, which said that our American soldiers went to war and came back all the stronger for the experience, standing tall and proud for having served their country well. Only a few weaklings fell by the wayside. Everyone was a hero, and had medals and ribbons to prove it. They might die, or they might be wounded, but their spirit remained unbroken.

When speaking of the War Department I say "they," because in that bureaucratic morass it is impossible to pin down responsibility. (125-126)

Certainly Menninger's 1942 clash with Marshall over the credibility of the diagnosis of psychoneurosis lends credence to Huston's allegation that the true reason for the film's confiscation was the perceived need to protect what he calls the "warrior myth." However, the film was confiscated in 1946, four years after Menninger's dispute with Marshall. By 1946, there was a much wider public awareness of the possible ill effects of the war and the needs of the country had shifted from providing soldiers to fight a war to preparing for their return. I want to suggest that a third factor, besides protecting either the identity of the soldiers or the "warrior' myth," has to be taken into consideration regarding the decision to prevent the film from being seen: the perspective of Army psychiatric clinicians at the end of the war who very likely would have been among those officers who screened the film and were consulted regarding its release.

Prior to my own viewing of the film, despite having read the review by Sarris, I too was keyed up, although for different reasons than the audience in 1981. Knowing the importance attributed to the experience of World War II for the transformation of mental health care in the United States after the War, I was expecting to see images of tremendous historical importance. Afterwards, I still believe that to be true, although not for the reason I had expected. I will argue that the speech of the soldiers regarding the source of their symptoms and the portrayal of treatment in the film contradict the way in which the treatment of war neurosis would be formulated as a founding experience of mythic proportions for the psychoanalytically-oriented treatment of mental illness among

civilians after the war. The contradictions between the way mental health professionals were beginning to formulate their roles after the war and what is shown in the film are three:

1) The film begins with a written statement distinguishing the treatment of war trauma from the treatment of neuroses among civilians, thus contradicting their supposed similarity.

2) Huston's film shows treatment taking place in the setting of a hospital.

3) The speech of the soldiers resists a reconceptualization of trauma away from Freud's conception to an environmental one that would nevertheless be identified with psychoanalysis after the war, at the time when psychoanalysis was increasingly integrated into psychiatry. During this period after the war, this reconceptualization of trauma would be key for assimilating psychoanalysis into American culture, into American medicine and into the reigning model of science.

The concept of trauma, which is Greek for "wound," can imply a unique event and time when the wound transpired. Freud's concept of trauma, as he writes about it in his early works from the 1890s, such as *Project for a Scientific Psychology*, through his later works, such as *Inhibitions, Symptoms and Anxiety* and *Moses and Monotheism*, always consists of three elements: an event in early childhood, an event after puberty, and, thirdly, reminiscences of the first event that are triggered by the second event. Freud's greatest focus is on neither event in itself—about which Freud's ideas change significantly—but on the reminiscences that are traumatic. When

Freud moves from his seduction theory to his theory of libido, he retains this concept of trauma on the level of phantasy. From an economic point of view, trauma, the rapid increase of stimulus that cannot be dealt with in a normal way, takes place only after the second event that recalls the earlier event. It is this structure that distinguishes Freud's concept of trauma from a strictly linear and chronological model, for which it is sometimes mistaken. Freud's model for time in its relation to trauma is the time of narrative, requiring not only an event with a beginning and an end, but also a time at which the event is repeated until it is given meaning and transmitted (Peter Brook). Aristotle, in the *Physics*, writes about four types of causality, of *aitia*. To describe what he means by formal cause, to paradeigma, Aristotle refers to mathematical structure in music (II.iii.194b24ff). Using Aristotle's terminology, we can say that while Freud's choice of effective cause changes over time, the trinary structure with which he starts remains consistently the formal cause of traumatic neurosis. To foreground war as a paradigm for trauma can imply that psychoanalysis is largely concerned with a singular event that can create a psychic trauma on the model of other kinds of wounds with external causes that are treated by medicine.

To make this point about the importance of how trauma was reconceptualized to the rise of psychoanalysis as a mode of psychiatric treatment, I want to quote from a 1919 article by Freud the English title of which in the Standard Edition is "Psychoanalysis and the War Neuroses."

The beginning of Freud's article written after W.W.I. follows substantially the first part of the narrative frequently recounted in the United States about the relation of psychoanalysis to war trauma after W.W.II. During W.W.I, according to Freud:

Medical men who had hitherto held back from any approach to psychoanalytic theories were brought into closer contact with them when, in the course of their duties as army doctors, they were obliged to deal with war neuroses (207).

Similarly, at the outbreak of World War II, as medical doctors felt initially overwhelmed by the high percentage of casualties being diagnosed as psychosomatic, they quickly assimilated the terminology of psychoanalysis, and tried to make soldiers aware of it as well. There was a concerted effort, led by William Menninger, to provide medical practitioners—no matter what their specialty—with a rudimentary understanding of the ideas and concepts of psychoanalysis. 45,000 copies of War Neuroses, by psychoanalysts Grinker and Spiegel, based on their experiences using psychoanalytic psychiatry to treat American troops in North Africa and Italy, were published in 1943 and distributed to service personnel (Hale 191). In 1944, Menninger issued from his office "Neuropsychiatry for the General Medical Officer," a bulletin intended for Army physicians that explained the role of unconscious conflicts in the formation of symptoms (Hale 200). As Ellen Herman writes in her book The Romance of American Psychology, "Freudian psychology would emerge from the war as the dominant paradigm among clinicians" (115).

From this point on in Freud's essay, however, Freud's narrative differs in significant ways from the one adopted by psychiatrists practicing psychoanalysis in the U.S. after World War II (as for lay analysts in the U.S. after the war, they hardly existed. In 1956, when the president of the American Psychoanalytic Association stated that he was "committed to the ultimate liquidation of lay therapy in the United States," the Association had only six lay members. Hale 215). Medical doctors in the United States who received psychoanalytic training through W.W.II are assumed to have assimilated psychoanalysis. Freud was doubtful about the medical doctors who gained contact with psychoanalysis through World War I. Rather, he suggests that these medical doctors have come in contact with only a portion of psychoanalytic theory, and have accepted this portion while rejecting even more strongly the portion of psychoanalytic theory that the war did not bring them into contact with. This portion, Freud states, is that the motive forces behind symptoms are, broadly speaking, sexual and arise from conflicts. Freud explains why war neuroses would differ from "transference neuroses" but suggests that no strict dividing-line be drawn between them: "The traumatic neuroses and war neuroses may proclaim too loudly the effects of mortal danger and may be silent or speak only in muffled tones of the effects of frustration in love" (408). Whereas, during the Cold War, it was publicly proclaimed that the solution to treating neuroses occurring during peacetime could be based on lessons learned during wartime, Freud's suggestion is that just the opposite needs to be done; Freud argues that an interior source for trauma is always involved:

It might, indeed, be said that in the case of the war neuroses, in contrast to the pure traumatic neuroses and in approximation to the transference neuroses, what is feared is nevertheless an internal enemy. The theoretical difficulties standing in the way of a unifying hypothesis of this kind do not seem insuperable; after all, we have a perfect right to describe repression, which lies at the basis of every neurosis, as a reaction to a trauma—an elementary traumatic neurosis (210).

My own argument about World War II differs from Freud's about World War I in so far as I am emphasizing the importance of the lack of attention paid to what I am calling Freud's model of formal causality in the case of traumatic neurosis. It is this model of trauma that war trauma offered an opportunity for downplaying; without this downplaying, it would not have been possible to assimilate psychoanalysis into a medical model of causality and into the model of science that frames the medical sciences. Furthermore, by associating psychoanalysis with a pre-existing environmental model of trauma, it allowed psychoanalysis to serve as a catalyst for projecting psychiatry onto the national stage, prepared to provide answers to social problems based on the same environmental model. By emphasizing formal cause I do not wish to argue that Freud was a deconstructionist *avant la lettre*, or that effective cause is not crucial for Freud in understanding trauma. Rather, given that what is most uniquely and consistently Freud's position regarding trauma is formal cause, it is not surprising that, for example, in Huston's film one of the soldiers connects his symptoms to his separation from his girlfriend and another to his mother's illness, circumstances that in themselves are hardly traumatic in the sense that the public might

otherwise reflexively associate with war. Of course, there are other soldiers interviewed who recount horrendous experiences as the cause of their present symptoms. The film even appears constructed to emphasize this, when the first interview begins with the clinician saying to a soldier, “And then after you got wounded what happened?” Huston’s film would have been problematic for practitioners because the speech of soldiers frequently does not reveal an effective agent that allows medicine to apply its model of physical trauma to psychic trauma. The film’s representations of trauma did not conform to the postwar professional aspirations of the practitioners who had offered their services to the war effort and whose opinions likely would have been considered in judging the film acceptable for screening by the public.

Extending Freud’s model of trauma to society, it can be argued that in the context of American democracy, the banning of Huston’s film can itself be said to have been traumatic. Consequently, Sarris and the rest of the audience in 1981 were looking for an effective agent for the decision to confiscate the film—a traumatic event—when they viewed Huston’s film in the aftermath of its 35-year removal from memory. Hence, when Sarris writes in his review of the film, “Nothing in Agee’s elegantly-lean critiques had prepared me for the sheer conventionality and unoriginality of the work,” Sarris’s ironic description of himself as “unprepared” indexes his and the audience’s anticipation of being shocked. A different approach suggested by Freud’s concept of trauma to understanding the political and civil trauma connected to Huston’s film is that we

watch the film in the light of how the treatment of war trauma was remembered during the film's 35-year absence.

Many mental-health practitioners in the U.S. today look back to W.W.II as a key moment in the transformation of their practices, a transformation of the first magnitude, which aimed to take their practices out of institutions and gradually into communities. Treating civilians would be like treating soldiers on the front lines—getting help to them as fast as possible would be a priority. Soldiers recovered better when they were not obliged to break contact with the unit to which they had been assigned; likewise, it was argued, it made little sense to separate people from their communities in order to make them well; they would get better faster if they could continue to do what they usually enjoyed doing.

The first psychoanalyst I spoke to regarding his profession since World War II was a Vietnam veteran who basically recounted to me for the first time this narrative of how the treatment of soldiers near the frontlines during W.W.II had served as a model for treatment after the war. This explanation of the importance of World War II was once described as explaining the rise of psychoanalytically-oriented psychiatry. Today, many psychiatrists and mental health professionals who completely reject psychoanalysis nevertheless still retain this explanation of the transformation of their profession on the basis of World War II.

This is how Gerald Grob describes the transformation in his important history of American psychiatry after the war From Asylum to Community:

World War II marked a watershed in the history of mental health policy and the evolution of American psychiatry. Many psychiatrists who served in the military came to some novel conclusions. They found that neuropsychiatric disorders were a more serious problem than had previously been recognized, that environmental stress associated with combat contributed to mental maladjustment, and that early and purposeful treatment in noninstitutional settings produced favourable outcomes. These beliefs became the basis for the claims after 1945 that early identification of symptoms and treatment in community settings could prevent the onset of more serious mental illnesses and thus obviate prolonged institutionalization (5).

Grob's summation encapsulates the three already mentioned reasons which I think would have contributed to the decision to take the unusual action of removing a film from public circulation:

- 1) The film opens by distinguishing rather than comparing the treatment of war trauma to the treatment of civilian neuroses.
- 2) Huston's film shows soldiers being treated in an institutional setting.
- 3) The speech of the soldiers themselves makes problematic a rewriting of Freud's notion of trauma to an environmental one that will permit psychoanalysis to adapt itself to a medical model of causality, facilitating a new national role for psychiatry.

Two key figures in the transformation alluded to by Grob and other historians are the two brothers Karl Menninger and his younger brother, whom I have previously mentioned, William C. Menninger. Karl Menninger would direct the largest training facility for psychiatrists wishing to receive psychoanalytic training after the

war, the Menninger clinic in Topeka Kansas. Even more important is William C. Menninger. I would like to mention briefly two of William C. Menninger's contributions to the period following WWII: his founding and leadership of the Group for the Advancement of Psychiatry, better known as G.A.P., and his contribution to the first Diagnostic and Statistical Manual of Mental Disorders, better known as the DSM. I think his contributions in these two areas are relevant to understanding how Huston's film conflicted with the way the memory of the treatment of war neurosis would be used as a foundation for transforming psychiatry after the war.

Menninger [I will now return to using his last name only to refer to William C. Menninger] was a man eminently skilled in working within organizations and in creating convergency between them. The postwar period in the United States is largely marked by this same systematization and consolidation on a national level. Within the boundaries of the country, television addressed a national audience with a visual medium that seemed to diminish the importance of time zones and regional boundaries. The atom bomb and the fight against communism served as catalysts for the establishment of a permanent ongoing national preparation to fight a war, as formalized in the 1947 National Security Act. In part, the increased role of the federal government after the war had been prepared by its increased role during the depression and then in directing the vast logistical needs of the country to fight WWII. The war had demanded the performance of large-scale calculations that led to the development of the first functioning computers. The Electronic Numerical Integrator and Computer (ENIAC) had been

developed in the U.S. to perform calculations having to do with ballistics (De Landa, 131). Likewise, what were seen as problems of “human management” meant that numerical statistics were gathered on enlisted soldiers, enemy populations and the U.S. civilian population to a previously unheard of degree. This greatly intensified gathering of statistics would continue after the war, energized in part by the possibility of translating military victory into commercial success—for example, by studying the psychological aspects of advertising, marketing, and of organizational structures. The importance of statistics to the area of mental health after the war can be found fossilized in the title of the new nosology of mental disorders in the form of the use of the word statistical. The use of statistics weren’t new but there was a new sense of optimism about their use. In a section on "Statistical Reporting" in the DSM, the manual helpfully suggests:

"There are available sorting and tabulating machines (such as International Business Machines and Remington Rand Power Equipment) which help produce facts rapidly and accurately by eliminating tedious hand operations and which make possible certain operations and tabulations that are impractical to carry out by hand." (52-53).

After the War, the rapid expansion of the suburbs, of the interstate highway system and the rise of national chains such as McDonalds and Holiday Inn are all further evidence of the affinity between what was happening in the country as a whole and what was happening in the area of mental health. The Mental Health Act of 1946 and the establishment thereby of the National Institute of

Mental Health are two prominent indications of the new national emphasis of what was known as “the new psychiatry.”

Arguably, it can be said that one of the goals of psychiatry as an institution after W.W.II was to be like other branches of medicine, and this led to a contradiction that animates this period in the area of mental health. On the one hand, to be like other branches of medicine might mean to move closer to resolving the level of the speaking subject into a biological or an environmental model of causation, one which more closely resembled that of other branches of medicine, but somatic treatments were associated with hospitals and the need for hospitalization. On the other hand, the “talking cure,” while unlike the medical paradigm of other branches of medicine in not offering a somatic treatment, resembled them in so far as the patients it treated were largely drawn from the same “patient-population,” i.e. the rising middle class; and the talking cure treated patients in an outpatient setting, rather than within an institutional setting. Eventually, psychopharmacology would offer a medical treatment that was somatic and, at the same time, seen as largely consistent with outpatient care. During the early Cold War, however, psychoanalysis offered the closest thing to the medical model for outpatient care of mental illness among the rising middle class.

Menninger’s skills in managing organizations made him a man well-suited to the tenor of the times, capable of carrying out his stated goals of consolidating psychoanalysis with psychiatry, and psychiatry with the rest of medicine. Menninger’s institutional importance and capabilities are indicated by his extensive roles and

affiliations: among these, Menninger was president of the American Psychiatric Association between 1948 and 1949, president of the American Psychoanalytic Association between 1947 and 1949, a Mason and a lifelong member and supporter of the Boy Scouts of America. I mention the Boy Scouts because I think it is relevant to understanding the depth of Menninger's commitment to working within groups. Although I can't speak about them today, his writings on the Boy Scouts in his Selected Papers are potentially some of the most enlightening for understanding the postwar direction of psychoanalytically-oriented psychiatry. It was after attending an international Boy Scout meeting in Budapest in 1933 that Menninger visited Vienna, hoping to meet Freud. Menninger states in his published writings that Freud is responsible for psychiatry gaining the stature of a science. When he was unable to meet Freud, he settled for a meeting with one of Freud's analysands, Heinz Hartmann. After Menninger left Vienna, according to Lawrence J. Friedman's biography Menninger: The Family and the Clinic:

Because Will was confident that American psychiatry was already 'more advanced than European,' he did not regard it as an irreparable loss to have missed Freud.
(108)

Directly after the War, Menninger became the founder and director of the influential Group for the Advancement of Psychiatry. G.A.P. would identify itself with the new psychoanalytic direction of psychiatry. The minutes and other documents regarding the first years of GAP's existence further lend support to the likelihood that Menninger himself would have viewed Huston's film. From the very

first documents, public relations—including how psychiatry and psychoanalysis are represented in the movies, even B movies—is a repeated topic of discussion and part of GAP’s explicit policy concerns.

The second important role that William Menninger played that I wish to mention was as the author of the Army’s new psychiatric terminology adopted on August 19, 1945, which almost verbatim becomes the first DSM (1952). The only change which I can find was the addition of a foreword which again explains the new nosology for what would become known as the Cold War in terms of the importance of its origin during World War II:

“The Armed forces faced an increasing psychiatric case load as mobilization and the war went on. There was need to account accurately for all causes of morbidity, hence the need for a suitable diagnosis for every case seen by the psychiatrist, a situation not faced in civilian life. Only about 10% of the total cases seen fell into any of the categories ordinarily seen in public mental hospitals. Military psychiatrists, induction station psychiatrists, and Veterans Administration psychiatrists, found themselves operating with the limits of a nomenclature specifically not designed for 90% of the cases handled. Relatively minor personality disturbances, which became of importance only in the military setting, had to be classified as “Psychopathic Personality.”

One of the important things to note about the use of psychiatric terminology developed for the army as the basis for the DSM is that it is obviously based on a largely male patient population. This use of the care of a largely male patient-population for the basis of the postwar nosology might be seen as supporting Huston’s hypothesis

regarding the importance of the film's perceived undermining of the American "'warrior' myth" to its being confiscated. Yet the emphasis on mental illness among men at the stated origin of the DSM works to emphasize and not to conceal the perception of men as an "at-risk" portion of the population. What has become known as the Veterans Act of World War II was actually named "The Veterans Readjustment Act"; this name reflects the open and supportive approach to mental illness among veterans that characterized the tone of the media at the end of the War. What is protected by the omission of Huston's film is not the image of men as impervious to mental illness, rather what is protected are assumptions about the correlation between war and environmental risk, about the correlation between medicine's model of physical trauma and Freud's model of psychic trauma, and assumptions about the correlation between, on the one hand, psychoanalysis, and, on the other, psychiatry as a medical practice.

In the 1952 DSM, Nathan Hale, in his important history The Rise and Crisis of Psychoanalysis in the United States, states that,

"Battle experience was directly reflected in the most innovative new category, 'transient personality reactions to acute or special stress.' These included 'combat exhaustion' and 'acute situational maladjustment' to a new environment or an 'especially trying and difficult' situation. Reactions caused by poverty or racial discrimination also were included in this category."

In Huston's film, it is notable that, three years before the Army was integrated, African-American soldiers are shown receiving the same treatment as all the other soldiers and being treated together

with them. It is also important that the film was aimed at reassuring potential employers regarding the capacities of the soldiers shown in the film to be good employees.

In a way analogous to the first DSM, Huston's film takes racism, war and unemployment together as primary causes of traumatic neuroses. This is important because even though the agenda of Menninger and G.A.P. may be seen as erroneously revising psychoanalysis to a medical model of causality as regards trauma, this environmental model was seen as consistent with and justified by a progressive social agenda. Yet it is worth asking whether the failure of programs to address social problems such as racism after the war did not in part arise because these social problems were judged best treated by experts working in the newly important realm of administrative functions in the new national security state rather than being addressed in the realm of the political. At the same time, it is important to acknowledge the pivotal role that expert testimony provided by mental health professionals played in legal efforts to overturn segregation. Kenneth B. Clark's Prejudice and Your Child, 1955 was cited extensively by Thurgood Marshall in arguing before the U.S. Supreme Court the landmark 1954 desegregation case of Brown v. Board of Education.

Although Freud may at times have underestimated the importance of various historical causes of trauma, it is not that Freud denied that war, child-abuse, class differences, racism, or anti-Semitism could be traumatic, but he never accepts that the effect of these can be understood in isolation from trauma as it is

otherwise always already implicated in the human condition; it is on this basis that Freud erases any strict dividing line between the normal and the pathological. The new category for war trauma in the DSM of 1952, “transient situational personality disorder,” describes a person with an otherwise intact personality who has been exposed to an extraordinary external stress. For Freud, as he states explicitly in Moses and Monotheism, “No human individual is spared . . . traumatic experiences; none escapes the repressions to which they give rise.”

Before closing, I wish to mention a fourth way in which the film would have been problematic for the vision for psychiatry allied with psychoanalysis after the war. Never is psychoanalysis used as a mode of treatment in Huston’s film, rather hypnotic trances, brought on by either hypnosis or sodium pentothal, are shown, during which the patients recall memories that alleviate their symptoms. Freud is very clear about this and consistent: while hypnosis can make use of the cathartic method, what distinguishes psychoanalysis is the analysis of transference and resistance. Of course, there is perhaps a good explanation for why psychoanalysis is not shown in Huston’s film: the military need for specific results in a limited and prescribed period of time. Presumably then, psychoanalysis after the war, when the pressure of time was not so intense and the setting was no longer the military, developed out of what is shown in the film. Yet, given that the period following WWII, was the start of what is popularly known as the Cold War and given the use of the war as a paradigm within mental health care for the period afterwards——particularlry for the use of psychoanalysis——it

is worth considering what aspects of treatment that are shown here remained in place afterwards.

In the 1955 edition of the English translation of the complete works of Freud, the article from which I quoted extensively above, “Introduction to Psychoanalysis and the War Neuroses,” appeared for the first time with an appendix. The appendix is a short statement entitled “Memorandum on the Electrical Treatment of War Neurotics” (1955[1920]). A note attached by the editor to the memorandum’s title explains that the memorandum has never been published in German. The editor’s note states that the memorandum was the result of Freud’s being called upon to give expert testimony regarding a series of allegations that had been circulating in Vienna at the end of the First World War. These allegations accused army physicians of being involved in inhumanely treating patients suffering from war neuroses by applying to them electrical current. Freud’s explanation about why electrical treatment could manage to restore some of these soldiers to combat is brutally simple:

Since his illness served the purpose of withdrawing him from an intolerable situation, the roots of the illness would clearly be undermined if it was made even more intolerable to him than active service. Just as he had fled from the war into illness, means were now adopted which compelled him to flee back from illness into health, that is to say, into fitness for active service. For this purpose painful electrical treatment was employed, and with success (213).

Freud then shifts his attention to the motivations of the physicians administering such treatment:

This therapeutic procedure, however, bore a stigma from the very first. It did not aim at the patient's recovery, or not in the first instance; it aimed, above all, at restoring his fitness for service. Here Medicine was serving purposes foreign to its essence. The physician himself was under military command and had his own personal dangers to fear—loss of seniority or a charge of neglecting duty—if he allowed himself to be led by considerations other than those prescribed by him. The insoluble conflict between the claims of humanity, which normally carry decisive weight for a physician, and the demands of a national war was bound to confuse his activity (214).

Freud's emphasis on the confusion experienced by physicians who are accustomed to serving humanity and must now accommodate themselves to a national war is an important emphasis for our subject, because for the U.S. the separation of war and peace changes in a fundamental way after World War II. It is difficult not to imagine that the confusion that Freud asserts faced physicians in the treatment of patients who were soldiers during wartime could not have effected practitioners in the period known as the "Cold War." I am not suggesting that psychoanalytically-oriented psychiatry was not humane in its goals, but that the barriers to psychoanalysis that pertain to war time in some measure may have continued to be used as a context for psychoanalysis after the war and have effected the direction of psychoanalytic treatment.

For these reasons, Huston's film would have been troubling for clinicians who foresaw the consolidation of psychoanalysis with psychiatry as the basis for a new national role for psychiatry in a troubled world.