Picturing the Damaged Mind: Film and Techniques of Visualization in the Modernization of WWII Military Psychiatry

Kaia Scott

A Thesis

in

The Mel Hoppenheim School of Cinema

Presented in Partial Fulfillment of the Requirements

For the Degree of

Doctor of Philosophy (Film and Moving Image Studies) at

Concordia University

Montreal, Quebec, Canada

October 2018

CONCORDIA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

This is to certify that the thesis prepared

By: Kaia Scott

Entitled: Picturing the Damaged Mind: Film and Techniques of Visualization in the Modernization of WWII Military Psychiatry

and submitted in partial fulfillment of the requirements for the degree of

Doctor Of Philosophy (Film and Moving Image Studies)

complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

Signed by the final examining committee:

_____ Chair
Dr. Nicola Pezolet

_____ External Examiner
Dr. Alice Lovejoy

_____ External to Program
Dr. Charles Acland

_____ Examiner
Dr. Kay Dickinson

_____ Examiner
Dr. Masha Salazkina

_____ Thesis Supervisor
Dr. Haidee Wasson

Approved by _____
Dr. Masha Salazkina, Graduate Program Director

December 19, 2018 _____
Dr. Rebecca Taylor Duclos, Dean
Faculty of Fine Arts

ABSTRACT

Picturing the Damaged Mind: Film and Techniques of Visualization in the Modernization of WWII Military Psychiatry

Kaia Scott, Ph.D.
Concordia University, 2018

Over the course of World War II, psychiatry went from being a specialized discipline addressing the very ill or the very rich, to one looked to by institutions and industry for expertise regarding the management of ordinary people's labour and behaviour. Adopted by the US military as a strategy for "conserving manpower," the astonishing growth and re-orientation of psychiatry in response to institutional demands has been documented in histories of psychiatry and sciences of social engineering. This project adds to these histories by identifying the key role played by film and what I call "techniques of visualization" in enabling this growth and modernization. A few familiar works of propaganda including the *Why We Fight* films and *Let There be Light,* are situated within a much larger institutional framework containing many unfamiliar films, all put to work within broader strategies to optimize the labour of personnel, and in the process acquainting millions of people to psychiatric discourses for the first time. Using extensive archival research of military documents and psychiatric literature, this study proposes that the work done by these films can only be understood by contextualizing them within institutional strategies for managing issues of concern such as morale, "combat fatigue," and preventative psychiatry.

The chapters of this study examine film and techniques of visualization at work in screening, training, preventative psychiatry, therapeutic treatments, and discourse management, by mapping them along stages of a military career from selection and training through military service and discharge. Psychiatrists used film to try to manage men's minds *en masse*, attempting to inoculate the mind to fear, make mental health "visible" so that it could be monitored and self-managed, standardize and automate aspects of treatment—in particular triggering repressed traumas, and manage discourses

about war and mental health. Techniques of visualization adapted imprecise and time-consuming practices such as psychoanalysis and personality profiling to make them appear efficient and reproducible on a mass scale. The visual technologies and therapeutic modes that characterized the modernization of the psychiatric discipline evolved within a strict institutional environment that expected minds to adapt to the circumstances of war.

Acknowledgements

Considerable thanks go to the Social Sciences and Humanities Research Council of Canada and Concordia University's Film and Moving Image Studies program for providing financial support and an intellectual home in which to develop this project. Masha Salazkina and Kay Dickinson are formidable scholars and committee members who have offered me countless instances of support, inspiration, and guidance over the years. Haidee Wasson is the supervisor everyone should be lucky enough to have. And I was. She models impeccable, principled scholarship, gives honest, exacting, and generous feedback, ceaselessly supports her students, and is somehow also kind, funny, and human in the best possible way. And of course, Jerry Zaslove will be in every acknowledgement for the indelible intellectual imprint he has left on my work.

My colleagues in the program have provided companionship, advice, and inspiration. Our confab group, and Desirée de Jesus and Irene Rozsa, have helped keep a sense of community afloat in the lonely latter years of dissertation writing.

The secret history not written in these pages is the community of family and friends who have kept me sane and cared for through all of this. Fellow dissertation writers, Diane Dechief kept me company in the library and Zoe DeLuca, in my living room when I was too pregnant to go to the library. Buffy Cram showed up online everyday for years as we tracked our progress, our fears, and cheered each other on. My beloved gang (including the bibliographers!) and sister have been my home and my heart in Montreal. My parents and all the rest of my sisters waited patiently (ish) for us to come back West, and have always been loving and supportive no matter what strangeness I get up to.

Cillian Scott-Turner showed up right when I thought I was close to finished, making this whole process take so much longer (!!), but also making it so much more worthwhile. And Matti Turner deserves unlimited thanks for being the person who shares my dreams of a more socialist world that includes access to free, high-quality therapy for all (but in which, hopefully, we don't need quite as much of it), and for being there through every single part of this and everything, making it all possible.

Table of Contents

List of Figures

Chapter 1.

Introduction

1.1. Visual Techniques on the Front Lines

In the Tunisian desert in 1943, Roy Grinker and John Spiegel, two psychiatrists deployed by the American military, set up a makeshift psychiatric hospital in a small, open tent within earshot of the bombs and blasts coming from the fighting between the Allied and the German and Italian forces. The American military had shipped these two psychiatrists overseas along with the usual soldiers, officers, and medics as part of a corps to join the North African Campaign with the Allied forces. It was the first time during World War II that the United States had sent psychiatrists to the battlefront, and it was part of a desperate attempt to cut down on the alarming number of soldiers who were leaving the battlefields with "neuropsychiatric" diagnoses—the military's official term for incapacitation due to mental rather than physical reasons. While scrounging around for medical supplies to set up their facilities, Grinker and Spiegel discovered a large cache of a popular intravenous anaesthetic, sodium pentothal, and used it to invent a treatment they called "narcosynthesis."[1] During this treatment, once patients were heavily drugged, the psychiatrists would use their bodies and voices to act out battle scenes to make the patients believe they were back at the scene of their trauma. The psychiatrist might mimic the sounds of bombs and gunfire, pretend to be dead comrades or officers, or perhaps shout out orders to a stoned soldier, or yell, "Look out! Incoming!" Grinker and Spiegel recorded that as a result of the drugs and the theatrical prompting from the psychiatrists, their patients would often dive under their cots for cover, scream, cry, and try to dig themselves into the ground, among other actions, each of which in turn

[1] Alison Winter, "Film and the Construction of Memory in Psychoanalysis, 1940 – 1960," *Science in Context* 19, no. 1 (2006), 116.

performed a visible and audible version of a traumatic memory for the psychiatrist to see.[2]

Narcosynthesis was a significant mutation of the lengthy, symbol-laden process of psychoanalysis, where patients' dreams and reminiscences are analyzed and pieced together to build a psychiatric biography. Narcosynthesis used drugs and audio-visual triggers to try to create a shortcut to access repressed traumatic memories that became visible as the patient reacted in front of the psychiatrist. While the bodies and voices of the psychiatrists were the audio-visual triggers in the above example, psychiatrists quickly began to experiment with the use of film screened in rooms full of patients in order to make this therapeutic technique more efficient. The very things that differentiated narcosynthesis from psychoanalysis—that it was quick, cheap, and produced a dramatic, visible effect—were what made it part of a new crop of psychiatric treatments generated during the war that used drugs and visual technologies to try to get soldiers back to work and keep them working longer and more effectively. Despite the lack of significant proof of their efficacy, this and other widely reproducible treatments helped to structure the extraordinary growth of military psychiatry throughout the war, helping to build the foundation upon which it would become one of the most powerful social sciences in post war United States. Though this ritual of psychiatrists and narcotized soldiers acting out battles in a tent may sound like a strange relic of the past, narcosynthesis was a formative moment in military psychiatry. It initiated a lineage of treatments using film and other media in military psychiatric treatments during WWII that has continued through to the contemporary use of video games and Virtual Reality environments to treat soldiers with Post Traumatic Stress Disorder (PTSD).[3]

---

[2] See the section "Narcosynthesis" in Grinker and Speigel's chapter "The Management of Neuropsychiatric Casualties in the Zone of Combat," in *The Manual of Military Neuropsychiatry,* eds Harry C. Solomon and Paul I. Yakolev (WB Saunders Company: Philadelphia and London, 1944), 528-539.

[3] The Virtual Iraq therapy program uses virtual reality environments in order to mimic situations soldiers were likely to have encountered while serving in Iraq. It operates on the principle that returning to the scene of trauma over and over again under the guidance of a therapist will reduce PTSD symptoms such as flashbacks. See Pasi Väliaho, "Affectivity, Biopolitics and the Virtual Reality of War," *Theory, Culture & Society* 29, no. 2 (2012): 63-83.

Narcosynthesis is one example of a family of practices using film, audio-visual tools, still images, and performance deployed by military psychiatrists in order to modernize and expand their discipline from a relatively marginal one whose work took place predominantly in asylums, to a discipline that was entrusted to administer the mental health of an institution comprised of millions. Together, what I am calling "techniques of visualization" were both vital to the expansion of military psychiatry and shaped the psychiatric treatment and knowledge disseminated to soldiers who were often encountering these ideas for the first time. The term "techniques of visualization" used in this study is indebted to media scholar Nicholas Mirzoeff's revisitation of "visuality."[4] Mirzoeff defines visuality as that which has been classified and organized into a seemingly self-evident set of norms by those with the authority to look at and to "visualize" the perceptible and the imperceptible. He writes that visuality is a "discursive practice that has material effects," and it is "formed by a set of relations combining information, imagination, and insight into a rendition of physical and psychic space."[5] In this study the rendition of physical and psychic space constitutes a spectrum of mental health/illness mapped out by the military psychiatric apparatus onto the minds of civilians and personnel. The techniques of visualization explored in this study made the minds of soldiers see and be seen in institutionally useful ways. The psychiatric expert's "right to look" was structured by their power within the military institution and organized a visuality of the mind that shaped both the discipline's practices and the way that it was understood by experts and non-experts alike.

Among the techniques of visualization employed in WWII military psychiatry were image interpretation (such as inkblot) tests that sought to sort people efficiently on the assumption that the images could conjure up information from inside the mind that would otherwise remain hidden. Many training films provided soldiers with images of combat with the hope of provoking memory images in their minds that would lessen the shock of being in combat for the first time. Didactic films on military psychiatry and mental health named certain behaviours and patterns as psychiatrically significant,

---

[4] Mirzoeff identifies "visuality" as "an early-nineteenth-century term meaning the visualization of history," and elaborates this usage in his book *The Right to Look: A Counterhistory of Visuality* (Durham: Duke University Press, 2011), 2.
[5] Mirzoeff, *The Right to Look,* 3.

making them visible to laypeople so that they could be monitored within the networks of military surveillance. Narcosynthesis used performance, and later on films, to uncover repressed memory images of trauma. As a result of the process, the patient reciprocated with performances of their trauma, which helped doctors to classify them as "making progress" in treatment. Addressing the public, military-made films on mental health and psychiatry set the terms of what mental health and veteran reintegration looked like, and proudly displayed the techniques that had made psychiatry modern, efficient and able to administer to mass publics. Together, films and techniques of visualization created a family of visual technologies that produced systems of classification, practices, and knowledge about mental health. These were in many ways an improvement over other, more archaic ideas and practices, but they were always structured by the authority of the military to look and to determine what was being seen.

This dissertation examines the role played by film, audio-visual tools, and techniques of visualization in the military's use of psychiatry to try to optimize the labour of soldiers during WWII, and how this contributed to the extraordinary rise of psychiatry in the military and, subsequently, well beyond it. This project aims to demonstrate that film and visual technologies played a particular kind of role in psychiatry's modernization in the military context by:

1. Operating as a privileged tool understood by psychiatrists as capable of provoking institutionally useful images inside the minds of viewers and generating desired effects,
2. Creating shortcuts in the assessment, diagnosis, and treatment of soldiers,
3. Teaching soldiers and other personnel protocols of mental health treatment of others as well as self-management, making both specialists and generalists responsible for the mental labour of warfare's effects, and in principle, more efficient workers,
4. Selling the idea of psychiatry to skeptical audiences, and
5. Enabling a uniformity of messaging about psychiatry and mental health directed at audiences of soldiers, and subsequently, civilians.

This project identifies the spectrum of film, audio-visual tools, and techniques of visualization that were used to adapt psychiatry into a program for military efficiency. It

contextualizes their use and the rhetorical strategies associated with them within the understandings and goals expressed in contemporaneous writings by military personnel and psychiatrists in official military and psychiatric publications. The modernization of military psychiatry included the promotion of discourses of empathy around fear's normalness and its effects, and generated infrastructure and resources to provide treatment for suffering soldiers. The military context in which this modernization occurred, however, meant that such gains were strictly structured within institutional imperatives for efficiency and optimization as well as by bids for disciplinary growth and power, which inflected their practice and rhetoric. This study, therefore, presents an institutional critique of the military by documenting the media tools enlisted to make military psychiatry more efficient, and a discourse analysis of how film helped to bind questions of mental health to those of labour productivity.

Over the course of World War II, psychiatric discourses evolved from circulating among a small group of specialists and devotees to becoming one of the most influential explanatory paradigms at work in public policy, private industry, and media and communications in the United States. The US military's heavy investment in psychiatry as a strategy for "conserving manpower," facilitated in part by the use of film and visual technologies, played a significant role in psychiatry's astonishing institutional growth throughout the war and into the post war period. By making imprecise and time consuming practices such as psychoanalysis and personality profiling appear efficient and reproducible on a mass scale, techniques of visualization helped to give the once-marginal discipline of military psychiatry a foothold that it seized aggressively, growing into a vast and indispensable apparatus, within the military and beyond. Film was used to apply psychiatric ideas *en masse,* preparing men's minds to fight in training, teaching them to manage their own mental health and how to be good patients, and doing some of the heavy-lifting in therapeutic settings, easing the burden on the limited number of psychiatrists. At every turn, images demonstrated their usefulness by purporting to make order of the messy business of cataloguing, disciplining, and treating the soldier's mind. Visual technologies were, as much as anything, tools used to try to simplify what was highly complex: they were employed to communicate complicated ideas about the mind

and mental health in a series of unified and endlessly repeatable messages, and seemed to make coherent information appear from the shadows of grey matter, providing both doctors and soldiers with a story or an image that could stand for the totality of the trauma of war, or as a starting point for remedying its effects.

The claim that communication technologies could effectively improve manpower by motivating, educating, managing, and curing soldiers quickly was repeated again and again by top military psychiatrists and officials throughout the war who wanted to show that the rising profession could be modern and adaptable. Still and moving image interpretation tests were an early aid to the daunting task of screening, testing, diagnosing, and categorizing the mental fitness of millions of people who signed up or were drafted into service. Films also introduced military audiences to carefully tailored ideas and techniques of psychiatry via didactic and instructional films. These films were sometimes understood to act as preventative therapy that would keep soldiers from suffering neuropsychiatric breakdowns during service, and also as a public relations tool to sell the then-unsavoury subject of psychiatry to the millions of military personnel who viewed them.

In addition to educational and training uses, visual technologies also became key in adapting clinical practice to a wartime context, as seen in the example of narcosynthesis. Historian of American psychology Ellen Herman quotes prominent World War II military psychiatrist Edward Strecker when she writes that working for the military,

> Forced clinicians to devise a menu of creative psychotherapeutic alternatives and shortcuts "which [gave] promise of returning a maximum number of men to duty within a minimum of time and with techniques which are feasible in the active theatres of combat."[6]

Screening combat footage to a room full of patients to initiate the process of narcosynthesis became one method of using films to make costly psychiatric treatment for the masses of soldiers who needed it more efficient. Saving the scarce and expensive time of psychiatrists was key. In addition to making treatment more efficient, and in

[6] Strecker as quoted in Ellen Herman, and Herman, *The Romance of American Psychology: Political Culture in the Age of Experts* (Berkeley: University of California Press, 1995), 112.

theory, more effective, films were also often used to quickly train doctors and psychiatrists in new techniques, to introduce new patients to psychiatric ideas and terminology, and to generate and direct discussion in group therapy.

As can be seen above, categories of training, discourse management, and therapy were often blurred and overlapping in military psychiatry's descriptions of a particular film's function. This is partly expediency—films were expensive to produce, materials were often scarce, and whatever was available might be used in a variety of contexts. It was also due to the hope held by some psychiatrists that films were sophisticated media interlocutors, operating on multiple cognitive levels at once. A single film might be discussed and screened as a straightforward training film in one instance, in another, it might be understood to be providing trainees with a form of sensory inoculation, preparing their nervous systems for the experience of battle. In a third instance this same film may be shown to soldiers in a recovery hospital in order to save a psychiatrist time explaining common symptoms, and finally, it might be screened again to the same patients, now under sedation, in order to trigger expressions of their own distress. The polysemy of these films arose from the multiple ways in which they were put to use and facilitated by the power of psychiatric experts to reframe them alongside a range of instructions, practices, messages, and complementary information. While to a contemporary viewer, many of these films may appear to be not much more than amusingly outdated documents of psychiatric didacticism, their complex and polysemic nature can only be understood by carefully reading the institutional contexts and practices in which they operated. For this reason, this study makes a case for understanding military psychiatric films and visual technologies as institutionally "useful" in a variety of ways that exceeded even their educational or propagandistic qualities.[7]

As Haidee Wasson and Lee Grieveson write in their introduction to the collection, *Cinema's Military Industrial Complex,*

> Although broadly deployed and seen regularly by millions, the military's cinema was rarely designed simply as a mass medium, but rather as a highly strategic one, encompassing specific groups of varying sizes and of

[7] See Charles Acland and Haidee Wasson, eds., *Useful Cinema* (Durham: Duke University
Press, 2011).

> many disciplines and skills, with clear institutional procedures and desired outcomes.[8]

While they sometimes reached large audiences, the films examined in this study functioned in targeted, direct, and strategic ways. Shown variously to audiences of trainees, groups of officers, or a closed ward of psychiatric patients, these films together formed a coherent (though not homogenous) articulation of the methods and understandings of an increasingly powerful institution of military psychiatry.

1.2. Historical Context

1.2.1. Film in the Military

The boost that film and visual technologies offered psychiatry owed a great deal to the investment that the military made in film and media industries more generally during World War II. The enthusiastic integration of media technologies into the business of warfare generated a robust infrastructure for film production and circulation. As film historian Haidee Wasson has written, film was used in one way or another by "practically every activity of the armed forces."[9] Thousands of newsreels and bulletins provided regular information to troops and civilians at home and overseas; films were shown to orient new soldiers and build morale, they provided countless hours of surveillance footage and records of missions, and were even used as highly restricted personal communiqués seen only by top officials.[10] The Army's film production unit, the Signal Corps, had by 1945, produced over 1,500 training and orientation films alone.[11] Training and orientation films covered a huge range of topics from technical subjects with titles like "Filling and Handling of Airplane Spray Tanks - Part V -

---

[8] Haidee Wasson and Lee Grieveson, "The Military's Cinema Complex," in *Cinema's Military Industrial Complex,* eds. Wasson and Grieveson (California: University of California Press, 2018), 8.
[9] "Report of the Film Survey Committee" as cited in Haidee Wasson, "Protocols of Portability" *Film History: an International Journal*, Vol. 25 no. 1-2 (2013), 241.
[10] Ibid.
[11] William Friedman Fagelson, "Fighting Films: The Everyday Tactics of World War II Soldiers" *Cinema Journal* 40 no. 3 (Spring 2001), 98.

Decontamination," and "The Oil Filter Goes to War," to important informational films such as "Military Sanitation - Disposal of Human Waste," and "Trench Foot, Cause, Prevention, and Treatment." There were also films that trained soldiers in warfare, personal conduct, and hygiene, including "Introduction to the Army," "How to get Killed in One Easy Lesson," and "Figures Don't Lie," a film made for the Women's Army Corps "designed to be shown to women interested in improving their figures through exercises."[12] As the war progressed, the US Army Signal Corps' budget, which had totalled just under two million dollars in 1942, was increased to over ten million dollars in 1943, and grew throughout the war along with the enthusiasm for using film.[13] This study shows that psychiatrists plainly shaped the activities of the Signal Corps—the most prolific makers of films during the war.

One training film genre was the "mental hygiene" film, produced by the Signal Corps in consultation and collaboration with the military's Neuropsychiatry Division, which was consulting on techniques for morale building across the military. Within this genre were films designed to deliver psychiatric information to troops, improve morale (with the expectation that this kept men fighting longer), and as public relations tools that managed discourses of military psychiatry with both personnel and the public. Many of these films employ a recognizable aesthetic of 1940s didactic black-and-white dramatized documentaries, with what appears to be now amusingly anachronistic subject treatments, performances, and paternalistic narrators that easily mark these films as obvious and unsettling propaganda relics of the past. A few of the films shown as part of the mental hygiene program stand out due to the famous names associated with them, such as *Combat Fatigue: Irritability* (1946) which features a young Gene Kelly as a marine in a psychiatric rehabilitation centre. Frank Capra's *Why We Fight* series, and John Huston's *Let There Be Light*, are well known in film studies thanks to their famous directors. These films often tend to be viewed as curiously well made propaganda that also help us to understand the oeuvres of great auteurs. This project takes a different approach to

[12] All films listed at Archive.org in document "Field Manual 21-7: List of War Department Films, Film Strips, and Recognition Film Slides 1946" accessed online at https://archive.org/stream/FM21-7/FM21-7_djvu.txt
"Figures Don't Lie" is described in the *Bulletin of the US Army Corps Medical Department* 4 no. 1 (1945), 46.
[13] Fagelson, "Fighting Films," 98.

these films, situating them instead within the military's larger psychiatric apparatus and asking why the military made these films? What did they think they would accomplish? What disciplinary authority was motivating their decisions? Prior to their release to the public, the *Why We Fight* series, while not psychiatric films *per se*, were made to be screened for all incoming troops as part of military-wide policy seeking to prevent "psychoneuroses among personnel within the army," by disseminating motivational information and "induc[ing] healthy attitudes."[14] *Let There Be Light* was made at the request of the Neuropsychiatry Division as a public relations tool for managing public discourses about veterans and mental health. Framing these and other more obscure films within an investigation of the institutional use of media by the military's psychiatric apparatus reveals that they are not historical curios at all, but represent part of a highly coordinated communications effort directed at millions of viewers seeking to accomplish a range of goals.

The institutional goals pursued by the military's psychiatric film program can be broadly grouped into those of training and discourse management on the one hand (Ch 1, 2, and 4), and the adapting and augmenting of psychiatric assessment techniques and clinical practice on the other (Ch 1 and 3). Mental hygiene films and those made for training were much more widely seen than and have more indelible traces than those used as clinical tools, but a full catalogue of the films used in either category is not possible to achieve. Dealing with incomplete archival records, casual mentions of films (often with incorrect titles) in psychiatric articles, and conflicting information in military documents makes it hard to know exactly which and how many films were a part of the military psychiatric apparatus. Many documents in the Neuropsychiatry Department files at the National Archives contain suggestions or scenarios for films that may or may not have actually made it into production, or may have been reworked into films of different titles. Scanning the catalogue of military films from World War II contained at the National Archives for titles that sound like they might have psychiatric subjects is helpful, but still

[14] "Confidential Memorandum for the Assistant Chief of Staff, Subject: Psychoneuroses." Tab E, p 3; "Psychoneuroses: Diagnosis, Treatment, and Disposition; Memoranda to the Deputy Chief of Staff; Neuropsychiatry; Record Group 112 Office of the Surgeon General/Army World War II Administrative Records-ZI 730 (RG 112 SGO/A 730); Box 1317; National Archives at College Park (NACP).

incomplete. Titles that have appeared in military documents from wartime do not appear in the catalogue and vice versa. Films used in the clinical context are even more difficult to track down, as they were not subject to military-wide policy, but rather the whims and discretion of the psychiatrists using them. Even getting a reliable title from a psychiatric article is challenging. Only the military-made mental hygiene films that were repurposed for use in convalescent hospitals are relatively easy to find. One exciting discovery in my research was a series of three short films containing footage from a naval attack found at the National Archives that I believe were used experimentally as "desensitization films" in the military hospital setting. These are further discussed in Chapter 3.

Glimpses into the scope of films screened to educate soldiers on psychiatric subjects can be gleaned from files such as the one put together in 1946 by General George S. Goldman, an analytical psychiatrist who was appointed full-time director of the Psychiatric Film Program run out of the Surgeon General's office during the war.[15] Goldman's "Training Films" dossier reviews the existing films available from the Army, the Navy, the Airforce, and the British military, and suggests others that should still be made to fill in the gaps. He concluded at the time that a "relatively complete psychiatric film library" would include: twelve orientation films promoting proper adjustment to the challenges of becoming a soldier, being deployed, re-training, re-deployment, and returning home; two films for officers on how to manage the mental health of their troops and their own; eight training films for differing levels of medical workers from corps men to surgeons to psychiatrists presenting information on how to deal with psychiatric patients, treatment measures, and group therapy; and three treatment films for neuropsychiatric patients stressing the need to "overcome psychoneurosis and recover."[16] While the document does not specify how the proposed film library would be made widely available, it provides a sense of what the essential tools of psychiatric training were understood to be and how film was foundational to their institutionalization.

Logistical considerations (winning wars and paying disability pensions, among others) have always given modern military institutions huge stakes in how mental health is represented and managed. From strategic naming and re-namings of "Shellshock,"

[15] Winter, "Film and the Construction of Memory," 119.
[16] "Training Films," p. 6, Tab A, 30 January, 1946. Neuropsychiatry; RG 112 SGO/A 730; Box 1328, NACP.

"Combat Fatigue," "Post Vietnam Syndrome," and "Post Traumatic Stress Disorder," to the training of new cohorts of psychiatrists and funding their research, war has indelibly shaped narratives of the mind. Seeking not only to manage discourses, but the productivity of military labour as well, the use of film in military psychiatry during World War II set historical precedents for the contemporary use of digital imagery in military training, stress management, and therapy.[17] Despite changing parameters of interpretation and contextualization, both World War II experiments that used films as "exposure therapy," and contemporary uses of Virtual Reality to treat what is now diagnosed as Post Traumatic Stress Disorder, work with the principle that moving images can produce psychiatric "habituation," or the ability to desensitize patients to fear of particular stimuli.[18] In an attempt to manage the unruly effects of fear on the mind, psychiatric films, seen by soldiers in both training and in treatment, became twin gateways of soldier production and release: asking them to wage war in one instance, and to return to peacefully productive citizens in the other. In order to understand the work that film and media did to help turn people into soldiers and then back again, as well as the radical change and growth that occurred in military psychiatry during World War II to broker this transformation, it is important to understand some of the factors involved in how and why psychiatry became so important to modern militaries.

1.2.2. Psychiatry and the Military

The dramatic uptake of psychiatry in the US military during World War II was part of a widespread phenomenon of institutions increasingly turning to social sciences as tools of governance. Militaries, criticized for being led by unqualified elites who ran messy slaughterhouse campaigns during World War I, began slowly adopting new techniques for selecting, organizing, and training personnel. Germany, in particular, was known by British and American intelligence to be using psychologists and psychiatrists

[17] See Robert N. McLay, *At War with PTSD: Battling Post Traumatic Stress Disorder with Virtual Reality* (Baltimore: The Johns Hopkins University Press, 2012); and Pasi Väliaho, "Affectivity, Biopolitics and the Virtual Reality of War," *Theory, Culture & Society* 29 no. 2 (2012): 63-83.
[18] McLay, *At War with PTSD* 85.

to try to craft a modern, sophisticated military that applied developments in the human sciences to the optimization of fighting forces. While the early years of the war still saw the British and American military keeping the role of psychiatrists to a minimum, by 1936, the German military had a "central laboratory in the War Ministry, staffed by over 80 psychologists, under whose direction worked psychological laboratories attached to every army corps."[19] Writing on the history of what he calls the "psy" sciences (psychology, psychiatry, psychotherapy, psychoanalysis) as tools of Foucauldian social governance, Nikolas Rose describes the phenomenon that began to slowly take place in the context of powerful militaries at the start of the war as part of the broader psychologization of organizational life.[20] No longer a strict application of disciplinary force to the bodies within the military institution, the psy sciences offered new methods for managing people's behaviour and labour by producing a corps of specialists who purported to understand how people thought, felt, and were motivated.[21] Militaries began to realize (more or less slowly) that they could "minimize indiscipline and the breakdown of troops, and … increase fighting efficiency, through the rational allocation of individuals to activities in light of a knowledge of their intelligence, personality, or aptitudes."[22]

The governance models provided by the psy sciences are not straightforward techniques of power. As they build and disseminate models of human behaviour, they create new forms of connection between the way that people think about themselves and the way they behave as understandings are internalized. Or, as Rose writes, the connections and effects that form "between the aspirations of authorities and the projects of individual lives."[23] It is therefore important not to simply endow the state or the military with some kind of rational and coherent power that it wields over individuals, but to carefully map out how this kind of power grows, identifies itself, and operates in order to understand the impacts on infrastructures and effects on individuals that it

---

[19] Nicholas Rose, *Governing the Soul: The Shaping of the Private Self* (London: Free Association Books, 1999), 19.
[20] Rose, *Inventing Ourselves: Psychology, Power, and Personhood* (Cambridge: Cambridge University Press, 1996), 12 and *Governing the Soul*, 2.
[21] Rose *Inventing Ourselves,* 11.
[22] Rose, *Governing the Soul*, 2.
[23] Ibid., 4.

enables. Sometimes small innovations arise to deal with an immediate problem—such as the discovery of a cache of sodium pentothal by the psychiatrists Grinker and Spiegel—that then grow into foundational elements of a comprehensive program of management. Here we begin by sketching some of the conditions in which media became a part of the growth of psychiatric management within the American military.

Prior to World War II, the dominant model of mental health care in America was institutionalization in asylums or mental hospitals. Almost all professional psychiatrists worked in hospitals and generally understood their patients to be long-term or lifetime wards with afflictions that were to be managed rather than cured. Psychiatrists began formulating theories of trauma and the human mind during World War I, and soldiers suffering with what was called "shell shock" brought issues of psychiatry to the public's attention. Despite this, the general climate was still quite hostile to the idea of people having mental abnormalities, and indeed, while the British military eventually adopted more humane approaches, their initial method for coping with soldiers who showed symptoms of shell shock during World War I was to hang them for cowardice, which was interpreted as an act of treason against the army.[24] While the work done by psychiatrists during the First World War had achieved a certain level of notoriety among artists and intellectuals, these ideas did not gain traction within a broader public sphere. Historian of American psychology, Ellen Herman, writes that

> Before the war, psychotherapy had been associated largely with the elite office practice of psychoanalysis … or with a range of techniques employed by psychiatrists functioning in the institutional context of state hospitals. In both cases, psychotherapy was an unusual experience for which the prerequisites were extreme wealth, avant-garde curiosity, or something close to insanity. Psychotherapy was not relevant to ordinary people. If anything, it was stigmatizing.[25]

The beginning of a radical shift in the orientation of American psychiatry was catalyzed by a reduction in the quality of care for patients during the Depression, exacerbating a growing dissatisfaction with the palliative model of psychiatry. This spurred interest in what Gerald N. Grob calls "radical therapeutic innovations that seemed to hold out the

[24] McLay *At War with PTSD*, 67.
[25] Herman, *The Romance of American Psychology,* 112.

prospect of recovery for tens of thousands of severely and chronically ill persons."[26] Curative procedures that targeted the body's functioning rather than the patient's biography, such as insulin shock, metrazol shock, electroshock, and lobotomies, were quicker to administer than ongoing psychotherapy. They also resonated with a desire to adopt more bio-medical approaches to treatment as the psychiatric community re-branded itself from palliative asylum administrators to medical science professionals in the years leading up to and following the Second World War.[27]

This burgeoning change in the discipline had two elements that lent themselves well to the military's uptake of psychiatry in the upcoming war: first was the expectation that experimental therapies could produce radical results and efficiency, offering a curative rather than custodial model of care.[28] Edgar Jones and Simon Wessely's review of modern military psychiatry quotes an article written by military psychiatrists in 1941, that illustrates one extreme end of this spectrum when it states that there was a "tendency toward leucotomy [a form of lobotomy] when traumatized patients couldn't face renewed military duties," enabling any well-trained physician to treat patients suffering from psychoneurosis.[29] The second element that made psychiatry well suited to adoption by military operations was how these therapies were sold to the public as advances in the discipline, as Grob notes in his study of this historical transition:

> The rapid acceptance of these therapies [in the absence of significant proof of their effectiveness] was also facilitated by the *vast publicity accorded them in the popular media*. Newspapers and magazines as well as radio disseminated information about these therapies and created the impression that they represented major breakthroughs.[30]

Media of all varieties helped to modernize both the use of radical therapies and the ability to sell their effectiveness. And both of these uses were embraced by the US Military's

---

[26] Gerald N. Grob, *The Mad Among Us: A History of the Care of America's Mentally Ill* (NY: The Free Press, 1994), 178.
[27] Grob, *Mental Illness and American Society 1875-1940* (Princeton: Princeton University Press, 1983), 296.
[28] Ibid., 183.
[29] Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (Hove: Psychology Press, Taylor and Francis Group, 2005), 64.
[30] Grob, *Mental Illness*, 183 my emphasis.

psychiatric program—the establishment of which became the single most significant catalyst in the change of the psychiatric profession in the United States.[31]

While World War I officials had built many psychiatric hospitals to treat soldiers, military administration in the early years of World War II hoped to avoid repeating this costly manoeuvre. Their initial strategy at the beginning of the war was to try to prevent losses by screening new recruits and draftees through psychiatric tests and interviews. The hope was that an aggressive investment in screening would make the need for psychiatric treatment virtually nonexistent by only admitting men with strong mental fitness into military training. Despite this effort, the war produced vast numbers of psychiatric casualties, comprising between 26% to 40% of all medical evacuations, with numbers reaching as high as 75% in particularly brutal campaigns.[32] As a result, the dominant view in the early war years, that one could distinguish between "weak" and "strong" men, changed to accommodate the idea that "everyone had their breaking point."[33] Following this, prevailing understandings of neuroses as products of "predisposition" due to childhood experiences expanded to recognize the role of contextual or experience-induced "stress," reinforcing the ongoing disciplinary shift from a palliative model of care to one that sought to use psychiatry as a tool to prevent and manage "maladaptive" behaviour. During World War II, the "environmentalist" view of psychiatry came to prominence because it accounted for the stressors of combat, but was frequently tempered by coupling it with a "developmentalist" view that measured a soldier's ability to handle stress by the success or failure of his upbringing. Military psychiatry adapted multiple, competing models of psychiatric theory to generate the most institutionally functional approach to dealing with the problem of "psychiatric casualties."[34]

---

[31] Ellen Herman's book *The Romance of American Psychology* details the enormous opportunity the US Military provided for growth of mental health care specialists during the war, writing that: "Both professions [psychiatry and psychology] would experience a historically unprecedented postwar growth curve, far outstripping general population growth or even the spectacular growth of the health-related professions," 20.
[32] Herman. *The Romance of American Psychology,* 89.
[33] This is a commonly repeated refrain found in films discussed throughout this study.
[34] The first chapter of Grob's *From Asylum to Community: Mental Health Policy in Modern America* (New Jersey: Princeton University Press, 2016) gives an overview of the relative power of psychodynamic vs. psychosomatic models of psychiatry during the

The institutionalization of military psychiatry during the latter part of the war greatly accelerated the ongoing shifts in the discipline's orientation, and generated a dramatic change in the makeup and professional experience of psychiatrists themselves. When the United States entered the war, its entire psychiatric staff consisted of 25 psychiatrists.[35] An article in a 1946 issue of *The American Journal of Psychiatry* reported that "the armed services had approximately 3000 "psychiatrists"; of these 1700 were in the army; 500 in the navy; 210 in the airforce; 475 in the Veteran's Administration; and 15 in the Public Health Service."[36] This growth represented an effective doubling of the 2,295 total registered members of the American Psychiatric Association (APA) prior to the war.[37] This massive new cohort worked under a strict military imperative to get patients back to work, favouring strategies that provided quick and demonstrable successes over ongoing custodial care and costly psychotherapy.

Herman observes that this incredible growth in the psychiatric as well as psychological sciences "began a radical process of 'normalizing' mental troubles, a process so comprehensive and far-reaching that it underlay the dramatic spread of clinical experience and clinician's increasingly broad cultural appeal after 1945."[38] The fact that clinical treatment was now happening on a mass scale, and that it was predominantly being practiced on patients who were otherwise "normal" was the engine driving a radical shift in the discipline that "reorient[ed] theory and practice away from mental illness and toward mental health."[39] During the war, this new cohort of psychiatrists had a civilian army of 15 million soldiers at their disposal, generating an unprecedented laboratory and captive audience on which to develop new ideas and techniques. This shifting orientation toward cultivating and maintaining the mental health of "normal" populations entailed a significant investment in "preventative" (Ch 1) and "forward" (Ch 2) psychiatry, both of which relied heavily on film-based communications campaigns.

---

war and in the post war period. Both "environmental" and "developmental" psychiatry fall under psychodynamic models, and psychosomatic treatments were often employed to treat psychiatric casualties.

[35] Herman, *The Romance of American Psychology,* 84.

[36] Charles A. Rymer, "Psychiatric Education," *The American Journal of Psychiatry* 102 no. 4 (1946), 549.

[37] Grob, *The Mad Among Us*, 196.

[38] Herman, *The Romance of American Psychology,* 13.

[39] Ibid., 83.

Preventative psychiatry involved building morale and trying to train soldiers to be ready for what they would face in battle. Films such as Capra's *Why We Fight* series and a military-made series of a dozen or so films called *Fighting Men* were central to this program. Forward psychiatry sought to integrate psychiatric practice into front line medicine in order to limit losses from inevitable psychiatric casualties, getting soldiers out of beds and back to work by treating them as early and efficiently as possible.[40] One of the main barricades to rolling out this program—which sought to make psychiatry a standard part of military medicine and personnel organization—were the deeply held taboos and scepticism that existed around psychiatry and discussions of abnormal mental health. Tackling these taboos about psychiatry's legitimacy as a medical practice was crucial to using forward psychiatry to address what the military termed variously as "combat fatigue," "combat exhaustion," or "operational fatigue."[41] Getting personnel to accept the normalcy of fear and learn techniques to manage its effects became an imperative of military efficiency and one of the significant motivators for adopting film into military psychiatric policy. The ability to sell a version of useful psychiatry through media campaigns became a hopeful site for institutional modernization and was promulgated widely in books, pamphlets, television programs, radio, and films.[42] Psychiatrists Lieutenant Colonel Louis L. Tureen and Major Martin Stein wrote in a US Army Medical Bulletin from 1949:

> [D]elay in psychiatric treatment causes a preventable loss of manpower. Thus the nature of psychiatric disorders, as well as the basic task of every military medical installation—the restoration to effective duty of as many soldiers as possible—makes it imperative that psychiatric casualties be

---

[40] See order of operations in "Appendix II: Method of Handling Neuropsychiatric Casualties in Theatres of Operation," in *The Bulletin of the US Army Medical Department: Combat Psychiatry (BUSAMD: Combat Psychiatry)*, US Army Medical Department, ed. Lt. Col. Wayne G Brandstadt (Washington: The Bulletin of the US Army Medical Department Printing Office, 1949) http://history.amedd.army.mil/booksdocs/wwii/combatphsych/default.htm

[41] In the "Psychiatry at the Army Level," Major Alfred O. Ludwig writes of "combat exhaustion:" "This term was, frankly, a euphemism…however, it served to imply rapid recovery after a short period of rest…. It also avoided giving the impression that incurable mental illness was present." in *BUSAMD: Combat Psychiatry,* 92.

[42] John W. Appel, "Preventative Psychiatry," in *The Medical Department of the United States Army in World War II: Neuropsychiatry in World War II, Volume 1, Zone of the Interior* (Washington: Office of the Surgeon General Department US Army, 1966), 388.

> handled quickly and expertly… Audio visual aids can set the stage by quickly creating a receptive emotional tone.[43]

Many military psychiatrists, including Tureen and Stein, hoped that films could be enlisted to teach people to recognize, diagnose, and treat the psychological effects of war.

These shifts in psychiatric orientation from marginal to mainstream populations, palliative to curative models of care, and mental illness to mental health were nurtured by the uptake of psychiatry into military practices. Beginning with screening and forward psychiatry, the integration of screens and moving images into psychiatric technique was integral to both providing the tools that enabled them, and disseminating new ideas to wide audiences. The discussion that follows in subsequent chapters will show the process by which these techniques became an essential element in facilitating the changes in military psychiatry introduced here.

1.3. Focus of study/Research Methodology

This study's primary focus is on the films made and/or used by the American military in conjunction with psychiatric practice or policy, including instructional and narrative films, experimental moving images made specifically to be screened as part of treatment and clinical experimentation, and re-purposed combat footage. These films were projected during recruitment as aids to psychiatric evaluation, during training sessions as prophylaxis, during active duty as therapy, and as part of veteran re-integration programs and their civilian counterparts. This dissertation analyzes both the ways that the films create and circulate within discourses about mental health, and how therapeutic film practices coincided with the mandates of their institutional settings. In doing so, I propose that military psychiatric film played a substantial role in shaping powerful and enduring ideas about mental health in a historical moment where a vast segment of the public was encountering these ideas for the first time.

Developing a comprehensive picture of the practices of military psychiatrists during wartime—in particular their use of films—is not a straightforward task. Many

[43] Louis L. Tureen and Martin Stein, "The Base Section Psychiatric Hospital," *The Bulletin of the U.S. Army Medical Department* 9, suppl., (1949), 105.

military documents are classified; practices differ from psychiatrist to psychiatrist and were often improvised; films do not always survive. However, in addition to critical ground work provided by historians of psychiatry and military, military documents housed at the National Archives, official publications from the psychiatric discipline and the military itself have been invaluable sources for filling in this picture.

The American Psychiatric Association (APA) was one of the institutions that grew and changed utterly as a result of the wartime investment in psychiatry.[44] The APA was the largest professional organization for working psychiatrists in the United States. The way that this organization represented its own work and that of its members in the pages of *The American Journal of Psychiatry*, thus provides a crucial resource for understanding how psychiatrists positioned their work and research *vis a vis* institutional constraints, trends in the discipline, and the larger public. William Menninger, who served as head of the Neuropsychiatry Department in the latter years of the war and went on to become the president of the APA, published prolifically during the years critical to this study. And while he rarely mentions film use specifically, his articles boasting about the growth of the discipline and its importance to both the war effort and the stability of post war society (both locally and globally), help to understand some of the ideas held by one of the most influential psychiatrists of this era and how they inflected both military and postwar policy. Apart from a few wartime psychiatrists who specialized in the use of film as a clinical aid and therefore wrote a couple of articles with more comprehensive, synthesized information (namely Elias Katz and Howard Rome), mentions of film use in a therapeutic context had to be isolated out of documents that were generally much more wide ranging in scope. Alongside more targeted searches for mentions of film use in a variety of psychiatric and psychological publications during and just after the war period, every issue of *The American Journal of Psychiatry* from 1940 through 1947 was scanned in order to see how discourses of military psychiatry in the most general sense and then film use in the more specific sense were characterized during this period.

Official military publications were also crucial in terms of both elaborating a general picture of military psychiatry, and also for tracking down official policy with respect to psychiatric film use and production. I have scoured thousands of pages of

[44] See Grob *From Asylum to Community*, 35.

military documents including records and post mortems of psychiatric practice and protocol (*Combat Psychiatry: Experiences in the North African and Mediterranean Theatres of Operation American Ground Forces World War II* published by *The Bulletin of the US Army Medical Department* was particularly useful), medically-focused publications such as the *Bulletin of the United States Army Medical Department*, and both public and classified documents housed at the National Archives, from the Department of Neuropsychiatry in the Surgeon General's Office, and the Adjutant General's Offices for the Army, Navy, and Air Force.

Putting together a comprehensive list of all films used for psychiatric purposes by the military is almost impossible. Due to the nature of their production and circulation, and the informal way in which they are often included in documents, the titles of films might vary from one mention to another, or a film slated for production might be included in an article written by a psychiatrist acting as a consultant that was never actually made. Film titles used for psychiatric purposes were often found in bulletins announcing a new film, in an article written by a psychiatrist who found a particular film interesting or useful, or updated lists of "army films on medical subjects." In this way, a partial list of films was patched together that could be verified by cross-referencing against the catalogue of films produced by the military during World War II at the National Archives. The films themselves sometimes surfaced in online archives, in the National Archives, or not at all. While it definitely would have been preferable and more interesting to be able to see all of the films that were used within the military psychiatric apparatus, it was more significant to this project's thesis to be able to contextualize them by analysing the ways they were discussed by the people using and circulating them. I have taken specific mentions of film use in military psychiatric practice and/or the films themselves, and mapped them along significant trends in disciplinary thought and military policy in order to show that the films are not merely odd or interesting objects, but instruments of a larger web of policy and practices.

1.4. Intellectual/Disciplinary Context

This dissertation is an exercise in film history that is invested in questions of governance and labour—specifically, the institutional procurement of labour through discourse management as well as training and therapeutic apparatuses. The dissertation aligns itself with film studies scholarship that is interested in questions of utility, which often means examining unglamorous films that do hard labour whether teaching, informing, or trying to influence their viewers. It is less interested in artistry than in questioning how films become indispensable objects in systems of institutional production and circulation that work to shape discourse, policy, and practice. While there are dozens of studies on *Let There Be Light* (1946)—a film with a famous director that was ultimately seen by very few people, there are virtually none on *Introduction to Combat Fatigue* (1944)—an institutional film seen by millions of soldiers. This study joins the ranks of film scholarship that take unglamorous films seriously to better understand how they become sites in which meaning and inordinate power has been enacted and negotiated.

Efforts to use film and media to manage populations—in this case, to shape and direct how people thought about mental illness—should not be confused with any direct or coherent results. This is not a story about results. This dissertation does not try to understand what effects films had on their viewers or their efficacy in making them better soldiers. It does not suggest that the US military should have better represented gender or issues of mental health, nor does it focus on the mental health of soldiers in order to obscure their deep complicity in the atrocities of war that traumatize, most significantly, the non-military communities subjected to them. And finally, it is not a story of a conspiracy authored by a group of unified and organized elites brainwashing the minds of hapless soldiers. This *is* an examination of how and why films and techniques of visualization were used as tools of institutional efficiency and discourse management. In doing so it works to contribute to the ongoing mapping of media's role in techniques of military power and social scientific mechanisms of labour governance.

Film scholars interested in psychoanalysis and narrative studies have long invoked various concepts of the human mind, "madness," and psychiatry/psychology in

relation to cinema, especially commercial Hollywood films. There is substantial psychoanalytic film scholarship that has looked at popular post war film texts in order to better understand how power dynamics around mind, gender, and subjectivity operate in the cultural imaginary represented and figured by these texts. A notion of "the gaze" as refined by feminist psychoanalytic theories often critique scopophilic relationships between medical practitioner and patient in films, sometimes bridging them to a Foucauldian understanding of institutional structures in which the power of this gaze is mobilized and internalized. Janet Walker's "Couching Resistance: Women, Film, and Postwar Psychoanalytic Psychiatry" uses readings of Hollywood films *The Three Faces of Eve* (1957) and *Tender is the Night* (1962) in order to demonstrates a link between psychoanalytic film narratives, and discourses of "re-adjustment" and conformity in post war American psychiatry. She makes the case that postwar psychoanalysis promoted its capacity to adjust patients to the status quo, equating mental health for women with an adjustment (or re-adjustment) to patriarchal social norms.[45] Kaja Silverman's reading of *The Best Years of Our Lives* (1946) in *Male Subjectivity at the Margins* analyzes depictions of the historical trauma experienced as a result of WWII. She focuses specifically on depictions of what she calls the "male castration" of veterans (their social, romantic, and physical failures) who she claims were no longer capable of reentering the dominant fictional modes after their return from war.[46]

While these psychoanalytic approaches provide insight into psychiatric themes and discourses that made their way into popular post war film texts, this study's focus on the institutional dimension of cinema and the mind means bringing in different models of analysis. Questions of medical practice and institutional power are foregrounded, inspired by scholarly work in the areas of visual culture, media history, history of the social sciences in the management of publics, and particularly "useful cinema," which, as Haidee Wasson and Lee Grieveson write in their introduction to *Cinema's Military Industrial Complex,* reflects

> The growing interest in thinking about cinema less as an art or commercial entertainment and more as a *deployment* of particular technologies, forms,

[45] Walker, Janet. "Couching Resistance: Women, Film, and Postwar Psychoanalytic Psychiatry" in *Psychoanalysis and Cinema*, 154.
[46] Kaja Silverman, *Male Subjectivity at the Margins* (New York: Routledge, 1992), 53.

> practices, and spaces that have coalesced as "cinema" to forward particular social, economic, and political objectives.[47]

William Friedman Fagelson's article "Fighting Films: The Everyday Tactics of World War II Soldiers," and his dissertation "Nervous out of the Service: 1940s American Cinema, Veteran Readjustment, and Postwar Masculinity" also focus primarily on Hollywood cinema, but it is contextualized by extensive research into its reception by soldiers in service, and intersections of institutional and public discourses around veteran mental health. Issues of representation, particularly masculinity, are a key issue at stake in this and other film studies texts that focus on analyzing film narratives about and watched by soldiers in this era. Eric Smoodin's *Regarding Frank Capra: Audience, Celebrity, and American Film Studies 1930 – 1960* examines how Capra's films were screened in institutional settings including the military and prisons. Smoodin shows that the films operated as tools of institutional management, with particular representations onscreen meant to procure desired effects from viewers relating to concepts such as masculinity or citizenship. His chapter on the *Why We Fight* series of documentaries famously produced by Capra for the US military shows that these effects were not simply left to chance. The military developed a sophisticated apparatus of film reception study in the hopes of "accomplish[ing] nothing less than chang[ing] the ways that certain populations thought and lived." Smoodin frames this within a larger phenomenon occurring during World War II, in which "the cinema became part of a medicalized discourse of education and persuasion," reflected in the mid-century vision of technologies and techniques that could make both teaching and learning more efficient.[48] Smoodin's work maps out how these films played a role in the increasing power of the social sciences as a source of expert discourse concerning the management of publics via mass media. This study builds on his work by expanding beyond Capra's films to include the family of films and techniques of visualization deployed by the military's psychiatric apparatus. I also argue, in a reversal of Smoodin's formulation, that

---

[47] Haidee Wasson and Lee Grieveson, "The Military's Cinema Complex," in *Cinema's Military Industrial Complex* eds Wasson and Grieveson (California: University of California Press, 2018), 3.
[48] Eric Smoodin *Regarding Frank Capra: Audience, Celebrity, and American Film Studies 1930 – 1960,* (Durham: Duke University Press, 2004), 15.

representations of masculinity, while undeniably forming part of these film's pedagogical strategies, were always subservient to the task of making labour more efficient, with the effect that such representations were sometime uneven. I return to this issue below.

Beyond being crucial sources of data, histories of the social/medical sciences—in particular Alison Winter's *Memory: Fragments of a Modern History*, Ellen Herman's *Romance of American Psychology: Political Culture in the Age of Experts,* Gerald N. Grob's *From Asylum to Community: Mental Health Policy in Modern America,* and Fred Turner's *The Democratic Surround*—provide invaluable models for critical historiography. These histories use meticulous archival research in order to show the complex interactions among important actors in the social sciences, their work and ideas, and the powerful institutions that facilitated the policy and public discourses that they contributed to or contested. Using their work to trace particular social/medical scientists in this history nuances my analysis of larger intellectual trends and also allows a greater specificity when mapping out which actors rose to institutional prominence and the ideas they brought with them.

Grob and Herman's histories provide an overview of disciplinary and institutional developments, such as the growth of the American Psychiatric Association, and the debates and mandates that accompanied its major changes in leadership. They also identify links between certain prominent military psychiatrists and the establishment of private and government-supported institutions and policies.[49] Herman's painstakingly researched history documents how "military conflict offered psychologists unprecedented opportunities to demonstrate the practical worth of their social theories, human sciences, and behavioural technologies in making and shaping public policy," and examines the role of psychological experts in a range of policy-oriented positions including psychological warfare and public and military morale.[50] While Herman's text focuses primarily on psychology, the work done by military psychiatrists, particularly their clinical work with the mental health of soldiers, is integral to this history.

Winter and Turner's work trace the role of media within their respective histories, and both demonstrate parallels between the way that certain media were understood and

[49] Gerald N. Grob, *From Asylum to Community: Mental Health Policy in Modern America* (Princeton University Press, 2014), 45.
[50] Herman, *The Romance of American Psychology,* 5.

emergent models of the human mind. Turner's *The Democratic Surround* looks at how certain aesthetics and understandings of media and communication were mobilized during wartime and the postwar period as tools for fostering a particular kind of "democratic" personality. He describes the logic of the "democratic surround" as an aesthetic that privileged the suturing of multiple screens or images together by viewers, which was believed to act as a kind of pedagogical tool, and even therapy, that could rebuild psyches fractured by the pressures of modernization.[51] Turner pays attention to the institutional power of a class of social science experts who were called upon by museums, government, military, and philanthropists to provide insight into the "problem" of the public and engineer solutions that could foster the right kind of "democratic" personality. The democratic surround became an ideal model of how the mind should work in a cluttered media landscape, weaving together information from a variety of sources in order to produce rational, democratic opinions and autonomous, democratic subjects.

Alison Winter's article "Film and the Construction of Memory in Psychoanalysis, 1940-1960," and her book *Memory: Fragments of a Modern History* look at the ways that memory and film were conceived of in mid century, showing that the films used and made by psychiatrists during World War II reveal an understanding of memory that is itself film-like in its function. She shows how the promulgation of narcosynthesis and other wartime psychiatric techniques lent themselves both to portrayal *in* film (as a teaching/training tool), and comparisons *to* film, as if memory were a kind of internalized film reel.[52] In his book *Swift Viewing: The Popular Life of Subliminal Influence,* Charles Acland observes that "innovations in media provoke[ ] new understandings of, and new ways to think about the working of minds," and he documents this phenomenon in popular fears and fascinations with subliminal influence that emerged as people negotiated the "liminal zones" created in the overlaps between mind and new media.[53] While this project does not map out any unified model of the mind-as-media elaborated

[51] Fred Turner, *The Democratic Surround: Multimedia and American Liberalism from World War II to the Psychedelic Sixties* (Chicago: University Of Chicago Press, 2013), 156.
[52] Winter, "Film and the Construction of Memory," 116.
[53] Charles Acland, *Swift Viewing: The Popular Life of Subliminal Influence* (Durham: Duke University Press, 2012), 58-9.

by military psychiatrists, it takes inspiration from these histories in order to show the mutually constitutive relationship between psychiatric media practices and understandings of the mind.

Scholarship that uses a visual culture approach to medical/scientific film and media covers important ground on the relationship between visual technologies and medical experimentation. Kirsten Ostherr's *Medical Visions: Producing the Patient through Film, Television, and Imaging Technologies*, Lisa Cartwright's *Screening the Body: Tracing Medicine's Visual Culture*, Tom Gunning's "In your Face: Physiognomy, Photography, and the Gnostic Mission of Early Film," and cognate works examine the visual technologies incorporated into scientific and medical practice beginning around the turn of the century and popularized by figures such as Jean-Martin Charcot, Étienne-Jules Marey, and Edweard Muybridge.[54] With an emphasis on the relationship between the operators of the cinematic apparatus and its subjects, Cartwright's *Screening the Body*, considers examples of the scientific application of visual technologies from the early 20th century through the 1940s as characteristic of a medical-cinematic gaze, which she analyzes as a form of Foucauldian surveillance. Others in the field have characterized these kinds of technological uses more generally as part of the increasing biomedicalization of technological society.[55] Cartwright and other scholars have also done work on films made during World War I by military psychiatrist, Dr. Arthur Hurst, to observe patients and better understand—or as she argues, discipline—the unruly body of psychiatric patients. My study takes up this history and further considers the cinematic apparatus not only as a tool for surveillance in knowledge production, but also as an instrument of discourse management and treatment. Using films to communicate ideas about mental health to military personnel (chapter 2) in effect worked to make mental health *visible* and thus something that could be monitored within the military's

[54] Ostherr's book also considers the social lives of medical images outside of the clinical setting, including postwar military educational films and postwar mass media initiatives on the role of health and disease in state identity. *Medical Visions: Producing the Patient through Film, Television, and Imaging Technologies* (New York: Oxford University Press, 2013), 14.

[55] See Joy V. Fuqua, *Prescription TV: Therapeutic Discourse in the Hospital and at Home* (Duke University Press, 2012), and Christie Milliken, "The Ideology of Disease and Hygiene in World War II Training Films" in *Cultural Sutures: Medicine and Media*, edited by Lester D. Friedman (Durham: Duke University Press, 2004).

surveillance apparatus, while performance-based treatments appearing on film (chapter 3) taught practitioners to use these treatments furthering the institutional linkages between visibility and desired mental health outcomes.

Cartwright also writes of struggles that arose from trying to find ways to integrate film into neurological practice, and the discovery that they were best used for teaching: to model signs of a disease to students and other researchers.[56] She makes a fairly brief note, almost in passing, that an attempt was made to use films to create a kind of ontological order in the confusing world of mental disease, using them to encode distinctions between a disease's provenance in "The Neurological Cinematographic Atlas" created in 1944.[57] This mention of the use of film as a medical tool for creating order and ontological distinctions is an important insight that this dissertation builds upon by looking at how integrating visual technologies into the psychiatric treatment of otherwise 'invisible' diseases was directly related to the rationalization and systematization of the discipline in service of military mandates.

An important scholar that this project uses to address this link between visibility and desired institutional outcomes is anthropologist Audra Simpson. In Chapter 3, I frame patients' visual displays of distress in treatment as a performance of trauma that signals to the psychiatrist that their techniques are working. The concept of a performance of trauma takes inspiration from a talk given by Simpson in 2015 titled "Reconciliation and its Discontents: Settler Governance in an Age of Sorrow." In this work Simpson considers the Truth and Reconciliation Commission initiated by the Government of Canada, proposing that the performative nature of official "reconciliation" paired with the ongoing reality of violent indigenous dispossession presents "a simultaneous affective and extractive mode" of address that attempts to "make a break from a grievous past."[58] She states that the spectacle of reconciliation

---

[56] Lisa Cartwright, *Screening the Body: Tracing Medicine's Visual Culture* (Minneapolis: University of Minnesota Press, 1995), 55.
[57] Ibid., 72.
[58] Audra Simpson, "Reconciliation and its Discontents," presented at the "World of Matter: Extractive Ecologies and Unceded Terrains" conference co-hosted by Concordia University and Media @ McGill in 2015. A recording of this talk can be accessed at https://www.youtube.com/watch?v=vGl9HkzQsGg All further quotations have been sourced from this recording.

includes among other elements, performances of indigenous emotion that purportedly signal a "moving forward" and attempt to settle the unsettled co-existence of the colonial state and indigenous claims to sovereignty. Simpson acknowledges the fact that these moments of official recognition on the part of the government can be extremely meaningful and healing for individuals participating in the event, as cathartic treatments likely were for many soldiers. But she is simultaneously wary about the symbolic value that can institutionally extracted from a performance of emotion in terms of signalling closure and a contract fulfilled. Simpson's thinking has been very useful in helping me to articulate my interpretation of the institutionally useful nature of the visual performances of trauma solicited by techniques such as narcosynthesis. I do not claim any kind of equivalence between the experience of military soldiers and that of violently dispossessed indigenous people, however. The military has often been one of the most aggressive and violent means the state has used to dispossess Indigenous people of their land and lives, and state warfare is often a blatant act of taking control of land and resources. While acknowledging the important difference between the subjects engaging with Canada's Truth and Reconciliation Commission and soldiers of the US military undergoing psychiatric treatment during World War II, I hope that using Simpson's work to point to a similar technique of institutional power contributes to its ongoing documentation and critique.

The institutional turn in cinema studies has generated scholarship that influences my approach to analyzing the discourses presented in the films themselves and how they are further framed by institutional circulation and discourse. Using an analytical model of the institution, scholars have described how moving images have been deployed to promote particular visions of citizenship,[59] productive labour practices,[60] and the modernization and preservation of institutional structures themselves.[61] An institutional perspective allows scholars to map flows of capital and power that determine how and

---

[59] Anna McCarthy, *The Citizen Machine: Governing by Television in 1950s America* (New York: New Press, 2010).
[60] Lee Grievson, "Visualizing Industrial Citizenship" in *Learning with the Lights Off: Educational Film in the United States*, edited by Oregeron, Orgeron, and Streible, (New York: Oxford University Press, 2012)
[61] Haidee Wasson, *Museum Movies: The Museum of Modern Art and the Birth Of Art Cinema* (Berkeley: University of California Press, 2005).

why particular films are made, distributed, and shown in specific times and places. In their introduction to the anthology *Useful Cinema*, Haidee Wasson and Charles Acland use Tony Bennett's concept of "useful culture" as a tool that institutions deploy in the service of reproducing themselves and achieving particular ends. In this formulation, cinema becomes a "body of films and technologies that perform tasks and serve as instruments in an ongoing struggle for aesthetic, social, and political capital."[62] They argue that attending to the "institutional location and deployment" of all genres of cinema, in addition to other forms of analysis, is the best way to develop a full picture of their lives in the public sphere and the power dynamics that play out within it.[63]

Editors Devin Orgeron, Marsha Orgeron, and Dan Streible of the anthology *Learning with the Lights Off: Educational Film in the United States,* remind readers that one of cinema's first and most powerful mythologies—that of its function as a "universal language"—was seized upon by the educational sector who spoke of moving images as able to engage and instruct anyone, including those who might not be able to access other educational tools.[64] Acland has documented the efforts of various professional groups and social scientific researchers to modernize the classroom using audio-visual tools of all kinds. He shows how their work was often motivated by the belief that technologies could eclipse the slow, labour intensive practices of conventional pedagogy, optimizing them and producing a public better able to navigate the mass media environment.[65] Though the motivations propelling the making and dissemination of educational moving images should not be construed as sinister by nature, a look at the institutional frameworks structuring them often reveal contests between vested interests vying to set the terms of the debate, for example the increasing ties between educational film and the military-industrial complex during the Cold War.[66] Lee Grievson's essay in this collection poses explicit concerns about incursions into the public sphere by institutional

[62] Ibid.
[63] Ibid., 5 - 6.
[64] Devin Orgeron, Marsha Orgeron, and Dan Streible, "A History of Learning with the Lights Off" in *Learning with the Lights Off: Educational Film in the United States*, edited by Oregeron, Orgeron, and Streible, (New York: Oxford University Press, 2012), 22.
[65] See Charles Acland, "Curtains, Carts, and the Mobile Screen," *Screen* 50 no. 1 (2009): 148-166 and "American A.V. Edgar Dale and the Information Age Classroom," *Technology and Culture* 58 no. 2 (2017): 392-421.
[66] Orgeron, Orgeron, and Streible, "A History of Learning," 50.

films made by the Ford Company, who used film to educate an immigrant working class in the kind of conduct and ideology that supported productive labour and a particular functioning of political economy.[67] Military psychiatry was also very interested in capitalizing on film and images as a "universal language" that could bypass issues of mixed levels of literacy in screening and training procedures. This project builds on these discourses of compulsory film viewing in institutional contexts as a tool for education and the optimization of labour. The US' extensive civilian military in WWII created an ideal testing ground for experimentation with film, and supervision by psychiatrists provided further validation of these experiments and their results.

Tracing cinema's creation, distribution and projection provides insight into institutional structures for education, military, civic culture, governance, health and welfare and helps us to understand how powerful actors or groups promote their interests and in turn shape the both the discursive and civic terrain that the broader public encounters. It does not, however, determine *how* a public engages with these terrains, as there is no straightforward relationship between institutional use of cinema and its impacts on a viewing public. Cultural studies scholarship since the 60s has rejected the idea of a passive audience, insisting that a group's experiences and interpretations of cultural objects are multiple, complex, sometimes subversive, and always inflected by personal histories. Viewer agency and complexity is one part of why this study does not presume to make any claims about the efficacy of the film practices it analyzes. And while there are surely interesting things to be discovered by pursuing these films from a Reception Studies perspective, the focus here is on how power shapes the horizon of possibilities with which agency must contend. As Anna McCarthy writes in her introduction to *The Citizen Machine: Governing by Television in 1950s America*, the best way to grasp the power that the televisual medium was able to amass as a tool for promoting discourse and practice, is to go to the source of its power: "If television helped implant the neoliberal program in United States political culture, it was not via its influence upon the so-called masses, but rather in its capacity to galvanize elites."[68]

---

[67] Lee Grievson, "Visualizing Industrial Citizenship," 108.
[68] McCarthy, *The Citizen Machine*, 8.

McCarthy speaks of "soft governance" to describe the power wielded by those who could shape television's content. She quotes Peter Miller and Nikolas Rose when she writes:

> If the world in which we live is not "a governed world so much as a world traversed by the 'will to govern,' fueled by the constant registration of 'failure,' the discrepancy between ambition and outcome, and the constant injunction to do better next time," this does not mean that the will to govern is impotent or ineffectual, particularly when it comes to the distribution of resources and access to power.[69]

While films in the US military during World War II were used within a more authoritarian, or hard governance, structure than post war television sponsorship, governance takes on more diffuse characteristics when militaries seek to manage not only bodies but minds by influencing ideas and opinions via psy sciences, human resources, and communications, as Rose writes about in *Governing the Soul*. Rose's Foucauldian history of the psy sciences in governance lays out a genealogy in which "the extension of the apparatus of government in the late nineteenth and early twentieth centuries should be understood in terms of a rise of a political rationality conceived in [terms of the 'condition of the people']," extending to the "petty details of personal life."[70]

Using techniques of efficient sorting, management, and treatment, the psy sciences claimed that even soldiers who could no longer face battle could either be cured or put to work in an alternate capacity. The traditional stoic soldier who had to be brave and smart was being recast to include anyone—even the "cowardly," as modeled in films such as *Shades of Gray* (1947) and *Combat Exhaustion* (1943) where goofy, timid, or somewhat effeminate characters are shown to be amenable to military labour thanks to psychiatric intervention.[71] Ideal models of masculinity were still an important military media export, but psychiatry and psychology opened up new territories for labour accumulation by suggesting that it could make *anyone* a useful worker, even those who didn't conform to the ideal. While they engendered more humane treatment by promoting discourses of empathy, the powerful narrative of inclusivity promoted by the psy sciences that "every man had his breaking point," ultimately benefited military productivity with the possibility of recuperating soldiers suffering from trauma. For this

---

[69] Ibid., 7.
[70] Rose, *Governing the Soul*, 22.
[71] See chapters 4 and 1 respectively for discussions of this aspect of these two films.

reason, this study pays careful attention to issues of labour management in the hopes of contributing to scholarly conversations on how and why ideas of mental health have been knit together with those of efficiency. Public and institutional discourse that posits ideas such as "wellness," "self-care," "self optimization," and "productivity" as the responsibility of late capitalist workers often contribute to obscuring important questions of structural inequity.

In his article "Affectivity, Biopolitics, and the Virtual Reality of War," media theorist Pasi Väliaho shows that many of these same themes of productivity continue to be at play in contemporary uses of media in military psychiatry. Väliaho looks at ways that the Virtual Reality program developed to treat soldiers returning from Iraq with PTSD is surrounded by evolutionary/technological discourses that prioritizes neurological questions about how the brain reacts to fear over questions of how and why the soldiers themselves experience fear. Väliaho pays careful attention to the evolutionary/bio-medical framing of human memory, affect, and distress that keeps the discourse squarely focused on the human brain's neurological response to fear and how best to adapt these responses for optimal function in a military context. He also considers how the Virtual Iraq program works together with video game play (the game *Full Spectrum Warrior* was originally built as a tactical simulation-training platform and subsequently became the source from which the graphics used in Virtual Iraq were derived), creating a multi-phased use of media, beginning with video games and simulation training in order to prepare personnel for duty, and ending with therapy aimed at returning the subject to a functioning state.[72] Using digital images as "stress inoculation training," or de-sensitization tools, these images work to disarticulate mental images of combat from emotional responses through repeated exposure.[73] He critiques what he calls the "military-scientific and media technological assemblages" for using an evolutionary discourse in order to manage and evade questions of state-sanctioned violence and expansionism that generate the conditions of war and military activity.[74] My own project follows a similar line of critique in that it is not directly critical of wrongdoing on the part of military psychiatrists who were most often working to try to

[72] Väliaho, "Affectivity, Biopolitics," 76.
[73] Ibid.
[74] Ibid., 65.

help their patients. Instead what I hope to show, and I draw on Väliaho's work as a model, is that the fact that psychiatric techniques using media and visual tools were developed under military imperatives. This meant that questions of efficiency and the procurement of military labour at all costs trumped other kinds of questions about mental well-being and warfare, eclipsing them with the discourse of experts. The principle of "desensitization" used in Virtual Iraq is more technologically sophisticated, but is ultimately a direct descendent of some of the therapies discussed in chapter 3 of this dissertation. Väliaho's work shows that the neurological discourses surrounding these technologies have also become much more sophisticated but ultimately follow the same basic lines of argumentation.

1.5. Chapter Summary

The first chapter will put a new treatment on well-known films and technologies: inkblots and propaganda films, re-contextualizing them as tools of a growing discipline trying to prove its might with modern innovations. This chapter looks at the widely used image interpretation tests and identifies them as a technique of visualization that psychiatry used to sort and classify minds. They were also used as proof that the discipline's innovations could keep pace with those of other medical sciences, giving military psychiatry a foothold that it parlayed into more substantial responsibilities. This chapter also examines writings of military psychiatrists on morale, paying particular attention to theories that it could be cultivated using communications media (film in particular), thus increasing the labour capacity of soldiers. Some psychiatrists theorized that moving images could create mental inoculation against fear by populating the mind with images that would prepare it for combat, resulting in the *Fighting Men* series of training films. Frank Capra's famous *Why We Fight* series is examined here as training films representative of an alternate model of the mind that relied on rational arguments to stimulate morale.

The second chapter will look closely at films that might easily be considered oddities from a different era: didactic mental health films for soldiers, officers, and doctors. This chapter situates these films as the buttresses of a solidifying infrastructure

of military psychiatry, selling the concept of "forward psychiatry" to all levels of military personnel as a proposed aid or solution to the messy problems of "combat fatigue." These films tried to normalize the taboo topic of mental health in ways that were specifically tailored for their audiences. In the process, they became a technique of visualization, making mental health "visible" so that it could be monitored within existing frameworks of military surveillance. The rhetoric of the films is examined to reveal how they sought to teach military personnel principles of self-management (for soldiers) and the management of others (for officers and medics) in a comprehensive program for conserving military manpower.

The third chapter will introduce films and techniques of visualization that were being used to help standardize clinical therapeutic practice in order to deal with the vast numbers of soldiers with neuropsychiatric diagnoses for whom there were very limited therapeutic resources available. Narcosynthesis and its "performances of trauma" are examined as techniques of visualization for making treatment efficient, providing clinical military psychiatry with tools to grow into a practice that could be administered *en masse*. Films were used in experimentations to further standardize and automate narcosynthesis and other procedures of clinical treatment. Experts used films as privileged tools that could trigger desired behaviours from patients in a variety of ways, including desensitization or exposure therapy, and subliminal soothing. Experiments to try to automate aspects of therapeutic treatment led some psychiatrists to treat the mind as a kind of media object in itself from which memories could be accessed by applying the right cinematic and/or narcotic prompts.

The fourth chapter will look at how film mediated psychiatry's expansion into post war public discourses on mental health beginning with issues of veteran re-integration. It takes film texts known variously as a work of great authorship and out dated propaganda, and frames them as competing voices in a politics of post war power consolidation. The rhetorical differences between John Huston's famous film, *Let There Be Light* and the subsequently released *Shades of Gray* are examined to demonstrate the changing needs of military psychiatric communications as the war came to an end. Finally, the chapter looks at an episode of *The March of Time* on "The Nation's Mental Health" in order to show the continuation of logics developed throughout the war to

argue for the continued relevance of psychiatry. "The Nations' Mental Health" proudly displays visual technologies and other practices as proof of the discipline's modernization and its ability to administer to mass publics. Psychiatrists are positioned as experts who are necessary for manufacturing the commodity of mental health in a post war climate.

The chapters of this dissertation parse out the various uses of films—as training, preventative psychiatry, therapeutic treatments, and discourse management—by mapping them along stages of a military career, from candidate screening and training through military service and discharge. These films and the history they are part of were vastly influential, shaping the wartime service and recovery of millions of men, and bolstering policies and procedures developed to administer the operations of a vast civilian military. Film and visual technologies formed part of the modernization of both the military and psychiatry—a modernization that enabled them to argue for their enduring indispensability for stabilizing society as it reconstructed itself after the war. This study uses the writings of psychiatrists and military officials as found in military documents and disciplinary journals from World War II, along with careful attention to the rhetoric delivered by the films themselves, in order to place and understand a select and unique body of films within the institutional apparatus of military psychiatry. In doing so, it sheds new light on familiar films, re-frames unknown and seeming oddities as part of a powerful apparatus, and uncovers artefacts—sometimes bizarre—of this institutional logic in full fruition.

Chapter 2. Cataloguing and Fortifying the Military Mind: Image Tests and Training Films

Image interpretation tests were used widely by the US military during World War II as an aid to psychological/psychiatric screening and the sorting of draftees and recruits. They were also used as an evaluative/diagnostic aid in military medicine. While a relatively simple component of a much larger system, these tests often acted as a gateway, introducing psychiatric and psychological concepts to a vast population of American citizens for the first time. The consequences of this mode of introduction were sometimes trivial, but more often they were deeply significant, sorting people into occupations, branding them with diagnoses of mental illness, and gatekeeping access to military leave and/or therapeutic treatment. The psy sciences were relatively unknown to most American citizens before the war, and were introduced via the military not simply as social/scientific disciplines, but ones shaped by military imperatives. Image interpretation tests were a visual technique used to simplify complex disciplinary tasks and concepts (communicative and diagnostic). In doing so, they also helped to bind the psy sciences to concerns for efficiency in modern labour practices in the US during a key phase of the disciplines' growth.[75]

The success of these image interpretation tests in simplifying various tasks acted as convincing evidence that visual techniques could be gainfully deployed and expanded. Putting film to work in the ever-expanding military-psychiatric apparatus was a natural follow up, and they were used to help train men's minds for war in a variety of ways. Films were used in training to teach soldiers to understand concepts including how fear affects the mind, exposing them to sights and sounds that were also intended as a kind of sensory conditioning to reduce the shock of combat. They were also used to boost their morale (and therefore their fighting capacities) by making them feel part of a group and

[75] The "psy sciences" is a term borrowed from Nikolas Rose that he uses to denote psychiatry, psychology, and psychoanalysis, specifically in the context of a Foucauldian analysis of their use in institutional systems of management. See the introduction of this project for a more fulsome discussion of Rose's theoretical framework in this study.

encouraging feelings of camaraderie, they also addressed them as rational thinkers, presenting them with socio-historical arguments about the validity of the war effort.

This chapter explores some of the foundational elements of the military's psychiatric apparatus, including: the widespread use of image-based interpretation tests and the films that were used during soldier training in an attempt to sort, classify, and prepare men's minds and fortify their morale as they headed into war. Relying heavily on primary evidence from military documents and psychiatric journals published during and shortly after the war, this chapter begins by looking at the image based tests that formed a foundational part of both the growth of the military psychiatric apparatus and the introduction of psychiatry to many Americans. The second section follows by looking carefully at military and psychiatric writings and theories around morale, how it was understood to function as a tool for making soldiers better workers, and how media (and film in particular) was understood as a vital source for cultivating it. Received histories describe screenings of Hollywood features and other films for entertainment as the way that films were used to generate morale. This chapter shows that while this is true, it is only one part of a bigger picture. Morale, while an ambiguous concept, was not taken for granted as something that could be won simply by showing Hollywood movies. Military officials and psychiatric experts collaborated on filmmaking policy and techniques in order to create and screen films that would target the mind in particular kinds of ways in order to generate morale during soldier training. They also did extensive testing and monitoring of soldier-viewers in order to understand what kinds of impacts these screenings were making. The third section examines some of the films used to these ends, looking at how they sought to generate morale and the models of mind that they presupposed. The final part of this chapter looks at some conclusions that were drawn from military-based studies assessing of the power of film as a tool for indoctrination and increased performance, and how these conclusions fed back into the larger culture of using film and media to support military goals of efficient soldier labour.

Eschewing any consideration of the actual impact of these tests and films on the minds of their viewers, this chapter's focus is on understanding the growth and implementation of an institutional logic regarding the usefulness of still and moving images in order to sort, diagnose, train, and motivate its workers. The perceived

universality of the relationship between images and perception supported the hope that psy sciences could use images to somehow "unlock" the secrets of the complex human mind to both understand it better and make it work in particular ways. These techniques sorted people into categories that were institutionally useful. For example, interpreting an inkblot image by choosing the answer, "C) a butterfly," may brand someone "neurotic," thus leading them to be dismissed or placed in a particular range of jobs. Nicholas Rose, writing on the integration of the psy sciences into the Foucauldian management techniques of institutions, claims that the tools of assessment are constitutive of new subjectivities. He writes that:

> The psychological assessment is not merely a moment in an epistemological project, an episode in the history of knowledge: in rendering subjectivity calculable it makes persons amenable to having things done to them—and doing things to themselves—in the name of their subjective capacities.[76]

Still and moving images, in recruitment screening and training, began the process of teaching millions of people to understand their minds in ways that were institutionally-shaped and beneficial. Upon this foundation, visual technologies became part of increasingly elaborate methods of training, surveillance, diagnosis, treatment, and discourse management that would grow with the military psychiatric apparatus. This chapter therefore works to make clear that from the beginning, image technologies were put to work supporting the most important goal of military psychiatry: making labour efficient.

2.1. X-rays of the Mind: Psychiatry and Personality Testing

At the beginning of World War II, it was still uncommon to actively include psychiatrists in front-line medical facilities and overarching medical policy. While their role grew substantially in both of these areas as the war wore on, they did in fact occupy a very important, if circumscribed, role right from the outset of the US's involvement.

---

[76] Nicholas Rose, *Governing the Soul: The Shaping of the Private Self* (London: Free Association Books, 1999), 8.

By screening recruits and draftees for signs of "nervous or mental defect,"[77] psychiatrists and psychologists acted as gatekeepers to military service, filtering out inappropriate candidates and positioning themselves as managers of the health and robustness of the fighting forces.[78] In administering the enormous tasks of screening inductees and using psychological profiles to help sort soldiers into ranks and occupations, psychiatrists and psychologists became essential to the modernization of the military and key players in testing and adopting new techniques and technologies in order to carry out their tasks. Chief among the techniques used for screening were image-based personality tests that seemed to offer a standardized shortcut to wading through the murky territory of past traumas and buried neuroses.

First World War officials had built many psychiatric hospitals to treat the vast number of soldiers who were discharged for mental trauma, and military administration hoped to avoid repeating this costly manoeuvre as they headed into the Second World War. The initial policy, initiated by Dr. Harry Stack Sullivan, the military's director of psychiatry at the beginning of the war, was to prevent future costs of treating psychiatric casualties and disability pensions for incapacitated veterans by rigorously screening new recruits and draftees with psychological tests and interviews.[79] Historian of American psychology, Ellen Herman writes,

> It was widely publicized that psychiatric services and disability payments to veterans had cost close to $1 billion between 1925 and 1940 and it was estimated that each psychiatric casualty during World War II would cost at least $30 000. If only screening were properly implemented, "human values will be conserved; a great burden of unnecessary disability compensation payments, hospitalization expenses, and pensions will be

[77] Winfred Overholser, "Mental Hygiene," *Proceedings of the American Philosophical Society* 9, no. 4 (1946): 259.
[78] See also Spafford Ackerly, "Trends in Mental Hygiene: An Interpretation" *Review of Educational Research* 13, no. 5 (1943) and Hans Pols "War Neurosis, Adjustment Problems in Veterans, and an Ill Nation: The Disciplinary Project of Military Psychiatry During and After World War II" in *The Self as Project: Politics and the Human Sciences*, eds. Greg Eghigian, Andreas Killen, and Christine Lauenberger (Chicago: The University of Chicago Press, 2007).
[79] Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Cambridge: Harvard University Press, 2001), 198.

> avoided--and the prestige and effectiveness of psychiatry, greatly expanded."[80]

Screening tests were used extensively, and promised benefits to multiple parties: in addition to reducing expenses for the military, they could bring prestige to the psychiatric profession by providing services essential to the military's basic functioning, and they could be used to convince a war-weary public that the army was modernizing and would fight this war efficiently and with lower risk than in the past. Historian Ben Shephard writes that military psychiatry director "Sullivan and his collaborators saw a way of finally establishing … that psychiatrists had a 'scientific ability to predict mental breakdown.'" And Sullivan's vision of a psychiatrically engineered Army "containing only young men who would not be 'broken down by *any* strains or stresses' also appealed to politicians trying to persuade a sceptical and isolationist nation that the United States should once again involve itself in Europe's wars."[81] With all the unsuitable candidates screened out from the beginning, only "boys who won't break down" would be sent to the front.

The prevailing belief in American psychiatry at this time was that neuroses and mental illness were conditions determined in childhood, and were largely a result of rearing and early traumatic experiences. Ego strength and emotional maturity were thought to be achieved by progressing successfully through various stages of independence from one's parents.[82] This meant that many psychiatrists believed that men who suffered psychiatric breakdowns in war did so because of a pre-existing condition, and effectively screening these men out was therefore imperative. "Normal" and "healthy" men were presumed capable of withstanding the conditions of warfare. Historian of psychiatry, Hans Pols writes in "War Neurosis, Adjustment Problems in Veterans, and an Ill Nation" that

> Army policy dictated that soldiers diagnosed with mental illness had to be discharged and repatriated as they were suffering from preexisting conditions for which there were no effective treatments. Psychiatrists argued that the stresses of warfare might enable these conditions to come

---

[80] Ellen Herman, *The Romance of American Psychology: Political Culture in the Age of Experts* (Berkeley: University of California Press, 1995), 86.
[81] Shephard, 198.
[82] Shephard, 164.

> to the surface, but those stresses could not be considered to be the causes, in this way, 'the Army can well be called the proving ground of man.'[83]

There were therefore enormous expectations placed on pre-screening as a mechanism for nipping future problems in the bud and leaving only men who were assumed to be resilient to the stresses of war. In order to fulfill these expectations, a correspondingly powerful administrative/technological apparatus was developed to apply psychological and psychiatric testing on an unprecedented scale.

The formidable testing apparatus that emerged was meant to 1) protect the military from neurotic men by identifying them and screening them out, 2) effectively sort the remainder of men deemed acceptable into appropriate positions, and 3) diagnose the conditions of soldiers who nevertheless suffered from combat stress despite their initial screening. It was through personality testing that millions of Americans were exposed to the psy sciences for the first time. The testing apparatus administered sixty million standardized tests to twenty million individuals in 1944 alone, using the results to accept or reject registrants and draftees and to help place them into the "two thousand occupational and training categories that existed in the military."[84] These first two applications exposed the largest number of people to personality testing (over 15% of the male American population had taken some form of military personality test by the end of the war), though a significant subset of these people experienced ongoing testing as part of their treatment and diagnosis within the military medical system.[85]

Despite the initial hope that aggressive screening (up to 1 in 4 draftees were excluded for psychiatric reasons) would eliminate the need for psychiatric treatment, the war wreaked havoc on the minds of American soldiers. Between 26 to 40 percent of all medical evacuations were diagnosed as psychiatric, with numbers jumping as high as 75% in particularly brutal campaigns.[86] Faced with this reality, efficient psychiatric testing technologies became imperative to expedite the diagnosis and treatment of soldiers suffering from combat stress, and this third application of personality testing became a significant part of military medical operations, extending psychiatry's reach

---

[83] Pols and Halloran as cited in Pols, "War Neurosis," 76.
[84] Herman, 93.
[85] Ibid., 92.
[86] Ibid., 89.

beyond merely screening and sorting to treating soldiers. The administration of tests on all three of these fronts formed a crucial part of military operations and was done by neuropsychiatrists and psychologists trained by the military in the procedures of screening, sorting, and treating soldiers.[87] The type of psychiatric and psychological knowledge that was being generated and introduced to the vast cohort of Americans taking these tests placed military goals at the centre of its mode of operation, profoundly shaping the way these disciplines were both practiced and proselytized.

The breadth and expansion of the testing apparatus was in part thanks to the ability to sell image-based interpretation tests as an efficient and modern alternative to the labour-intensive work of building psychological profiles through individual interviews. Given that an induction centre psychiatrist might see hundreds of draftees a day, and a psychiatrist at a military hospital generally had thirty minutes to interview, diagnose, and treat an incoming patient, image-based testing was an appealing, if not necessary, alternative.[88] Tests using visual prompts such as the Rorschach Ink Blot test and the Thematic Visual Apperception tests were the most widely used for psychological testing in the army, implemented for all three applications. These tests were particularly important when considering a soldier for leave or treatment due to psychiatric trauma.[89] In addition to working with paper-based visual technologies, screens were also integrated into testing by projecting images to rooms full of test takers, and moving pictures were eventually incorporated into the arsenal of testing methods as innovations were sought to further modernize the process. The military's heavy investment in psychiatric and psychological testing as a form of preventative medicine and systems optimization entrenched these image-based technologies and techniques as standard practice. These visual technologies became an inextricable part of the psychiatric discourse millions of enlisted Americans encountered for the first time via the military, and initiated an ongoing web of psychiatric mediation connecting their jobs, their minds, and the institution for which they worked.

---

[87] Max L. Hutt, "Report of Duties Performed by Clinical Psychologists", *Bulletin of the US Army Medical Department (BUSAMD)* 7.2 (1947), 236.
[88] "Base Section Psychiatric Hospital" *BUSAMD* 9 supplement N (1949), 116.
[89] Hutt, "Report of Duties", 236.

2.1.1. Rorschach/Harrower-Erickson

A standardized version of Rorschach's ink blot test was developed for use with military personnel in 1943. Called the Harrower-Erickson test, it was the most widely used diagnostic tool in their repertoire. As comically-cliché as ink blot tests appear now, they were a trusted workhorse in military personality testing for screening, placement, and diagnostics in military hospitals.[90] The Rorschach/Harrower-Erickson test shone when people needed to be diagnosed quickly and/or in large numbers, as they were easy to administer using paper and pencils or projected onto large screens at the front of a room for large groups. The test was exactly as we might imagine it, with black mirror-image ink splotches and strange, psychologically-leading multiple choice interpretations to go with each splotch. An article from a 1944 issue of *The American Journal of Psychiatry* titled "The Use of the Multiple Choice Group Rorschach Test in Military Screening," describes the test thus: "a series of photographic slides of the standard Rorschach cards […] presented on a screen before a group of individuals … [who] select responses which best fit [their] interpretation."[91] Sample multiple choice answers available for a test-taker to chose for a particular splotch were: 1) two birds, 2) meat in the butcher shop 3) two men 4) part of my body 5) red and black 6) a coloured butterfly 7) spots of blood or paint 8) monkeys hanging by their tails 9) a red bow tie, or 10) nothing at all.[92] Scoring the answer key not only allowed administrators to assign a numerical mental health rating to test-takers, but the particular answers chosen also served as indices that presumed to reveal the nature of the "neuroses or psychoses" that

---

[90] See M.R. Harrower-Erickson and M.E. Steiner, *Large Scale Rorschach Techniques: A Manual for the Group Rorschach and Multiple Choice Tests.* (Springfield: Charles C. Thomas, 1945) and William Rottersman and H.H. Goldstein, "Group Analysis Utilizing the Harrower-Erickson (Rorschach) Test," *The American Journal of Psychiatry* 101 no. 4 (1945).

[91] C.L. Wittson, W.A. Hunt, H.J. Older, "The Use of the Multiple Choice Group Rorschach Test in Military Screening" *The Journal of Psychology* 17 no.1 (1944), 91.

[92] Margaret Thaler and Edgar Schein, "Research Report: Projective Test of Prisoners of War Following Repatriation." (Washington: Walter Reed Army Medical Center, July 1957); POW's-Test Following Repatriation; Neuropsychiatry; Record Group 112 Office of the Surgeon General/Army World War II Administrative Records-ZI 730 (RG 112 SGO/A 730); Box 1317; National Archives at College Park (NACP).

he or she may possess, from depression to homosexuality to schizophrenia.[93] Often projected on a screen to hundreds of recruits simultaneously, the ink blot test was a visual diagnostic tool that offered administrators a method of cataloguing the minds of draftees quickly.

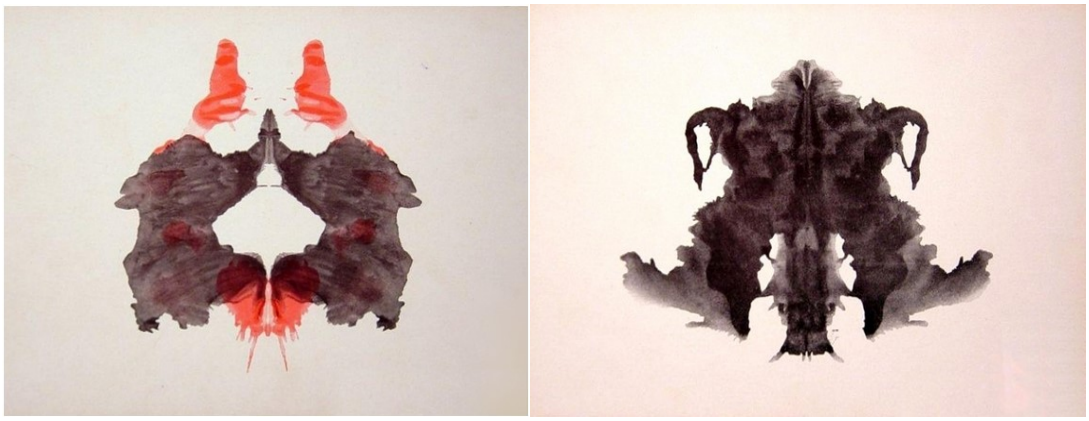


Figure 1: Two of the inkblot images from the Harrower-Erickson Rorschach test used by the US military during WWII.

https://openpsychometrics.org/tests/HEMCR/

Figure 2: Group Rorschach used by the Office of Strategic Services for selection purposes during WWII.

Reprinted from Herman's *The Romance of American Psychology*, p. 45.

[93] Rottersman and Goldstein, "Group Analysis," 501.

2.1.2. Thematic Apperception

The Thematic Apperception Test was a visual technology used when a more detailed psychiatric/psychological profile was needed, including situations such as officer screening and placement. Using a similar image-interpretation schema, this "story-telling test" contained 30 images of people and objects in unclear scenarios that were used to solicit free-association narrative interpretations from test takers.[94] In this "test of the imagination," a subject would be shown the series of pictures and asked to make up a short story about each one.[95] Though they were more labour-intensive than the Rorschach, the Thematic Apperception tests were still valued when "speed and efficiency were of utmost importance," and they were therefore prized in military psychiatric hospitals when "it was not possible to keep the patients […] for any great length of time."[96] While they were often praised for their speed, these image interpretation tests were also hailed as an innovation because of their ability to "reveal" the mind of the test-taker without the troublesome work of having patients explain themselves. Military psychiatrist Major Elliot Jacques, who did studies on soldiers in psychiatric hospitals using the Thematic Apperception Test, remarked on its ability to reveal hidden parts of the mind, describing it as an "x-ray of personality," that "allows the clinician to peer into the emotional life of his patient."

Figure 3: Images from the Thematic Apperception Test

[94] Tomkins, Silvan S, *Thematic Apperception Test: The Theory and Technique of Interpretation* (New York: Grune and Stratton, 1947), 22.
[95] Major Elliott Jacques, "The Clinical Use of the Thematic Apperception Test with Soldiers." *The Journal of Abnormal and Social Psychology* 40 (1945): 364.
[96] Jaques, 374.

Figure 4: Officer candidates taking a Thematic Apperception Test, England 1944.

Reprinted from Ben Shephard's *A War of Nerves*, p. 230.

Stating that image interpretation tests could open up a kind of visual access to the mind is a common trope in psychiatric literature from the time, with favourable comparisons to the x-ray being made by multiple psychiatrists. Military psychiatrist Max Hutt draws a parallel between Rorschach tests used for personality assessment and the x-ray's contribution to modern medicine, suggesting that both technologies offer important new insights that had been previously unavailable. He writes:

> Just as the modern surgeon insists on painstaking x-ray examination, the contemporary psychiatrist requires personality examination [using the Rorschach test] for more accurate diagnosis and for more efficient and more effective therapeutic efforts.[97]

Visual technologies, in this case the interpretation tests, were a significant component of both modernizing and systematizing psychiatric techniques during the war by generating a kind of visual shorthand that could presume to cut through the chaos and make sense of the "neurotic" patient's mind. They could also be used to show that like doctors, psychiatrists too, had tools that made their work more efficient and precise, generating comparisons to breakthroughs in modern medicine.

Building on the success of the image tests, and further entrenching the rhetorical connection between images seen by test takers and the corresponding "snapshot" of their

[97] Hutt, "Report of Duties", 236.

mind revealed to psychiatrists, a number of films were also made in order to experiment further with this diagnostic method. Head of the navy's psychiatry division, Dr. Howard P. Rome, wrote frequently and enthusiastically on the benefits of using film technologies in psychiatric contexts. In an article published in 1945, he noted that films were used experimentally "as a projective diagnostic and screening test[] in a manner similar to Murray's thematic apperception and Rorschach's ink blot tests."[98] He described the films as deploying an image-interpretation schema, depicting a variety of ambiguous scenarios that were meant to generate psychiatrically revealing narratives from test-takers.[99]

In addition to acting as an experimental tool for testing for more ambiguous markers of mental health, film reels were used extensively by the air force's Aviation Psychology Program as a way of testing for particular aptitudes and qualities including reflexes, depth perception, and navigation skills.[100] A precursor to the contemporary use of video game simulators to gauge a recruit's mechanical skills and coordination, films with titles including "Estimation of Relative Velocities Fest," and "Flying Orientation Test," were used in the selection and training of men as part of the Aviation Psychology Program's "Motion Picture Testing and Research."[101] While these kinds of proficiency/placement tests occupied different territory from the ones that aimed to identify and classify characteristics of mental health, they constituted a very significant branch of the extensive testing apparatus that applied still and moving images to the modernization of military technique.

The image interpretation tests (Rorschach and Thematic Apperception) hold a particularly powerful place in the genealogy of visual techniques used in military psychiatry, and in the growth of the discipline itself, because they were so easy to use. This, coupled with the confidence that they worked, enabled their widespread uptake in

---

[98] Howard P Rome, "Therapeutic Films and Group Psychotherapy," *Sociometry* 8 no. 3/4 (1945) 248.

[99] Unfortunately there are no film titles mentioned in the article, nor have I been able to identify any specific examples of this type of film.

[100] Annual Report: 1942, Office of the Air Surgeon; "Annual Report Aviation Medicine Division;" Record Group 18 (Army Air Forces) Office of the Air Surgeon, Executive Office, Historical Branch, Correspondence and Reports 1940-46, NACP.

[101] The "Motion Picture Testing and Research, Report No 7" was edited by James J Gibson in 1947 as part of the Army Air Force Aviation Psychology Program Research Reports. Films listed here appear in the Inventory of Psychological Test Films on p. 267.

military operations, which subsequently brought psychiatric ideas to new territories and sizable new audiences. According to Dr. William Menninger—who succeeded Dr. Harry Stack Sullivan as head of the military's Neuropsychiatric Division—"the two image-interpretation tests bore the largest burden of psychiatric [and clinical psychological] testing in the army,"[102] and a 1947 Bulletin of the United States Army Medical Department confirms that the Rorschach "psycho-diagnostic" test was administered far more than any other personality test.[103] The image-interpretation tests were believed to be so effective at classifying their takers that several articles written in the Bulletin of the US Army Medical Department both during and after the war suggest that Rorschach and Thematic Apperception Tests alone should suffice for testing both an individual's intelligence and personality. As a result, the military's special training program in Neuropsychiatry devoted a full 10% of its training time to clinical psychology and the administration of these two image interpretation tests.[104] Their widespread use and popularity made these visual interpretation tests the point of introduction for most military personnel with psychiatric ideas and techniques. They also taught many newly trained psychiatrists to experiment with the expedient power of images in diagnostics and treatment, as we will see throughout the chapters of this dissertation.

While wildly popular, the tests were not immune to debate and criticism. That is to say, they did not constitute an unchallenged trajectory from "inefficient" and "unmodern" to "efficient" and "modernized." Psychiatrists disagreed on the most convenient method to administer the test, and on the effectiveness of the test itself. Some seemed to prefer the screen and slide projector, while others wrote that "the method of presentation, demanding a darkened room and slide projection apparatus, renders the test more cumbersome than the usual simple paper and pencil test."[105] Users debated the viability of the tests as useful diagnostic tools, with some psychiatrists declaring them

---

[102] William Menninger, "Clinical Psychological Service in Army Hospitals," *BUSAMD* 4.3 (1945): 357.
[103] Hutt, "Report of Duties," 236.
[104] No Author, "Bulletin on 'Special Training in Neuropsychiatry,'" *BUSAMD* 6.3 (1946): 216. See also Hutt, "Report of Duties", and Menninger, "Clinical Psychological Service."
[105] Wittson, Hunt, and Older, "The Use of the Multiple Choice Group Rorschach Test," 93.

clumsy and unsuitable for effective diagnostics.[106] Despite flaws and detractors, however, the image interpretation test reigned supreme, a fact that likely owes more to the military's priorities of efficiency and convenience than to their actual powers to decode and categorize the human mind.

Even after the Second World War, there are instances of military psychiatric research using Rorschach and Thematic Apperception Tests in studies with far-reaching consequences. One large-scale study undertaken at the Walter Reed Army Medical Center in 1957 used them to try to identify which US Prisoners of War had collaborated with Korean forces, using the results "to determine what kind of adjustment [P.O.W.s] had made to prison camp and to determine whether there were systematic differences between men who had collaborated and men who had not."[107] This example is suggestive of not only the enduring legacy of the image interpretation tests used en masse by the military during the Second World War, but also of the high stakes that the interpretation of an inkblot or a strange mise en scène might hold for test takers.

2.1.3. The Burden and Opportunity of Diagnosis

The overall impact that these image tests had on the lives of their takers and their larger social context was not insignificant. At the level of the individual, psychiatric evaluations sorted troops into jobs, determining their fates and careers, and before that, the tests allowed or denied entry into the forces. This latter effect placed the stigma of mental illness on a vast population of Americans who were burdened with it when they returned to their families, communities, and employers after being rejected or discharged from the military. Indeed, this label was handed out so frequently by military psychiatrists and psychologists that concern was expressed via both public and military channels that the country was facing a crisis of "emotional disturbance" that "constituted a threat to national security."[108] The early enthusiasm for using screening to prevent

[106] See M.B. Jensen and J.B. Rotter, "The Validity of the Multiple Choice Rorschach Test in Officer Candidate Selection." *Psychological Bulletin* 42 no.3 (1945): 182-185.
[107] Thaler and Schein, "Research Report: Projective Test of Prisoners of War," Abstract.
[108] Herman, 88.

future breakdowns meant that at the beginning of the draft in particular, up to 1 in 4 men were deemed ineligible for duty due to psychiatric reasons.[109] Even though standards relaxed as the demand for men grew, a study done in 1946 calculated that "700,000 men, or 16.5 per cent were rejected from the draft for reasons included under the heading of nervous or mental disorders … and [ ] an additional 582,000 or 13.8 per cent were rejected for reasons that included mental defect."[110] Contemporary historians put these figures even higher. Herman writes that a total of 1,846,000 recruits were rejected for "neuropsychiatric" reasons, constituting 38% of all rejections. Even those who made it past the initial screening were not immune to the burden of a neuropsychiatric label of abnormality. By the end of the war, 2.5 million individuals were either disqualified or discharged from military service as a result of "psychological malfunction,"[111] and this volume of powerful classifications was facilitated by the enlisting of images in making personality tests deliverable on a mass scale.

Labeling so many Americans with "psychological malfunction" had repercussions. It generated frustration, questions, interest, and curiosity, all of which in turn fed a further expansion of psychiatric and psychological discourses throughout popular media. The military's use of personality testing opened a gateway that flooded psychiatric tropes and ideas onto both military and civilian audiences. And while the volume of diagnoses presented a problem in the eyes of the public and the military, it presented an opportunity to psychiatrists to double down on promoting the value and validity of their profession. Psychiatry was to be the answer to the national crisis of "emotional disturbance," distancing the discipline still further from its rarefied origins in asylums for the insane and on therapy couches for the very rich. Director of the Neuropsychiatry Division in the Surgeon General's Office, and one of the most active proselytizers for the expansion of psychiatry into everyday life, William Menninger, saw this opportunity and seized it enthusiastically. He made an address to a graduating class of psychiatrists where he boasted that:

---

[109] Shephard, 200.
[110] Winfred Overholser, "Mental Hygiene," *Proceedings of the American Philosophical Society* 90 no. 4 (Sept. 1946): 259.
[111] Herman, 88.

> Almost from the outset, the number of rejections at the induction centers for neuropsychiatric reasons called for explanations. The increasing number of men discharged for psychiatric reasons has called for more explanations. The result has been a well-trodden path to our little division in The Surgeon General's Office by writers from magazines and newspapers, from radio stations and motion picture producers. Our Public Relations Officer has told me that … neuropsychiatry probably receives more newspaper column space, and he receives more inquiries about it than any other branch of The Surgeon General's Office.[112]

The smug pleasure with which he boasts that neuropsychiatry has become the media's darling was due in part to the fact that earning a place in the Surgeon General's Office had been a hard-won struggle.[113] As noted at the beginning of the chapter, one of the reasons that personality testing had become such an enormous part of screening draftees was because the military had hoped to avoid having to cope with psychiatric casualties in war altogether, and thus avoid the cost and hassle of developing an infrastructure for psychiatric care. It was initially hoped that psychiatry would play a small part in the war, basically creating a filter so effective that it would make the discipline ultimately very small and surgical in its precision. The inevitably high rejection rates that this filter produced allowed ambitious psychiatrists such as Menninger to capitalize on the resulting interest in psychiatry to show how important and necessary psychiatry was to addressing the mental health "crisis" revealed by these tests. The growing interest in the mental health of military personnel and draftees was leveraged in order to claim that psychiatry had an important role to play in the management of the military, and the nation's mental health.

Beyond a smug excitement about people's interest in psychiatry, Menninger's quote makes a couple of noteworthy points: first, that the initial investment in pre-screening psychiatry did not pre-empt or avoid psychiatric casualties, and eventually proved to be an insufficient strategy. Second, that the military-based encounter with psychiatric language and classifications was migrating into popular media as people

---

[112] William Menninger, "Psychiatric Objectives in the Army," *The American Journal of Psychiatry* 102 no. 1 (1945): 106.

[113] See Ben Shephard's *A War of Nerves*, Ellen Herman's *The Romance of American Psychology,* and Gerald N. Grob's *The Mad Among Us* for more in-depth discussions of the politics and negotiations engaged in by key military psychiatrists for the initial foothold and growing role of psychiatry in the American military during WWII.

negotiated its meanings, creating a demand for further knowledge of the field and an elaboration of its concepts. Menninger's first point was the basis upon which military psychiatry stepped beyond pre-screening and into the realms of training and combat, a move which in turn reinforced the second point: the increasingly complex relationship between military psychiatry and popular media created a context in which psychiatric language and classifications were further normalized and rationalized as its increasing use continued to garner wide discussion. Into this complex relationship between psychiatry, military personnel, and the public, the explanatory power of film stepped in as a tool that could be used to provide information while furthering psychiatry's expansion. In the following section we will look at how film became increasingly incorporated into a "massification" of psychology via training films that were made to teach soldiers basic psychiatric information and/or build resilience to the stresses of warfare.

2.2. Morale, Preventative Psychiatry and the Power of Media

Despite initial attempts to weed out men of "weak mental fiber" as a catch-all solution to the problem of psychological war casualties, the numbers of psychiatric discharges remained alarmingly high, and as a result, the prevailing view that dominated at the beginning of the war—that one could clearly distinguish between "weak" and "strong" men—shifted to the widespread recognition that every soldier had his "breaking point," and an etiology of neuroses shifted from "predisposition" to "stress." This was a key shift in the epistemology of American psychiatrists in general, who in response to the numbers of men suffering from combat fatigue and demands of expediency from the military, began to understand their domain to be shifting from the treatment of the very ill (predominantly in asylums) to the development of tools and methodologies for keeping "normal" populations from becoming ill in the first place. The idea of preventative psychiatry, which had not functionally existed prior to WWII, became a newly hopeful site for institutional modernization and expansion where moving pictures and visual technologies might be able to influence vast and diverse populations.[114] Along with this

[114] Appel, 388.

change, motivation, more commonly referred to as "morale," came to be seen as *the* crucial factor keeping men's minds fit to fight, and psychiatry became a foundational language with which issues of morale were negotiated.

Morale was a privileged (if indefinable) form of institutional currency, with military officials calling for its production, and psychiatrists, sociologists, and other social scientists working fervently to find the key to its manufacture. Many hoped that the persuasive power of media could be used to build morale and thus potentially defend against both flagging public enthusiasm for the war, and the development of psychiatric casualties in soldiers; two phenomena that many psychiatrists and military officials claimed were inextricably linked. The *American Journal of Sociology* published a pre-war survey of mental hygiene studies in the US, in which H. Warren Dunham writes:

> [Once] the morale of a nation at war develops to the extent that all persons … become aware of the major aims of the war and have a role to play in carrying it out, the personality breakdowns … will diminish in frequency. … Thus a high national morale serves as a preventative device for the development of certain types of mental afflictions.[115]

The fixation on morale as a form of preventative psychiatry necessary to win the war, and the hope that media could help to build this morale, cemented the integration of psychiatric ideas into films and media aimed at soliciting enthusiasm for war from viewers, civilian and military alike.

Using media to generate enthusiasm for (or despite) war took many forms. The British army did early experimentation with "hate camps" where soldiers were given "lectures on hate" illustrated by images of dead and starving people followed up with battle training to the soundtrack of loudspeakers blasting German music meant to rile soldiers up for fighting while also desensitizing them to the future stresses of combat.[116] American counterparts to these experiments were conducted by Psychiatrist Julius Schreiber, who set up a program that used "broadcast news, lectures, a weekly column, and therapy groups to inspire the maximum amount of animosity in U.S. troops toward fascism."[117] These experiments were significant in influencing the thinking and future

---

[115] H. Warren Dunham, "War and Personality Disorganization," *The American Journal of Sociology* 48, No. 3 (November 1942): 397.
[116] Shephard, 233.
[117] Herman, 70.

work of the people who administered them, but as large-scale training strategies they remained marginal as it was generally concluded that negative stimulus fostered depression and a lost ambition to fight. The cultivation of *positive* morale became the more common tactic to defend against the development of war neuroses, though the question of *how* to cultivate it remained a complex puzzle of moving parts.[118] Chief of Staff, Lieutenant General George C. Marshall understood morale to be such a crucial tool for keeping men (and the nation) in fighting form that he established the "Morale Branch" in 1941 to "bring forcibly to the attention of all Army personnel and Commanders the extreme importance of the matter," writing that, "since it is rather intangible, it requires considerable initiative, authority, and imaginative thinking."[119] The military subsequently brought many different minds to bear on this project, funding diverse research in the social sciences on how media and communications could be used to build national morale in the American citizen and optimize the morale of the fighting forces.

Fred Turner's history of American communications from the war period to the 60s, *The Democratic Surround,* maps some of the remarkable diversity of thinkers working on issues of morale in the United States before and during the war, from anthropologists to philanthropists, communications scholars to designers. Expat Germans who had fled Nazi Germany, such as Walter Gropius, Laszlo Moholy-Nagy, and Alfred Bayer worked on multi-media propaganda exhibits to try to foster "democratic personalities" in viewers, while Theodor Adorno, Max Horkheimer, and Paul Lazarsfeld worked on the Princeton Radio Project to study the psychological power of mass media on its viewers.[120] Lazarsfeld and others also analyzed foreign broadcasts and created intelligence reports on military intentions and enemy morale.[121] Many of the leading social scientists of the time were brought together on the Committee for National Morale,

---

[118] Pols, "War Neurosis," 80.
[119] Correspondence from George C. Marshall to Lieutenant General Hugh A. Drum, May 14, 1941. From *Papers of George Catlett Marshall, Volume 2: We Cannot Delay*. Accessed at Marshall Foundation.org http://marshallfoundation.org/library/digital-archive/to-lieutenant-general-hugh-a-drum-4/ May 28, 2015.
[120] Fred Turner, *The Democratic Surround: Multimedia and American Liberalism from World War II to the Psychedelic Sixties* (Chicago: University Of Chicago Press, 2013), 2-4, and 28.
[121] Rose, 37.

writing papers and reports on how to foster a particularly American "democratic" morale, with an emphasis on logical thinking and psychological maturity.[122] Indeed, by the end of 1942, "the majority of social scientists in general and social psychologists in particular were in government service either full time or acting as consultants on particular projects."[123] The work done by these social scientists, psychologists, artists, and journalists in groups such as the Committee for National Morale, and the Institute for Propaganda Analysis, forged powerful links among the study of morale, psychology, and media; links that military psychiatrists would work to further strengthen throughout the war.

Parallel to the cohort of civilian specialists working on issues of morale, military psychiatrists, too, sought to understand the key to generating morale as a tool for making military labour both efficient and self-motivated. Military psychiatrist M.S. Guttmacher wrote in 1946:

> There was a time when war was a simple affair requiring little training and indoctrination, and almost no specialization… It was assuredly not true of WWII and it will be even less so of the scientific warfare of the future. Armies are no longer made up of masses of men, but of individuals welded together into special functional units. The individualized approach to the soldier's adjustment has come to stay. For the present, and at least for some time in the future, a well integrated organization composed of psychologists, social workers, and specially trained medical officers will be essential to the full efficiency of the army … An effective program of education in personal adjustment to army life is a valuable method of preventing psychiatric disorders among trainees. Training aids, particularly in the form of specially made motion pictures, are vital to such a program.[124]

Both military and civilian researchers agreed on a three-part equation in which a) the success and morale of the larger group is premised on b) the performance of the psychologically-motivated individual who has c) been positively influenced by media. Military psychiatrists staked their claim in the morale-rush as experts who could deliver it by focusing on the mental health of the individual soldier. An official Manual of Military Neuropsychiatry was published in 1944 for doctors who were being trained by the

[122] Turner, 43-45.
[123] Rose, 37.
[124] M.S. Guttmacher, "Army Consultation Services (Mental Hygiene Clinics)," The American Journal of Psychiatry 102, no. 6 (1946): 746-7.

military to be psychiatrists for wartime service. In it, psychiatrist Captain John Appel includes an entry on "Psychology and Morale," writing:

> [A]bility plus will to fight [is the] formula of warfare. … One hears endlessly that food, rest, promotion, letters from home, furloughs, fan dances, and ping pong balls must be provided to troops in order to keep up their morale. Yet, in another sense, it could be said that morale is actually the will to keep fighting, to keep working, without these things.[125]

Finding a way to make soldiers work willingly in the absence of such frivolities as food, sleep, and ping pong balls was a tantalizing goal, promising prestige to anyone who could achieve it. Appel makes the case that psychiatrists were uniquely poised to build morale as a form of preventative psychiatry, not only keeping men working, but preventing collapse from the strain of doing so.

> By his position on various boards, medical and disciplinary; by informal discussions with line officers; by lectures to troops; by submitting reports and suggestions to the special service division, where they may be incorporated into movies, radio programs, and posters; … [the psychiatrist can] supply the stimuli which arouse and maintain mental health.[126]

In order to secure their position as consultants in the crucial fight for morale, psychiatrists enlisted film as privileged aids among the innumerable other media and non-media objects put to this task.[127] Psychiatrically- and psychologically-informed training films and communications became key resources that could help in this endeavour, as was repeated tirelessly by psychiatrists championing the benefits of preventative psychiatry. Military training and morale building agencies were brought together to "condition people to accept difficult situations," and "rally motivation, and therefore good mental health," using motion pictures to prepare them for what they would encounter overseas.[128] As an article in a 1945 issue of *The American Journal of Psychiatry* writes:

---

[125] John W. Appel, "Topic 32: Psychology and Morale," in *Manual of Military Neuropsychiatry,* eds. Harry C. Solomon and Paul I Yakovlev (Philadelphia: WB Saunders Company, 1944): 468-69.
[126] Ibid., 480.
[127] To list all of the things that were used to try to bolster morale would be an impossible task, as it includes everything from food to cigarettes to ping pong and media including personal correspondence, paperback books, magazines, Hollywood features, radio, variety shows, etc.
[128] Guttmacher, 739 and 747.

> Can it be said that the strongest defense consists in the most active offence in the battle of nerves as it does in other battles? That here, also, fore-warning is fore-arming? … Pre-conditioning by simulating battle conditions as employed in the Army to toughen men has proved its value, and sound films for this purpose have been found useful.[129]

Explosives, artillery, and other munitions used in elaborate mock-battles during training were understood to help condition soldiers for combat, acting as a form of sensory inoculation. Here again, films suggested themselves as efficient and cost-effective supplements to live munitions exercises by exposing soldiers to the sounds and sights of battle while saving the risk and resources of mock battles.

Figure 5: Photograph of an explosion during a training exercise. "Simulated Battle."

Image from "Photographs—Hospitals and Facilities and Personnel;" Neuropsychiatry; RG 112 SGO/A 730; Box 1317, NACP

[129] Daniel Blain, Paul Hoch, and V.G. Ryan, "A Course in Psychological First Aid and Prevention: A Preliminary Report," *The American Journal of Psychiatry* 101, no. 5 (1945): 631.

The military's Neuropsychiatry Department produced several proposals for the production of "prophylactic films" by the Signal Corps for use in training.[130] One document submitted to the Neuropsychiatry Department by two psychiatrists proposing a "Project for the Development of Psychotherapeutic and Prophylactic Films," notes the high number of "neuropsychiatric casualties," and the lack of neuropsychiatric officers to treat them, stating that trainees

> [A]re potential neuropsychiatric casualties whose breakdowns could be prevented by prophylactic psychotherapy, by building morale, and by eliminating irrational anxieties and presenting them with adequate means of coping with their problems.[131]

It goes on to elaborate that "therapeutic and prophylactic films … [would be] morale building and hence prevent breakdown or the development or persistence of psychosomatic disturbances in those with organic illness or suffering from wounds."[132] While the exact films described in this particular proposal were not made due to a lack of resources, other films were used to these ends. With respect to inoculating soldiers to the sights and sounds of war during training, the series titled *Fighting Men* was made in 1942 in collaboration with Army Ground Force Headquarters, and was screened extensively.[133]

Further to using films as a form of battle preparation, the most famous training film series was made to protect mental health by giving rational arguments for why soldiers were being sent to war. Frank Capra's *Why We Fight* series, prior to its release as public propaganda, was initially produced as a morale-building training aid for soldiers. In this capacity, the films were praised widely by psychiatrists who suggested that they be screened as often as possible (and were eventually deemed so effective that they should be distributed publically as well). When Appel wrote the official post-mortem of preventative psychiatry for the military review *Neuropsychiatry in World War*

---

[130] The "Training Films" folder in the Neuropsychiatry files in RG 112 SGO/A 730 at the National Archives at College Park contain proposals, scenarios, and scripts at different stages of production for such films. Some of them were produced, while others remained in the development phase when the war ended.
[131] "Project for the Development of Psychotherapeutic and Prophylactic Films," "Training Films;" Neuropsychiatry; RG 112 SGO/A 730; Box 1328, NACP.
[132] Ibid.
[133] Edmund North, "The Secondary or Psychological Phase of Training Films" *Society for Motion Picture Engineers* 42 no.2, 1944.

II, he included a lengthy citation from a wartime report of a psychiatrist in the South Pacific Area:

> The ultimate goal of a very high percentage of personnel is to "get home," whether or not augmented by the thought "to get it over, and get home." … The overall problem of changing that goal from "to get home," to "win this War" or "to kill Japs" is a tremendous undertaking and involves changing of viewpoint in all ranks. It involves changing the trend of thinking even in the continental United States. Mail censorship indicates that mail from home does not promote the "win the war," "kill some Japs for me," "we're proud of you" note, but tends to increase nostalgia with the "wish you could be with us," "when are you coming home?" theme. Radio programs frequently carry the same note of nostalgic sentimentality. There is a preponderance of sentimental songs and love songs reaching popularity and being publicized and a dearth of good stimulating tunes such as marching songs for men to sing as they perform their duty. There is a great need for more education of the men by means of increased emphasis on orientation lectures. Greater emphasis should be placed on such types of moving pictures as "Divide and Conquer" and "Why We Fight." These latter are considered the best means at hand for education and orientation of the soldier, and their use should be extended and effort made to produce more of these films for showing to officer and soldier audiences. The soldier must know why he is fighting.[134]

As the above quote and others in this section show, morale and the mental health of soldiers was located in a complex rhetorical and multi-medial web of training, encouragement, and education on issues of both psychiatry and the socio-political dynamics of the war. Thus while psychiatrists asserted their position as specialists able to prevent casualties at the level of the individual soldier, they simultaneously lobbied aggressively for films and media that could be used to support their efforts, understanding media's importance and power to reach people. In a wartime memorandum to the director of the Morale Services Division from head of the Neuropsychiatry Division, William Menninger writes:

> The rate of nervous and emotional disorders among military personnel continues to be seriously high … on the basis of accumulated medical studies and reports from the field, this office believes that one of the most promising means of reducing this high rate of breakdowns and improving the mental health of military personnel in general lies in the dissemination of certain types of information … disseminated by the Why We Fight Films, Orientation kit, etc, but it is believed that an increased emphasis …

[134] Appel, "Chapter 14: Preventative Psychiatry" Neuropsychiatry in WWII 395.

> and its constant repetition to both officers and enlisted men would be of great value. … It is requested that insofar as possible, information of the types mentioned above be … disseminated widely and repeatedly to military personnel with whatever media is considered appropriate.[135]

What is of primary interest for our purposes is that these statements reveal the institutional justification for making psychiatrically-informed films. However, it is significant to note that the critically acclaimed—and now canonical—*Why We Fight* films were not only discussed as great works of cinema and public propaganda, but understood to be institutionally vital to the war effort by powerful members of the military organization for very specific reasons. In the following section, we will examine the reasons these and other films—particularly the *Fighting Men* and the *Why We Fight* series—were "considered appropriate" preventative psychiatric aids to "reduc[e] the high rate of breakdowns" and "improve[e] the mental health of military personnel."[136] Morale was not simply a term that meant making soldiers "feel good." In the greater context of the war effort, morale was a strategic term, supported by the ascendant disciplines of psychiatry and social sciences seeking concrete formulas in order to strengthen their position as sources of expertise in the management of publics.

2.3. "Fore-Warning is Fore-Arming:" Media Aids for Mental Hygiene

The way that movies were used to bolster soldier morale can and should be understood in a few different ways. Certainly the most thoroughly documented use of films in this respect was that of Hollywood features and other films shown to the troops as a form of entertainment. "Entertaining the troops" in order to bolster soldier morale is an important area of military media history, as it was an undertaking of considerable scale that brought together powerful institutions, including Hollywood, the US government, and the military. Thomas Schatz's formidable history of American cinema

[135] Memorandum for Director, Morale Services Division, 14 February, 1944 from William Menninger Lieut. Colonel, Medical Corps, Director, Neuropsychiatry Division; Neuropsychiatry; RG 112 SGO/A 730; NACP.
[136] Ibid.

in the 1940s, *Boom and Bust*, thoroughly examines the range of activities major film studios undertook during this period. The book contains a short section on "Entertaining the Troops" that notes the deep imbrication of Hollywood, the Women's Army Corps (WAC), the War Department, and the US military, as these institutions worked together to establish "the largest distribution and exhibition circuit in the world."[137] By 1945, Hollywood studios had provided the War Department with 1,941 features that were turned into a total of over 43,189 prints that were shipped out to military bases, outposts, marine vessels, and anywhere military men were stationed. It is estimated that servicemen attended screenings of shorts and features for entertainment purposes at the rate of about 1.5 million *per day*.[138] In his overview of this military-movie house network, Schatz notes that these films became part of the "everyday military routine," and that they were "considered crucial to morale and [a] counter to the critical problem of battle fatigue," though the analysis ends there and specificities of the relationship between morale and entertainment are presumed to be self explanatory. [139]

For work that is more focused on the activities of American studio cinema, it seems enough to note that the assumption that watching movies was good for morale had an enormous impact on the consumption, circulation, and production of wartime (and post-war) cinema. Though, as we have seen in the previous section, when it came to understanding the relationship between film and morale, the military was not content to make assumptions, and there was no shortage of institutional research and speculation that went into understanding what morale was and how movies might improve it. The military did not merely hope that watching films would help "battle fatigue"—a euphemism for extreme stress due to military service, now diagnosed as Post Traumatic Stress Disorder—nor did they exclusively rely on films as a kind of simple idea of entertainment. Indeed, my research leaves aside the well-studied question of "entertaining the troops" in order to look at films that were screened with more precise motivations.

---

[137] Thomas Schatz, *Boom and Bust: The American Cinema in the 1940s*, History of the American Cinema no. 6, ed. Charles Harpole (New York: Charles Scribner's Sons Macmillan Library Reference USA, Simon & Schuster, 1997), 144.
[138] Ibid., 146.
[139] Ibid., 145.

Film scholars such as Eric Smoodin have begun to explore the institutional side of the relationship between films and soldiers, looking at the military's experiments to understand *how* certain films were generating morale. Others, such as William Friedman Fagelson and historian Alison Winter have observed the *range* of films dealing with psychiatric/mental health subjects that the military incorporated into its screening roster as part of soldier training. In the final section of this chapter, I draw on both of these lines of investigation in order to examine, not Hollywood features, but the films that were used during training with the express intention of arousing morale in specific ways in their viewers, using primary military psychiatric literature to show *how* these films were purported to work. These military-made films were not watched by 1.5 million people daily, though they still boast significant audiences as they were used extensively in both military training and therapeutic treatment. They were understood to be sophisticated media tools that could foster soldiers' morale, not by keeping them entertained and happy, but by preparing their minds for war by conditioning them to battle stimulus, providing them with rational arguments as to why their sustained efforts mattered (appealing to the "democratic morale" the Committee for National Morale identified as desirable and uniquely American), and teaching them to recognize and understand basic psychiatric concepts related to fear, depression, and anxiety.

2.3.1. Media as Mental Hygiene

"Mental Hygiene" was a catch-all term used during the war to describe psychological/psychiatric/medical support and information given to soldiers in order to help them manage and cope with psychiatric difficulties encountered during service. The mental hygiene unit of a given military division was essentially a mobile psychiatric clinic that would perform duties including the management of psychiatric outpatients from hospitals, evaluating and providing counsel to active soldiers, and setting up therapeutic activities and information sessions. Most contemporaneous publications that describe the activities of mental hygiene units emphasize that almost all of their tasks worked towards the goal of preventative psychiatry—keeping soldiers' minds fit enough

to fight.[140] These units became key clearinghouses for psychiatric information distributed to troops during training and active duty. Mental hygiene units delivered lectures, gave demonstrations, and showed films on adjustment problems likely to be faced by incoming soldiers. By covering topics like psychosomatic disorders, personality deviations, and concepts such as "displacement, conversion, projection, and identification," these materials sought to teach soldiers how to recognize the symptoms of incipient mental disorder in themselves or in others.[141]

The self-management of emotions that mental hygiene films and lectures introduced to soldiers was part of the official policy passed in early 1943 that mandated a minimum of six hours of lectures on military psychiatry for every officer, with a minimum of three hours of mental hygiene training for enlisted men. It was instituted that "all Army officers [should be given] some understanding of mental hygiene … in the hope that such knowledge would reduce the number of psychiatric casualties."[142] Requiring soldiers to engage in prophylactic health measures sought to provide subjects with insight into the "psychosomatic dynamics of his syndrome," and ease symptoms by way of sublimation and rationalization.[143] The required 3 or 6 hours of mental hygiene training were often delivered in lecture format, but countless supplementary topics were made into short, instructional films. In March 1945, director of military neuropsychiatry, William Menninger, proposed turning even the standard lectures into films to make them less boring and easier to remember.[144] While the spectrum of topics covered in mental hygiene films was broad: everything from how to avoid venereal diseases while overseas to advising members of the Women's Army Corps on how to maintain attractive figures while serving, many mental hygiene films ultimately sought to target the perplexing and

---

[140] Albert Rosner's "A Mental Hygiene Unit," in BUSAMD 6 no. 4 (Dec 1945): 706-709, is a good example. Virtually all articles written on mental hygiene in the BUSAMD from 1943-1947 corroborate these ideas.
[141] Rosner, "A Mental Hygiene Unit," BUSAMD 6 no. 4, 707.
[142] Medical Department US Army. *Neuropsychiatry in World War II, Volume 1, Zone of the Interior* (Washington: Office of the Surgeon General Department US Army, 1966), 66.
[143] Ibid., 284.
[144] William Menninger, "Memorandum to Director, Training Division: Film Illustration for a revision of TB Med 21;" 20 March, 1945; "Training Films;" Neuropsychiatry; RG 112 SGO/A 730; Box 1328, NACP.

all-critical task of cultivating morale, defined variously through advice on healthy bodies, positive attitudes, good work practices, appearance, and safe sex.[145]

A confidential memorandum sent to the Assistant Chief of Staff in December 1944, set out a series of recommendations for "the prevention of psychoneuroses among the personnel within the Army."[146] The memorandum explicitly linked soldier morale to resilient mental health, writing: "Another approach to the problem of prevention is the attempt to increase the soldier's motivation toward fighting the war, to bring home to him the degree to which he and his family were threatened by the enemy and to answer his questions about the home front." Much of the media used in the tasks of "increasing motivation," "bringing home" the threat of the enemy, and "answering questions," were the responsibility of the Information and Education Division of the War Department in the US government. This division provided all manner of media for soldier education, including "motion pictures, such as the 'Why We Fight Films', [sic] news reels, radio programs, posters, pamphlets and [ran] the system of regular group discussion among troops throughout the Army known as the 'Orientation Hour.'" The military's top psychiatrists were then responsible for overseeing how and what kind of information was distributed. The memo on the "prevention of psychoneurosis" states that "major policy" adopted by the Information and Education Division for disseminating motivational information to troops was based on recommendations made by the Neuropsychiatry Consultants Division of the military's Surgeon General's Office, and that "the Neuropsychiatry Consultants Division has collaborated or acted as advisor in the production of films, radio programs, posters and pamphlets designed to induce healthy attitudes in troops." The policy governing production and content of military filmmaking—both by the Signal Corps and the War Department's Information and Education Division, together comprising the most prolific makers of films during the war—were shaped directly by the theories that military psychiatrists were developing on

---

[145] The film *Figures Don't Lie* was "designed to be shown to women interested in improving their figures through exercise." BUSAMD. Vol. 7, no. 8

[146] "Confidential Memorandum for the Assistant Chief of Staff, Subject: Psychoneuroses." Tab E, p 3; "Psychoneuroses: Diagnosis, Treatment, and Disposition; Memoranda to the Deputy Chief of Staff; Neuropsychiatry; RG 112 SGO/A 730; Box 1319; NACP.

soldier morale and mental health, and how to influence them via media. Military psychiatrists effectively became a class of media experts.

2.3.2. Training films

Because the nature of generating morale in troops remained so broadly defined, the category of films used as psychiatric prophylactics was equally wide-ranging. Many different publications, both in medical literature and official military literature, state that any film that can deepen a soldier's understanding of their work and the circumstances of the war more generally can help to develop and sustain morale. Despite the lack of specificity, there were several films and types of films that were distributed by the military expressly for such purposes, and were seen by a large cross-section of personnel. Different films targeted different aspects of morale building, revealing a co-existence of multiple models of motivation and how the mind worked.

While the US military was producing its own psychiatrically informed films, a British film titled *The New Lot* (1943) was adopted for screening during training. Two key series were made by the US military expressly for the purposes of training the minds and sharpening the resolve of soldiers, namely, the *Fighting Men* series, and Frank Capra's aforementioned series of found footage films on the geo-political history leading up to the war, titled *Why We Fight*. Other films shown on a more informal basis, but toward similar ends, were the bi-weekly *Army-Navy Screen Magazine*. Each edition normally contained a short newsreel produced under Capra's supervision, and a Private Snafu cartoon—the Warner Brother's series of comedic, instructional cartoons featuring a bumbling private who does everything wrong in order to instruct soldiers to do things correctly. The *Army-Navy Screen Magazine* (*ANSM*) episodes were produced from 1943 through 1946, covering a wide range of topics that adapted with the ongoing war needs. While not conceived of as specifically therapeutic, *ANSM* functioned as morale-building more generally by being informational and addressing soldiers as members of a collective effort within the larger institution. While films such as *The New Lot,* and the *Fighting Men* series remained basic staples of preventative psychiatry training films throughout the war, and seem to have been screened mostly in this context, the *Why We Fight* series

and *ANSM*, greatly exceeded the training context and were screened in many different circumstances, from mental hygiene lectures to nightly entertainment programs alongside Hollywood features.

The New Lot

Directed by Carol Reed, *The New Lot* is a short drama made for the British Directorate of Army Psychiatry that follows a group of five men drafted into the British Army. With a classic odd-fellows narrative arc, five men from different class backgrounds, professions, and regions of England are assigned to the same training unit. They all have different reasons for feeling like they shouldn't have been drafted into the army, and are disgruntled about being in service. Scared, indignant, and generally incompetent, the group first struggles through basic training and tries various methods to escape or be discharged, and eventually learns to become a committed, efficient, and bonded unit through the trials and tribulations of military training and army life.

The film's approach to psychologically preparing viewers for training leans heavily on a social-identity model of morale as a contentment derived from camaraderie—from being on the inside of a group. The film accomplishes this via the narrative of the odd fellows coming together and learning to appreciate each other's differences and their endearing characters. It also does so by having the film create a point of view that is sympathetic to the new recruit and what they are going through. It does not rely on graphic or disturbing representations of war, but operates more as a kind and knowing-wink to the viewer, that says: "we know you don't want to be here, but you will eventually come to appreciate what we are doing." A rather comedic portrayal of the rigours of basic training helps to position the film's point of view as that of a friend on the inside, complete with the predictable tropes of an abrasive drill sergeant who is shown to be secretly kind when he arranges a two-day leave for a recruit who left his two motherless children with an unkind guardian, and a team of veteran sergeants who are outwitted by the once-bumbling unit in a tactical exercise. The film's encouraging message to its viewers comes again in one of the final scenes of the film that serves to demonstrate the conversion of the formerly inexperienced odd-fellows into a cohesive unit of trained soldiers. On a free evening, the group goes to see a movie in town—a war

drama that one of them had seen before being drafted and had thought was very good. The soldiers use their newly gained knowledge to criticize the unrealistic elements of the drama, laughing and rowdily calling out the mistakes made by the actors. The soldiers are shown to have become savvy viewers who can take pleasure in their confidence and knowledge.[147]

Of interest when considering that this film was a morale booster whose screening was recommended by psychiatrists, is a scene where the troops find out they are about to be interviewed by psychiatrists to help determine what positions they are best suited to. In the privacy of their cabin, the troops complain bitterly about the "bunch of looney-bin doctors" who will be "plain ordinary nosey-parkerin" in their business. But in the end the group of trainees are won over by the psychiatrists who motivate them to achieve more than they had envisioned for themselves. Skepticism about the "looney-bin doctors" throughout military personnel at all levels of service was one of the most significant hurdles that the psychiatric discipline faced in its institutional growth. The tactic of confronting this scepticism by performing it in a training films appears first in the British-made *The New Lot*, and, as we will see in the following chapter, re-appears in almost every other psychiatric military film made subsequently by the US military. In *The New Lot* (and in all other films that contain this trope), despite the initial fear and dismissal expressed by other characters, the psychiatrists win over the skeptics, and are portrayed as intelligent, insightful, and able to motivate soldiers to work.

Fighting Men

The basic formula put forward in *The New Lot* of the character-driven narrative that follows one or more protagonist as they learn valuable lessons about military life and training, was also used in the American-made series of films called *Fighting Men*. The *Fighting Men* series adopted a different style and tone, however. Using voice over narrators to explain the significance of the action on screen, *Fighting Men*'s mode of address was less the camaraderie-building wink to the insider, and more a series of

[147] The soldiers in the film exhibit the kind of knowing and irreverent "call and response" behaviour that was observed to be common in screenings for soldiers during the war. See Fagelson's article on the savvy soldier-viewer, "Fighting Films: The Everyday Tactics of World War II Soldiers" *Cinema Journal* 40 no. 3 (Spring 2001), 94-112.

cautionary "this is what you need to know" tales told from the point of view of seasoned veterans. In this way, the "fore-warning is fore-arming" theory of preconditioning men to battle was literalized in the narrative. The films were also produced in order to "fore-arm" the nervous system of trainees. In addition to a rational or social model of the mind, these films worked with the same premise as simulated battles used for training: they exposed soldier's minds and senses to images and sounds of battle with the hope that this would begin to inoculate them to the shock of combat.

Edmund North, a captain in the Army Signal Corps who produced the series of films, wrote an article for the *Journal of the Society of Motion Picture Engineers* describing the films and the rationale behind their production, demonstrating plainly that psychiatrists were shaping the activities of the Signal Corps. He says that the conditions of "the mental or psychological side" of recruit training thus far had "left something to be desired."[148] As a result,

> Army Ground Force Headquarters decided that a series of films should be prepared that would serve, in a sense, as precombat conditioning. … It was decided that these films, to be called the Fighting Men Series [sic], would not deal with techniques as most training films do. These pictures were to drive home combat ideas.[149]

As a form of "precombat conditioning," the psychological approach was to generate morale not by promoting group satisfaction and camaraderie, but by inoculating the mind to fear by giving it a taste of what was to come. North writes of the films that:

> [A]ctual combat conditions were to be simulated throughout and no punches pulled. They were to be hard-hitting, as realistic as possible, and they were to be done in soldier language. … These films have brought them as close to combat as a man can be brought without actually engaging an enemy.[150]

The *Fighting Men* series covered a range of topics. North's article on the series lists six films, including *Keep it Clean*, in which the narrator is a disfigured soldier in hospital writing to his newly-enlisted younger brother on the consequences of not of keeping your gun clean, *Crack That Tank,* narrated by a seasoned "tank man" who gives a bar-room

---

[148] Edmund North "The Secondary or Psychological Phase of Training Films" *Journal of the Society of Motion Picture Engineers* 42 no. 2 (Feb 1944): 119.
[149] Ibid., 120.
[150] Ibid.

pep talk to the viewer (addressed as a foot soldier) on the strengths and weaknesses of tanks and how to take one down. *Kill or Be Killed* focuses on unlearning the concept of "fair play" as it is taught in civilian sport, and learning instead that war has no rules. *On Your Own,* demonstrates how and how not to react when becoming isolated from the larger group. The last two are the unambiguously titled, *How to Get Killed in One Easy Lesson*, and the best known of the series, *Baptism of Fire*.

Baptism of Fire is particularly interesting in this series for the fact that it alone directly names and confronts the subjects of fear and anxiety relating to a soldier's experiences in battle. North writes of the film that it was "the most elaborate" and that it "attempted to dramatize common battlefield psychoses." North contextualizes the film's approach to this topic by citing "extensive research" that shows that all men experience fear during their first time in battle, and that many experience a form of initial paralysis he calls "battle shock." In its attempt to address the fears and anxiety that are likely to arise in a soldier's first experience with battle, *Baptism of Fire* is an interesting departure from the rest of the films in the series, which for the most part, don't explicitly propose ideas for how to prepare one's mind for the traumas of battle.

At the beginning of *Baptism of Fire* the protagonist has a conversation with a fellow trainee the night before being sent to battle for the first time. His buddy tells him that he has been "trying to get my mind ready" by finding out as much as he can about "what it's really gonna be like." Later in the film, the soldier pauses with horror over the body of a dead soldier that he encounters early in his first battle; he has a flashback to the conversation from the night before and a voice over of his thoughts repeat what his buddy told him: "your first battle your worst fight isn't with the enemy, it's with yourself." To this, he replies to himself: "how right you were." As the scene follows the soldier in real time, the only sounds are diegetic to the battle and those of the soldier's thoughts as he encounters a series of harrowing experiences, attempting to depict what a viewer might hear and think in future battles. The soldier's thoughts repeat lessons that he would have theoretically learned in other films or in lectures about battle psychiatry. After a close call with a German soldier, he asks himself: "Why couldn't I stick my bayonet into that bastard? I remember now, instructor called it 'momentary paralysis.' Why didn't I think more about what they told me?" During a second, and closer call, he acts on the lessons,

becoming more aggressive: "This is it. Here it comes. Kill or be killed." And when he makes the kill he muses, "Never thought I could do that—guess I never thought anybody'd try and kill me. Well, I've got it licked now, now I can fight." And a few moments later after he kills a few men in hand-to-hand combat, he thinks to himself: "You're damn right I can fight," as triumphant music begins to swell over the diegetic sound and the film ends.

Beyond the film's attempt to narratively warn trainees of what was to come in battle, there was a more neurological understanding at work in the film's construction as well. The "pre combat conditioning," as North describes it, was understood to come partly from the sensory exposure to sights and sounds—a kind of exposure therapy. North writes that,

> Sound plays a great part in pre combat conditioning, and all sound-tracks used were of actual weapons firing live ammunition. In this way, a man can be shown what a tank attack looks and sounds like and how it feels to proceed through an artillery barrage.[151]

As we will explore in more detail in the third chapter, the use of films and their sound in exposure therapy was part of treatments applied by some military psychiatrists to men discharged for neuropsychiatric reasons. When discussing their work using war films to treat soldiers returning home with acute cases of combat fatigue, Psychiatrist Leon J. Saul and his colleagues cited the practice of training police horses to remain calm in traffic by "deconditioning" them to loud noises by playing audio recordings of loud, jarring street noise in their stables.[152] It was in the attempt to use the *Fighting Men* series as "a medium for psychological instruction and *conditioning*," that it acted as a bridge between the more straight forward pedagogical aims of training films and a desire to integrate sophisticated psychiatric and psychological knowledge into the creation of a more effective military.[153]

Fagelson's dissertation on war-era feature films containing themes of veterans and mental health has listed the *Fighting Men* series among films screened during training by the military. While he does not contextualize them within the growing psychiatric

---

[151] North, 120-1.
[152] Leon J. Saul, Howard Rome, and Edwin Leuser. "Desensitization in Combat Fatigue Patients" *American Journal of Psychiatry* 102 no. 4 (1946): 476.
[153] North, 122.

infrastructure per se (his interest is in contextualizing popular discourses of veteran mental health), he notes that their production was indicative of a general turn towards psychology to try to understand how people behave rather than simply telling them how to perform certain tasks.[154] Fagelson describes this series as "psychological training films," and concludes that they were functional as military training aids, operating among the "different genres of film …[used] to establish the demands of military service."[155] Among these "different genres of film," Fagelson also mentions the *Why We Fight* series, calling them "orientation films geared towards ideological conversion,"[156] which is the received narrative surrounding these well known films. These characterizations are useful, but they don't give a full sense of the extent to which these films were considered crucial military tools for building resilient fighting forces. Further contextualizing the *Fighting Men* and *Why We Fight* series within the psy apparatus that undergirded such films helps us to understand *how* these films were expected to operate on their viewers and locates them within a much larger apparatus that applied film as a tool to try to solve many different "problems of the mind," as the rest of this study explores. It also enables us to see how these films were understood and discussed by powerful institutional figures, and the value placed on the work it was hoped the films could accomplish.

Why We Fight

The *Why We Fight* series of documentary films directed by Frank Capra were the centrepiece of the military's preventative psychiatry efforts. Eric Smoodin's *Regarding Frank Capra* describes their origin, writing that:

> Just after the entry of the United States into the war, the War Department's Bureau of Public Relations … "had a corps of speakers busy traveling over the country delivering lectures to troops on the general theme of why they were being called upon to fight." Audiences seemed to find these lectures less than compelling, however, and so army chief of staff General

[154] Fagelson, "'Nervous out of the Service': 1940s American Cinema, World War II Veteran Readjustment, and Postwar Masculinity," Ph.D. dissertation (The University of Texas at Austin, 2004), 71.
[155] Ibid., 78.
[156] Ibid., 76.

> George C. Marshall, a film enthusiast, put into motion the plan that led to Capra's military films.[157]

Marshall had a vision of having "a series of documented, factual information films … that will explain to our boys in the Army *why* we are fighting and the *principles* for which we are fighting," and he personally put Capra in charge of making it.[158] As evidenced in quotes in previous sections from military officials and psychiatrists alike, it was generally believed that showing troops and trainees these films was one of the most effective tools the military possessed in order to bolster morale, motivate troops, and in doing so, keep them fighting longer and harder, holding "psychoneuroses" at bay. Different again from the camaraderie promoted by *The New Lot* and the pre-combat conditioning envisioned with the *Fighting Men* series, *Why We Fight* was designed to generate morale by appealing to the rational minds of its viewers by giving them a reason to fight via clear and compelling arguments about the larger socio-political conditions of the war. The series of seven hour-long documentaries consisted primarily of footage taken from documentaries and newsreels from Axis nations and recontextualized using voice-over narration provided by Walter Huston, and interspersing it with animation from Disney studios and some original footage shot by the Signal Corps. The films were executed with extreme care, presenting unequivocal arguments for what they saw as the danger of the Axis nations' appetite for political domination and the valiant efforts made by the Allied nations to resist them.

The narrative style and didactic tone common to many other military films from World War II give them an antiquated and comical feeling when watched now. Despite the fact that the *Why We Fight* films share a visual aesthetic with many other documentaries from the 40s (presided over by an anachronistically confident voice over narration, for example), the nimble and intelligent juxtaposition of clips, sound, and script, give the story and argumentation an enduring appeal and feeling of relevance beyond their status as historical documents. It is not surprising then, that the comprehensive literature that exists on these films tend to write about them as great

---

[157] Eric Smoodin *Regarding Frank Capra: Audience, Celebrity & American Film Studies, 1930-1960,* (Durham: Duke University Press, 2004), 163.
[158] Frank Capra, *The Name Above the Title: An Autobiography*, (New York: Macmillan, 1971), 326.

works of an auteur-filmmaker first and foremost, and documents of military propaganda as an inextricable yet secondary feature. While the films' status as works of great authorial quality is not in question, I think it is important to read their extraordinary viewership as thanks in large part to the extensive infrastructure that was put in place to help train men to fight. It is also significant that its subsequent civilian viewership (estimated to have been seen by a total of 54 million Americans by the end of the war) was similarly facilitated by a military that believed that *everyone* should see the *Why We Fight* films as part of generating support for the war effort, and had access to the resources to make this possible. My research offers no analysis of the films from an auterist standpoint, but works to strengthen the case for contextualizing the astonishing reach of these films within the highly organized and coordinated effort to improve the American military using sciences of the mind.[159] A more fulsome picture of the larger military psychiatric apparatus that these films operated within, then, makes them more interesting as historical texts, beyond an analysis of them as great works of propaganda.

The *Why We Fight* films were meant to generate morale by activating the viewer's rational desire to fight and serve what was presented as an unambiguously just cause. General George C. Marshall believed that knowing *why* one was fighting increased their desire to do so, but in the military context, belief was not enough. Rigorous military testing and observation was used to try to understand *how* the films were being watched by soldiers, and whether these viewings resulted in the institutional outcomes the military hoped for. A lot was expected of these films, and a lot was at stake.

Eric Smoodin's book *Regarding Frank Capra* stands out from other auter-centered approaches to the director's work by giving a detailed account of the institutional contexts in which Capra's films were circulated and studied. Indeed, his is a study of the reception and viewership of Capra's films and how this was managed and understood by the institutions facilitating the viewings. Smoodin describes a Foucauldian disciplinary paradigm at work in the military contexts of the films' screenings and receptions, particularly in the military's careful monitoring of viewer reactions in order to

[159] Statistic from Peter C. Rollins, "Frank Capra's Why We Fight Film Series and our American Dream," *The Journal of American Culture* 19 no.4 (1996): 84.

analyze the films' effectiveness at producing desired outcomes. The military did not simply screen the films and hope for the best, they wanted to "accomplish nothing less than change the ways that certain populations thought and lived," and took measures to evaluate whether or not this was happening.[160]

The films were screened to captive audiences of military trainees who were being carefully observed by military officials and psychiatrists taking detailed screening notes, collecting audience feedback reports, and conducting surveys to monitor the effect of the films and create a record of audience reactions. As Smoodin notes, the techniques of observation that were used to monitor the viewers of the *Why We Fight* films were indicative of the increasingly bureaucratized infrastructure of the military. The cataloguing, clerical, and scientific gaze of the psychiatric professional began to share space with the traditional force-based disciplinary gaze exerted upon soldiers by military officials.[161] This scientific gaze was part of a transformative effort, seeking discipline not merely as an internalization of fear and observation, but as something that could be produced using different environmental stimuli. Smoodin writes that "the *Why We Fight* filmmakers and administrators planned to create consensus, both about the facts of the war and the moral imperative of fighting it. That is, they sought to turn a civilian audience into a militarized one." Smoodin proposes that as a result, in front of the film screen and managed by psychiatrists, the Foucauldian terminology of military discipline's power "to qualify, to classify and to punish," becomes more accurately "to qualify, classify, and reconstruct."[162] While the modern institutions of discipline that Foucault writes about have always sought to transform subjects' behaviour by having them internalize their institutional surveillance and subsequently monitor themselves, Smoodin's adaptation of Foucault's terminology highlights the creative element of behavioural transformation. The *Why We Fight* films addressed an ideal audience of future soldiers, the very ones the military hoped they would become: soldiers who were motivated, dedicated, rational, and committed to the particularly American brand of democracy identified by psychological and communications researchers.

---

[160] Smoodin, 161.
[161] Ibid.
[162] Ibid., 165.

Smoodin's analysis of the disciplinary paradigm evoked by the captivity and coercion in which these films were watched concludes that a "preferred form of masculinity" is the ultimate end product of this "reconstruction" of civilians into soldiers.[163] Fagelson, too, talks about a particular form of masculinity as the desired outcome of the indoctrination process that psychiatric training films (and indeed, many other media texts—Fagelson pays particular attention to this trope in Hollywood war films) were a part of. If, as Smoodin and Fagelson suggest, masculinity is what is sought by psychiatric training films, then the argument follows naturally that the "preferred form" of this masculinity should manifest as a willingness and ability to fight in the war. Though it may seem like a minor semantic distinction, I would argue for flipping the equation. By paying careful attention to the way that these and other military psychiatric films were discussed and used within the multi-pronged military psychiatric apparatus that this study sketches out, what is revealed is an institutional imperative to create first and foremost *productive* soldiers—a job for which certain preferred forms of masculinity were most certainly enlisted, but not absolutely necessary.

Implicit in Smoodin and Fagelson's naming masculinity as the goal of military training is the understanding that masculinity translated into doing the work that was being asked of soldiers. What is interesting about contextualizing the *Why We Fight* series within the larger program of training films designed in collaboration with psychiatrists (such as the *Fighting Men* series) is that while they targeted the rational mind of the viewer on many levels—asking them to acknowledge the realities of fear and protect themselves from its effects—they were also trying to work on unconscious parts of the mind by triggering, and thus desensitizing, fear reactions using realistic sound and imagery. While the hoped-for end result may still be masculinity manifest as an improved fighting ability, what is being engineered here is not simply a social performance of gender. The machinations of these films were targeting neurological performances as well as social ones. Of course, hierarchies of preferred and acceptable gender performances are very clearly at play in the representations of soldier life and labour in training films: the "right" way to deal with fear is always to acknowledge it, accept it, and then to buck up and get on with fighting. And highly coded gender

[163] Ibid., 160.

expectations are neither rare nor surprising in military films from this or any era. The gendered representations, alongside other (neurological, etc.) tactics, however, ultimately serve the end goal: the procurement of military labour. It therefore seems worth saying explicitly that these forms of desired masculinity were tools meant to generate acceptable performances *at work*. And indeed, as I hope to show, the importance of procuring labour in fact sometimes trumped the desire for a preferred form of masculinity, allowing for a spectrum of gender expression as long as any "atypical" soldiers were still doing work appropriate to their disposition.

As we will see throughout the remaining chapters, particularly with respect to films such as *Combat Exhaustion* examined in Chapter 2, and *Shades of Grey* in Chapter 4, while the psy sciences further rationalized and institutionalized a hierarchy of masculine values when evaluating men, they also made the military more flexible in its accommodation of a range of expressions of masculinity in a few ways. One was by claiming to be able to "salvage" psychoneurotic men for duty by rehabilitating them—taking men who had either had enough or could not hack it on the battlefield and placing them in non-combat positions. Both of the films mentioned above include performances of "imperfectly" masculine men, and while these serve to identify the "preferred form of masculinity" by contrast, they also insist that the "imperfect" men still have institutional value. It is interesting that, while still reinforcing particularly masculine ideals, the psychiatrically-informed training films *as a whole* (and not *Why We Fight* in particular) in fact broadened particular definitions of the masculine military subject by working to make neuroses, fear, and combat fatigue normal and acceptable behaviour, as long as they were tempered by a willingness to continue to work in some capacity.

Another place where this logic is evident was the use of psychiatric/psychological profiles (such as the homosexual, the neurotic, and the schizophrenic) garnered from the personality tests used to match men to positions that suited their disposition. The image based interpretation tests discussed at the beginning of this chapter helped to facilitate both the creation of a stratification of personality types and a means to funnel people toward tasks presumably suited to the types they had been assigned. In this way, it is precisely the adoption of the psy sciences in the management of military labour that gave the military a more flexible neo-liberal logic in which anyone (within limits, of course—

this is still a military) can be acceptable as long as they are working. It is at the risk of minimizing this logic's pernicious flexibility that I insist on labour, not masculinity, as the goal of military psychiatric media.

Finally, when we look at the policies around mental hygiene instruction (minimum 3 hours for soldiers and 6 for officers) and the ways that media objects were used in these and other contexts, it is clear that they were meant to streamline labour for the military. The frenzied devotion to unlocking the key to morale, written about in both government-sponsored and military psychiatric literature as we saw in the second section of this chapter, was often a race to save the military manpower. As John W. Appel, chief of the Mental Hygiene Branch of the Neuropsychiatry Department, wrote in a proposal to the Signal Corps to produce a "Film on Fear:" "The general premise of the film, of course, is this: The military effectiveness of the average man can be markedly improved by teaching him certain simple facts about the nature of fear."[164] The films and image tests used in both screening and training were there to save resources by lessening the burden on scarce psychiatrists who could not treat or talk adequately to the volumes of men who needed evaluation and instruction. And, of course their primary goal was to keep soldiers from suffering psychiatric afflictions in the first place, keeping them productive, out of expensive hospital care, and off a future disability pension.

It may seem like a matter of semantics to make the concept of masculinity subservient to the procurement of military labour, and perhaps it is. But if we look at the logic articulated in literature being produced by the military psychiatrists and the officials that they worked for, they are very clear about the institutional imperatives they were beholden to, and the language of labour (most often referred to as "manpower") was the one they were using. Masculinity was definitely a tool and goal of reconstruction, but it was one of a number of means to make better workers—ones who would fight willingly and without breaking down. The larger psychiatric apparatus was developing tools (here, cinema and visual technologies) to streamline the process of disciplining people to be willing workers. In the process, it evolved infrastructures, tools, and techniques that

[164] John W. Appel, "Memorandum for Major Theodor Geisel, Signal Corps, Photography Center; Subject: Film on Fear;" 9 October, 1944; "Training Films;" Neuropsychiatry; RG 112 SGO/A 730; Box 1328, NACP.

could be transposed into other contexts (expectations of gender notwithstanding) in which the minds of labouring people needed to be made both willing and able.[165]

2.4. Assessing the Power of Film Studies: From training films to a coordinated multi-phase, multi-medial apparatus

As noted above, the investment that the military made in cinema as a tool to aid the training of soldiers resulted in a corresponding investment in film reception studies. As Smoodin writes, theirs was a form of "reception specific to situations of confinement," and he proposes that the military's rigorous study on soldiers watching *Why We Fight* films was one of the most significant developments in film studies during the 1940s.[166] One of the factors making it so significant was the shift from a humanities-based interest in the effect of films on viewers, as say monitored by public school teachers, to the "hard scientific research" of the psy sciences.[167] Smoodin contextualizes this shift within the military's larger investment in psychology and psychiatry to manage military personnel and to develop policy for managing populations on the home front (he gives the examples of Japanese American internment camps and studies on the morale of the American citizen) and abroad, particularly in occupied territories.[168] Studying the film reception of soldiers was understood by experts to be an essential part of evaluating their efforts at indoctrination. In order to do so, the Experimental Section of the Research Branch in the War Department's Information and Education Division worked to study the films' (particularly the *Why We Fight* films) ability to "impart[ ] information about the background of war and in effecting changes in attitudes towards the war that were related to the objectives of the Army's orientation program."[169]

---

[165] "Rosie the Riveter" is an interesting example of a set of cultural texts (the song, film, and Norman Rockwell painting in particular) that used an atypical gender model articulated to women as a way of encouraging wartime labour.
[166] Smoodin, 162.
[167] Ibid., 168.
[168] Ibid., 170.
[169] Ibid., 171.

The results of some of the studies made on soldiers watching *Why We Fight: The Battle of Britain* were published in a volume titled *Studies in Social Psychology in World War II*, *Volume 3: Experiments on Mass Communication*. Different test groups of soldiers were shown this film and different versions of similar films in order to evaluate whether the viewings "benefit the morale of the men, that is, did they make the soldiers more willing to serve in the Army?"[170] Using questionnaires, researchers evaluated the short- and long-term effects of the film screenings, the differentials produced in results based on education levels, the effects of viewing films that presented "one side" vs "both sides," and the benefits of audience participation. While conducting these studies on behalf of the military, researchers observed that the conclusions of this type of film reception study could be broadly applicable, and would prove valuable to "those interested in the possibility of using documentary films as a mass educational medium for producing desired changes in motivations."[171] Despite the perceived relevance of this type of reception studies, however, the results of the experiments themselves proved to be underwhelming. In terms of generating motivation and morale the study found the film's effects to be minimal. While they noted that there was, "a marked effect on … knowledge of factual material," they found only a small effect on general opinions, and essentially no effect on motivation.[172]

While presumably these results would have been disappointing, the conclusions drawn from them did not lead the researchers to give up on film's power to change minds. One line of reasoning followed in the publication of the study stated hopefully that: "while a single orientation film might not produce effects large enough to be statistically reliable, the entire series … might have produced definite changes in motivation."[173] While this hypothesis confines itself to the *Why We Fight* series, inherent in the suggestion is that if an entire series were more likely to produce changes in motivation than a single film, an entire coordinated audio visual program comprised of many films, lectures, pamphlets, etc. could have an even more pronounced effect on

---

[170] Carl Hovland et al. *Studies in Social Psychology in World War II,* v. 3: *Experiments on Mass Communication,* (Princeton, New Jersey: Princeton University Press, 1949), 51.
[171] Ibid.
[172] Ibid., 254-5
[173] Ibid., 68.

people's disposition. Here again, contextualizing the *Why We Fight* training films within the larger military psychiatric apparatus and the variety of films that it showed personnel at all levels of service, makes sense. While Capra's films may have been exemplary versions of the tactic to target the rational mind as a form of preventative psychiatry, they existed within a culture that concluded that the rational mind was not necessarily the best model for producing desired effects. A multitude of methods and exposures, and a model of the mind as more than simply rational, seemed to be a better approach to getting results.

The *Experiments in Mass Communications* study concludes with the troubling note that people

> [C]annot be appreciably affected by an information program which relies primarily upon "letting the facts speak for themselves." … For most … individuals, motivations and attitudes may generally be acquired through nonrational channels and may be highly resistant to rational considerations.[174]

The particularly American version of "democratic morale" that the *Why We Fight* films sought to promote was premised on the cultivation of rational soldiers and citizens. Doubts about the effectiveness of this tactic led to disenchantment with the idea that democratic morale could, ultimately, be cultivated. Historian of psychology, Ellen Herman writes that after several disappointing attempts to use media and discussion to make soldiers fight for American political ideals, psychiatrist Julius Schreiber, head of the Information and Education division of the military, "capitulated to the dismal view that hatred for the enemy was easier to manufacture than genuine enthusiasm and respect for U.S. institutions."[175] Schreiber returned again to the idea of "hate camps" and set up a program

> [U]sing broadcast news, lectures, a weekly column, and therapy groups to inspire the maximum amount of animosity in US troops toward fascism. The program was later copied elsewhere. With this sort of experience behind them, it is not very surprising that Stouffer and others associated with the Research Branch emerged from the war convinced that "for the majority of individuals … it may be true that motivations and attitudes are

[174] Ibid., 256.
[175] Herman, 70.

> generally acquired without regard to rational considerations and are practically impregnable to new rational considerations."[176]

A model of mind as non-rational and subject to more neurological, sense-based interpretations was gaining precedence, shaping the kinds of experiments with media, and understandings of how media interacted with the mind that would follow.

The conclusion that people could not be relied on to generate motivated, rational characters as a result of their exposure to facts again meant that psychiatrists and psychologists were needed not less, but more, in order to find other ways to unlock the productive power of both military and civilian labour. On this Herman writes that:

> One of the consequences of learning all these dismal truths about Americans' lack of democratic morale and motivation, their political apathy, and their vulnerability to emotional manipulation was to strengthen the psychological experts' faith in themselves and illuminate the gravity of their future choices.[177]

The psy science experts now had a more pressing task than ever, and the value of their contribution to managing the minds of the military and the citizenry was increasingly validated within military and civilian culture because other more conventional and widely accepted strategies were deemed ineffective. The foothold that the psy sciences received by being tasked with the responsibility of keeping all future psychiatric casualties out of the military in the first place established the infrastructure and carved out the realm of health management that they would preside over for decades. This was thanks in no small part to the use of image interpretation tests to make their work and processes quicker. Image interpretation tests and later film were at the centre of efforts to show that psychiatry could be efficient and also effective, providing access into the otherwise murky territory of the mind. Still and moving images were thought to provide x-ray like vision into the mind of test takers, to be able to "fore warn and fore arm" soldiers, to build camaraderie in groups, to deliver powerful rational arguments, and when these were no longer believed to be effective, to bypass the intellect to access and address the neurological mind: the emotional and behavioural elements of the mind and nervous system that were now seen to be needing management in order to wage war effectively.

---

[176] Ibid.
[177] Ibid., 72.

The routinization and institutionalization of the techniques for testing and labour management would continue to develop into different aspects of military psychiatry throughout the war, as the following chapters will explore. Not only did the use of techniques of visualization impact the growth of the psy sciences, but their use in testing and training films introduced the language of military-based psychiatry and psychology to an enormous cohort of Americans. In these two ways, films and other visual technologies effectively accomplished what the studies on *Why We Fight* suggested would be needed to change minds: they did not present people with a single, compelling argument, but constituted a multi-mediated, expansive, and persistent mode of address that sought maximum productivity by targeting the mind of viewers in various ways. As we will see in the following chapter, this culture was extended in more specifically instrumental ways via films made to teach soldiers, officers, medics, and psychiatrists how to understand mental health in the context of their work for the military.

Chapter 3. Films for Preventative Psychiatry: Projecting and Monitoring the Damaged Mind

In 1940, Charles Hillman, Colonel in the US Army Medical Corps, wrote that: "a superior army cannot be moulded from inferior individuals."[178] As the previous chapter explores, psychiatry and psychology made significant inroads into military operations on the promise that they could deliver the goods when it came to crafting such an army. With the help of films and other image-based technologies, these psy sciences influenced a regime of rigorous testing to pre-emptively weed out what the military considered to be psychologically "inferior" men, and fortifying the morale of those who remained during training. Films created by the military's Signal Corps in consultation with the Department of Neuropsychiatry were understood to target particular psychiatrically-identified characteristics such as the promotion of resilience through resolve and conviction (the *Why We Fight* series) and inoculation to trauma via exposure to war stimulus (the *Fighting Men* series). During World War I, the brutal fighting and conditions of industrial warfare had resulted in a large number of psychiatric casualties and an extensive network of military psychiatric hospitals had been built to deal with "shell shock."[179] When World War II began, many experts were optimistic that such investments in prevention would obviate the need to provide soldiers with the same extensive and costly psychiatric treatments as had been necessary in World War I, saving the military both the expense of treatment and preserving its manpower. Despite this optimism, and the 1,846,000 recruits that were rejected for "neuropsychiatric" reasons, a further 550,000 men were discharged from military service with a neuropsychiatric

---

[178] C. Hillman "Medical Problems Encountered in Military Service" as cited in Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (Hove: Psychology Press, Taylor and Francis Group, 2005), 103.

[179] See *The Medical Department of the United States Army in the World War Volume 10: Neuropsychiatry*, for an overview of the psychiatric program developed during World War I. The program was in fact very comprehensive, and similarly administered to the program during World War II, but mirrored the palliative model of care in its absence of extensive communications and preventative psychiatry elements.

diagnosis.[180] As it became increasingly evident that screening techniques and morale-boosting would not eliminate psychiatric casualties, the military's willingness to further incorporate psychiatry into operations grew as new ways to manage the problem of what was referred to with the euphemism, "combat fatigue," were explored. This second chapter moves, as military policy did, from an exclusive emphasis on using the psy sciences to select and prepare soldiers, to their broader use in systems of personnel management. The implementation of psychiatrically-informed surveillance and management formed another layer in the attempt to optimize the fighting forces. The films examined below worked to sell the validity and techniques of such a program.

This chapter looks closely at some of the films that formed a core part of a communications campaign launched by the military to mitigate the effects of combat fatigue. These films were developed as educational aids to introduce soldiers, officers, medics, and even psychiatrists to the psychiatric concepts that mattered most for their particular role in the military. They expanded on the existing training regime with a more comprehensive "forward psychiatry" approach that provided personnel with specialised psychiatric discourses that were expected to make them more effective at their jobs. Looking at the rhetoric presented in these films side-by-side gives insight into the broader ideas about psychiatry, mental health, labour, military responsibility, and the human mind that this campaign was disseminating widely to military audiences in pursuit of instrumental outcomes. Psychiatric discourses were deployed to further rationalize military labour following models of industrial labour. Within the larger military psychiatric apparatus examined here, this chapter delves into the intricacies of the discourses presented in psychiatric training films in order to situate them as both an adaptation and continuation of ideas underlying the screening and inoculation practices discussed in chapter 1, crystallizing certain ideas about how psychiatry should operate in the military. These ideas shaped therapeutic practices as well as their subsequent dissemination beyond the military and into the broader American public, as discussed in chapters 3 and 4. Their foremost aim was disseminating knowledge about and engendering a culture of practices around mental health. In doing so, they acted as

[180] Ellen Herman, *The Romance of American Psychology: Political Culture in the Age of Experts* (Berkeley: University of California Press, 1995), 88.

techniques of visualization, making certain behaviours "visible" as mental health concerns and therefore enabling them to be monitored within the military's surveillance networks. This chapter focuses on the cinematic and discursive representations of military labour and psychiatry in films screened for personnel. It analyzes them alongside extensive research from archival military documents in order to show how the rhetoric presented in the films fit within strict institutional imperatives of "forward psychiatry" and the military's power to organize communications in order to achieve instrumental ends. I have not been able to find documentation of how often and where these films were screened (although many of them are named frequently in military and psychiatric literature, so they clearly enjoyed relatively extensive screening), so this chapter focuses on mapping the film's rhetoric within the logics and uses described in more generally stated goals of forward psychiatry. This chapter begins by mapping out the context of the military's forward psychiatry, and "preventative psychiatry" programs and the coordinated communications campaigns that they engendered. Films were used in these campaigns in order to instruct personnel on basic psychiatric principles and manage discourses around psychiatry and mental health. It follows by looking at the rhetorical and cinematic strategies used in several of these films; targeting audiences of either soldiers, officers, or medical personnel, and establishing a hierarchy of psychiatric surveillance.

3.1. Adopting and Promoting Forward Psychiatry

3.1.1. Psychiatry Reaches the Front Lines

Texts that address US military psychiatry in World War II commonly point to a "mistake" that was not corrected until 1943, referring to the lack of provision for psychiatric casualties in the early years of the war.[181] It is considered to have been an

[181] See Albert J. Glass "Psychiatry at the Division Level," in *The Bulletin of the US Army Medical Department: Combat Psychiatry (BUSAMD: Combat Psychiatry)*, US Army Medical Department, ed. Lt. Col. Wayne G Brandstadt (Washington: The Bulletin of the US Army Medical Department Printing Office, 1949) http://history.amedd.army.mil/booksdocs/wwii/combatphsych/default.htm; Spafford

avoidable mistake largely because during World War I, substantial provisions had been made to accommodate losses from psychiatric casualties. Rather than accepting this as an inevitability, military administrators in World War II thought that they could bypass this problem using careful psychiatric selection of recruits. By 1943, alarming numbers of soldiers were being discharged for psychiatric reasons—between 26% to 75% of all combat casualties in the most brutal campaigns—challenging the widely held notion that it was simply a matter of weeding out the "inferior individuals" prior to service.[182] In order to deal with the significant loss of manpower, the military's official rhetoric around trauma began to change. The management of mental health began to shift from an exclusive reliance on preventative psychology to the widespread uptake of psychiatric strategies for conserving the manpower of soldiers at all levels of service by treating "combat fatigue" early and quickly by using what was called "forward psychiatry."

The practice of forward psychiatry—a strategy that had also been used in World War I, and taken up again part way through World War II—originated in France in 1915. The term was coined by neurologist Georges Gullain, who insisted that: "disorders are perfectly curable at onset … such patients must not be evacuated behind the lines, they must be kept in militarized zones."[183] Forward psychiatry relied on a different ontology of trauma from that of pre-screening, which leaned heavily on the assumption that all neuroses were embedded in people from childhood and merely activated by the trauma of war. Forward psychiatry accepted that the trauma of war was sufficient to generate neuroses in any person, regardless of their upbringing; though it could happily co-exist with the idea that upbringing was a factor in how easy it might be to help someone recover. Refocusing from an effort to screen out the "neurotics" most likely to break down in battle, the strategy targeted the management of soldiers' mental health so that breakdowns were dealt with efficiently to minimize their drain on the total fighting forces. This came with a corresponding shift in the etiology of neuroses from something to which a given soldier was "predisposed" to contextual or experience-induced "stress."

Ackerly, "Trends in Mental Hygiene: An Interpretation." *Review of Educational Research*; and Hans Pols "War Neurosis, Adjustment Problems in Veterans, and an Ill Nation: The Disciplinary Project of Military Psychiatry During and After World War II" in *The Self as Project: Politics and the Human Sciences.*

[182] Herman, *The Romance of American Psychology*, 89.

[183] Gandry,1955, as cited in Jones and Wessely, *Shellshock to PTSD*, 25.

With this shift in the understanding of the origin of neuroses, *all* soldiers came under the purview of the psychiatrist, not merely the "abnormal" ones, and the scope and orientation of the psychiatrist had to be adapted to this new expanded military role. In an official bulletin outlining the procedures and practices of military psychiatry, the priorities of the psychiatric officer are laid out in no uncertain terms in the section on "Psychiatry at the Army Level" written by Major Alfred Ludwig:

> Since the primary function of the Medical Department is to *preserve maximal fighting strength*, the medical officer must subordinate to that end his traditional interest in the individual patient. … [W]e came to realize that *more could be expected of* [*soldiers* suffering minor psychiatric breaks in combat, or manifesting neurotic symptoms in civil life] *than was formerly considered possible by the civilian psychiatrist*. The most important points in the management of psychiatric casualties are 1) correct diagnosis, 2) holding and treating such men as far forward as possible, and 3) relief of symptoms at the earliest possible time.[184]

The military psychiatrist was now much more than a diagnostician and therapist to the individual—they were now responsible for the "fighting strength" of the army.

The adoption of forward psychiatry thus forced a clarification and consolidation of the roles and strategies of military psychiatrists, especially for the cohorts of doctors taking the newly created special training program in military psychiatry. This training program provided a 12-week crash course designed to turn medical doctors into desperately needed psychiatrists.[185] The *Manual of Military Neuropsychiatry* was published in 1944 for use in this training program; in it psychiatrist Samuel H. Kraines writes that:

> The function of the psychiatrist in the Army is twofold: 1) to select, examine, and treat or recommend discharge of men with psychiatric disturbances; and 2) to utilize his knowledge and understanding of the individual and 'mass' mind so as to enhance the morale and, hence, the fighting efficiency of the solider. If psychiatry is to perform these functions in the most efficient fashion possible, at least two adjustments

[184] Alfred Ludwig, "Malingering in Combat Soldiers," in *BUSAMD: Combat Psychiatry*, p. 92. My emphasis.
[185] See Introduction and the beginning of Chapter 3 of this project for a more detailed discussion of the dramatic increase of psychiatric professionals during this period.

> are necessary: the military orientation of the psychiatrist and the psychiatric orientation of combat officers.[186]

Within this concise statement, various key strategies and aims of military psychiatry are contained: 1) that it needed access to soldiers at *all* stages of service to evaluate their fitness ("select, examine, and treat," not merely "select"); 2) that it should be involved in managing the communications and information disseminated to soldiers in order to improve their performance ("enhancing morale and hence, fighting efficiency"); 3) that in order to serve military goals, the psychiatrist had to adjust civilian practices and "orient" themselves to the military, thus learning to "forego the needs of individuals in favour of winning the war;"[187] and finally, 4) "the psychiatric orientation of officers," or the teaching of psychiatric principles to military personnel to both overcome existing prejudices toward "mental cases"[188] in the army (and psychiatry in general), and make them part of the psychiatric optimization of the fighting forces.[189] This fourth component forms a central concern of the films discussed in this chapter, and it was the foundation on which military psychiatry became the concern not only of a small group of specialists, but a program of surveillance and self-discipline that needed to be taught to all military personnel. These films tried to remove the existing taboos around psychiatry in order to teach personnel to act as lay therapists—to themselves and to others, and to monitor the mental stability of the personnel around them. The integration of psychiatric practice into everyday military operations was a strategic intervention to try to limit losses. But it was a move met with deeply held scepticism and resistance toward psychiatry, and it had to be carefully sold to the larger military organization.[190]

---

[186] Samuel Kraines, *Manual of Military Neuropsychiatry,* eds. Harry C. Solomon and Paul I Yakovlev (Philadelphia: WB Saunders Company, 1944), 481.
[187] Shortly after this quote, Kraines elaborates that psychiatrists need to learn to "forego the needs of individuals in favour of winning the war," thus adapting their practice of counselling people in the best interest of their personal mental health in order to make them good (or at least functional) soldiers first and foremost. Ibid., 482.
[188] Ibid.
[189] Albert Glass, "Psychiatry at the Division Level," in *BUSAMD: Combat Psychiatry,* 47-8.
[190] See order of operations in "Appendix II: Method of Handling Neuropsychiatric Casualties in Theatres of Operation" in *BUSAMD: Combat Psychiatry.*

Implementing forward psychiatry required that everyone be trained to carry out the strategy. In this context, the psychiatrist became as much a consultant as a therapist, expected to work with officers and other personnel to help them understand and carry out basic psychiatric principles. In the *Manual of Military Neuropsychiatry*, Captain John W. Appel writes that:

> The medical officer, particularly the neuropsychiatrist, by dint of his knowledge of the body and the working of the mind, is equipped to play a fundamental role in arousing and maintaining the will to fight. … By his position on various boards, medical and disciplinary, by informal discussions with line officers; by lectures to troops, by submitting reports and suggestions to the special service division, where they might be incorporated in movies, radio programs, and posters; by everyday personal contacts with men themselves can he supply the stimuli which arouse and maintain mental health.[191]

The labour of influencing a broad range of personnel suggested here, was in part shouldered by films made to more efficiently take the place of giving "lectures to troops," having "informal discussions with line officers," and advising medical corps on how to treat soldiers.

By 1944, General William Menninger, head of the army's Neuropsychiatric Consultants Division, was appointed to run a division of military neuropsychiatry on par with that of surgery and medicine in the Surgeon General's Office, complete with its own Public Relations department.[192] In order to try to make good on the claims of psychiatry's efficacy in "nipping problems in the bud" and getting soldiers back to work quickly, a communications campaign took shape in order to change the way that mental health was talked about and understood. Crucial to this campaign was transforming the way psychiatry and mental illness itself—in particular what the military termed "combat fatigue" or "combat exhaustion"—was understood by all military personnel. Using films, lectures, and pamphlets to disseminate information, the idea of "preventative

---

[191] John W. Appel, "Topic 32: Psychology and Morale," in *Manual of Military Neuropsychiatry*, 480.

[192] Herman, *The Romance of American Psychiatry*, 92. For more on Menninger's rise through the US Army and his role in their changing psychiatric policies, see also: Ben Shephard's *A War of Nerves*.

psychiatry"—a concept that had not existed prior to WWII—was promulgated widely within the military as an essential correlate to forward psychiatry.[193]

3.1.2. Films for Preventative Psychiatry

Alongside other projects developed to address the growing role of military psychiatry, such as the training of new personnel and public communications, the Neuropsychiatric Division in the Surgeon General's Office (SGO) appointed psychiatrist Major George D. Goldman to direct the Psychiatric Film Program.[194] A range of different films addressing either soldiers, officers, or medics were part of this project, and one of its primary aims was to convince these different groups of personnel that men suffering from distress, but who were not physically wounded, were not simply "goldbricks" trying to get out of duty, or "psychos" who should not have been in the army in the first place.[195] Psychiatrists saw the existing taboos surrounding mental health and the shame accompanying a neuropsychiatric diagnosis to be the greatest barrier to implementing preventative and forward psychiatry. As such, the films' scripts worked aggressively to neutralize these taboos while disseminating basic psychiatric ideas and strategies for treatment. In addition to promoting a discourse of empathy, these films sought to convince people in the military of the *usefulness* of a medical interpretation of fear and trauma as normal and predictable, shifting away from earlier models of fear as a moral failing. A statistic often repeated in these films claimed that catching neuropsychiatric casualties early could "salvage" or return up to 80% of cases for active duty, making it clear that this campaign was not about accepting psychiatry's tenets

---

[193] John W. Appel, "Preventative Psychiatry" in *The Medical Department of the United States Army in World War II: Neuropsychiatry in World War II, Volume 1, Zone of the Interior* (Washington: Office of the Surgeon General Department US Army, 1966), 388.
[194] Alison Winter, "Film and the Construction of Memory in Psychoanalysis, 1940-1960," *Science in Context* 19, no 1 (2006): 119.
[195] Alfred Ludwig writes that the euphemism "combat exhaustion" helped to displace other terms such as "psycho," used to refer to their conditions. "Psychiatry at the Army Level," in *BUSAMD: Combat Psychiatry,* 92. "Goldbrick" was a common slur referring to a malingering soldier who was lazy, conniving, or trying to shirk duties.

merely to be more enlightened about mental health, but that the war's labour power was seen to be at stake.

Documents in the "Training Films" files from the military's Neuropsychiatric Department archives reveal that in addition to the circulating films described in this chapter and other films not covered here (including *Hypnosis—Okinawa, The New Lot,* and *Psychiatric Procedures in the Combat Area*), even more films were slated for production. The files include scenarios for training films aimed at various audiences: soldiers, officers, the general public, doctors, and psychiatrists, that were not completed either due to an inability to spare psychiatric personnel to oversee the projects during wartime, or because the war ended, cutting some projects short. Considering the fact that the army did not begin to make their own psychiatric training films until quite late—with the bulk of them being produced and distributed in 1945—the backlog of unfinished projects suggests that several more films in this vein would have been made had the war gone on for longer. The navy appears to have been more proactive than the army in its adoption of film for these purposes, screening existing British psychiatric training films earlier on and producing their own films as of 1944.[196]

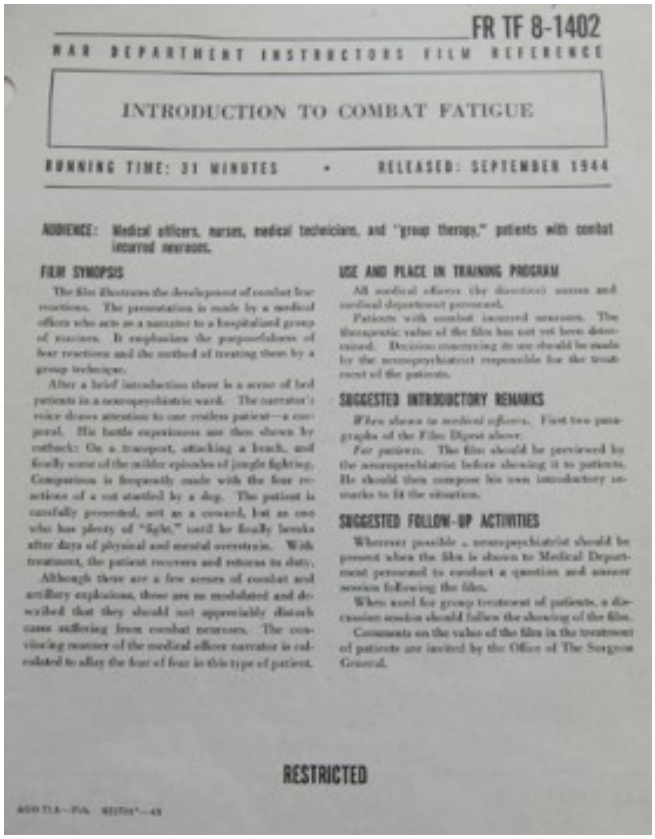
Regardless of the military division that produced them, the films circulating as part of the preventative psychiatry program exist within the same aesthetic and rhetorical family. They are black and white, often narrative-based documentary-style films with an authoritative narrator clearly explaining and interpreting the diegetic action for the audience. Films for higher-ranking specialists (psychiatrists or doctors) are narrated by someone attributed to their same rank whereas films for officers and soldiers are narrated by ranking superiors such as generals or psychiatrists. Most of these films follow a resolution-based character narrative in the diegetic action, and the narrator uses more or less complicated psychiatric language to analyze and explain the scenes. The calm and knowing narrator helps to create a neutral reflexivity during occasional scenes of disturbing material such as battle or suffering soldiers. For the most part, however,

[196] All documents referred to here appear in "Training Films" file contained in the file series under Neuropsychiatry; Record Group 112 Office of the Surgeon General/Army World War II Administrative Records-ZI 730 (RG 112 SGO/A 730); Box 1328; National Archives at College Park (NACP).

depictions of individual suffering are quite innocuous, usually being indicated by way of a furrowed brow, a reluctance to speak, and/or a hunched posture taken by the actor.

Figure 6: Stills of neuropsychiatric patients from the film Combat Psychiatry: The Division Psychiatrist

More severe cases might be portrayed using shaky hands and difficulty speaking. The mildness of the portrayals of combat fatigue make the recurring cinematic transition from distressed to cured soldiers relatively believable. Interestingly, the British film adapted for US military use by the signal corps, *Field Psychiatry for the General Medical Officer*, employs a fairly distinct aesthetic. Forgoing the narrator, this film includes battle scenes with diegetic sound, including long, tense silences between explosions, and doesn't shy away from more harrowing depictions of the symptoms of psychiatric shock in soldiers. Later in the chapter this film will be examined in more detail. While this was not the aesthetic style preferred by US filmmakers, the military circulated this British-made film in a restricted capacity for officers and doctors only. Many of the films examined here had "Restricted" designations, meaning that they could only be screened to specified ranks of military personnel. Each restricted film circulated with an accompanying fact sheet identifying who could watch it and any information pertinent to how it should be screened.



FR TF 8-1402

WAR DEPARTMENT INSTRUCTORS FILM REFERENCE

INTRODUCTION TO COMBAT FATIGUE

RUNNING TIME: 31 MINUTES • RELEASED: SEPTEMBER 1944

AUDIENCE: Medical officers, nurses, medical technicians, and "group therapy," patients with combat incurred neuroses.

FILM SYNOPSIS

The film illustrates the development of combat fear reactions. The presentation is made by a medical officer who acts as a narrator to a hospitalized group of warriors. It emphasizes the purposefulness of fear reactions and the method of treating them by a group technique.

After a brief introduction there is a scene of bed patients in a neuropsychiatric ward. The narrator's voice draws attention to one restless patient—a corporal. His battle experiences are then shown by cutback: On a transport, attacking a beach, and finally some of the milder episodes of jungle fighting. Comparison is frequently made with the fear reactions of a cat startled by a dog. The patient is carefully presented, not as a coward, but as one who has plenty of "fight," until he finally breaks after days of physical and mental overstrain. With treatment, the patient recovers and returns to duty.

Although there are a few scenes of combat and artillery explosions, these are so modulated and described that they should not appreciably disturb cases suffering from combat neuroses. The convincing manner of the medical officer narrator is calculated to allay the fear of fear in this type of patient.

USE AND PLACE IN TRAINING PROGRAM

All medical officers (by directive) nurses and medical department personnel.

Patients with combat incurred neuroses. The therapeutic value of the film has not yet been determined. Decision concerning its use should be made by the neuropsychiatrist responsible for the treatment of the patients.

SUGGESTED INTRODUCTORY REMARKS

When shown to medical officers. First two paragraphs of the Film Digest above.

For patients. The film should be previewed by the neuropsychiatrist before showing it to patients. He should then compose his own introductory remarks to fit the situation.

SUGGESTED FOLLOW-UP ACTIVITIES

Wherever possible a neuropsychiatrist should be present when the film is shown to Medical Department personnel to conduct a question and answer session following the film.

When used for group treatment of patients, a discussion session should follow the showing of the film.

Comments on the value of the film in the treatment of patients are invited by the Office of The Surgeon General.

RESTRICTED

Figure 7: Fact sheet for Introduction to Combat Fatigue

"Training Films," Neuropsychiatry; RG 112 SGO/A 730; Box 1328, NACP

While there are more or less minor differences among the films used for preventative psychiatry, one thing that emerges from examining them as a whole is the articulation of a nested institutional hierarchy of specialized discourses. All of the films espouse the need to use psychiatric techniques to protect the military's labour power, with each successive rank of a given film's intended audience enlarging the web of surveillance for which they are responsible. Seen together, these films reveal a discursively-structured Foucauldian network of "hierarchical observation," where it is 1) the soldier's responsibility to recognize and sublimate his own symptoms before they hinder his ability to work; 2) the officer's duty to monitor the mental health of his soldiers, notice any warning symptoms and intervene before they progress further; 3) the medic's task to make sure officers do their part in managing the mental health of soldiers and treat symptoms as best he can before sending patients back to work; and 4) the psychiatrist's job to treat those soldiers who made it past all other gatekeepers, and to

teach all the rest of the personnel how to carry out their particular tasks. Each psychiatrically-informed gaze forms a successive ring of "hierarchized surveillance" of the minds of the fighting forces with the highest ranking personnel occupying the outermost circle and the soldier at the center of the web, ultimately internalizing his own surveillance so that he can observe, catalogue, and sublimate his symptoms.[197]

Foucault's description of the perfect military camp is one in which "all power would be exercised solely through exact observation; each gaze [forming] a part of the overall functioning of power."[198] Foucault is of course describing the architectural design that subjects the camp's residents to surveillance by making each component part visible to its closest neighbour. The films described here remind their viewers to use these existing structures of military surveillance and they add a new vocabulary of behavioural "deviance" (from an articulated norm of mental health stability) to be observed. All films ultimately end with some version of a soldier restored to health and full working capacity, providing an observable spectrum of mental health. The attempt to make aspects of mental health visible, and therefore observable, is crucial to the larger project of psychiatric surveillance, as the films examined below will demonstrate. By depicting physical symptoms of mental health distress via actors frowning, stuttering, shouting, etc., and pairing them with cinematic techniques such as flashbacks, dissolves, montages, and narration, the films create simple and tidy schemes of cause-and-effect where "combat fatigue" can be described, diagnosed, and cured within the explanatory parameters established by the films. One of the most remarkable contributions techniques of visualization seem to have made to the expansion of the military psychiatric apparatus was bestowing a purported visibility to things happening inside the mind so that they could be more easily surveyed, catalogued, diagnosed, and managed institutionally. The films illustrate instances of both the military working as an idealized

---

[197] See Michel Foucault's *Discipline and Punish*, in which he talks about the "spatial 'nesting' of hierarchized surveillance," referring to the architectural design of institutions such as military camps, hospitals, and urban developments in which subjects can always be seen by other subjects so that they are both monitored at all times and also aware of their own surveillance, making them likely to internalize it and adapt their own behaviour accordingly. Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Vintage Books, 1995), 171-2.

[198] Ibid.

organism of surveillance, where issues of mental health are being monitored, reported, and treated efficiently, or the unfortunate results of neglecting these systems of surveillance (including self-surveillance), resulting in cases of combat fatigue. Or as they are frequently called in these films, "an unnecessary leakage of manpower."

The rest of this chapter looks at the techniques and discourses presented in select films in order to map out the particular understandings of psychiatry and combat fatigue targeted at different audiences, and their corresponding web of hierarchized surveillance, beginning with films made for soldiers, then those made for officers, and ending with films made to instruct medical personnel.

3.2. Projecting and Monitoring the Damaged Mind

3.2.1. Teaching Soldiers

While the films discussed in the previous chapter were produced for the military with a mandate to *prevent* the onset of crippling distress in soldiers-in-training, the films in this chapter were conceived as part of the arsenal for administering treatment to people *already* in early or developed stages of distress; forward psychiatry aimed to *minimize* losses once problems had begun. For this reason, psychiatric training films made for such soldiers frequently dealt with specific conditions incurred in service. By naturalizing these conditions and offering practical advice on how to seek help or cope with these conditions, such films implicitly and explicitly asked soldiers to apply psychiatric understandings to their own self-surveillance in order to maintain good fighting health. The films shown to soldiers have the highest production values, and fall on the more dramatized end of the documentary aesthetic spectrum. They tend to have a narrative visual diegesis that follows a protagonist or two as they experience and then overcome different kinds of psychiatric problems, all narrated by a friendly psychiatrist who explains and dissects characters' experiences.

Films that introduce the language of military neuropsychiatry to soldiers consist primarily of the restricted *Introduction to Combat Fatigue* series produced by the Navy between 1944 and 1947. Titles in the series included: *Introduction to Combat Fatigue*

(1944) in which the battle experiences of a corporal in a psychiatric hospital are depicted by flashback, and a productive vs. unproductive understanding of fear is explained with reference to cats being startled by dogs; *Irritability* (1945) in which Gene Kelly plays a Naval boiler-room operator in group therapy who had lashed out at family and friends while on leave due to repressed feelings about surviving a torpedoing*; Insomnia* (1946) where a military screening of a Donald Duck cartoon aggravates a young soldier's frustration at his inability to "unwind"; *Assignment Home* (1947) which follows three veterans on their turbulent transition back to civilian life;[199] and a film that was proposed as the last of the series and may or may not have been made: *Inside Story of Seaman Jones*, said to examine "the adjustment problems—psychosomatic and otherwise—of an ex-football hero."[200]

Figure 8: Gene Kelly in Combat Fatigue: Irritability*, and a Donald Duck cartoon screened for an audience of marines in* Combat Fatigue: Insomnia.

The intention was to show these films to patients in navy hospitals (and were subsequently adopted for use by the army as well), and also to use them as adjuncts to military training. This means they were put to work as aids for transitioning men into warfare, re-deployment after hospitalization, and, if they were not well enough to be re-

[199] Films listed in several publications including "Therapeutic Films and Group Psychotherapy" by Howard P. Rome, the "Education and Training" chapter in *Neuropsychiatry in World War II* written by William C. Menninger, and *Psychiatry and Modern Warfare* by Kenneth Appel and Edward Strecker.

[200] I have not been able to find this last film in any other publications that discuss this series, nor in the military's catalogue of films from WWII, but it is listed as having been released within the series and is described by Dr. Elias Katz in his article "A Brief Survey of the Use of Motion Pictures for the Treatment of Neuropsychiatric Patients," *Psychiatric Quarterly,* 20 supp. 1 (1946), 205-6.

deployed, then out again into peaceful civil society. In an Army Medical Bulletin printed in February 1945, the first film in the series is announced as so:

> "Introduction to Combat Fatigue," intended for use in group psychotherapy … sent camera crews into the South-West Pacific Theater to film the scenes in a realistic battle setting, this picture involves a vivid discussion of fear and means of controlling and turning it to the use of the soldier under fire.
>
> The new film is required for all Medical Department personnel in Army Service Forces installations, and is to be shown when practicable in wards and centers where group psychotherapy is practiced.[201]

This and other films in the series feature actors in common scenarios of distress and frustration, orienting patients or soldiers-in-training to the diagnoses of "combat fatigue" or "combat exhaustion" that they may receive or encounter in their fellow soldiers. The name of this film series and the medical diagnosis it refers to was itself a calculated communications move used by military administration to manage perceptions of the problem and its resolution. Military psychiatrist Alfred Ludwig writing in the official medical bulletin on combat psychiatry published in 1949 notes:

> It was our policy to use the term "exhaustion" for psychiatric casualties. This diagnosis was the only one permissible to use on emergency medical tags forward of army level. This term was, frankly, a euphemism and its use constituted an evasion. However, it served to emphasize the … role of physical exhaustion and to imply rapid recovery after a short period of rest. It also avoided giving the impression that incurable mental illness was present…. Although other terms, such as "psycho," were current, most patients referred to their condition as "exhaustion." Thus despite the defects of the term it was valuable in fostering a proper attitude in patients.[202]

The films in this series did their part to help "foster[ ] a proper attitude in patients" by framing combat fatigue as "normal," "understandable," and most importantly, "curable."

In all of the films, a psychiatrist who is either a narrator or an onscreen character provides explanations, terminology, and reassurance about symptoms and suggests techniques for their alleviation, modeling a kind of diagnostic laboratory of the mind. In

---

[201] "Training Film—Introduction to Combat Fatigue," *Bulletin of the US Army Medical Department (BUSAMD)* 85 (1945), 12. A thorough discussion of the use of films in group therapy follows in Chapter 3.

[202] Ludwig "Psychiatry at the Army Level," in *BUSAMD: Combat Psychiatry,* 92.

her essay "Film and the Construction of Memory in Psychoanalysis, 1940-1960," historian Alison Winter observes that the narrator in *Introduction to Combat Fatigue* uses the analogy of a pet cat that encounters a dog in order to provide his audience with a clear taxonomy of "productive and unproductive modes of fear." On the one hand is fear that can be useful for stimulating quick responses to dangerous situations (the cat getting into "condition red" in order to defend herself), on the other is fear that "becomes so overwhelming that it paralyzes the subject," and "continues to affect the body after the danger has passed" (the cat acting as if the dog had never left).[203] Indeed, the film illustrates the parallels between the cat's fear and that of the protagonist of the film, Edwards, in a scene where Edwards is on a small craft headed to shore to fight. A close up shot of Edwards' face as he prepares himself for landing, dissolves into a faded close up of the cat's face from the earlier scene superimposed on top of Edwards' face, while the narrator says: "that's it—they're like the cat. They're seeing their enemy and they're scared, but they're not yellow." This is followed by a sequence of battle scenes, over which the narrator points out the positive effects of fear: "See how that fear helps him—see it snap that rifle into firing position." This begins a long flashback sequence of the film comprised of short scenes of Edwards in combat and other stressful realities of prolonged overseas duty, one in which Edwards' friend is killed. The narrator-psychologist tells the viewer:

> The danger is always present; it's as if the dog never went away. … Not that he is a coward, you've seen that he isn't, but the death of his friend was a breaking point. From now on, you'll see that Edwards no longer behaves like himself. But if we interpret these symptoms we'll see that what looks mysterious or strange isn't so illogical after all. It's just that Edwards won't accept fear; won't admit that he's reached his breaking point.

In order to convince soldiers of the existence of "productive and unproductive modes of fear" that can be drawn upon to enhance performance, the film first makes an emphatic distinction between "natural fear" and "cowardice"—insisting that one should not be ashamed of fear, and that its ability to arouse powerful survival instincts should be appreciated and harnessed.

---

[203] Ibid.

Figure 9: Edwards' fear compared to the cat's fear in Introduction to Combat Fatigue

While the films' narrator/psychiatrist provides the information, it is the soldiers portrayed in the films who ultimately put the information to work by taking charge of their healing process. All of the films end with a resolution scene where an application and internalization of the psychiatric information allows the protagonist to be cured of his ailment and get on with business. The "takeaway" lesson offered to viewers at the end of *Introduction to Combat Fatigue* is narrated over a montage of various scenes of recreation and group discussion at the psychiatric hospital:

> As soon as you've learned that the bullets shot at you yesterday can't hurt you today, you've learned the first big lesson. Then and only then will you get into "condition red" at the right time and in the right place. You accept fear as part of living; something to be taken as a help, not as a handicap. You … will be as fit as a new silver dollar, and you'll be shoving off; *well*.[204]

A smiling Edwards is shown leaving the psychiatric hospital as the narrator sums up: "[You are] not only better, but *better than ever* because you've learned something that can only be learned the hard way: that fear is a fighting man's friend if he learns how to run it, and not be run by it."[205] The cure portrayed here is not only the effect of the

[204] *Introduction to Combat Fatigue*, TF (Training Film) 8-1402 (United States Navy, 1944). Viewed at NACP, 2016.
[205] Ibid.

treatment received in the hospital, but a direct result of the soldier's ability to interpret and internalize a psychiatric understanding of his fear.

Some of the films in this series offered soldiers recognizable characters to empathize with in order to solicit identifications with the cures portrayed onscreen, bringing in a young Gene Kelly to portray a marine suffering from repressed grief, and Donald Duck as a frustrated insomniac. Kelly's role in *Irritability* stands out, for aside from Donald Duck who appears not as a protagonist but the subject of a cartoon in a military base screening, Kelly is the only recognizable actor in any of these films. Though very early in his career, it may not be a coincidence that this particular role was given to a Hollywood actor, as it is the one film in the series that asks most blatantly for identification and mimetic behaviour from its viewers. As it follows the protagonist from "sick" to "cured," the film establishes a precise formula for healing, and implicitly asks its viewers to be co-operative patients in their own treatment.

Kelly's character, Lucas, is a naval mechanic who ended up in a military recovery station after repeated violent outbursts while on leave to visit family. He models the behaviour expected from viewers of the film when he erupts angrily during a group therapy session in which he has been asked to recount his story of surviving an attack on his ship that caused most of his shipmates to drown. Following his outburst of extreme anger and irritation followed by expressions of guilt, helplessness, and weeping, the presiding psychiatrist ushers Lucas out of the group therapy room, congratulates him, and gives him a sedative. He then returns to the rest of the patients in the session to tell them firmly that: "every one of you must go through a similar realization of what lies behind symptoms … you have to face those memories, get them out in the open, exactly as Lucas has done."[206] Kelly's character models the expected sequence for resolution for the therapy group *in* the film and the therapy group ostensibly *watching* the film: an initial resistance, followed by emotional catharsis, leading to acceptance and healing.

[206] *Introduction to Combat Fatigue: Irritability* (United States Navy, 1945).

Figure 10: Gene Kelly as Lucas during Group Therapy in Combat Fatigue: Irritability

Scenes such as these that aim to "foster proper attitudes" in group therapy are central elements of the narrative, and take on a particular significance in their intended screening context in military hospitals.[207] Modelling the eventual internalization of the techniques and language of psychiatric group therapy becomes just as crucial a lesson as the provision of the psychiatric information itself. There is a Foucauldian bio-politics at work here, where the films present an acceptable range for expressions of, and techniques for self-management of extreme distress. The expectation is that as these cinematic depictions are mimicked and internalized, symptoms will be increasingly self-managed by viewer/patients, making them more predictable and compliant during treatment.[208] The desired result was, of course, a conservation and optimization of manpower. As seen above, military documents are very explicit in their expectation that screening certain films could promote the self-management of psychiatric symptoms in soldiers, stating for example that they should be: "shown to all patients in the medical and surgical wards of military hospitals in an attempt to relieve them of the anxieties associated with their illness, and to instil in them a desire to leave the hospital and return to duty."[209] In the following chapter, which deals explicitly with the use of films in psychiatric therapy, we will revisit this scene, exploring how it offered viewers models for mimicry in the therapeutic context.

---

[207] Ludwig, "Psychiatry at the Army Level," 92.

[208] "Bio-politics" is a term Foucault uses to describe the bureaucratic management and regulation of the population at the levels of the individual body and its biological processes. "Bio-power" seeks to control, optimize, and govern "forces, aptitudes, and life in general without at the same time making them more difficult to govern." See "Right of Death and Power over Life" in Foucault, *History of Sexuality Volume I* (New York: Vintage Books, 1990), 141.

[209] "Project for the Development of Psychotherapeutic and Prophylactic Films," "Training Films" Neuropsychiatry; RG 112 SGO/A 730; Box 1328, NACP.

Self-management of symptoms was not the only way in which these films contributed to the saving of manpower. Providing basic psychiatric information to soldiers served another important function as well, in large part because of the large numbers of neuropsychiatric patients needing treatment and the relatively limited number of psychiatrists available to treat them. Military psychiatric practice could show these films on heavy rotation, enabling both a standardization of the information they provided to viewers while simultaneously easing the burden on the limited professionals on hand to do therapeutic work. In a 1946 survey of films being used as part of military psychiatric treatment, Lieutenant Dr. Elias Katz writes that the *Introduction to Combat Fatigue* series was prepared primarily: "for developing in the neuropsychiatric patient an insight into psychological mechanisms of adjustment," but further acknowledges that they are useful assistants to the busy psychiatrist. The survey quotes Lieutenant Commander Dr. Howard Rome, the psychiatric consultant for the Navy's Bureau of Medicine and Surgery who personally oversaw the films' production, who says that the films have the benefit of "relie[ving psychiatrists] of [the] tedium" of "those aspects of psychiatry which we admit are dull and uninspiring."[210] Rome adds that thanks to the films: "treatment by less experienced therapists will be raised to a higher standard and simplified,"[211] constituting a crucial supplemental resource to the 12 week crash-course in psychiatric training that the military was offering to medical doctors in order to promote them to psychiatrists.[212] Films such as *Introduction to Combat Fatigue*, and *Combat Fatigue: Irritability* were expected to make psychiatric treatment more efficient by standardizing the practice of both patient *and* practitioner.

These films were thus tasked with multiple acts of heavy-lifting: 1) to create an environment where personnel would be receptive to psychiatric ideas and treatment; 2) to simplify and teach basic concepts that were considered useful for treating conditions quickly and getting men back to work; 3) to present soldiers with models for recovery that they could internalize and use to self-discipline; 4) to help to standardize treatment by overtaxed and under-trained specialists, and 5) in doing all of this, to facilitate the

---

[210] Katz, "A Brief Survey," 204.
[211] Ibid., 204-5.
[212] Eli Ginzberg, "Logistics of the Neuropsychiatric Problem of the Army," *The American Journal of Psychiatry* 102 no. 6 (May 1946), 729.

rolling out of the "forward psychiatry" program on a mass scale with limited resources. Evidence suggests that it was further hoped that these films could be useful in teaching soldiers to pre-emptively notice, diagnose, and treat themselves at the onset of symptoms such as fear, insomnia, irritability, etc., thus internalizing the role of the psychiatrist entirely and lessening burdens on the military further still.[213]

In the Manual of Military Neuropsychiatry, in a segment on "Neuropsychiatric Aspects of Torpedo Casualties," a subheading titled "Prevention" mentions the development of a film that was not identified by name, but is likely referring to the first of the *Introduction to Combat Fatigue* series. The rationale for its production is a repetition of the ones seen so often in writings on morale and psychological inoculation examined in Chapter One:

> The vulnerability to the stress and strain of war can be lessened through education, and with particular reference to psychological reactions to fear and anger… Moving pictures offered by the US Public Health Service, the Army and the Navy, … are being used with lecture teams to instruct the seamen on the subjects of health and morale. … We have a moving picture of our own in production. This will demonstrate to the seamen of the Merchant Marine the types of reaction most likely to be encountered under combat conditions and the best methods of overcoming them. We believe … [it] will exert a great influence in preserving the seamen's normalcy under conditions of war strain.[214]

What I hope to show by returning once again to this refrain of "normalcy" and inoculation, is that while on one hand, these films helped open the door to recognizing that traumatic reactions to fear were normal and insisted that these reactions were recognized with empathy, on the other hand these discourses were instrumentally applied to insist that soldiers adapt in logical and predictable ways to the very abnormal conditions of the labour they were expected to perform. Very early in the military's official bulletin on combat psychiatry, it is written that:

---

[213] Film prospectuses in the "Training Films" file from the Neuropsychiatric department of the SGO frequently list a prophylactic benefit among their aims. See "Project for the Development of Psychotherapeutic and Prophylactic Films," cited earlier in this chapter and in chapter 1.

[214] "Neuropsychiatric Aspects of Torpedo Casualties," in *Manual of Military Neuropsychiatry*, 641.

> The soldier [who has submitted himself for psychiatric leave] is saying in effect that he feels he cannot subject himself further to this [fear] reaction. Management consists in pointing out to the soldier that these sensations represent a normal response to combat not differing greatly from that experienced by men who have remained in the lines. … The soldier must 'learn to live with it.'[215]

The management spoken of here was too big a task for the few thousand psychiatrists available to an army of millions. Films were useful tools to try to bring soldiers in to the military psychiatric apparatus as their own "front line" of defence and treatment.

3.2.2. Teaching Officers

The next perimeter of surveillance in the nested hierarchy was company and platoon officers who also had roles to play in the "forward psychiatry" program. As the closest eyes to the soldiers themselves, films and other texts teaching forward psychiatry instructed officers that they were crucial monitors of soldiers' mental health and stressed managerial techniques in addition to basic information. In a section on "The Psychiatric Orientation of Combat Officers," in the Manual of Military Psychiatry, Major Samuel Kraines expresses the necessity of educating officers to overcome their prejudices of "mental cases," and teaching them to provide basic psychiatric services for their company. The section provides an outline for a sample lecture to be given to officers by psychiatrists on how to "recognize abnormal mental states in your men and what to do." The lecture includes discussions of: "feeblemindedness," "neuroses," "psychopathic personalities," and "psychoses," and suggests a follow-up lecture on the types of "problematic" behaviour they are likely to observe in troops as a result of family trouble, difficulty adjusting to military life, or fears and tensions from combat, and, most importantly, how to prevent these breakdowns.[216]

---

[215] Stephen Ranson, "The Normal Battle Reaction: Its Relation to the Pathological Battle Reaction," *BUSAMD: Combat Psychiatry*, 6.

[216] Samuel Kraines, "Recognize Abnormal Mental States in your Men and What to do" in Topic 33: "Psychiatric Orientation of Military Nonmedical Personnel" in *Manual of Military Neuropsychiatry*, 488.

Films were also enlisted to teach officers how to understand psychiatric principles and to apply them to the management and surveillance of soldiers in their companies. Many psychiatric films (made for soldiers or doctors) came with explicit instructions to circulate to all enlisted officers. *Preventive Psychiatry in the Navy: The Role of the Junior Officer Part I* (1954) addresses officers specifically, teaching them to pay attention to and cultivate a proper psychiatric disposition in their men.[217] While still a black and white documentary, this film takes a slightly different aesthetic and rhetorical style from the *Introduction to Combat Fatigue* series by focusing less on a central dramatized narrative plot and instead using quick cuts between animated and montage-based sequences to illustrate more general principles of what is configured as a balance between psychiatric distress and well being. The calm and knowing psychiatrist-narrator is here replaced with a narrator who speaks in bold, direct imperatives. These qualities give the film a more commanding and informational tone than the *Introduction to Combat Fatigue* series, which were made to inspire empathy and self-identification.

The film begins with a rhetorical heavy hand, placing viewers implicitly within a lineage of history's great military leaders as images of their official portraits fade one into the next, and then surveying an animated hall hung with all the portraits. The narrator asks what all these great leaders all had in common, and then answers: "they got men to do the job, and they got them to do it better … men must want to do the job. They need forces that can drive them to think, to sweat, to work, to get the job done." The narration in this film frames mental health as a balancing act that swings between "adjustment and maladjustment," using short vignettes to portray common scenarios that might put a soldier off balance, such as a difficult bunkmate, a cold night on watch duty, or an "oversolicitous" mother (here alluding to the family: the ever-implied inner circle of

[217] This film is dated 1954, so it is possible that it was not actually used during WWII. There are other films, however, that were circulated within the military during the war, and then re-released for public viewing in the post war period. Some of these films are dated as of their re-release date as opposed to the date of their original production. I have not been able to find out whether this film was circulating in the military prior to 1954 or not, though I suspect it may have been. Although this complicates my argument in the sense that this film itself may not have been used during the war, I think it is valid to include it here as the rhetoric, style, tone, and message are perfectly in keeping with other films that were used as well as other media and documents circulated to educate officers in forward psychiatry.

responsibility for productive states of mental health, which we will look at more closely in chapter 4). Problems that arise from "maladjustment," are illustrated in a montage sequence of seamen on duty exhibiting bad behaviour that the narrator labels as either "flight reactions:" daydreams, sickness, timidity, alcoholism ("the personality suffers"), or "fight reactions:" irritability, destructive behaviour ("the environment suffers").

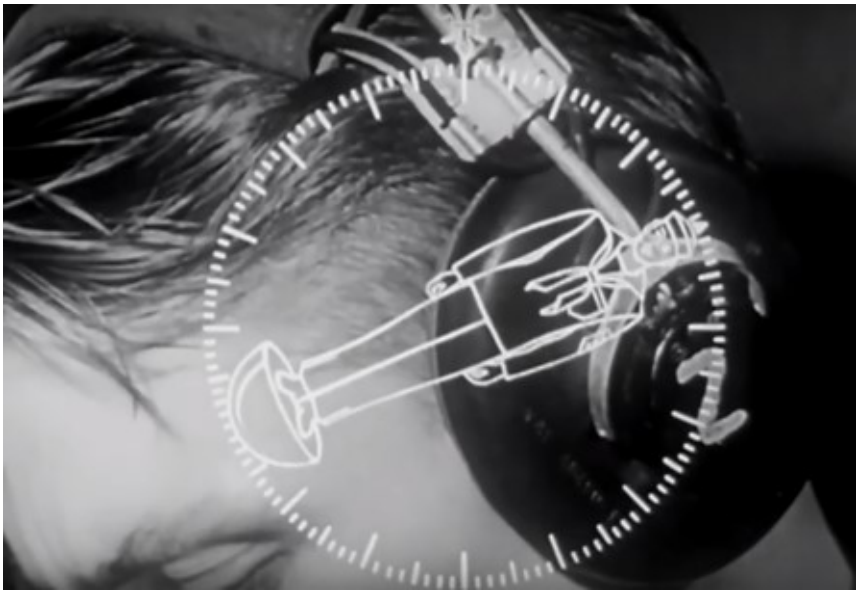


Figure 11: A still from Preventative Psychiatry in the Navy *shows a closeup of a marine in a difficult situation with an image of a compass superimposed on his head to show that he is currently "unbalanced" as a result of environmental factors.*

As the disciplinary enforcer, all of these behaviours fall under the officer's jurisdiction, but the film reassures the officer that he has allies in preventing these bad behaviours at their source—a medicalized view of the human mind. The medical officer (and implicitly, his knowledge of psychiatry) is positioned as a key resource that can help company officers by teaching them to recognize and prevent "maladjustment," and the officer himself can support this endeavour by recognizing his men's particular stressors and "help them toward a successful adjustment to navy life." The schema of mental health responsibility with soldiers (in this case, seamen) at the center, the officers in the next concentric circle, and the medical officers in the one beyond that is here clearly described. As we can see in this film and others it was doctors who were tasked with convincing officers to overcome their prejudices and adopt a psychiatric orientation toward their company. Thus these films often contain implicit or explicit imperatives to listen to and take seriously the information given to them from doctors about combat

fatigue. These films and corresponding documents position doctors as ideal promoters of the practical value of psychiatry to officers, asserting that a doctor well-versed in psychiatry could prove its worth by sending soldiers who had seemed unable to continue to fight back to their companies in relatively short order, restoring its fighting strength.

Combat Psychiatry: The Battalion Medical Officer, a film addressed to an audience of field doctors, emphasizes the value of convincing officers that early psychiatric diagnosis can make their companies more efficient.[218] This film is strictly narrative based and follows one doctor as he goes from being interested but reserved about the value of psychiatry to understanding that his primary role is that of a champion of psychiatric monitoring by company officers. The dialogue in one of the central scenes in the film lays out its central concern explicitly. The scene centers on a newly arrived doctor observing and learning from the doctor he will be replacing who is presiding over a conversation with a group of company officers at a mess table. One officer asks the more experienced doctor: "what about that fella I sent down with the drizzly runs?" who replies: "we corked him up—probably more of an emotional thing than infectious. … better keep an eye on him, though, not sure he can take much more." Another other officer quips: "oh, why not evacuate him, we've got fighting to do up here… he won't be any good to ya even if you do get him back on the line," to which the first officer steps in: "now wait a minute, Pete sent us back plenty of men I never thought we'd see again. And they performed, too. That sold me. Equivalent of a couple of platoons." As the officers all chime in about the value of psychiatric management of their companies, one officer remarks derisively: "look out for competition, doctor, seems like we're all turning into a bunch of psychiatrists," to which the experienced doctor replies sagely: "you know that's very interesting. Because if you realize it or not, you've hit it right on the head. Platoon leaders can be our biggest help in this whole problem." The new doctor's voiceover observes: "Peters (the head doctor) was getting cooperation by proving that there could be an unnoticed and unnecessary leakage of manpower if company officers

[218] This film does not have an accurate date recording. It is catalogued by the National Archives in a series titled "Professional Medical Films, ca. 1946-1948." According to documents in its production file, the film was given clearance for rerelease for public circulation in 1962, and this is the date that appears in the title reel of the copies available to view.

did not understand the problem of combat anxiety in its many and varied forms."[219] While this film was aimed at military doctors, the dialogue makes clear the strategic positioning of officers as key points of mental health surveillance alongside the role played by doctors.

In fact, some films made explicitly for training doctors in psychiatry were seen as useful adjuncts for training officers as well, and were slated for distribution to this end. *Field Psychiatry for the General Medical Officer* is a British film adapted for distribution by the US Army in May 1945 (although the Navy had its own copy already circulating by this time).[220] On the first page of the adaptation report prepared by the Signal Corps it states: "This British Training film is primarily for the General Medical Officer, but may be very helpful to all medical personnel and to officers commanding troops."[221] Indeed the film was classified "Restricted," approved only for showing to military officers and enlisted medical personnel with a corresponding distribution plan produced by the Surgeon General's office to make it available at all military hospitals and to "all officers in all branches of the service."[222]

The British film loosely traces a few soldiers as they become incapacitated while fighting and end up in a field station for treatment, and some of the officers and doctors they interact with. The film has a different style from its American counterparts, with almost no narration (and the little narration appears on title cards between shots) and almost exclusively diegetic sound instead of a confident narrator and a musical score. The early part of the film uses long, graphic scenes of combat and lingering shots of men in extreme psychiatric distress to create tension and convey a blunt picture of their harrowing effects. It trades the more euphemistic images of a man scowling or tossing uncomfortably in a bed for a harrowing sequence set in a barn used as a temporary medical holding site for a number of psychiatric casualties. The camera pans slowly among the men in the barn, pausing to zoom in on several men who are either shaking violently, stuttering uncontrollably, and/or crying with extreme distress. *Field Psychiatry*

---

[219] *Combat Psychiatry: The Battalion Medical Officer,* PMF (Professional Medical Film) 5299 Department of Defense (United States Army Signal Corps, 1962).
[220] Production file "Corres. Proj. No. 10,932 Field Psychiatry for the General Medical Officer" from the Production Files series for PMF 5214 to PMF 5429 at NACP.
[221] Ibid.
[222] Ibid.

for the General Medical Officer is also more blunt in how it recommends dealing with psychiatric casualties. The first instance of extended dialogue in the film is two medics talking over tea, where one of them says: "First thing to do is to give him a sedative. Not a textbook dose, but a *whacking great big dose* to wipe out his anxieties and let him get a deep, proper sleep with no nightmares."[223] Part of the differences between the style of this film and the films discussed above can be accounted for by the different people making the films and the cultural and institutional contexts in which they were made, but some of the differences are likely also due to the fact that its intended audience was made up of medical professionals. It was therefore not afraid of scaring its viewers, indeed, it wanted to press home the seriousness of these ailments and why they should be diagnosed early. The film's extended close up shots of men in distress also supplied a visual catalogue of common symptoms, making training and diagnosis more efficient.

Figure 12: Stills from Field Psychiatry for the General Medical Officer *depict medics tending to neuropsychiatric patients*

The latter part of the film focuses less on these action scenes and more on extended dialogue between medics, officers, and psychiatrists that provide the film's information on diagnosis, treatment, and rationale for forward psychiatry. In this film, as with the American films for officers, the rationale for the surveillance schema in which officers are essential for monitoring changes in soldiers' personalities and reporting them to the next level of authority, hinges on avoiding a loss of manpower. The second to last scene in *Field Psychiatry for the General Medical Officer* takes place in a makeshift bar in an old country house commandeered as a military field station, in it, the medical

[223] *Field Psychiatry for the General Medical Officer,* PMF 5011 (United States Army Signal Corps, 1945).

officer (MO) who is holding a few soldiers out of combat for a couple of days of rest finds the officer of one of the soldier's companies to talk to him. The officer expresses his disappointment that what seemed to have been a good soldier "cracked up" and therefore must have had "a yellow streak in him somewhere." The MO chastises him, telling him that: "under the circumstances, any man will crack up—especially if he had any private worry. Did he have any? You should know, you're his platoon commander." He goes on to tell the officer to keep an eye on the returned soldier and to send anyone else down to him who he thinks is "tired." The interaction then ends with the same argument for efficiency heard in all films examined here: "If I have him for a couple days, I'm saving a week in the exhaustion centre down the line."

Figure 13: The medical officer casually reprimands the military officer for not keeping a closer eye on the mental health of his company's troops in Field Psychiatry for the General Medical Officer

While the originally intended audience for this film was doctors and medical personnel, the military extended the recommended viewership to include officers. The reason for this is depicted narratively in the film's final scene of a dialogue between a medical officer and a general. This scene was clearly understood to be very important to the Signal Corps issuing its American military distribution, as a description of this very short scene makes up one of the two sentences comprising the film's synopsis found in the official report made to accompany the film's completed adaptation. The synopsis reads: "The closing phase of this picture shows that even a medical officer, prescribing

for … and treating shock cases will himself come down with the symptoms of combat fatigue or shock." In this scene, the same MO who has been putting soldiers on temporary sick leave to treat psychiatric symptoms is called in for congratulations by a general for reducing the number of psychiatric cases in their outfit. When the MO explains his psychiatric approach to medicine by saying that "prevention is better than a cure," the general then gives the MO "a taste of his own medicine," telling him that he is commanding him to take a week of sick-leave, reading him symptoms of fatigue he has noticed in the MO from a psychiatry pamphlet distributed to him by the medical services. Here, the net of psychiatric surveillance widens again to include higher-ranking officials and medical officers as well. The same trope occurs at the end of the American-made *Combat Psychiatry: The Battalion Medical Officer*, when the mental health of the pre-existing doctor who was replaced by the film's protagonist is discussed among officers and the other doctors. His professional sloppiness and irritability are attributed to his own "combat fatigue" and the new doctor is warned that: "it's one of those things you gotta watch for yourself."[224]

While the officers were busy watching soldiers for warning signs as forward psychiatry's "intelligence officers," doctors and other medical personnel formed the next ring in the surveillance schema, acting as the primary gatekeepers between a soldier on duty and a soldier on sick leave, and deciding who needed to be sent to see a psychiatrist and who was presumed able to recover after a bit of "rest and reassurance."

3.2.3. Teaching Medics

Medical personnel were the first in line to see patients whose afflictions were getting in the way of their work, and as such, a fair number of films were made to teach them how to incorporate forward psychiatry into their job. Films addressed to doctors once again emphasized the need to take seriously the afflictions of psychiatric casualties, but added to this a host of other responsibilities such as: 1) recognizing when an ailment was psychosomatic in order to save time and resources looking for organic causes; 2)

[224] *Combat Psychiatry: The Battalion Medical Officer.*

teaching officers to be their allies in identifying the causes; 3) recuperating the potential lost labour of "combat fatigued" men by recognizing the validity of their complaints, giving them brief rest or sedatives, and sending them back to work; and 4) learning other techniques for treatment, such as narcosynthesis, which could be used to try to heal soldiers quickly. The films looked at in this last section presented standardized and efficient means of communicating these concepts to doctors in the hopes that it would result in efficient medical practice that ultimately conserved the manpower of soldiers.

Doctors, with their own rigorous training in the medical sciences, were the most likely group to take professional issue with what were sometimes considered the "charlatan" practices of psychiatry. Many histories have documented the resistance of the military medical profession to taking the claims and practices of psychiatry seriously.[225] Indeed, the amount of effort these films expend addressing doctors' presumed resistance to psychiatry corroborates the story told in histories of military medicine. All of the films made to teach doctors forward psychiatry address this problem one way or another: some head-on, and others through the side door. The films acknowledge that doctors are likely to be irritated with both the imperative to accept psychiatric practices as well as the psychosomatic symptoms being displayed by their patients "masquerading" as "real problems." Doctors are encouraged to channel their impatience with psychosomatic symptoms toward adopting quicker diagnostics—the very ones enabled by accepting the psychiatric interpretation that symptoms might not have "organic" causes. The film discussed in the previous section, *Combat Psychiatry: The Battalion Medical Officer*, for example, addresses the anticipated resistance of doctors implicitly through the interpersonal dynamics played out between the two doctors portrayed in the film. The efficiency and calm of the more experienced doctor who has embraced a psychiatrically-influenced practice is contrasted with the time-consuming and over-wrought diagnostic techniques of the new doctor who has to learn to keep up. The new doctor observes in his voice over: "I didn't know then that combat anxiety might show up as a sprained ankle that stayed lame… a pair of broken glasses … a toothache," adding how he used to "waste a lot of time" doing thorough check ups for head injuries

[225] See Ben Shephard's *A War of Nerves*, Chapter 3 of Mark K. Well's *Courage and Air Warfare: The Allied Aircrew Experience in the Second World War*, and Gerald N. Grob's *From Asylum to Community*.

or gastro-intestinal diseases in response to complaints of persistent headaches or chronic diarrhea. The new doctor is also depicted learning how to "cure" patients quickly by essentially telling them to get back to work, with a kind but firm: "you can go back out there, everyone gets worked up like this—c'mon, you're going to be alright."[226] The Foucauldian structure of hierarchized surveillance that aims to shape the self-disciplining subject is very clear here: by asking soldiers to recognize and correct the institutionally problematic link between their fear and their bodies, the doctor reminds the soldiers (and the film's viewer) that the ultimate responsibility for healing their condition is theirs. The spread of psychiatric diagnostics into military medical practice encouraged doctors to recognize the validity of the "combat fatigue" diagnosis in patients with physical ailments, but it also allowed the medical apparatus to reassert that soldiers needed to take responsibility for their own minds.

In order to make these diagnoses quickly, the films coach the doctors to call upon the surveillance that the officers have been coached to supply. The new doctor in *Combat Psychiatry: The Battalion Medical Officer* at one point spends too long trying to diagnose a "real problem" in a marine complaining of a headache—a "luxury of civilian practice" his voice over editorializes. His more experienced colleague teaches him to place a quick call to the marine's officer to get "some dope" on the patient and find out if he might be trying to shirk his duties. When it is confirmed that he is a "rabbity sort of fellow," the responsibility is then shifted back down the ladder to the officer who is asked to "show some interest in him" to try to boost his morale—much as the film *Preventive Psychiatry in the Navy* coaches officers to do. *Combat Psychiatry: The Battalion Medical Officer* acknowledges that some cases require more than firm reassurance, but stresses nonetheless that even these more serious cases are often easily recoverable by sending them to see a psychiatrist: "those who break down in battle are sent back after a day or two rest; those who have to be evacuated to psychiatrists, well, they send back well over half of the men we do have to evacuate." These films, when placed alongside each other within the roster of forward psychiatry films and military writings on forward psychiatry, put the rhetorical hierarchy of responsibility firmly in place: officers keep track of borderline cases, doctors give brief respite to mild ones, and psychiatrists cure

[226] *Combat Psychiatry: The Battalion Medical Officer*

and return the rest. Together they sell a story that a solid hierarchy of surveillance and management systems could bring a measure of ease and control to the institutional navigation of the otherwise messy, complicated, and unruly, problem of battle trauma.

Beyond making diagnostics more efficient, the imperative to take the psychosomatic complaints of soldiers seriously was also officially understood to be a strategy for managing the morale of soldiers, who might otherwise take bad feelings about being dismissed by doctors back to their companies, raising the ire of not one, but many soldiers. Echoing a classic fear associated with mobilizing or dissenting workers in industrial manufacturing, this concern is detailed in official letters and scenarios for a proposed film on the psychiatric dimensions of military "sick call." The film did not make it through to production before the war ended, but it would have promoted the value of an attentive family doctor-style bedside manner to medical officers as a way of making soldiers feel institutionally listened to even if their symptoms were ultimately diagnosed as psychosomatic. Correspondence among high-ranking officials, filmmaking units, field surgeons, and psychiatric consultants found in the archives of the Neuropsychiatry Department give a sense of the back-and-forth negotiation that formed the basis for developing the scenarios, rhetorical strategies, and central concerns for this unrealised film on "sick call," and some of the other psychiatric training films discussed here.[227]

Made early on in US' military campaign, *Combat Exhaustion* (1943), is a restricted professional medical film made by the Signal Corps for military doctors only. It eschews the soft sell of psychiatry's benefits seen in *Combat Psychiatry: The Battalion Medical Officer* for direct commands and instructions on how and why to use it. This film also employs the conventions of a scripted documentary aesthetic, but is much less narrative and more explicitly didactic. Shot in the 312th Station Psychiatric Hospital where military doctors went through an intensive one-week course in psychiatry, the film uses a combination of actual patients, doctors, and actors, and its storyline follows a team of doctors who visit the psychiatric hospital to learn about "combat exhaustion."[228] In an

[227] Multiple documents in the "Training Films" file contain scenarios for such a film, as well as letters from psychiatrists recommending the kind of content such a film should contain. "Training Films;" Neuropsychiatry; RG 112 SGO/A 730; Box 1328, NACP.
[228] Menninger, "Education and Training" in *Neuropsychiatry in WWII*, 66.

opening scene, the trope found in other films is repeated: the hospital's head psychiatrist confronts a group of field doctors' scepticism about the legitimacy of psychiatric conditions, but this time it is framed squarely as a policy directive, and not as a question of personal choice. After describing a particular patient's case file, the psychiatrist asks the doctors how they would treat him, causing the group to erupt in protestation: "We're going to be busy out there with guys who are *really* shot up, and we won't have time to monkey around with guys like that;" "Major, I'm a surgeon. Looks to me like this is a job for a psychiatrist." The psychiatrist responds firmly: "Gentlemen, you are not *requested* to treat these patients, you are *directed* to do so." He laments that by the time patients are sick enough to be sent to his psychiatric hospital, he "can return only a very small percentage of patients to actual combat duty. Whereas *you*, out in the forward area, can, by getting at them early, send *70 to 80%* back to duty on the front line."[229] This oft-repeated promise of productivity reasserts the institutional pressure underlying all of the films examined here and their insistence on taking psychiatric casualties seriously. These films shaped a narrative of trauma's ordinariness, and framed it as being observable, predictable, treatable, and ultimately, under control. By aggressively labelling all manner of conditions "normal," psychiatric training films changed ideas about who was considered productive, re-casting an older model of the "stoic soldier" with a new model of adaptable wartime labour that could accommodate not only "good soldiers," but also those who appeared unwilling or unable to fight.

One of the primary reasons for making *Combat Exhaustion* and other medical films such as *Psychiatry for the Field Medical Officer* and *Hypnosis: Okinawa*, was to promote the use of abreaction—expressions of emotion considered to be a re-experiencing of fears and conflicts—by medics and to orient other high-ranking personnel (including officers) to this practice. The following chapter looks more closely at this treatment, which was adopted as a tool for efficient psychiatric treatment of combat fatigue, and the use of films by psychiatrists as medical tools and adjuncts in this

[229] *Combat Exhaustion* developed by Col. Lloyd J. Thompson, MC, Col. Ernest H. Parsons, MC, and Maj. Howard D. Fabing, MC, Department of Defense PMF 5012 (US Army Signal Corps, 1943).

process.[230] These films encouraged medical officers to adopt psychiatric practices such as narcosynthesis while situating the importance of these practices within the efficient functioning of the larger military structure. Films made to be viewed by psychiatric personnel, on the other hand, tended to be more strictly informational and concentrated on specific techniques, such as the film *Ward Care for Psychotic Patients*, examined in Chapter 3. However, there appears to be at least one exception: a film produced within the same series as *Combat Psychiatry: the Battalion Medical Officer*, the film discussed above. *Combat Psychiatry: the Division Psychiatrist* was a film made to orient psychiatrists assigned to field duty about the particularities of psychiatric practice in a battlefield medical station.[231] As the film addresses professionals who are presumably already convinced of psychiatry's usefulness, its predominant message is how viewers should adapt their psychiatric practice to the conditions of field medicine. The film loosely follows a psychiatrist working out of a small tent in a navy medical station not far from active fighting as he diagnoses and treats patients and interacts with other officers in the station.

---

[230] See L. F. Beck, "A Second Review of 16-milimeter Films in Psychology and Allied Sciences" *Psychological Bulletin* 39 no.1 (1942). The film *Hypnosis: Okinawa* (or alternately titled: *Psychiatry on Okinawa: The use of Hypnotherapy in Combat Psychiatry*) is mentioned in this and other military publications, and is described as documenting the success of hypnosis-based therapy being used on soldiers in the Pacific theatre, though I have never found a copy of the film to view. A list of psychiatric films available in the "Training Films" folder from the archives of the Neuropsychiatry Department describes the film as follows: "In Okinawa, the main method of sedation was hypnosis to bring about similar results to chemical sedation. A scene demonstrates the use of hypnotherapy."

[231] *Combat Psychiatry: The Division Psychiatrist,* PMF 5300 (United States Navy Training Film, 1954). This film also has an unclear date of production. It is also catalogued in the file "Professional Medical Films, ca. 1946-1948" at the National Archives. It was given clearance for public rerelease in 1954, and this is the date that appears on its title card.

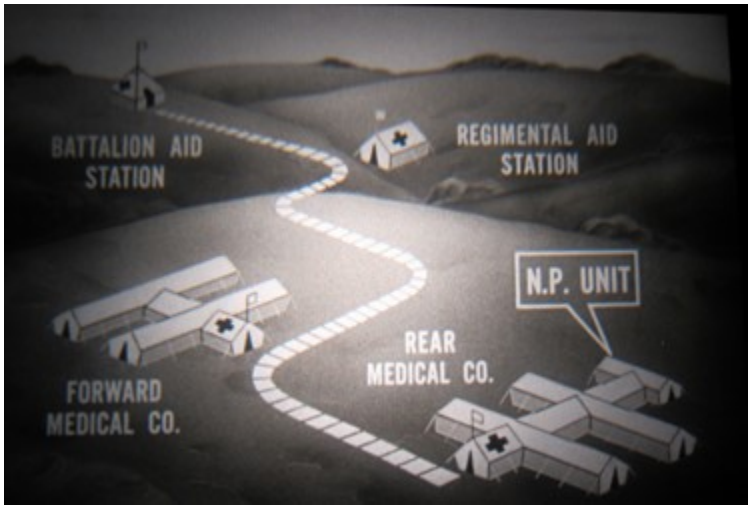


Figure 14: A still from Combat Psychiatry: The Division Psychiatrist *shows a graphic representation of where the field Neuropsychiatric Unit sits in relation to the combat zone and other aid stations.*

Existing in the outermost ring of the surveillance network, psychiatrists in this film are shown interacting with all levels of personnel in order to get them involved in the effective implementation of forward psychiatry. Psychiatrists are encouraged to lean on the supervision of the group in order to maximize cooperation from soldiers, with the narrator saying:

> [I]nform men of their impending return to duty in the presence of other soldiers. In a private interview they will protest leading to unprofitable discussion and possible resentments, but if buddies are listening they won't complain.[232]

Stressed among the tasks required of the field psychiatrist is once again the role of teaching others to be receptive to their practice. Psychiatrists are encouraged to visit the medic stations frequently and get to know both the medical officers and the commanding officers of their patients. As the film's narrating psychiatrist states: "effort to win friends is necessary" as there is sometimes a "lack of understanding as to the role and usefulness of the psychiatrist."[233] In a voice-over, the psychiatrist in the film rehearses the refrain common to all the films here: "If I can get these battalion medical officers to spot neuropsychiatric cases and hold 'em forward, we can get them back to duty more quickly."[234] The film insists that good relations with doctors is essential to rooting out

[232] *Combat Psychiatry: The Division Psychiatrist.*
[233] Ibid.
[234] Ibid.

patients with psychosomatic ailments whose misdiagnosis can result in "an appreciable leakage of manpower." The psychiatrist portrayed in the film, at the top of the ladder of hierarchized surveillance, is shown interacting tactfully and successfully with doctors, officers, and soldiers, effectively demonstrating the range of relationships and influence that the entire forward psychiatry program itself hoped to achieve.

3.3. Conclusion

The films deployed as part of the preventative psychiatry program in the US military were tools for efficiency and automation: they enabled standardization of messaging and psychiatric practices across all levels of personnel. They ensured that the psychiatric information reaching viewers was in line with institutional imperatives while also lessening the workload of psychiatrists, both in the hospital by conveying basic information to patients, and in the larger military organization where they were expected to be consultants on behaviour. These films formed part of a multi-pronged communications campaign that clearly outlined the role of each ranking personnel in implementing the preventative psychiatry program. In order to roll out this program effectively, the pervasive taboos surrounding mental health and psychiatry had to be confronted, substituting them with a discourse promoting the normalcy and even productivity of fear, and alerting higher-ranking personnel to the environmental factors that were likely to contribute to a "combat fatigued" soldier. In order to ensure the uptake and use of psychiatric practices and information, the films taught their viewers a visual and discursive language of mental health/distress that was integrated into the network of behavioural surveillance inherent in the military institution. Promoted repeatedly as the key to effective psychiatric management, careful surveillance was said to result in increased efficiency for the fighting forces by keeping soldiers at work longer, and getting them back to work again as quickly as possible should they need psychiatric attention.

While a widely circulated media campaign promoting the acceptance and empathy of mental health collapse and symptoms of acute distress can on one hand be understood as a marker of institutional enlightenment and modernization, it is also crucial

to see that the institutional imperative behind the adoption of this discourse was one of manpower efficiency. The military documents written about or in conjunction with these films, and indeed, the language used in the films themselves make this imperative abundantly clear. In addition to the plainly stated belief that forward psychiatry could reduce the number and severity of psychiatric casualties, the establishment of a discourse of normalness around issues of mental health and distress was part of an institutional effort to recuperate the unruly category of the "psycho;" a subject who would otherwise be a casualty of the institution's rigid demands for behavioural normalcy. By widening the spectrum of "normal" to include soldiers with psychiatric distress, the military psychiatric apparatus increased its bio-power by developing corresponding administrative tools that worked to regulate and organize people, symptoms, and treatments and ultimately lessen their disruption to the larger military organism.[235] Providing visual models of both distress and healing in films such as *Combat Fatigue: Irritability* helped to promulgate this wider set of norms within which even soldiers formerly considered to be "psychos" could see and internalize a range of acceptably deviant behaviour. By putting a visible narrative trajectory from "combat fatigued" to "cured" on display the films acted as techniques of visualization, prescribing a course of action for returning to a more productive state of normalcy.

In practice, however, the much-touted power of forward psychiatry to "salvage up to 80%" of "combat exhausted" soldiers may have been more about selling the program than producing actual results. Post war studies have suggested that such ambitious claims may have been a widespread public relations strategy to keep morale high amongst personnel, making the films documents of institutional propaganda as well as their roles as organizational maps of surveillance and promulgations of self-help. Even optimistic psychiatrists from forward areas claimed only a 60% possible return to duty.[236] The bleaker reality was that only about 2% of servicemen who left fighting for psychiatric reasons went back into combat, while the rest of the return percentages were beefed up by

---

[235] Foucault describes "the power of normalization" as one that both "imposes homogeneity; but it individualizes by making possible to measure gaps, to determine levels, … and to render the differences useful by fitting them one to another." *Discipline and Punish*, 184.

[236] Edgar Jones and Simon Wessely *Shell Shock to PTSD*, 87.

including soldiers transferred from combat to "noncombatant service in quiet sectors."[237] Despite forward psychiatry's goal of stemming the tide of casualties leaving their jobs and filling overcrowded and costly hospitals, vast numbers of soldiers still required psychiatric treatment. The military-published postmortem, *Neuropsychiatry in World War II*, acknowledges the massive disparity between the number of patients needing treatment and the number of trained specialists available, stating that military and veteran hospitals often had the option of offering patients "group treatment or no treatment."[238] The same economy-of-scale tactics that adopted films to promote preventative psychiatry were again used in hospital treatment where some practitioners thought that films could efficiently trigger therapeutic expressions of emotion from patients—the subject of the following chapter.[239] While this reality appears to make the claims of the films examined in this chapter laughably false, the rhetoric and institutionally instrumental psychiatric concepts that they promoted nevertheless consisted in a highly-coordinated course in "Psychiatry 101" that was taught to millions of military personnel, influencing understandings of the human mind that functioned within and beyond the military context.

---

[237] Grinker and Spiegel as cited in Jones and Wessely *Shell Shock to PTSD*, 88.
[238] Norman Q. Brill, *Neuropsychiatry in WWII*, 289.
[239] See Howard Rome "Military Group Psychotherapy," *The American Journal of Psychiatry* 101 no. 4 (1945), 494-497, Francis J. Braceland "Psychiatric Lessons from WWII," *The American Journal of Psychiatry* vol. 103 no. 5 (1947): 587-593, and Fred D. Kartchner and Ija N. Korner "Use of Hypnosis in Treatment of Acute Combat Reactions," *The American Journal of Psychiatry* 103 no. 5 (1947), 587-593.

Chapter 4. Performances of Trauma in Theatres of Cure: Audio Visual aids in Military Psychiatric Therapy

The films that promoted forward psychiatry examined in the previous chapter were, for the most part, auxiliary to psychiatric treatment. They worked to teach, to train, or to establish infrastructures for managing behaviour in order to streamline and ultimately lessen the burden on the act of therapeutic treatment itself. Some of these films, however, were also used in a way that was not about providing information, but instead sought more targeted effects from the minds of viewers. In the clinical setting, films were sometimes used as tools in therapeutic treatment, soliciting reactions of identification, soothing, or fear from individual patients in pursuit of faster, more efficient recovery. This chapter shows how experimentations with film as a tool in therapeutic psychiatric practice arose in tandem with the popularization of narcosynthesis—a form of performative catharsis therapy that became a central component of military psychiatry during World War II. Experimented with by some of the first psychiatrists sent to work with soldiers in medic tents very close to lines of active fighting, this technique of visualization proved successful at soliciting performed expressions of trauma from patients, which were equated with unearthing repressed memories understood to be impeding recovery. Not only was this technique documented in films that circulated throughout the military in order to teach viewers about psychiatry, but films were also used in clinical settings in order to solicit the same effects sought from narcosynthesis treatments. This chapter positions performance of trauma as a key technique of visualization in the development of military psychiatric therapy's modernization. It enabled practitioners to to administer large numbers of patients efficiently as demand for treatment began to exceed available resources.

Narcosynthesis was not used as a treatment until partway through the war, but it quickly became widespread. Many military and psychiatric documents describe the process as dependable, predictable, and easy to implement. The first section of this chapter describes the emergence and cinematic documentation of this techniques, and

works to show that the visible/performative nature of this practice was key to the benefits that it conferred on military psychiatry—in particular as an implicit confirmation that an institutional obligation to the patient had been fulfilled. The success of what I call a "theatre of cure"—a therapeutic event involving some form of trigger that results in a performance of trauma— spurred many psychiatrists to experiment with the use of film. Indeed projecting films became a privileged tool that was itself used to trigger performances of trauma from patients, further automating the therapeutic process. This use of film and techniques of visualization further led some psychiatrists to incorporate film-like explanations into their models of the mind's functions as they theorized the effects of film observation on viewers.

The second half of this chapter looks at several different ways in which film was used in clinical psychiatric practice with soldiers. These practices were not as standard or widespread as that of narcosynthesis, and tended to differ in their aims and methods along with the practitioner deploying them. As a result, we see that films were used in a multitude of ways, understood variously as handy pedagogical objects, soothing proto-psychedelia, triggers for repressed memories, and in the case of narrative films—offering surrogate performances that could be identified with and emulated by patients. In all cases, psychiatrists approached film as an object that could be used to target particular cognitive functions and optimize the minds of patient-viewers.

4.1. Developments in Field Psychiatry

Despite forward psychiatry's goal of keeping men fighting longer and quickly returning "up to 80%" of "combat exhausted" soldiers to work after a short rest, vast numbers of soldiers ended up in military hospitals requiring psychiatric treatment, with between 26 to 40 percent of all medical evacuations diagnosed as psychiatric, and numbers as high as 75% in particularly brutal campaigns.[240] As we have seen in previous chapters, apart from using various psychological tests to pre-screen inductees to avoid

[240] See chapter 2 for an in depth discussion of forward psychiatry and its stated outcomes. Ellen Herman, *The Romance of American Psychology: Political Culture in the Age of Experts* (Berkeley: University of California Press, 1995), 89.

them altogether, there was minimal provision for psychiatric casualties at the outset of the war. Historian of American psychology Ellen Herman writes that

> During the first 2 years of the war, psychiatric casualties had been summarily discharged; they were given a diagnosis, but treatment was discouraged because "the official point of view of the Army toward psychiatric illness was a mixture of fatalism and disinterest; treatment was discouraged."[241]

But by spring of 1943, numbers of neuropsychiatric admissions rose to 20,000 a month, reaching a peak of 31,000 men per month in August of that year.[242] By the end of the war, the total number of men discharged from the US military for neuropsychiatric reasons was 504,000, or 5% of the entire fighting force.[243]

In medic tents, field hospitals, hospitals overseas, stateside psychiatric hospitals, outpatient clinics, and Veteran's Association centres, both active duty soldiers and discharged veterans required treatment for the symptoms they had developed in service. There were, however, very limited numbers of psychiatric professionals available to treat them, making experimentations with expediency essential. One of the most significant outcomes of military psychiatry during World War II was an investment in and routinization of group therapy as a form of treatment. And the post war review published by the US Military, *Neuropsychiatry in World War II*, acknowledges the massive disparity between the number of patients needing treatment and the number of trained specialists available, stating that military and veteran hospitals often had the option of offering patients "group treatment or no treatment."[244]

In addition to group treatment, a number of other clinical expediencies were tried out and popularized amongst psychiatrists trying to meet the overwhelming demand for care, including: narcosynthesis, sedation, rest, electroshock therapy, hypnotherapy, and hydrotherapy. Both in conjunction with and alongside these techniques, film was experimented with as an aid for expediting psychiatric treatment. Films themselves were

---

[241] Ibid., 90.
[242] Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (Hove: Psychology Press, Taylor and Francis Group, 2005), 106.
[243] Ibid.
[244] Norman Q. Brill, *The Medical Department of the United States Army in World War II: Neuropsychiatry in World War II, Volume 1, Zone of the Interior* (Washington: Office of the Surgeon General Department US Army, 1966), 289.

incorporated into treatment in a number of different ways, understood in different contexts to be tools for inoculation, didactic aids, subliminal therapy, and exposure or desensitization therapy. The same economy-of-scale tactics that led to using film to promote forward psychiatry *en masse* led to the use of film as a medical tool that could speed treatment up by providing information quickly, teaching audiences what was expected of them as patients, and also by acting as a more complex interlocutor, working to trigger therapeutic expressions of emotion from patients in group therapy.[245]

The extensive forward psychiatry program, whose rhetoric of catching problems early and creating a network of responsibility for monitoring mental health was discussed in the previous chapter, also included the actual treatment of patients who needed to be seen by a specialist. In addition to medical officers briefed in psychiatric practices by way of films such as *Combat Exhaustion*, there was a significant (though insufficient) cohort of psychiatrists who were employed by the military to treat soldiers. Many of these psychiatrists were newly minted by the military during the war, as the number of professional psychiatrists working in the US prior to the war was not nearly enough to meet their demand. In 1940, the total number of psychiatrists registered in the American Psychiatric Association (APA) was 2,295. Beginning in 1943, an *additional* 2,400 medical doctors were put through a twelve-week training program in military psychiatry, established by William Menninger to deal with this lack.[246] Thus a full doubling of the number of psychiatric professionals in the United States occurred as a direct result of military training.

---

[245] See examples used later in this chapter including: Howard Rome "Military Group Psychotherapy," Francis J. Braceland "Psychiatric Lessons from WWII," Fred D. Kartchner and Ija N. Korner "Use of Hypnosis in Treatment of Acute Combat Reactions," Moody C. Bettis, Daniel I. Malamud and Rachel F. Malamud "Deepening a Group's Insight into Human Relations: A Compilation of Aids"; Elias Katz, "Audio-Visual Aids for Mental Hygiene and Psychiatry"; and J. L. Moreno "Psychodrama and Therapeutic Motion Pictures."

[246] Grob, *The Mad Among Us: A History of the Care of America's Mentally Ill* (NY: The Free Press, 1994), 196. William Menninger prepared a special issue of the *Bulletin of the US Army Medical Department* on the topic of Neuropsychiatry for the General Medical Officer (Vol.4 no.3). In it there are multiple references to the twelve-week training program in neuropsychiatry and neurology for military doctors at Mason General Hospital on Long Island, NY. See p. 360.

This massive new cohort was trained specifically to address wartime needs. Prior to the war, two-thirds of the registered members of the APA worked in psychiatric hospitals administering to vulnerable people with ongoing conditions.[247] In wartime, military psychiatrists were working with people without major ongoing psychiatric difficulties, or "normal" citizens, who were suffering under abnormal conditions. They were also working under a strict institutional imperative to get patients back to work, favouring strategies that provided quick and demonstrable successes over ongoing custodial care and psychotherapy. Edgar Jones and Simon Wessely observe this in their book *Shellshock to PTSD: Military Psychiatry from 1900 to the Gulf War*, where they write that: "the principle aim of [forward psychiatry] treatments was to return men to duty rather than address their mental state. … Contemporary accounts provide little evidence that the primary motivation was therapeutic."[248] It is perhaps not surprising that this bias existed given the exigencies of war and the demands of the military institution. Alongside the enormous increase in working psychiatrists in the US as a result of the war and the legitimacy conferred on their practices by military communications and infrastructure, a closer examination of *how* this bias translated into practice and rhetoric is warranted. For the purposes of this study, what is most relevant is how pressures for expediency dovetailed with the possibilities provided by film and other audio-visual tools in order to help facilitate this rapid and large-scale transformation of psychiatry.

Roy Grinker and John Spiegel were two of the first psychiatrists sent by the military to work with distressed soldiers on the battlefront. The goal was to keep soldiers in the field, rather than discharging them and sending them back to hospitals in the US. Their work was vastly influential, and much of it was compiled into the training manual used in the military's psychiatric training program. In an article titled "The Management of Neuropsychiatric Casualties in the Zone of Combat," Grinker and Spiegel write that for many patients coming directly from battle: "4 or 5 days in a rest camp or forward evacuation hospital can return many run-down men to combat." However, for those patients with "excessive anxieties," these "covering up" techniques (rest, food, and firm encouragement) did not work, and forward psychiatry was required to expand its

[247] Grob, *The Mad Among Us*, 196.
[248] Jones and Wessely, *Shell Shock to PTSD,* 87.

strategies beyond preventative mental health education and management. Grinker and Spiegel write that seriously distressed patients required "'uncovering technics' to relieve the effect of the traumatic experience, with a dosed, carefully graded emotional release." Their model consisted of soldiers who were either able to get back to work by "covering" up their anxieties or those who needed a "release" to "uncover" them which would hopefully return them to productivity. They write:

> In one case we assist the ego in repressing or enduring anxiety if it can do so in a relatively non symptomatic fashion. In the other case we release the repressed forces and direct our therapy to reorganizing the personality.[249]

The rhetoric that emerges here is a more formal articulation of the kind seen in other training texts, including some of the films introduced in the previous chapter. The film *Combat Psychiatry: The Division Psychiatrist*, also presents a rhetorical division between patients who can be treated quickly through "covering" techniques vs. those who require more lengthy "uncovering" treatment.[250] In keeping with the established protocol of forward psychiatry communications, the film emphasizes the use of the "covering" techniques of rest and recuperation over more elaborate "uncovering" techniques. The various "covering" therapies depicted in the film include "24 hours of complete relief from anxiety" where soldiers are allowed to sleep in and receive food while still in their cots, followed by games, athletics, and re-training. Several patients portrayed under the care of a psychiatrist in a field medical station are deemed minor cases, serving to reinforce the message that most can be sent back to duty, but a few need to be sent further from active fighting for more extensive "uncovering" treatment. A narrator describes one such patient as an "obviously immature personality" suffering from minor trauma after a short tour of duty and showing no improvement after 24 hours. He is deemed an "evacuee" as he "is not going to be of value even in a rear echelon job."[251] Another

---

[249] Roy Grinker and John Spiegel, "The Management of Neuropsychiatric Casualties in the Zone of Combat" in *Manual of Military Neuropsychiatry,* eds. Harry C. Solomon and Paul I Yakovlev (Philadelphia: WB Saunders Company, 1944), 520.
[250] *Combat Psychiatry: The Division Psychiatrist,* PMF 5300 (United States Navy Training Film, 1954). This film is archived under "Second World War Military Films" at the National Archives and was likely made for naval use prior to 1954, but given clearance for rerelease by the army at this time.
[251] Ibid.

character is diagnosed with "old sergeant" syndrome who, having served extensively, is too damaged to continue to be of use and will need to be treated in a psychiatric hospital further from the fighting front.

While depicting a couple of soldiers who need to be evacuated, the film's emphasis remains firmly on the "covering" techniques of rest, recuperation, and re-deployment. The film's narrator reminds the intended audience of psychiatrists that they need to learn that many men can "take more than what seems possible." They are also directed to emphasize to their patients how sparingly non-combat jobs are given out, warning that otherwise word will get around that "the psychiatrist is the man to see if you want to trade your foxhole for a rear echelon job."[252] This film's superficial treatment of actual psychiatric practices and its emphasis on how to manage relationships with patients and other personnel was presumably meant to remind new psychiatrists of their primary responsibility to institutional priorities over and above those of any individual patient.[253]

4.1.1. Catharsis Therapy—Narcosynthesis and Hypnosis

The institutional imperatives guiding the training of psychiatrists entering military service inclined their practice away from time-consuming talk therapy and toward treatment techniques that were theoretically efficient and elicited dramatic responses, privileging the sudden change over the gradual. This orientation, demanded by the military's needs, contributed significantly to the larger changes that psychiatric practices underwent during this period. In *The Romance of American Psychology*, Ellen Herman documents the growth and change to the psychological and psychiatric disciplines in the United States as a result of the war. Herman quotes WWII military psychiatrist Edward Strecker, who notes "the necessity for therapy to adapt itself to a more or less inflexible military framework," in his presidential address to the American Psychiatric Association (APA) in 1944. Herman writes that military constraints "forced clinicians to devise a

[252] Ibid.
[253] See chapter 2 for a more thorough discussion of this subject.

menu of creative psychotherapeutic alternatives and shortcuts 'which give promise of returning a maximum number of men to duty within a minimum of time and with techniques which are feasible in the active theatres of combat.'"[254] Pioneers in the development of this "menu" of therapeutic alternatives were Grinker and Spiegel. A practicing psychiatrist before the war, Grinker belonged to the psychodynamic school of psychiatry—a disciplinary orientation that emphasized the social and environmental influences on mental health. Prior to the war, this school was a marginal trend in relation to the dominant psychosomatic school, which was more inclined to understand mental illness as physiological and pathological (thus more difficult to cure). Certain psychodynamic psychiatrists gained prominence during their careers as military psychiatrists—partly due to their conviction that neuroses were largely a social problem and could therefore be cured. This institutional success flipped the disciplinary dominance, and in the post war years, psychodynamic psychiatrists came to occupy key positions in the APA and federal mental health institutions.[255]

Grinker had himself gone through psychoanalysis with Sigmund Freud, and he brought to front-line military psychiatry a tradition of attending to a patient's past in analysis.[256] Adapted to a military context, psychoanalytic concepts laid the foundation for the narcosynthesis treatments introduced in the previous chapter, which became formalized and popularized by Grinker and Spiegel.[257] Once they had arrived in Tunisia, Grinker and Speigel set up a makeshift neuropsychiatric hospital just behind the fighting lines, using what supplies they could find. Historian Alison Winter writes that, "as they scrounged for medical supplies, they came upon a huge stash of Sodium Pentothal, then a popular intravenous anaesthetic."[258] Familiar with the work of British psychiatrists John

---

[254] Strecker as quoted in Herman, and Herman, *The Romance of American* Psychology, 112.

[255] See Chapter 1 in Gerald Grob's *From Asylum to Community* for a thorough history of this change.

[256] Alison Winter, *Memory: Fragments of a Modern History* (Chicago: The University of Chicago Press, 2012), 59.

[257] Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Cambridge: Harvard University Press, 2001), 214, and Winter, "Film and the Construction of Memory in Psychoanalysis, 1940-1960," *Science in Context* 19, no 1 (2006): 116.

[258] Winter, *Memory*, 59.

Stephen Horsley and William Sargant, who had published accounts of their use of barbiturate drugs in "narco-analysis," or the recovery of repressed memories during interviews conducted under heavy sedation, Grinker and Speigel began using the Sodium Pentothal as part of their psychiatric interviews with soldiers. Winter writes:

> This new technique required almost no training or time. And the stories patients related under its influence were not the usual stuff of psychoanalysis—the childhood memories and intrafamily conflicts rendered symbolically in interesting symptoms. Rather they were straightforward narratives of events of the recent past. Therapists using Pentothal rarely dwelt on these narratives to probe their symbolic significance… Instead, they treated them as straightforward historical records.[259]

Called "Narcosynthesis," this treatment was implemented in order to produce emotional catharsis in the patient by way of an emotional "abreaction" or a re-experiencing of frightening memories, this in turn was understood to release the memory's hold on the mind and body of the patient. In their chapter in the *Manual of Military Neuropsychiatry*, Grinker and Spiegel write that Sodium Pentothal, delivered intravenously, "induces a state of seminarcosis during which the patient is able to live through his traumatic battle experiences."[260] They report that the drug allows patients to deal with revived emotions "economically and rationally," free from the distortions normally created by their repression. Though ideally, the drug would be delivered once, producing the desired reaction from patients, in an article titled "The Therapeutic use of Prolonged Sodium Amytal Narcosis," published in 1947, psychiatrist Thos J. Heldt writes that in stubborn cases, the treatment can be extended over 5-12 days of narcosis where the patient is kept asleep for 12-20 hours out of 24. He concludes that "the goal of therapy is a toxic drug delirium in which the patient will not only talk freely, but also will act out and actually abreact some of the painful repressions which have been previously inaccessible."[261]

---

[259] Ibid., 60.
[260] Roy Grinker and John Speigel "The Management of Neuropsychiatric Casualties in the Zone of Combat" in *Manual of Military Neuropsychiatry*, 528.
[261] Thos J. Heldt, "The Therapeutic Use of Prolonged Sodium Amytal Narcosis," *The American Journal of Psychiatry* 104, no.1 (1947): 28-29.

Due to its relative simplicity: administer the drug; expel the damaging repressed memories, the narcosynthesis treatment became wildly popular, rising to the top of the "menu of creative shortcuts." Winter writes that:

> This cathartic practice spread through the army, where it was celebrated as the linchpin of humane yet speedy psychiatric care. The idea of accessing blocked memories motivated the work of hundreds of military psychiatrists and field doctors and the experiences of thousands of patients.[262]

It was believed that these drugs could efficiently "uncover" frightening memories from the mind of patients, and the proof that this uncovering was occurring was the patient narrating or acting out their memories visually and audibly, performing a kind of scene of the past for the attending physician. In other words, the treatment was understood to act as a kind of "rewind" button that could be pressed until the therapist was able to watch the desired scene of trauma.

Unlike scenes of narcosynthesis depicted in films such as *Combat Exhaustion*, where the drug alone prompts a spontaneous acting out of emotion by the patient, it seems that in many cases, the acting was not solely done by the patient. Described by Major Alfred Ludwig in *Bulletin of the US Army Medical Department: Combat Psychiatry*, narcosynthesis entailed first the intravenous injection of the drug, and then often, the dramatic participation of the attending medical doctor or psychiatrist in order to stimulate the memory of the patient.

> In the early stages of treatment the object was to recall to the patient the original traumatic situation in battle. He was told that he was again on the battlefield, and the statement was reinforced by loud warnings, such as "look out," or "watch those shells," or "duck," or by whistling to mimic approaching shells and jarring the cot.[263]

Grinker and Spiegel also noted that if a patient is proving resistant, "the stimulation is made more dramatic and realistic. … The medical officer is called on to play a variety of roles" including pretending to be dead comrades who may have been involved in a particular scene.[264] These performances on the part of doctors and psychiatrists were a

---

[262] Winter, *Memory*, 53.
[263] Ludwig "Psychiatry at the Army Level" in *Bulletin of the US Army Medical Department: Combat Psychiatry*, 96.
[264] Grinker and Spiegel, "Management of Neuropsychiatric Casualties," 529-31.

technique of visualization that formed a key part of the larger theatre of cure taking place in military psychiatry. Ludwig writes that:

> Usually the patient responded with a dramatic startle pattern, cowered on the couch, sought cover, and at times jumped to the floor to dig in or take flight. He then relived his battle experiences and talked to the therapist as if he were some officer or comrade who was with him at the time. Such recitals, highly realistic and dramatic, were often accompanied by a great outburst of emotion and expressions of resentment, hatred, or previously suppressed fear.[265]

All of this action sought the instrumental result of a quick and violent expulsion of emotions in the hopes that this would "uncover" the problem that had brought the patients to the psychiatrist for help. Ludwig concludes of this treatment that: "In general, the greater the emotional release, the better … end result," boasting that this method "proved successful in approximately 95% of patients."[266]

Confident figures such as these secured this technique's popularity and meant that drug-induced audio-visual performances became a standard and normalized element of military psychiatric treatment. The damaged human mind was suddenly being described by experts as eminently treatable through the re-creation of these quite simple and standard procedures: scene one, trigger the memory with drugs, voice and/or actions; scene two, witness the memory being acted out, which was akin to watching the trauma being purged. In this concise theatre of cure, the performance of trauma by the soldier was presumed to be the indication that the treatment was successful. This technique of visualization lent itself very well to being portrayed on film, making it easily communicable to viewers without having to delve deeply into the complex psychiatric explanations underpinning its development. Winter notes this connection in her book, observing that "among the most influential means of establishing this practice were a small number of widely distributed motion picture films made by the US Army Signal Corps to train field medics in how to diagnose and treat psychiatric disorders."[267] She is referring to films including *Combat Exhaustion* and *Psychiatric Procedures in the Combat Area*, examined below. The ease with which this treatment could be

---

[265] Ludwig, "Psychiatry at the Army Level," 96.
[266] Ibid., 97.
[267] Winter, *Memory*, 63.

communicated on film meant it was not only expedient to administer, but also to learn. These films were circulated widely throughout the military, and, as Winter writes, "in some cases [they] supplied most of the 'training' a medical officer might receive."[268] The performative/visual nature of this treatment greatly facilitated its standardization and routinization as it was promulgated via training films, and also promoted a model of the mind as something that could be "seen into" in the service of making it work better.

Performances of Trauma; Theatre of Cure

Film Bulletin number 184, *Psychiatric Procedures in the Combat Area,* is a black and white newsreel-style film made in 1944 as an introduction to the general practices of military psychiatry for officers and medics. It stands in striking contrast to the films described in the previous chapter whose depictions of "combat fatigue" in neuropsychiatric casualties are very mild. This film bulletin presents a distressingly honest portrayal of men in various stages of trauma and recovery in overseas medical stations. While the soldiers portrayed in the training films examined in the previous chapter are clearly actors, this newsreel has a realist documentary aesthetic with scenes that appear to be unprompted and spontaneous performances given by soldiers who have recently been in combat. The film opens with a predictable rhetorical arc beginning with a few short, graphic scenes of combat and dead and mutilated bodies narrated by voice over, making a case for the dire circumstances that make military psychiatry an essential service. It then introduces the field medical station with its psychiatric intake tents and recovery stations, followed by a long scene of an extended intake interview with a soldier who the narrator describes as having "mild anxiety." The soldier is able to communicate with the psychiatrist clearly and he and the other soldiers in the early part of the film represent less severe cases of neuropsychiatric casualties. The film then shows several short, generic shots of soldiers eating, resting, and training and the narrator states that after few days of "good food, rest, and retraining," these soldiers are sent back to their companies in "good form."[269] In contrast to other films tackling this topic, the film then

---

[268] Ibid., 64.
[269] War Department Film Bulletin (FB) 184, *Psychiatric Procedures in the Combat Area* (Army Signal Corps, 1944).

continues with several extended scenes of increasingly incapacitated soldiers in interviews with psychiatrists, some of whom can barely or can't speak at all. The film's arc follows a typical forward psychiatry's flow chart, moving geographically further away from battle as soldiers' symptoms prove to be more challenging.

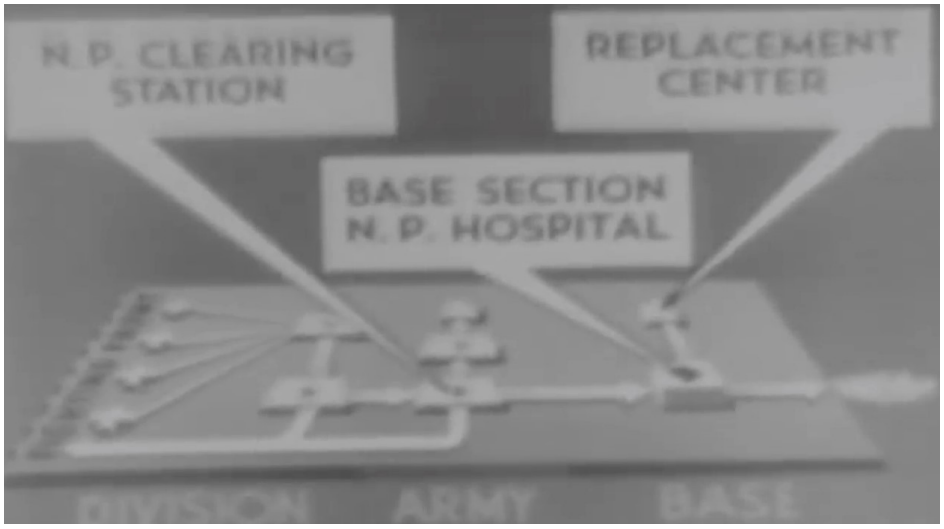


Figure 15: Still from Psychiatric Procedures in the Combat Area *shows the different regions of treatment of neuropsychiatric patients in relation to the zone of active combat (left). The goal was to treat most patients as close to combat zones as possible, moving only a small number of the most severe cases increasingly further from combat until they are discharged back to the US (right).*

Overall, the film maintains the confident rhetoric of success heard in the other military psychiatric films, describing how forward psychiatry recuperates soldiers and puts them back to work effectively. Statistics of how many soldiers are successfully sent back to active duty and/or to non-combat jobs, and how few are actually discharged from the service entirely are repeated regularly. The remaining few who are discharged back to the US are explained away by emphasizing that they most likely had "pronounced neurotic disabilities in their past."[270] Despite these similarities to other training films, what sets this film firmly apart from the others is the devastatingly candid footage of interviews with distressed soldiers who reply meekly to psychiatrists' questions with answers such as: "I just can't stand seeing people killed," "I've had about all I can take," or "I can't kill people."[271] It is impossible to know whether the soldiers appearing in the film had been coached or prompted prior to shooting, and how much of the film is staged

[270] Ibid.
[271] Ibid.

(apart from the scripted narration), but the affect of the performances is clearly meant to convey the authenticity of their experience.

One of the most interesting and affecting scenes in this film documents a soldier undergoing narcosynthesis in a medic tent. The narrator introduces the scene by stating that:

> A few tense, uncertain patients cannot start on their road to recovery because the specific sources of their anxiety have been obscured in the depths of an hysterical amnesia…. This man will be given an intravenous injection of a barbiturate, which will permit him to relive his experiences constructively.[272]

The medic, an attendant, and a soldier, are all framed tightly together as the medic gives the weeping and thrashing soldier an intravenous injection of sodium pentothal while the attendant holds him down against the cot. A medium close up of the medic shows him animatedly commanding the patient: "you're back on the battle field now … what are you doing?" A reverse shot frames the three of them around the cot again while the medic continues to animatedly describe a violent battle scene and the attendant holds the patient down who is trying to escape the shells that he thinks are exploding all around him. Against the background sounds of helicopters flying outside the tent, the patient starts to weep and describe being stuck in a fox hole with his dead buddy, being blown out of that hole and trying to find another one, and taking to a ridge for cover, as if he were there. His story starts to meander and he recalls shooting some surrendering German soldiers at close range, when the medic intervenes to bring him back to the first story by commanding: "you're back on the ridge; watch out for those shells!" The patient cries out: "Sargent [indiscernible name], are you there?" to which the medic replies: "yes, I'm here." This disturbing scene is 8 minutes long, and contains almost exclusively diegetic sound from the patient and psychiatrist and the noises outside the tent. The scene is bookended by the calm narrator who wraps up what has transpired by saying that in the process of the narcotized interview, violent emotions result, sometimes accompanied by tears, and: "As the patient wakes up, he is forced to repeat the newly remembered experiences, this ensures that the memories will be available for later treatment."[273]

---

[272] Ibid.
[273] Ibid.

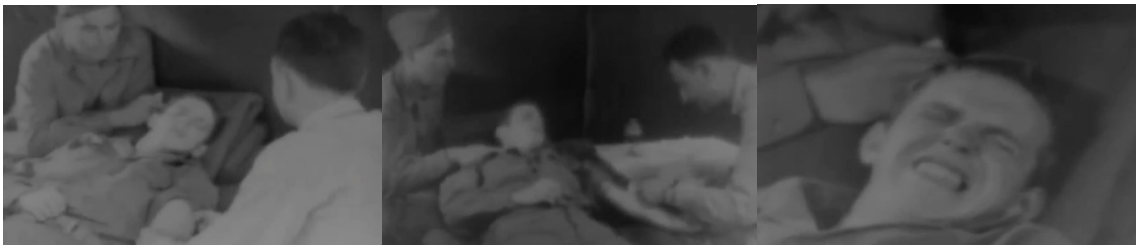


Figure 16: Stills from narcosynthesis scene in Combat Procedures in the Combat Area.

Though its distressing honesty, detail, and length make this depiction of narcosynthesis stand in curious contrast to the quick and painless depiction of narcosynthesis from the film *Combat Exhaustion* examined in Chapter 2, a few key principles remain the same. In addition to a visualization of the principles of narcosynthesis that military psychiatrists have described in their writing, the narcosynthesis scenes in both films depict the crucial element of this military-therapeutic process; what I am calling a performance of trauma. To say whether or what kind of curative benefit this performance provided patients is not something that this project has any intention or capacity to comment on. The fact that it represented an objective improvement over offering no treatment (or imprisonment and/or dishonourable discharge, as was often the case in World War I) is undeniable. The goal of this analysis is instead to suggest that there were institutional benefits to achieving a visible performance of trauma that was readily equated with a successful act of catharsis within military psychiatry.

I use the term "performance of trauma" drawing on the work of anthropologist Audra Simpson who has herself used the term "performance of reconciliation" to draw attention to the ways in which certain expressions of emotion displayed by indigenous subjects engaging with the Canadian government's Truth and Reconciliation Commission (TRC) can be made institutionally beneficial.[274] Simpson proposes that the performative nature of official "reconciliation" paired with the ongoing reality of indigenous people

[274] Audra Simpson used the term "performance of reconciliation" in a talk titled "Reconciliation and its Discontents: Settler Governance in an Age of Sorrow" given at the "World of Matter: Extractive Ecologies and Unceded Terrains" conference co-hosted by Concordia University and Media @ McGill in 2015. I have not found a written version of this discussion in her published scholarship. All quotes here are sourced from a recording of this talk, which can be accessed at https://www.youtube.com/watch?v=vGl9HkzQsGg.

being violently dispossessed of life, land, and culture by the government presents "a simultaneous affective and extractive mode" of address that attempts to "make a break from a grievous past." She states that the spectacle of reconciliation which often includes documentation of indigenous subjects expressing emotional responses to the TRC works to settle the unsettled co-existence of the colonial state and indigenous claims to sovereignty "through the technique … of a contract" that "repairs and presumably cancels out the possibility of all further claims to harm." While Simpson says that it is extremely important to recognize that indigenous subjects have often expressed a deeply healing benefit from the TRC, she also wants to account for the symbolic value that can be extracted from a performance of emotion by allowing it to signal a form of closure and a contract fulfilled. She says that during this event, "the performance of emotion becomes key … in exercises of absolution." The potential for a performance of emotion, or trauma, to be put to work in the service of institutional goals that are incommensurate with the healing of the individual subject is where Simpson's concept of a "performance of reconciliation" presents helpful analytical tools for critiquing the extractive orientation of institutional power even as it works to repair damage it has caused. I am not proposing here any kind of equivalence between the ongoing trauma and dispossession visited on indigenous people and the experience of soldiers undergoing psychiatric treatment during World War II, especially given the fact that indigenous suffering and dispossession often comes at the hands of soldiers working for state militaries. Instead, I draw on Simpson's work to show a continuity of modes of institutional exploitation to add to the critique that, without substantive change to their larger institutional goals (such as wealth extraction), any acts of reparation must be analyzed with suspicion whether they are addressed to labourers (in this case soldiers) or those who have been victims of their labour.

In the US military's psychiatric practice during World War II, the assumption that a patient would perform his trauma if triggered often enough and/or in the right way, appears to be the unacknowledged lynchpin that enabled the expansion of a particular logic of treatment, and with it, the military psychiatric apparatus. The production of a visual, observable performance of trauma on part of the patient in response to the event of narcosynthesis signified that some measure of therapeutic success had been achieved,

thus fulfilling an obligation toward this patient for trauma suffered on the job. The films that depict this treatment not only show us the very visual and performative mode of this cure, but are themselves constitutive of the routinization of these performances as curative practices.

The Cinematic Mind

While the similarities in the scenes depicting narcosynthesis from the film *Psychiatric Procedures in the Combat Area* and *Combat Exhaustion* allow us to see the important continuity in how narcosynthesis was presented, the differences between them offer insight into the institutional evolution of this practice. *Combat Exhaustion,* filmed one year after *Psychiatric Procedures in the Combat Area,* presents an extremely controlled and straightforward depiction of a narcotic interview. In contrast to the scene described above, it seems to be an almost parodic portrayal of the theatre of cure. It is interesting to note that in their desire to generate a clear and communicable picture of the mind under stress, some of the films used in military psychiatry and the treatments they promoted portrayed a model of the patient's mind as *cinematic in itself*; as something that could clearly display both its trauma and its cure for doctors to see, and therefore assure them that their techniques were working. The narcosynthesis scene from *Combat Exhaustion* takes place in a military psychiatric hospital in front of a group of observing doctors who are learning the technique. The tall, calm, and authoritative psychiatrist providing the demonstration administers a dose sodium pentothal to bring about a state of "chemical hypnosis" in a patient while soberly describing what he is doing to his audience.[275] He also reassures the goofy, chubby, and deferential patient in patronizing tones as he becomes increasingly intoxicated. Once the patient has been deemed sufficiently drugged by the psychiatrist, the camera centers on the patient's face. An attendant reaches behind his head to "straighten him out in bed—put him on his back," as directed by the psychiatrist, immediately triggering the patient to go from a pleasantly "drunk" state to wide-eyed and screaming in panic. The close up shot of the patient's face in the hospital bed fades to a close up shot of the same actor, face now covered in

[275] Sodium pentothal and sodium amytal were the most common drugs administered for the purposes of narcosynthesis.

dirt and helmet on his head, panicking, while the sounds of explosions and missiles can be heard. As the camera pulls back to a medium shot of the soldier cowering in a foxhole, a large clod of dirt hits him, which the soldier interprets as a gunshot to the back, losing the functioning of his legs and weeping in pain. This flashback scene ends with another fade from the soldier in the foxhole back to the patient in the hospital bed, still crying in distress as he had been in the flashback scene. This sequence signals to the film's viewer that the patient is reliving his trauma under "chemical hypnosis," which the film equates with a virtually instantaneous purging of his obstacle to recovery. After the flashback, the psychiatrist calmly and confidently rouses the distressed patient, reminding him that he is safe in a hospital, and coaches him to get up and walk, telling him "your back is fine and straight." After a few cautious steps, the patient begins to walk normally, and marvels at the returned use of his legs. In a medium shot with the psychiatrist in the foreground, and the patient walking back and forth in front of the team of observing doctors, the psychiatrist parades his newly cured patient, encouraging him to: "put your shoulders back. … Let's see you walk like a soldier." The use of the flashback to show doctors how the mind could be triggered to release its trauma with the help of drugs was not simply cinematic shorthand. The flashback mimicked a formalization of narcosynthesis treatment that presumed the patients' mind as able to visually project a buried memory, if triggered properly, as a performance for the therapist to see.

Figure 17: The effect of the narcosynthesis treatment is portrayed in Combat Exhaustion *by cutting from the patient in the hospital to a flashback of him in the field, and then back to the hospital again where he immediately regains the use of his legs.*

This sanitized re-visioning of the theatre of cure injects a visual rhetoric of ease and control (the performance provided by the medic or psychiatrist that would normally

trigger the patient's memory is conspicuously absent) into a scene that otherwise trades on the same basic principle: the performance of trauma signals to the observers that the patient has cathartically released his traumatic memory, and the medic has successfully moved forward in his task of returning him to a functional state. *Psychiatric Procedures in the Combat Area* depicted the procedure as effective yet somewhat messy, involving violent emotional and physical reactions, and possibly requiring repeated attempts to achieve the desired outcome. In *Combat Exhaustion* this procedure becomes an easy, efficient, and infinitely replicable treatment that immediately produces not merely emotional catharsis, but a complete return to normal functioning.

Reading descriptions of narcosynthesis written by Grinker, Spiegel, Ludwig, and other military psychiatrists written in military publications and psychiatric journals, it becomes clear why a cinematic depiction of the performance of cure could be functionally signalled by a flashback sequence. Scenes of emotional abreaction under narcosis are described by psychiatrists as a kind of "rewinding" to an indexical imprint of an experience; a cinematic playback of a moment of trauma. Grinker writes of the process that: "the minuteness and wealth of detail which flood the memory, even of events which took place many months and even years before, is always impressive."[276] And together with Spiegel in the *Manual of Military Neuropsychiatry,* they write that: "it is electrifying to watch the terror exhibited in the moments of supreme danger," describing the rigid body, sweating, and changed breathing of a patient under narcoanalysis.[277] The language used to describe the technique in later texts becomes both more cinematic in its description, while its results are presented as being less ambiguous. Historian Alison Winter notes the emergence of cinematic tropes to describe these processes, writing that

> Patients sometimes likened their experiences to mental movies, and psychiatrists spoke of their patients' memories as capable of being replayed … Techniques of this kind produced a theatrical repertoire of memory-production that spread through the Allied forces. It was frequently summarized in terms reminiscent of the experience of cinema; memory was like a film, the consulting room a theatre, and the process of

[276] Grinker as cited in Winter *Memory*, 60.
[277] Grinker and Spiegel, "The Management of Neuropsychiatric Casualties," 530.

> abreaction played the flashback before the amazed audience of medical staff.[278]

Alongside the presentations of these procedures in films, came a corresponding distillation of both technique and its interpretation by the psychiatrists who continued to write about it throughout and after the war.

One particular extension of the logic of this model of mind applied to the use of narcosynthesis was as popular "lie detector" test both before and after the war. Winter writes that some psychiatrists saw the mind's "rewind" function as not merely a useful curative tool, but one that could also identify which veterans actually deserved treatment and disability pensions, and which ones were "malingering," or pretending to be ill. Military psychiatrist Alfred Ludwig published on the use of narcosynthesis to expose lying by observing the types of reactions that it produced. He states:

> The malingerer resists narcosis, fearing that it will make him tell the truth. Narcotized, he fails to show any of the *productivity* of a neurotic patient and combats any effort to recover his lost memory.[279]

Conforming to the expected performance of trauma under narcosis was thus more than just a useful indicator to practitioners, it also functioned as visual "proof" that the soldier was actually traumatized. With narcosynthesis, the logic that psychiatric treatment could trade in visible, interpretable performances allowed for the categorization of patients into groups that either "productively" responded to treatment or were shown to be leeches on the system with the refusal of a performance.

When narcosynthesis was initially introduced into the military context, its practitioners were borrowing a Freudian model of mind (and memory) where the emotional and analytical significance of memories had much less to do with their "truth" content than with the associative meanings that a skilled interpreter could draw from them. But, as Winter explains: "the exigencies of the war encouraged a more mechanical understanding. Missing memories were now like missing puzzle pieces, which could be snapped back into place by pharmaceutical levers."[280] The coming together of

---

[278] Winter "Film and the Construction of Memory," 118.
[279] Ibid., 70. My emphasis.
[280] Ibid., 73. Pioneering military psychiatrists Grinker and Spiegel had been trained in Freudian psychoanalysis.

instrumental drug use with depictions of the mind as a motion-picture like device that could "play back" true events from the past laid the foundation for narcosynthesis' proliferation in military psychiatry, as well its extension into post war experimentation with drugs as "truth serums" and agents of mind alteration.[281]

Group Therapy

The theatre of cure was not restricted to an audience of medical staff. Abreactive or catharsis therapies like narcosynthesis were combined with group therapy to deal with the problem of scale plaguing military psychiatry. In his article "Military Group Psychotherapy," navy psychiatrist Howard Rome champions the expediency of group therapy, writing that it: "provides a method of management which not only solves the problem of providing adequate care for large numbers of patients, but also answers the baffling question of how to quickly and effectively rehabilitate military personnel."[282] Efforts to do psychiatric work despite a scarcity of resources not only lead to the use of sodium pentothal in Grinker and Spiegel's early narcosynthesis experiments in Tunisia, but also created the conditions for a key breakthrough that brought narcosynthesis into the group therapy context. Due to a lack of space, their therapeutic practice took place in an open medical tent in plain view of other patients, and as a result, they noted the potential of visual stimulus to act as an adjunct not only to individual treatment, but in group therapy as well. They observed that while the doctors and patients were acting out battle scenes during narcosynthesis treatment, other patients within eye- and earshot were liable to react with sympathetic displays of distress.[283] This observation formed the basis of experimentations with and standardizations of treatments that used visual and auditory stimulus. In writing on the development of group therapy in the post war review *The*

---

[281] Ibid., 127. Some WWII doctors went on to use Pentothal as part of criminal investigation procedures, see Winter *Memory,* 126. These ideas are revisited in the conclusion of this study.
[282] Rome "Military Group Psychotherapy" in *Manual of Military Neuropsychiatry*, 569.
[283] Louis L. Tureen and Martin Stein, "The Base Section Psychiatric Hospital," in *The Bulletin of the US Army Medical Department: Combat Psychiatry,* US Army Medical Department, ed. Lt. Col. Wayne G Brandstadt (Washington: The Bulletin of the US Army Medical Department Printing Office, 1949), 129.

Bulletin of the US Army Medical Department: Combat Psychiatry, psychiatrists Louis Tureen and Martin Stein note:

> Our interest in group therapy was first stimulated … when acute psychiatric battle casualties were treated in an open ward of an evacuation hospital in full view of 20 other patients. There was no privacy during the examination interviews or any phase of narcoanalysis. Any abreaction produced in the patient produced a response in all the other patients, who were attentively observing the procedure.[284]

This discovery gave narcosynthesis the status of an efficient therapy not only at the level of individual treatment, but also as a performance with curative potential that could be carried out *en masse*. The practice of performing narcosynthesis treatments in open wards and tents became standard military policy, where treatments viewable by other patients are praised for promoting the exercise of self control and good behaviour.[285] The group setting therefore offered the added benefit of enabling Foucauldian supervision of the patients by each other during treatment, allowing for increased institutional control and rationalization.

Drugs were the most common tool used to trigger performances of cure due to their ease of administration, but hypnotherapy was also used as a method of achieving similar results.[286] The military film *Hypnosis—Okinawa* (alternately titled *Okinawa: The Use of Hypnotherapy in Combat Psychiatry*) developed by Lieutenant Colonel M. Ralph Kaufman and Major Lindsay E. Beaton, ostensibly documents similar events to those seen in films featuring narcosynthesis, with a focus on the hypnotic methods being used commonly in Okinawa.[287] An information sheet made to accompany the film in military circulation summarizes concisely:

---

[284] Ibid.
[285] Ludwig, "Psychiatry at the Army Level" *The Bulletin of the US Army Medical Department: Combat Psychiatry*, 97.
[286] See for example, Fred D. Kartchner and Ija N. Korner "Use of Hypnosis in Treatment of Acute Combat Reactions" *The American Journal of Psychiatry* 105.3 (1947): 630-6.
[287] This information comes from documents about the film found in the National Archives. I have been unable to find an existing copy of the film.

> In Okinawa, [the] main method of sedation was hypnosis to bring about similar results to chemical sedation. A scene demonstrates the use of hypnotherapy.[288]

In 1945 an article was published in *The American Journal of Psychiatry* titled "Hypnotic Techniques for Therapy of Acute Psychiatric Disturbances in War."[289] In it, the author describes group trances where a lecture is given to first establish a rational framework for the procedure, and then followed with a demonstration of hypnosis with the hope that the catharsis performed by the soldier at the front will similarly conjure affects of distress, or performances of trauma from the audience. The author adds that drugs should be used to supplement hypnotic trances should the audience prove disturbed or uncooperative.[290] In both narcosynthesis and hypnotherapy, the same performance of trauma marked the success of the treatment—which was part of what made these treatments friendly to cinematic portrayal. More significant than their photogenic qualities, however, is the fact that catharsis therapies shared with cinema a reliance on the visible as a catalyst. It is precisely its use of the audio-visual—its ability to be seen and heard—that made catharsis therapy useful as both as an easily teachable and learnable therapy, and maybe more importantly, as a basis for group therapy. Catharsis therapy's ability to work by creating a theatre of cure within a group setting appears to be one of the key reasons that it became such a routine element of the military's psychiatry program. Its expediency and efficiency in group settings when resources for treatment were scarce was very appealing. Within this context, film became a logical next-step for achieving similar results. In what follows, we will look at how the principles established in the early formalization of psychiatric practice in the US military's field psychiatry created a natural bridge to using films in therapeutic treatments in military hospitals.

---

[288] Information sheet found in the "Training Films" file contained in the file series under Neuropsychiatry; Record Group 112 Office of the Surgeon General/Army World War II Administrative Records-ZI 730 (RG 112 SGO/A 730); Box 1328; National Archives at College Park (NACP).
[289] Milton H. Erickson "Hypnotic Techniques for Therapy of Acute Psychiatric Disturbances in War" *The American Journal of Psychiatry* 101.5 (1945): 668-672.
[290] Ibid., 669.

4.2. Films in Clinical Treatment

In the "Training Films" folder from the files of the Neuropsychiatry Division at the Surgeon General's Office (SGO), there is a letter signed by Mark Marvin of the US Army Signal Corps addressed to John Appel, military psychiatrist and chief of the Mental Hygiene Branch in the SGO. In the letter, Marvin proposes to Appel that films might be used to address the psychiatric needs of the military, saying that the "use of motion pictures [is] perhaps the only mass medium of psychiatric treatment available."[291] He goes on to offer his services—should their division be interested in working with film as a tool—saying:

> As a motion-picture producer … I know there is available a great deal of talent for experimental work along such lines. And, in view of the widely recognized shortage of competent psychiatrists, investigation of the possible uses of motion pictures as a supplementary therapeutic aid … seems to me to be an urgent necessity.[292]

Appel's letter of reply, dated August 16th 1944, assures the enterprising Marvin that the Neuropsychiatric division has "long been interested in the use motion pictures both for prevention and treatment of psychiatric disorders." Somewhat surprisingly, Appel's letter then proceeds to lament that the Neuropsychiatry Division's efforts in developing such films had been stymied by an inability to spare qualified psychiatrists to oversee film projects. Even though Appel clearly thought that there was much *more* psychiatric labour that could be accomplished using films, there were quite a few film projects made and used by military psychiatrists and the Neuropsychiatry Division despite the lack of available supervisory resources. Film as an avenue for modernizing psychiatric treatment and prevention was plainly pursued within the military psychiatric apparatus.

As we have already seen in Chapters 1 and 2, there were dozens of films made at the level of the military institution itself for the express purpose of "preventing and treating psychiatric disorders," and as we will see in this section, there were many more films that were being experimented with by military psychiatrists in hospital settings with the support and approval of overarching institutional bodies such as the military's

---

[291] "Training Films," Neuropsychiatry; RG 112 SGO/A 730; Box 1328, NACP. Original emphasis.
[292] Ibid.

Neuropsychiatry Division.[293] Lieutenant Commander Howard P. Rome was the head psychiatrist working for the Navy and one of the most active users and proselytizers of film as an aid to psychiatric treatment. Rome's personal enthusiasm for using film was likely responsible for the fact that the Navy's psychiatric film program was more developed than that of the other military divisions. Rome wrote frequently on film's usefulness as an aid in general military operations and the application of this usefulness to psychiatric therapy. He was also responsible for spearheading the development of the *Introduction to Combat Fatigue* series.[294] In an article titled "Military Group Psychotherapy," Rome writes that:

> Deconditioning to sounds and sights—peek views of experiences yet to be lived through and analyses of typical past performance—are some of the possibilities that lend themselves to accurate motion picture portrayal. … The benefits of motion picture training in new skills developed by the training films division of the Bureau of Aeronautics are *now being turned to therapy* by the Bureau of Medicine and Surgery.[295]

The Aviation Psychology Program in the Bureau of Aeronautics was experimenting with motion pictures as a tool for testing and improving motor and perception skills needed to fly combat planes. The Waller Flexible Gunnery Trainer—a complex multi- projector and screen apparatus that adapted technologies that had been in development to become the theatrical Cinerama in the post war period—was used extensively to train aviation machine gunners to shoot down aircraft.[296] Eighty-five Gunnery Trainers were built for this purpose, often "[running] schedules of as much as 15, 18, and as much as 24 hours a day … seven days a week."[297]

---

[293] Head psychiatrist for the US Navy, Howard Rome, writes for example that "eight films have been produced [to supplement group psychotherapy] with the technical cooperation of the Training Films and Motion Pictures Branch of the Bureau of Aeronautics" in "Therapeutic Films and Group Psychotherapy" *Sociometry* 8 no.3/4 (1945): 247. See also Elias Katz' "A Brief Survey of the Use of Motion Pictures for the Treatment of Neuropsychiatric Patients" *Psychiatric Quarterly* 20.1 (1946): 204-216.
[294] See Rome, "Therapeutic Films and Group Psychotherapy," "Military Group Psychotherapy," and "Audio-Visual Aids in Psychiatry."
[295] Howard P. Rome, "Military Group Psychotherapy," *The American Journal of Psychiatry* 101.4 (1945): 496. My emphasis.
[296] Fred Waller, "The Archeology of Cinerama," *Film History* 5 no. 3 (1993): 293.
[297] Ibid.

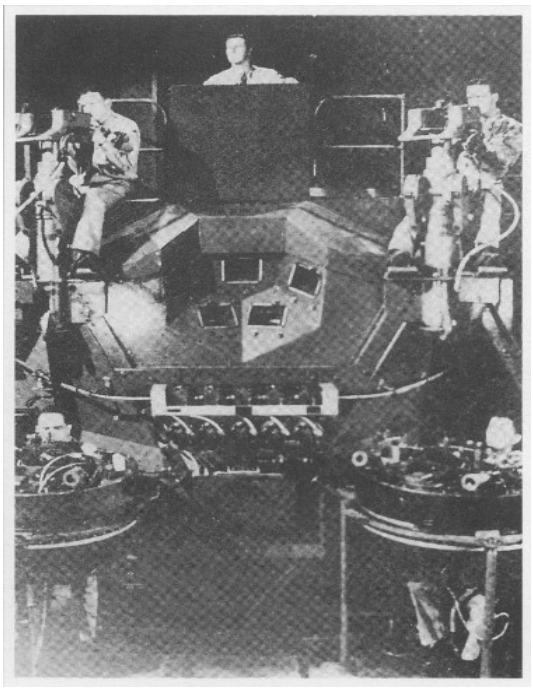


Figure 18: The Waller Flexible Gunnery Trainer. Caption from original publication reads: "The Waller Flexible Gunnery Trainer with four trainees and an instructor (top center). Five 35 mm projectors (center) produce a mosaic image of enemy aircraft that serves as a target for the trainees' 'guns.'"

Image reprinted from "Archeology of Cinerama" in *Film History 5, no. 3 (1993)*.

Successes such as these, achieved using film to achieve technical skills, spurred further interest in film's ability to stimulate different kinds of cognitive capacities, including those of processing, understanding, and healing traumatic experiences.[298] With the pressing need to streamline therapeutic techniques in order to meet demands, military psychiatrists worked with films to help re-condition soldiers once they were temporarily evacuated for psychiatric treatment or discharged from military service.

Reflecting specifically on the group therapeutic setting, Rome speculates that the use of motion pictures represents a dramatic breakthrough in the scope and power of psychiatric methodology, writing:

> AV aids—motion pictures—are extremely useful adjuncts to group treatment and training which have been neglected until recently. … With care and perfection [a technique developed for the production of such films] should do for medicine what the graphic arts have done for book

[298] The Bureau of Aeronautics new skills training included the testing for motion detection, map reading, shooting, and landing skills for pilots. See James J. Gibson, "Motion Picture Testing and Research" Army Air Force Aviation Psychology Program Research Reports, 1947.

> publishing—enlarge its field, increase its depth and make it less mysterious for a great many people.[299]

The use of film technologies in treatment brought together and refined the uses to which film was put in other contexts explored in previous chapters, namely: the provision of emotional motivation and fortification by cultivating morale, the spread of military psychiatric concepts via training films, and the popularization and use of cinematic tropes in medical-psychiatric practice. In addition to these qualities of film as a medium of mass communication, film in therapeutic practice demanded something more targeted, more direct. Practitioners using film in therapy banked on film's capacity to solicit memories, fears, and emotions from viewers in particular ways—ways that would make them effective adjuncts to the types of abreaction treatments examined above. In World War II, the military psychiatric apparatus was asking complex questions about film's relationship to its viewers, and it worked them out in the clinic and the laboratory. While questions of film's particular effects on viewers have been debated in film studies throughout the discipline's existence, how the powerful institution of the US military engaged these questions, and the larger social ramifications of their understandings and conclusions, is only beginning to be thoroughly analyzed. The rest of this chapter works toward this end.

Howard Rome's name surfaces again in the context of these investigations into film's impact on its audiences when psychiatrist Francis Braceland writes in his 1947 article "Psychiatric Lessons from WWII," that:

> Mention should be made of the extensive use of audio-visual aids in the naval service. Films were used for instruction purposes as well as for aids in diagnosis and treatment. Several interesting studies were made measuring audience reaction by infra-red photography, etc., all of which have been described by Commander Rome who was the prime mover of this type of work in our service.[300]

This tantalizing mention of using infra-red photography as a device for spectator study unfortunately does not have any more in-depth or follow up documentation that I was able to find. The military invested significant resources studying the effects of some of

---

[299] Rome, "Military Group Psychotherapy," 496.
[300] Francis Braceland, "Psychiatric Lessons from World War II," The American Journal of Psychiatry 103, no. 5 (1947): 592.

their large-scale preventative psychiatric efforts, as Eric Smoodin has shown with his research on the apparatus for studying effects of the *Why We Fight* films.[301] Many of the clinical experiments examined in this chapter, however, occurred on a comparatively small scale by individual practitioners with an enthusiasm for film's potential to automate aspects of therapy. Evidence of these experiments often comes from articles written by a small handful of enthusiasts seeking to compile notes among like-minded psychiatrists.[302] These individual studies and observations therefore do not reveal a comprehensive theory of film spectatorship developed within military psychiatry. They do however, show that the deep investment the military had made in film and visual technologies in order to expand particular psychiatric practices was taken up and furthered in clinical practice. Watching audiences watch films using infra-red photography was part of the ongoing research into using film as a tool to optimize military labour.[303] Some psychiatrists believed that if the effects of watching a film could somehow be made predictable enough, visual technologies could become the key to efficient large-scale group therapy. In other words, if films could provide a substitute for the personal memories sought by psychoanalysis, instead supplying images that traded in a kind of generic, shared experience of trauma, a kind of assembly line treatment could become imaginable. In what follows, we will explore how particular types of films were integrated into military psychiatric treatment in order to understand better the kinds of responses that psychiatrists sought from their patients, and how they understood these effects, and how they functioned within institutionally determined goals for mental health.

---

[301] See Eric Smoodin's *Regarding Frank Capra: Audience, Celebrity & American Film Studies,*
1930-1960, on the film studies apparatus developed by the US military. See also the discussion of Smoodin in the last section in chapter 1 of this study.
[302] In particular Elias Katz, Howard Rome, and Francis Braceland.
[303] See

4.2.1. The Military Psychiatric Hospital

In the same file containing Marvin and Appel's exchange is a letter titled "Neuropsychiatric training film; production of" dated November 5th 1943, that suggests making a film to be used in the training of medical staff, nurses, and corpsmen who work with neuropsychiatric patients in medical facilities and psychiatric wards. The letter states that such a film could help with the "correction of many false ideas and misconceptions which popularly exist concerning mental illness," such as thinking that psychiatric patients are different from other patients, that they are faking their symptoms, or that their condition is incurable.[304] It states that: "An open and frank movie presentation of the facts on this subject should do much to allay the fear and anxiety often experienced by those who must necessarily come in close contact with the mentally ill." Several movies were made to aid the training of medical staff to this end, including *Care of the Sick and Wounded—The Neuropsychiatric Patient* (1944), *Ward Care of Psychotic Patients* (1945), *Psychosis and Allied States,* and *Your Job and the Psychiatric Patient* parts I, II, and III (1947).[305]

Figure 19: Series of photos taken during the filming of The Neuropsychiatric Patient *US Navy training film (1944) Z. M. Lebensohn, Technical Director. Photo's caption reads: "Schizophrenic patient (played by an actor) being interviewed by Navy psychiatrist (also an actor)"*

[304] "Training Films," Neuropsychiatry; RG 112 SGO/A 730; Box 1328, NACP.
[305] I haven't been able to date *Psychosis and Allied States*, but it is listed among a program of military psychiatric films shown during the 26th Annual Meeting of the Western Psychological Association in 1946. See "Program of Films" *American Psychologist* 1 no.10 (1946): 458.

Source: “Prints: Photographs of the Production of the US Navy Training Film ‘The NP Patient’ 1943-44” Records of St. Elizabeth’s Hospital; RG 418 - NP, NACP

Figure 20: Photo’s caption reads: “Seriously depressed patient (played by “Chubby” Sherman, well known Broadway actor) being interviewed by a young hospital apprentice”

Source: “Prints: Photographs of the Production of the US Navy Training Film ‘The NP Patient’ 1943-44” Records of St. Elizabeth’s Hospital; RG 418 - NP, NACP

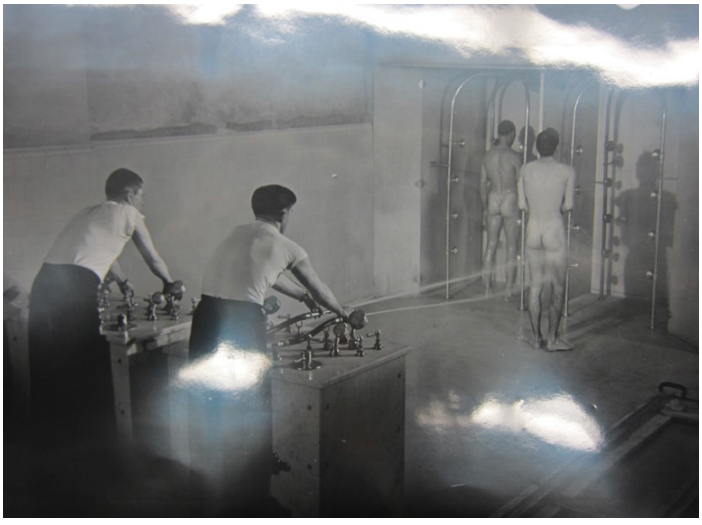


Figure 21: Photo’s caption reads: “Hydrotherapy at St. E’s, the Scotch douches”

Source: “Prints: Photographs of the Production of the US Navy Training Film ‘The NP Patient’ 1943-44” Records of St. Elizabeth’s Hospital; RG 418 - NP, NACP

Figure 22: "Dr. Lebensohn supervising a scene with the cameraman (open shirt) and the director, Lt. Hugh Mullen (in shirtsleeves and black tie). Corpsman at the desk was actually assigned to the Navy detail at St. E's"

Source: "Prints: Photographs of the Production of the US Navy Training Film 'The NP Patient' 1943-44" Records of St. Elizabeth's Hospital; RG 418 - NP, NACP

The Neuropsychiatric Patient and *Ward Care of Psychotic Patients* were instructional training films for military medical staff. Both were shot in St. Elizabeth's military psychiatric hospital in Washington. The former film was directed by Hugh MacMullen, who also directed *Introduction to Combat Fatigue.* I have not been able to find a copy of *The Neuropsychiatric Patient* to view, but *Ward Care of Psychotic Patients* provides context for understanding practices of basic care in a stateside military psychiatric hospital. It includes segments on how to approach, restrain, and move a resistant patient. It depicts various forms of treatment such as continuous tub treatment (strapping a patient into a restraining hammock inside a bathtub of warm water where he stays for many hours), or wet packs (wrapping the patient mummy-style in wet sheets and securing him to a bed for several hours). The longest segment of the film deals with methods for suicide prevention by carefully searching patients' rooms for sharp objects, etc. Notably absent from the film are the more specialized procedures such as narcosynthesis and electroshock therapy, even though both appear on the list of treatments made in the typed letter proposing such a film above and are subsequently crossed out by hand. It may be that these techniques were thought to be an unnecessary inclusion in a film for medical staff, even though they were both widely used in this

context. Electroshock therapy is described as "one of the most useful instruments in military … psychiatry," in the *Bulletin of the US Army Medical Department: Combat Psychiatry,* where it is listed among the primary treatments for soldiers including interviews, hydrotherapy (continuous tub treatment), wet packs, narcosynthesis, art, recreational, and occupational therapy, and group therapy, which is often described as involving the watching of films in a group.[306]

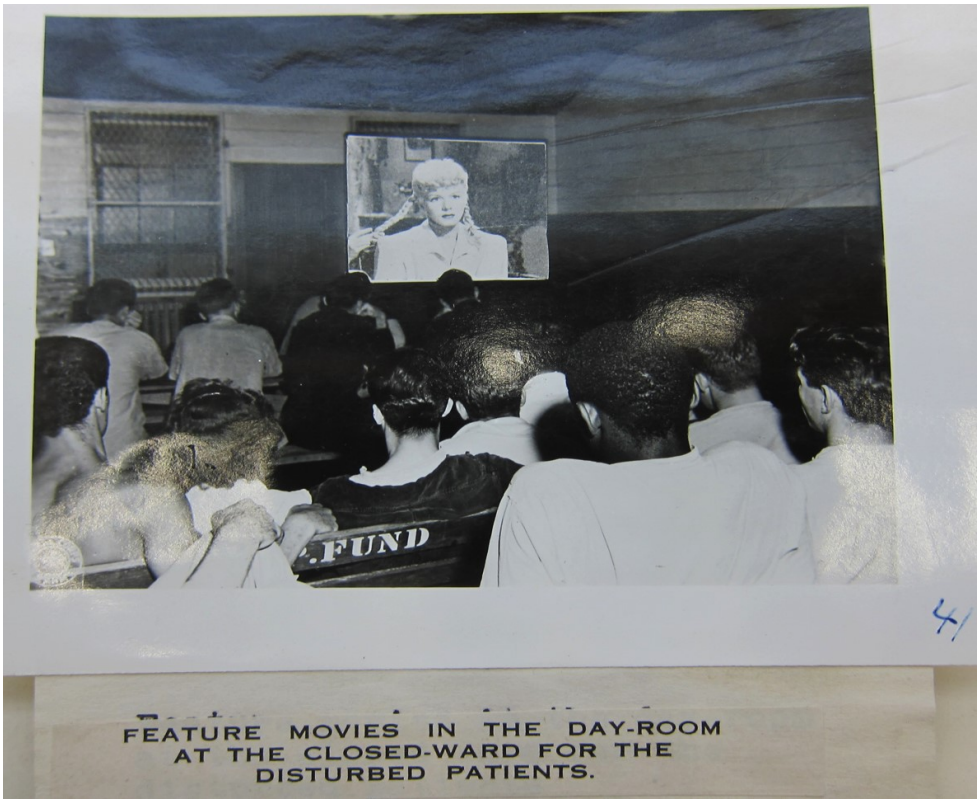


Figure 23:"Feature Movies in the Day Room at the Closed-Ward for the Disturbed Patients."

Image from "Photographs—Hospitals and Facilities and Personnel;" Neuropsychiatry; RG 112 SGO/A 730; Box 1317, NACP

[306] *The Bulletin of the US Army Medical Department: Combat Psychiatry,* 124.

4.2.2. Films as Aids to Psychiatric Treatment

Pedagogical

Some of the films used in group therapy settings traded primarily in their ability to appeal to the rational minds of patient-viewers, imparting information and creating a set of shared ideas and experiences to provide a foundation for more effective, focused, and empathetic group discussion. Often film content worked toward producing specific effects in group therapy. But in other instances, the experience of watching a film that was loosely connected to a desired topic of conversation was understood by therapists to be enough to unite the group in meaningful ways. In an article titled "Deepening a Group's Insight into Human Relations: A Compilation of Aids" written in 1949, doctors Bettis, Malamud, and Malamud observe that "our treatment of groups consisting of hostile military delinquents seemed to identify frequently with the persons or situations on the screen: these they seemed able to discuss more readily than their own personal problems."[307] Other studies cite the use of filmstrips and excerpts from Hollywood productions that deal with social problems as stimulating otherwise incommunicative patients to identify and even build rapport with characters on a screen.[308] Although it is never explicitly stated as such, it seems that there was a belief among therapists that characters seen in films could provide a starting point for recognizing patients' own conditions, and a safe and impersonal vehicle through which patients might begin to discuss their experiences within a group.

In his 1946 article, "A Brief Survey of the use of Motion Pictures for the Treatment of Neuropsychiatric Patients," Dr. Elias Katz reports findings from a survey he sent out to a number of psychiatrists working with soldiers in military hospitals, asking them about their use of film in treatment. Among one of the more common sets of films reported as aids during therapy is Dr. Jules Masserman's eleven film documents made as part of his clinical study of "The Dynamics of an Experimental Neurosis in Cats." These

[307] Moody C Bettis, Daniel I. Malamud and Rachel F. Malamud, "Deepening a Group's Insight into Human Relations: A Compilation of Aids" *Journal of Clinical Psychology*, Vol. 5 (1949): 116.
[308] Harold H. Bernan, "Audio-visual psychotherapeutics; portable moving pictures with sound as a rehabilitation measure" *Psychiatric Quarterly Supplement*, no. 20 (1946): 199-201.

films are silent recordings that Masserman made of his experiments to produce neuroses in cats. Katz notes that: "in Canada, psychiatrists in the Department of the Veteran's Association have been using these films for psychotherapeutic purposes," and comments on the added benefit of the silent films is that doctors can supply their own interpretation and commentary during group therapy sessions.[309] The films' appeal was not limited to Canadian geography. Masserman's experiments with neuroses in cats are cited frequently in psychiatric literature as useful illustrations for explaining fear as a biological/neurological mechanism used to trigger self-defence reactions rather than as a moral failing. These cat films are even implicitly quoted in the first *Introduction to Combat Fatigue* film with a sequence occurring early in the film where a cat reacts fearfully to the presence of a dog that comes into frame while the cat (interestingly referred to as "she" by the narrator—one of the very few females appearing in any of the *Combat Fatigue* films) is drinking milk in order to illustrate a parallel to what is happening in the mind of the film's protagonist during battle. The scene with the cat occurs early on in the film as an illustration of fear reactions, and later in the film when the protagonist, Edwards, is preparing to land on shore for battle, a faded close up of the scared cat from the earlier scene is superimposed onto a close up shot of Edwards' face.

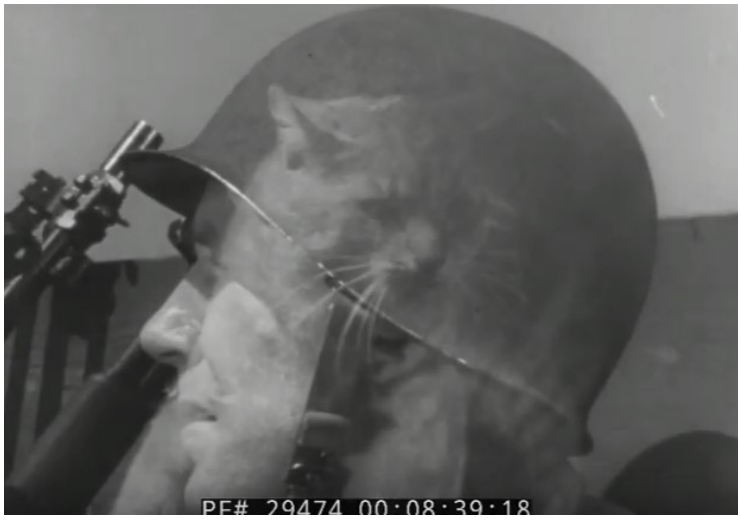


Figure 24: Edwards' fear is compared to the cat's fear in Introduction to Combat Fatigue

[309] Elias Katz "A Brief Survey of the Use of Motion Pictures for the Treatment of Neuropsychiatric Patients" *Psychiatric Quarterly* 20.1 (1946): 206.

Automating the Theatre of Cure with the Cinematic Trigger

The *Introduction to Combat Fatigue* films—a series of fiction films made by the US Navy illustrating common experiences of stress, neurosis, and fatigue experienced by soldiers— were most commonly screened during soldier training to introduce inductees to the military to basic psychiatric concepts in the hopes that it would help them to cope with common difficulties and sublimate symptoms.[310] These same films were also screened for patients in military psychiatric hospitals, making a regular appearance in Dr. Katz' survey of film use by psychiatrists. Their subject matter (and the fact that they had been designed with this very application in mind) could specifically target a set of problems for shared identification amongst viewers; more so than random Hollywood titles or films about cats and fear. An earlier survey written up in 1944 by Dr. Katz on the use of audio visual aids in military hospitals praises the *Introduction to Combat Fatigue* films for their ability to stimulate productive group discussion,[311] and in an article published for the US Navy in 1945, psychiatrist Howard Rome (a key actor in the films' production and conceptualization) writes that they are successful in "assist[ing] the patient in understanding the nature and cause of his illness" in group psychotherapy sessions.[312]

In addition to their ability to impart valuable information about common conditions, psychiatrists also used these same films in group therapy to try to trigger emotional catharsis or performances of trauma. The films themselves often contain scenes of soldiers performing emotional outbursts followed by scenes of recovery and resolution, presenting not only a model for understanding how the steps of recovery should proceed, but also an embodied performance available for mimicry. As we explored in the previous chapter, *Introduction to Combat Fatigue: Irritability*, is a particularly interesting model for this technique, as the main character, Lucas, ends up in a group therapy session where he tells the story of his battle experience to his fellow

---

[310] For a more detailed description of the film series see Chapter 2 of this dissertation.
[311] Katz, "Audio-Visual Aids for Mental Hygiene and Psychiatry." *Journal of Clinical Psychology* 3 (1947): 44.
[312] Rome, "Audio-Visual Aids in Psychiatry" *Hospital Corps Quarterly* (US Navy), Vol. 18, No. 4, 1945, pp. 37-38, 37.

patients. Unlike the scenes of catharsis described above in films made for medics, there is no flashback illustrating this scene. When Lucas has his cathartic breakdown, the camera stays fixed on his face and upper body in a medium close up as he shakes and shouts and cries. As a film for soldiers, the scene in which Lucas performs his trauma does not emphasize the coherence of the memory, as it does in the film *Combat Exhaustion* made for doctors. Instead it offers a model of performance that was expected of patients viewing the film.

When this film was shown in training contexts, this scene served as a model for "fostering proper attitudes" in soldiers, as discussed in the previous chapter.[313] In the therapeutic context, this scene holds a slightly different significance. While it surely still functioned as a model for "proper attitudes," it was also meant to serve as a visual trigger, soliciting reciprocal performances of trauma from the patients watching the film. Following his outburst, Lucas is ushered out of the group therapy room and given a sedative by the presiding psychiatrist who then returns to the room with the rest of the participants in the group session to tell them that: "every one of you must go through a similar realization of what lies behind symptoms … you have to face those memories, get them out in the open, exactly as Lucas has done."[314] Lucas' performance of trauma was a result of his conscious recounting of his memory, and does not precisely conform to the "replay" of a repressed memory as they are often described in narcosynthesis treatments. However, this film proposes that emotional outbursts related to traumatic memory can both function as abreactive (expulsion of a blockage) therapy and also be an effective audio-visual trigger for other participants in a group.

This film and others in the series trade primarily in the realm of "rational identification" promoted by psychiatrists such as Malamud and Malamud cited above. However, there is even more at stake in this film's careful articulation of a performance of trauma and group identification. We know that military psychiatrists involved in making these films were thinking about film as a sophisticated medium that could not only teach, but could also produce the effect of spontaneous mimicry that was assumed to be the key to therapeutic abreaction. The film narrates for the group *in* the film and also

[313] See chapter 2 of this study.
[314] Ibid.

for the group *watching* the film, the expected course of therapy in a feedback loop of teaching and triggers. In front of other patients, the performance of trauma is meant to teach spectating patients how to think about their conditions while also hoping to also trigger spontaneous emotional abreactions within the audience members.

Naval psychiatrist Rome, who consulted on the creation of the *Introduction to Combat Fatigue* series, conducted several studies on patients' reactions to watching the films in military group therapy sessions. In a study published in 1945, he observed that subsequent to screening one of the *Combat Fatigue* films for patients in group therapy:

> 72% of patients showed psychosomatic reactions such as: vomiting, sweating, tremors; 52% had startle reactions to war scenes; 86% said they are vividly reminded of their own combat experience; … and 45% were agitated for 2 days following screening.[315]

Rome interprets these findings as evidence of the benefit of using film to trigger reactions in patients, claiming that: "this undercarriage of tension can be used readily to accomplish beneficial abreaction and constructive cathexis." He concludes that this effect is key to initiating the larger healing process, writing: "like drugs or other potent therapy, therapeutic films have the capacity for inciting a response whose benefit is proportional to the skill and judgment of the therapist."[316] These kinds of visible, measurable responses from patients as a result of watching similar performances on screen were encouraged by Rome and others, echoing the theory of a theatre of cure promoted in other official military psychiatric texts including the films discussed above: once a performance of trauma has been solicited from a patient, the therapist can effectively press forward with the treatment process.

Another arena in which the concept of a theatre of cure was literalized was psychodrama. Developed by Dr. Jacob L. Moreno, the practice is listed in several publications by military psychiatrists as an effective therapeutic tool, and is a practice that enjoyed widespread popularity in post war civilian US.[317] Doctor Moreno's therapeutic techniques combined elements of theatre and group therapy to allow patients to externalize and work through repressed inner processes, memories, and dialogues in

---

[315] Rome. "Audio-Visual Aids in Psychiatry," 37.
[316] Ibid.
[317] Ibid.

improvised scenes where participants acted as themselves and/or their close relations while other participants took the other roles. After gaining a fair amount of success and repute with his psychodramatic methods, Moreno began to experiment with integrating motion pictures into the process, and wrote essays in which he outlines how future developments in this area might be pursued. In one of these essays, he proposed the creation of an entirely new genre of dramatic film, which he calls alternately therapeutic motion pictures, therapeutic film, or psychodramatic film. These films would "approximate as far as possible the atmosphere of spontaneous acting, and … construct the film so that it gives the audience the illusion of direct communication with itself."[318] He argues that in order to be successful the genre would need to employ either high-functioning patients, or use actors trained exclusively for therapeutic films, who could be continually assisted in their performances by "suffering informants."[319] More important to the success of the finished film, however, would be the process of editing, which Moreno says would pinpoint moments of cathartic significance from many reels of film and splice them together into a sequence that could trigger therapeutic reactions from a broad audience.[320]

Despite the considerable diversity of patients and afflictions coming out of combat, discourses such as these proposed that it was possible to achieve a standardizable trajectory of treatment that produced predictable outcomes. The systematic use of film as a privileged and automated mode by which to solicit performances of trauma (watching the suffering of a character onscreen or in person and experiencing a mimetic reaction) seemed to hold great promise not only for making military psychiatry efficient but also for the expansion of the psychiatric profession more broadly. The *Introduction to Combat Fatigue* series and a few other films were thus designed both to inform viewers about psychiatry and to act as cinematic triggers that could help to automate the theatre of cure and ensure predictable outcomes. Rome writes that:

> [The usefulness of audio visual aids to help to set a receptive emotional tone in large groups] was the hypothesis which prompted the Bureau of

---

[318] J. L. Moreno, "Psychodrama and Therapeutic Motion Pictures," Sociometry 7, no. 2 (1944): 231.
[319] Ibid., 239.
[320] Ibid., 243.

> Medicine and Surgery in 1943 to under take the production of a series of motion pictures for use in the psychiatric treatment program. Thus far eight films have been produced with the technical cooperation of the Training Films and Motion Picture Branch of the Bureau of Aeronautics. … Primarily, they were made to serve as a supplement to the established group psychotherapy program which operates in the general and special Naval hospitals.[321]

Rome's experience with developing and using these types of films therapeutically led him to conclude that they should "evoke an emotional reliving of personal experience" and "have a kind of generic validity," recognizing that they can be "powerful tool[s] of evocation" that need to be crafted with care.[322]

These kinds of studies allow us to see is that it was not simply a case of military psychiatrists sticking patients in a room with a screen and projector and hoping that watching a movie would calm or distract them. Scenarios found in military psychiatric films were carefully crafted to produce specific, often highly wrought emotional outcomes from viewers with the belief that these were key to recovery. Psychiatric experts who believed in film as a tool for automating clinical techniques studied patient-viewers hoping to find ways to make these effects predictable and apply them to a wide range of cases. What benefit patients received from watching film in these contexts is not possible to say, nor is it within the scope of study to ask. What is more interesting is that some military psychiatrists believed that such films *were* effective, which justified their continued work in this vein.

In a *Bulletin of the US Army Medical Department*, a short article on "An Army Neurosis Center" claims that "unequivocal results were obtained in desensitization [of neuropsychiatric patients] to combat stimuli through movies," listing the *Introduction to Combat Fatigue* film as a particularly effective tool.[323] The concept of "desensitization" was an institutionally specific elaboration of this work that will be explored more thoroughly below. Beyond the initial triggering of a performance of trauma, films were in some cases screened over and over again to gradually lessen the intensity of response solicited from the viewer. This technique and others were yet more iterations of film-

---

[321] Rome. "Therapeutic Films and Group Psychotherapy," 247.
[322] Ibid., 249.
[323] "An Army Neurosis Center" *Bulletin of the US Army Medical Division* 7 no. 10 (1947): 874.

therapy developed as a result of the curiosity and confidence in film's power to influence and optimize the minds of its viewers.

Subliminal

Some military psychiatrists used more abstract styles of motion pictures to generate reactions from patients, and the ones with the most visible legacy (thanks partly to the identification of an existing print in the 1990s) are called "Auroratone" films.[324] Writing in 1946, psychiatrist Elias Katz describes Auroratone pictures as approximately 30 minutes of changing prismatic colour patterns syncopated with slow, sad music. He thought that the sound track, made up of songs like "Home on the Range" sung by Bing Crosby, and "Ave Maria," produced a kind of subliminal nostalgic recognition in patients while the changing colour patterns soothed their conscious mind.[325] Katz hypothesized that these effects evoked, without engaging directly, the painful subject of home, and observed that most patients became intensely absorbed in the films, noting that some with extremely compromised attention spans might still watch with rapt attention after 15 viewings.[326] He described results including: increasing attention spans, relaxation of the body and nervous habits; weeping; and increased openness to discussion, claiming that these cumulative effects open up pathways to patients' "inner life" through auditory and visual channels, with "repeated exposures render[ing] them more accessible to positive psychotherapy."[327]

---

[324] See Walter Forsberg's excellent article "God Must Have Painted Those Pictures: Illuminating Auroratone's Lost History" *INCITE: Journal of Experimental Media,* 4 (2013) http://www.incite-online.net/forsberg4.html

[325] Forsberg's article describes the Bing Crosby Enterprise's investment in Cecil Stokes' pre-psychadelic film apparatus and lists all known Auroratone films.

[326] Elias Katz and H. E. Rubin, "Auroratone films for the treatment of psychotic depressions in an Army general hospital," *Journal of Clinical Psychology* 2 (1946): 335.

[327] Ibid., 337-339. One could speculate that these mesmerizing proto-psychedelic films shown to chemically sedated audiences may have piqued the interest of military psychiatrists who would go on to research the effects of LSD and other drugs on soldiers.

Figure 25: Still from an Auroratone film set to the Bing Crosby song When the Organ Played "Oh Promise Me."

The most comprehensive historical account of these short films comes from media archivist Walter Forsberg who writes of the film-based technology: "Auroratone was the result of mechanical attempts by British-born Cecil Stokes to render music into projected colored images," which he did by sending sound waves through a liquid chemical substrate mounted on a slide on a projector.[328] Stokes, the inventor of the Auroratone films, was not a therapist himself but an enterprising entrepreneur whose search for a market for his pre-psychedelic films produced some interesting bridges between the worlds of entertainment and the military. Forsberg writes that:

> Auroratone prints found their way into these experimental testing milieus thanks to the establishment of the Auroratone Foundation of America (AFA) in March of 1944. A California state non-profit, the AFA's stated mission was to discover, "new and improved methods of lessening mental and physical tensions in the shortest possible time, and in natural ways."[329]

With Bing Crosby as a shareholder and Director of Music Research Experiments, and Mary Pickford sitting on its board of members, Stokes worked to popularize his films by exploiting a number of different connections to services and industry to maximum

[328] Forsberg, "God Must Have Painted those Pictures."
[329] Ibid.

effect.[330] He enlisted different groups in his efforts to distribute these films to new audiences with a keen eye on the large market of war veterans. Forsberg writes that: "throughout the 1940s, women's groups … sponsored fundraising efforts to finance the production of Auroratone film prints meant to treat returning war veterans."[331] Stokes also appealed directly to the Neuropsychiatric Division of the military to get these films in use, attested to by a letter to Stokes from Kenneth Appel, director of the Mental Hygiene branch of the Neuropsychiatry Division, thanking him for supplying them with Auroratone films.[332] How extensively these films were used by official military psychiatrists is difficult to tell, though Forsberg's research suggests that they likely enjoyed a fairly wide circuit touring institutions associated with the Veteran's Asssociation.[333]

Documents from the Neuropsychiatry files from the Surgeon General's Office show that connections between military public relations and civilian social groups—such as is suggested by the circuit of Auroratone films within military psychiatry, Veteran's Association centres, and women's groups—were not uncommon. A document published by the War Department's public relations Bureau proposes the creation of a "Club Program" on the subject of the mental health of US soldiers for its Women's Interests Section, suggesting that civilian women's groups should be encouraged to organize club events to promote particular ideas on soldiers' mental health. The document is several pages and comes complete with suggested itineraries, topics, and supplemental materials to be presented at such events. The document's introduction frames the "Club Program" as a way to take advantage of the broad social reach of women's clubs in order to spread the military's particular understanding of mental health more broadly. The club program that they suggest of course includes the screening of films and distribution of selected military reading material.[334] Though this particular public relations move was more

---

[330] Forsberg's article shows Stokes' enterprising attempts to market these films to a wide range of users from maternity wards in hospitals (to ease the pain of childbirth), to churches (to illustrate the beauty of God), to public screenings in department stores.
[331] Ibid.
[332] "Training Films," Neuropsychiatry; RG 112 SGO/A 730; Box 1328, NACP.
[333] Forsberg "God Must Have Painted those Pictures."
[334] "Club Program: The Mental Health of US Soldiers" published by The War Department; Bureau of Public Relations; Women's Interests Section of the Publications

about intertwining official military channels and more informal organizations like women's groups in order to get a particular message *out*, it appears that in the case of Auroratone films and soldier treatment, these channels also served to bring materials *in.*

Deconditioning or Desensitization

On the other end of the spectrum from the subliminal soothing of Auroratone films were motion pictures that used actual war footage as a form of exposure therapy—a practice that was experimented with in several different hospitals. One of the proponents of this treatment, military psychiatrist Lieutenant Commander Louis A. Schwartz writes in 1945:

> Most encouraging is the use of visio-auditory stimulation in the "deconditioning" process of combat experience…. Briefly, films of actual combat scenes, graded in order of intensity of stimulation are shown, followed or accompanied by a record of battle sounds. The more innocuous sound films are introduced first, such as animated cartoons caricaturizing stupidity or neglect of weapons, films of ship-to-shore landings, and types of ordnance. This is followed immediately by group discussion which reactivates the traumatic event in a shielded environment. … [Later] actual combat films of bombings, strafings, and some captured Japanese films are shown with the battle sounds.[335]

The patients' reactions to these "deconditioning" sessions are described as including violent psychosomatic symptoms. Schwartz writes that: "some actually flee from the scene, sweat, develop uncontrollable tremors, vomit, or exhibit severe vasomotor manifestations,"[336] all of which he diagnoses as useful abreactions of emotion which can be treated further with sedation and/or talk therapy.

Describing a similar film-based exposure therapy treatment in their work with soldiers, psychiatrists Leon Saul, Howard Rome, and Edwin Leuser trace the practice of deconditioning to techniques developed to train police horses to remain calm in traffic by

---

Branch, file: "Mental Health; Fact Sheet: The Mental Health of US Soldiers," Neuropsychiatry; RG 112 SGO/A 730; Box 1311, NACP.

[335] Louis A. Schwartz, "Group Psychotherapy in the War Neuroses," *The American Journal of Psychiatry* 101, no. 4 (1945): 498-9.

[336] Ibid., 499.

playing audio recordings of loud, jarring street noise in their stables.[337] This principle of "desensitizing" animals to frightening stimuli is applied to the use of war films to treat soldiers returning with acute cases of combat fatigue.[338] The psychiatrists write that, "[a]ttempts have … been made to decrease the startle reaction and the anxiety in men who have been incapacitated by combat fatigue, by exposing them to the mock battles used for training, and by showing them motion pictures."[339] In their description, early stages of treatment included films with no scenes of injury or death, yet as the treatment extended over several sessions (depending on the rate of the patient's desensitization), the intensity of stimulus increased incrementally by adjusting the physical setting of the screening, control over the apparatus, and the graphic nature of the images themselves.[340] Early screenings in the desensitization process took place in a room with the doors open, window shades up, and no sound, gradually closing doors, pulling blinds, and giving patients the opportunity to increase the volume as they acclimated to the pictures. The psychiatrist would introduce films containing scenes of fighting and gruesome casualties after the less graphic ones ceased to produce startle reactions. Near the end of the article the psychiatrists make a point of noting that these latter-stage films were more disturbing than anything that patients might encounter in newsreels or other media outside the hospital.[341]

Finding copies of the actual films used in this therapeutic practice is challenging as it is most likely that particular psychiatrists and/or institutions improvised their own materials, drawing on war footage that they had available to them through various channels. Combing through the WWII military film records of the National Archives, however, has unearthed a few films that I believe to have been used in this context and made available to psychiatric practitioners through official military channels. In the Navy Motion Picture Film Productions series, 1939-1947 at the National Archives, there

---

[337] Leon J. Saul, Howard Rome, and Edwin Leuser. "Desensitization in Combat Fatigue Patients" *American Journal of Psychiatry* 102 no. 4 (1946): 476.
[338] Ibid.
[339] Ibid.
[340] This process is a lo-fi predecessor to the Virtual Reality-based program, Virtual Iraq and its subsequent iterations, used to treat veterans suffering with PTSD. See the introduction and conclusion of this project for a more detailed discussion of links between these practices and technologies.
[341] Ibid., 477.

are three 5-minute films titled simply "Combat Psychiatric Casualties A," "B," and "C". As film objects, they are curious: short black and white films of a naval battle with no dialogue that almost seem to be three separate sequences edited out of observational footage shot during a single naval battle. The primary difference between them is that each film has been carefully edited to focus on a particular element of the action: the firing of the ship's weaponry in one, the crew below deck operating this weaponry in another, and the ship's on-deck crew preparing for the battle in the third. Based largely on the films' titles and descriptions I have read by military psychiatrists describing the use of desensitization films, I believe that these are examples of "deconditioning" or "desensitization" films distributed by the navy for use in psychiatric treatment.

Each film begins with a title card identifying it as a "Confidential" US Navy training film and bearing the title: "Combat Psychiatric Casualties." They all document parts of a sea battle between a naval fleet and enemy fighter planes in a non-narrative observational style, and are all filmed from a ship engaged in the action. Film "A" begins in the midst of the battle, with a few medium shots from the deck of the naval ship of heavy artillery firing at planes approaching in the distance. The remainder of the short film consists primarily of medium shots of heavy artillery being fired interspersed with long shots from the deck of the planes being shot at and other naval fleet ships in the distance. Loud diegetic booms and blasts from the artillery accompany this sequence, along with the ambient diegetic sound of planes. There are a few shots of bombs being dropped from the planes into the ocean near the boat, and at one point it shows a nearby submarine that has been hit and is on fire. There are a few people in this film, but they are only shown in the foreground operating the weapons machinery or looking through binoculars to instruct the gunners. They are never shown speaking. While the film's action of planes and boats being shot and burning entails implicit casualties, there are no explicit images of human death. The focus of the action in film "A" are the booms and blasts coming from the ship's artillery, and this focus was likely intended to provoke startle reactions from patients watching.

Figure 26: Stills from Combat Psychiatric Casualties A

Film "B" can be assumed to represent the same battle, but from the perspective of the munitions crew working below deck. This 5 minute film consists entirely of medium shots of men assembling warheads, loading weapons, and closeups of the ship's machinery and the warheads that they are working with. At the beginning the film, a voice is heard in addition to the existing diegetic sound. The voice is also diegetic as it represents a marine in the communications room of the ship narrating the battle happening above deck over a loudspeaker to the men who are stuck below. It begins by saying:

> Now hear this, you will be kept informed of the progress of this action. As everyone above deck knows, we are part of a task force covering the landing of a large amphibious force.[342]

The marine over the loudspeaker describes the planes coming in, dropping bombs, and being hit, saying things such as: "here comes another fighter; so long, I'm hitting the deck," "they've got some men; some men are hurt, I'm afraid," and "it was a sure hit, but we dodged it." The sound of planes diving and shell blasts can also be heard as the background sound-scape of the loudspeaker that the voice is heard through. The visual action throughout remains focused on the men loading the weaponry below deck, however the faces of the men appear only as foreground, profile, or as part of the larger scene. The primary focus is on the machines and the action of assembly. This film may have been meant to trigger the anxiety of a number of different high-stress scenarios without yet bringing to attention the emotional reactions of the subjects seen on screen.

[342] *Combat Psychiatric Casualties B* (United States Navy, no date) 80 MN 3716 B; RG 80; Series: Navy Motion Picture Film Productions, ca. 1939 – ca. 1947, NACP.

Figure 27: Stills from Combat Psychiatric Casualties B

Curiously, while films "A" and "B" seem to be depicting the same timeline of the battle: one from above deck, the other from below, the third film in this series, film "C," appears to take place sequentially just prior to the other two. This film begins with a shot of the ship in mid-distance, interspersed with close-ups of the ship's artillery. There is no fighting action, so the artillery is silent and the ship is simply moving through the water. What distinguishes this third film is its focus on the ship's crewmen who appear in medium and close-up shots performing their duties. They are mostly shown looking out to sea through telescopes and binoculars, and the scenes are quiet and tense—the crewmen appear to be anticipating an attack. Part way through the film, an alarm is heard and men are seen jumping to action: getting out of bunks; running naked from the showers; and manning stations. The diegetic sound is of feet running, the alarm sounding, and ambient noise. As the short film ends, there is a long shot looking out from the deck that shows seven fighter planes coming closer in formation followed by a series of medium shots of crewmen waiting on deck and at their stations with the sound of the oncoming planes in the background. This last film gives much more screen time to the men on the ship, conveying a sense of the anxiety and tension of preparing and waiting for battle, which is heightened by the soundscape of nothing but waves, footfalls,

and for part of the film, an alarm bell. While markedly less dramatic in battle action than the other two, this film brings human vulnerability to its scenario by allowing the camera and sound to focus on the feet, naked and yet-unarmed bodies, and faces of the crewmen who are about to be shelled by planes.

Figure 28: Stills from Combat Psychiatric Casualties C

There are no accompanying written documents with these films, so it is not possible to know for certain how they were used, and on what scale. If it is true that these were films were used for desensitization treatments of "combat psychiatric casualties," as the titles suggest, these three 5-minute films comprised of observational footage from a naval battle are a significant addition to our catalogue of known film uses by the military. Considering the Navy's particular interest in using film in the psychiatric element of warfare and their relative sophistication in developing films to do so (thanks largely to the work of naval psychiatrist Howard Rome) it is unsurprising that it was the Navy who would have made an effort to standardize this practice even further.

Elias Katz' surveys of film-based treatment techniques in military hospitals discussed in the above sections reveal that a number of different psychiatrists and hospitals were using desensitization practices, and that there was a significant overall

range in the kinds of films that were employed. Katz cites one Army general hospital where a series of eight films "drawn from the training film library, was used for this combat desensitization program."[343] Among the films listed are both narrative and strict how-to style training films, including: *Snafu*, *Machine Guns in Defence*, *Fire and Movement*, *Daylight Reconnaissance*, *Battlefield Sounds*, *Infantry Weapons and their Effects*, *Street Fighting*, and the jewel of the *Fighting Men* series: *Baptism of Fire*.[344] The psychiatrist administering this program reports that their combat desensitization program started with didactic training films such as *Sounds of Battle*, and progressed through to the character-focused *Baptism of Fire*, showing them to patients under sedation and varying the length of the combat scenes shown throughout the treatment process.[345] The general principles underlying these film-desensitization processes are outlined in psychiatrist Lawrence Kubie's contribution to the *Manual of Military Neuropsychiatry,* titled: "The Emergency Care and Treatment of the Acute War Neuroses." In it, Kubie details seven steps of general treatment for traumatized soldiers, from prolonged sleep to electroshock therapy. Step 5 is desensitization, and while not referencing film directly, it is clear why film was such an attractive tool for fulfilling this stage of treatment. Kubie writes that:

> [B]y leading men repeatedly through situations which mimic closely the sights, sounds, and smells of actual battle, it may be possible to desensitize them to the stress which lies ahead. Similarly, once men have broken under that stress, it would seem reasonable to suppose that similar procedures could break down the links between these sights and smells and sounds and their superimposed terror-states, and thus return the soldier to his desensitized condition.[346]

Once again the animating logic of using sensory stimuli to change a soldier's mental state in the service of institutional goals is at work, and we come full circle from the morale building *sensitization* films developed for training soldiers at the beginning of their military careers to the neurosis treating *desensitization* films used to bring them back

---

[343] Katz, "Motion Pictures for Treatment of Neuropsychiatric Patients," 208.
[344] See chapter 1 for more on the *Fighting Men* series of training films developed under consultation with psychiatrists.
[345] Katz, "Motion Pictures for Treatment of Neuropsychiatric Patients," 208.
[346] Lawrence S. Kubie, "The Emergency Care and Treatment of the Acute War Neuroses," *Manual of Military Neuropsychiatry*, 555.

either to fighting usefulness or to functionality as an American citizen once those careers were over.

Using film as a tool to prepare the mind for the shock of combat, and again to undo the damage caused by shock after combat constitutes a family of audio-visual techniques that are still used in contemporary military psychiatry. Media scholar Pasi Väliaho's work on the Virtual Reality therapy program for military personnel with Post Traumatic Stress Disorder reveals remarkable parallels with the desensitization films described above. In contemporary treatments, Virtual Reality simulators are used to present patients with a generic environment representing the scene of their trauma. As patients revisit these scenes again and again through the course of treatment, the environment become increasingly more specific as the therapist populates it with sights, sounds, smells, and even vibrations corresponding to their personal story. Väliaho has written about how he sees this treatment operating in tandem with video games that are played before and during military service. Video games begin the process of supplying images of combat to the mind in preparation for duty, and VR therapy continues this work post-combat. Both technologies work to disarticulate images of combat from emotional responses, therefore freeing the mind from incapacitating stress so that it can work more effectively.[347]

Psychiatrists wielding screens and projectors had initiated these kinds of techniques during WWII. Working within an environment where film was already being put to use in training and forward psychiatry, psychiatrists applied film and techniques of visualization to modernizing therapeutic treatment. Some psychiatrists envisioned these techniques as holding the key to therapy on a mass scale. Lieutenant Commander Schwartz, who writes about his experimentations with deconditioning films in 1945, commends the technique for its speed, efficiency, and cost-effectiveness. He suggests that, if taken up on a large scale, using films to automate treatment could eliminate the need to build veteran's facilities in the future, and could even be used to treat "civilian 'war neurosis'" in cases where people's symptoms arise from shared trauma.[348] Film's effectiveness in the military therapeutic context strengthened a conviction among some

[347] Pasi Väliaho, "Affectivity, Biopolitics and the Virtual Reality of War," *Theory, Culture, & Society* 29, no. 2 (2012): 76.
[348] Schwartz. "Group Psychotherapy," 500.

ambitious psychiatrists (or at least gave them hope) that these practices could be effectively transposed into new contexts.

4.3. Conclusion

Film proved itself to be an exciting and powerful tool for military psychiatrists seeking both innovative methods to treat large numbers of soldiers with limited manpower and to expand the reach of the discipline. When psychiatrists recognized the highly visual narcosynthesis treatment as a technique for effective and efficient field psychiatry, film provided the perfect medium for its dissemination, both promoting its growth by teaching narcosynthesis to new practitioners and inflecting its use by framing it in particular ways. Narcosynthesis reliably solicited performances of trauma, which served as externally verifiable markers that a patient was on the road to recovery. The visible, and therefore verifiable/quantifiable nature of these performances further supported the increasing medicalization of discourses about fear and the human mind that were taking shape in tandem with the expansion of the psychiatric discipline. This chapter suggests that there was a further institutional benefit to narcosynthesis' visibility in that it was interpreted as an implicit confirmation that treatment was working, thus fulfilling an obligation to the patient.

Film also proved itself valuable to psychiatrists who were experimenting with techniques for automating therapeutic treatment. As a privileged apparatus in desensitization and other therapies that solicited performances of trauma, film used images and sound to trigger fear and traumatic memories in patients. Bypassing the more laborious methods of traditional talk therapy, these techniques similarly contributed to a disciplinary push to show that psychiatry could be a modern, medical practice that could apply standardized methods and achieve predictable results. Watching patients watch films, military psychiatrists hoped that the effects of film viewing could be made predictable. While this may appear to be a kind of textually-determined theory of spectatorship in the sense that it sought the right film "formula" to reproduce predictable results from viewers, looking at the kinds of experiments and procedures that were used reveals something more complicated at work. In some cases, if films weren't producing

desired effects, psychiatrists would give patients drugs and try again. Or show the films over and over in different environmental circumstances, modulating dark and light, loudness, and freedom of mobility, for example. In these clinical therapeutic studies psychiatrists repeatedly referred to films in terms of a stimulus—something used to provoke a memory, feeling, or fear, pre-existing within the mind of a viewer. The ideal film formula was one that was generic enough to speak to many different people but specific enough that it triggered particular biographical memories from each viewer.

Interestingly, this appears to be on the one hand, a theory of spectatorship that is extremely attuned to the subjectivity of viewers as uniquely biographical, and on the other hand, one that has no interest in their biographical subjectivity at all. For the most part, while targeting subjective memories in order to do so, many of these films were ultimately articulating themselves not to the subject, but to their nervous systems. Particularly in desensitization-type experiments, clinical observation of viewers (sometimes further employing visual technologies such as infra-red cameras) quantified their fleeing, sweating, shaking, and vomiting as measures of the experiment's success. While these techniques approached soldier's minds as repositories of biographical information, they were seeking ways to automate clinical engagement with this information in order to produce relatively uniform results from viewers on a neurological level rather than biographical. Experiments with film and narcosynthesis therefore sometimes figured the mind of the spectator as a media-like object in itself, whose memories could be retrieved, rewound, and affectively neutralized by pressing the right button (narcotic or cinematic). We will return to this discussion in the conclusion of this study.

As the war ended and military psychiatrists began to refocus on civilian society and post-war rehabilitation, film continued to hold promise as a medium that could further expand and modernize the discipline. The following chapter looks at how films made to teach civilians about military psychiatry and mental health worked to shape the discourse of these subjects beyond a military audience, and how a few prominent military psychiatrists leveraged these public conversations in order to petition federal support for a large, centralized psychiatric institution. Films made about military psychiatry for civilian audiences further entrenched the narrative that psychiatry was not an arcane

practice reserved for “psychos,” but a necessary and useful discipline that was positioned to benefit both commerce and community in a post war society.

Chapter 5. Framing the Shift From Soldier to Civilian

5.1. From Soldier to Civilian

The substantial military psychiatric apparatus that grew to address the needs of the war did not dissolve with the declaration of victory. In psychiatric publications immediately after the war, much mention is made of the different kinds of roles that psychiatrists needed to play in both rehabilitating the returning soldiers—re-converting them into civilians—and the larger project of healing the society (more specifically, families) that had reared the suffering soldiers in the first place. Articles appearing in *The American Journal of Psychiatry,* such as "Attitudes of Soldiers Returning from Overseas Service," published in November of 1945, negotiated the role that psychiatrists should come to play in the rehabilitation of soldiers and the nation.

In it, Major William Corwin, a prominent military psychiatrist, reflects on the data from "several thousands" of interviews with returning servicemen, concluding that:

> The returning soldier, apparently free from disabling neuropsychiatric symptoms, is found to contain a reservoir of anxiety-producing factors which modifies his outlook, and which provokes the development of resentment and hostility, particularly toward civilians and present social conditions. … The immediate and more distant affects of these attitudes are of significance, and require programs designed to effect an adequate adjustment of the soldier to future military duties, and to post war needs for security and socio economic stability.[349]

This particular article is interesting precisely because it is not describing soldiers who are under treatment for trauma (in fact the sole criteria for procuring interviewees for this particular study was that they not have a "neuropsychiatric" diagnosis). Instead, it examines the attitudes of a more general population of returning servicemen, presumably healthy or at least undiagnosed. In distinction from the texts looked at in the previous chapter that focused on the severely traumatized soldier, the study above is symptomatic of a larger trend during the period immediately after the war, where military psychiatrists

[349] William Corwin, "Attitudes of Soldiers Returning from Overseas Service," *The American Journal of Psychiatry* 102, no. 3 (1945): 350.

increasingly began to address issues pertaining to the re-socialization of the average soldier in addition to the ongoing concerns with veterans given neuropsychiatric diagnoses.

The broadening of psychiatrists' purview from the soldiers under critical care outward to include military personnel more generally was not understood as any kind of overreach—in fact it was fully in keeping with other key military psychiatric strategies including "morale building" (Ch 1) and "forward psychiatry" (Ch 2). Psychiatric literature regularly described the military as a kind of organism in which all parts need to work harmoniously for the overall success of the whole. The significant difference in the immediate post-war period was the impending dissolution of this organism and its eventual reabsorption by the larger social body. This fact was not lost on military psychiatrists keen to maintain their professional relevance. What is quoted above from Corwin captures two of the key issues that come up frequently in studies written during this transitional period: 1) that there is an important job to be accomplished in the "undoing" of the soldier mindset and any dangerous after-effects this might entail, and 2) that helping people to merge harmoniously into productive social/labour relations was essential for the economic well-being of the country at large.[350]

In this latter phase of rehabilitation, the emphasis shifted from returning the soldier to duty toward a different kind of usefulness; and in the process, transferring the goal of therapeutics from wartime labour to civilian labour. The new goal was often framed as getting soldiers back to work as civilians, or even more broadly, as rehabilitating the mental health of the nation for increased stability and productivity. Alongside this shifting emphasis from soldier to civilian was the popularization and proliferation of psychological and psychoanalytic discourses in film, radio, and television, prompted in part by the legitimization these disciplines had received from their institutionalization during the war efforts, which came together potently with a widespread discourse of anxiety about and empathy toward soldiers returning from

[350] William Friedman Fagelson's dissertation *Nervous Out of the Service: 1940s American Cinema, World War II Veteran Readjustment, and Postwar Masculinity* has an excellent and thorough discussion of the trope of veterans' "reconversion" into citizens as it appeared in the publicly-debated discourse surrounding Hollywood film productions centred around Vets in his chapter "Reconversion and the Veteran Film."

overseas with ominous sounding war neuroses. In addition to the large numbers of returning soldiers bringing with them their own knowledge of mental health via military communications and psychiatric treatment, the repetition of these ideas and tropes in popular culture helped to foster a public openness to the role of the newly medicalized psychiatric discourse in spaces of everyday life such as the home, the school, and the workplace.

The popular media was full of stories that responded to and stimulated the appetite for rehabilitation and popular psychiatry. Psychiatrists John Griffin and William Line remark in 1946 that "[i]t is astonishing to note the number of current movies and radio programs which are based on psychiatric themes,"[351] and William Menninger, head of military neuropsychiatry, boasted proudly about the media's frequent visits to neuropsychiatry's public relations department over and above those of other departments in the Surgeon General's Office.[352] Post war Hollywood turned out dozens of films with psychiatric themes including enduring classics like *Spellbound* (1945) and *The Snake Pit* (1948). The psychiatric case-history genre became an increasingly popular staple that moved mental illness from "couch to screen," often appearing first in newspapers or anthologies by psychoanalysts, and then adapted into films, radio, or television programs.[353] The popularity of psychiatric themes in media generated a spectrum of discourses to which the military and military psychiatrists in particular were deeply invested in shaping. The use of film in other phases of military psychiatry explored in previous chapters not only set the precedent for disseminating psychiatric education and treatment widely, but their tactics and rhetoric continued to influence and contribute to the discourses framing the return of the soldier. This helped to set the stage for psychiatrists to promote the feasibility of a program of nation-wide dissemination of mental health in the immediate post war period.

---

[351] John D. M. Griffin and William Line, "Trends in Mental Hygiene." *American Educational Research Association* 16 no. 5 (1946): 397.
[352] William Menninger, "Psychiatric Objectives in the Army" in *The American Journal of Psychiatry* 102 no. 1 (1945): 106.
[353] Andrea Slane, "Pressure Points: Political Psychology, Screen Adaptation, and the Management of Racism in the Case-History Genre" *Camera Obscura* 45, vol. 15, no. 3 (2000): 73.

Cinematic representations of veterans and psychiatry in post war United States have been well mapped out by other studies, including William Friedman Fagelson's dissertation on veteran films and masculinity in 1940s American Cinema, and the substantial literature on psychiatry, psychoanalysis, and cinema.[354] This chapter takes a different approach by looking at some of the ways that films mediated the expansion of military psychiatry into post war public discourses about mental health, and the corresponding expansion of psychiatry into post war civil society. It begins by looking at how films were used to facilitate veteran re-integration and rehabilitation, and then follows by mapping out how discourses *about* veterans and their mental health were negotiated in the two well-known military films, *Let There Be Light* (1945) and its subsequent re-make as *Shades of Gray* (1947). Rather than presenting a close reading of either film, this chapter uses military documents, psychiatric texts, and disciplinary histories to contextualize the changing rhetorical framing of mental health from one film to the next. Within the larger context of film use by military psychiatry established in this dissertation, these two are re-framed, not (as they are commonly perceived) as the beginning of a public relations campaign to manage discourses of mental health and military labour in the public, but as the culmination of a much larger and well-developed film making and film-using apparatus that was built within the military-psychiatric institutions. This approach decenters Huston's authorship from the film's analysis in order to show that both its message and the details of the film's circulation within military settings (but not in public ones) were in keeping with particular institutional interests. Finally, the chapter concludes by tracing the relationship between the successful promotion of mental health discourses such as those put forward in films such as *Shades of Gray* and "The Nation's Mental Health," and psychiatry's post war institutionalization thanks to successful lobbying for ongoing federal support.

---

[354] see Fagelson *Nervous Out of the Service*; Jerrold Brandell's edited collection, *Celluloid Couches Cinematic Clients: Psychoanalysis and Psychotherapy in the Movies* (Albany: State University of New York Press, 2004); Patrick Fuery, *Madness and Cinema: Psychoanalysis, Spectatorship, and Culture* (Houndsmills: Palgrave Macmillan, 2004); *Psychoanalysis & Cinema* edited by Ann Kaplan (AFI Film Readers. New York: Routledge, 1990); and Vicky Lebeau, *Lost Angels: Psychoanalysis and Cinema* (London: Routledge, 1995).

5.1.1. Showing Veterans Films

Though it does not appear that any films were developed specifically for veterans from within the Neuropsychiatry Department itself, there are several documented cases of psychiatrists using films to try to acclimate returning soldiers to civilian life in various ways. Newsreels and documentaries were sometimes screened for returning veterans to ease the transition home and soothe possible resentment for civilians. In one case, the treatment and rehabilitation of prisoners of war incorporated the screening of documentary films on topics such as child welfare and the building trade as a "reorientation to present circumstances in this country," following up screenings with group discussions. Maxwell Jones and J. M. Tanner, the psychiatrists writing about this technique, also describe the screening of a film that documents the rehabilitation of physically injured soldiers (most likely *Diary of a Sargeant* (1945)—see below) in order to encourage "psychotherapeusis," which the authors vaguely refer to as a "positive effect" attributed to watching recoveries on screen.[355] At St. Elizabeth's hospital, one of the largest and most important veteran's hospitals for neuropsychiatric patients in the US, psychodrama techniques were used with patients to help prepare them for life as civilians. Patients would act out scenarios along with other patients, physicians, psychiatric social workers, and specially trained Red Cross helpers, allowing them to practice common experiences they might encounter upon their return home. The article "Some Uses of Psychodrama at St. Elizabeth's Hospital" published in 1945 in a special issue of the psychiatric journal *Sociometry* on the subject of group therapy, commends this approach for its ability to train patients for job interviews and to anticipate difficult scenarios that might arise in the workforce.[356] And throughout the 40s and 50s, the US Veteran's Administration produced a group of films called *Psychotherapeutic Interviewing Series,* though it is unclear whether their intended use was professional or therapeutic. [357]

---

[355] Maxwell Jones and J.M. Tanner "The Clinical Characteristics, Treatments, and Rehabilitation of Repatriated Prisoners Of War with Neuroses" *Journal of Neurology Neurosurgery and Psychiatry* 11 no.1 (1948): 55

[356] Frances Herriott "Some Uses of Psychodrama at St. Elizabeth's Hospital" *Sociometry* 8 no. 3/4 *Group Psychotherapy: A Symposium* (1945): 54-57.

[357] Irving Schneider, "Cinema and Psychotherapy" in *Encyclopedia of Psychotherapy* eds. Michel Hersen and William Sledge (Cambridge: Academic Press, 2002), 405.

In cases such as the above, psychiatrists improvised with existing films or performative techniques and group discussion in order to work with soldiers on issues related to their return from service. Other institutionally produced films also formed part of the veteran's horizon of rehabilitation. Two Signal Corps films were made on the subject of veterans adapting to lost limbs and the use of prosthetics. The short black and white documentary film *Meet McGonegal* (1944) follows a World War I veteran with two prosthetic hands as he performs ordinary tasks throughout a day. The narrator (who introduces himself as McGonegal's neighbour) has an upbeat, "regular guy" tone, and he continually points out how easily McGonegal accomplishes all his daily tasks using all the same objects as anyone else (a razor, cutlery, his car, a typewriter, etc.). Near the end of the film, McGonegal addresses the viewer himself with a can-do, no-nonsense tone, saying: "I can do practically anything anyone can do and there's no reason why you fellas can't do the same."[358] A year later, a second short film titled *Diary of a Sergeant* (1945), frames its rehabilitation story within a personal narrative of a sergeant who has both hands amputated. Played by Army demolitions instructor Harold Russell who had lost his hands in a training accident, the film's protagonist narrates his diary entries that chronicle his time in the hospital and after he returns home.[359] Early in the film, the documentary *Meet McGonegal* is screened in the military hospital ward where the protagonist and other amputees are recovering. After watching the documentary, the sergeant's previously solemn tone becomes resolutely cheerful as he ambitiously tackles physiotherapy, learns to use his prosthetics, and is eventually shown back at home, dressing himself, going on a date, and registering for college. In a chapter titled "Reconversion and the Veteran Film" in his dissertation on the veteran in 1940s American cinema, Fagelson discusses these "veteran training films," among the group of films produced by the military and the Veterans Administration (VA) to help alert vets to common hurdles in their return to civilian life and how to make use of the services available to help them adjust.[360] While the VA is a federal agency that provides healthcare and social services to eligible military veterans, their messages and rhetoric frequently overlapped with and echoed those put forward in military-made films.

---

[358] Miscellaneous Film 956 *Meet McGonegal* (Signal Corps, 1944).
[359] Fagelson *Nervous Out of the Service*, 236
[360] Ibid, 236-37.

Fagelson points out the explicitly cinematic teaching moment in *Diary of a Sergeant* when the protagonist finds the needed mental motivation and inspiration to embrace his therapy by watching *Meet McGonegal* within the film. While these two films do not explicitly treat psychiatric subjects, their therapeutic narratives (*Diary of a Sergeant* in particular) present an object lesson along the same lines as Gene Kelley's group therapy session in *Combat Fatigue: Irritability* (discussed in chapter 3). In both *Combat Fatigue: Irritability* and *Diary of a Sergeant* a cathartic therapeutic benefit is attributed to the act of watching someone else's rehabilitation onscreen.

Figure 29: Still of McGonegal dressing himself in Meet McGonegal *(1944)*

Figure 30: Still of amputee hospital ward screening of Meet McGonegal *in the film* Diary of a Sergeant *(1945).*

Fagelson observes that a recurring theme in postwar films made for veterans by the Signal Corps and the VA is an exhortation to viewers to take personal responsibility for their own "readjustment to civilian life" by narratively reprising the theme of the

sceptical veteran whose negative attitude is eventually overcome.[361] Fagelson sees this trope repeated in VA films such as *Opportunity Knocks Again* (1945), *"Follow Me" Again* (1945), *Contact!* (1946), *The Road to Decision* (1947), and *Toward Independence* (1947), and interprets their narratives as bearing the message: "the only thing standing between [maladjusted] veterans and their smooth reintegration is their willingness to accept help provided by the military and civilian agencies."[362] This transition is most often depicted in films by a narrative pattern where a now well-adjusted vet narrates his own progression from troubled to resolved in a voice-over while flashback scenes illustrate his transformation. This structure sticks close to other military films in the therapeutic genre such as the Navy-produced *Combat Fatigue* (1944-1947) series of films that solicit the viewer's personal identification with the protagonist as an insider who has been in their position and successfully navigated their way through to better times.[363]

5.1.2. Management of Public Perception

While films made on topics of veteran readjustment for soldiers accessing the VA's services were not necessarily made to deal with psychiatric subjects specifically, other films used by the VA to train their workers and volunteers tackled psychiatric topics directly in order to coach them about how to understand and manage behavioural issues that might arise in interactions with veterans who came seeking their services. A 1947 article titled "The Neuropsychiatric Training Program of the Veteran's Administration," states: "we have prepared a number of film strips to use in their training—one to give some understanding of the neurotic and psychotic behaviour they encounter, another on how to handle it under the circumstances in which they operate and one to help them with their own emotional reactions to difficult contacts."[364] Continuing the general work of public relations and training done by so many military-made films,

---

[361] Ibid., 237.
[362] Ibid., 238.
[363] Ibid., 240. For more detailed examination of the *Combat Fatigue* series see Chapters 2 and 3.
[364] Florence Powdermaker "The Neuropsychiatric Training Program of the Veterans Administration" *The American Journal of Psychiatry* 103 no. 4 (1947): 472.

moving images were also deemed a convenient, efficient and effective way of training civilians in non-military organizations how to understand the psychiatric concerns that may arise with returning veterans.

While it is unremarkable that film was used to standardize training on issues pertaining to veteran behaviour, everyday uses such as these help to map out important continuities in the strategies deployed in films made to manage psychiatric knowledge within the military as they were replaced by films made to manage psychiatric knowledge across a wider public. Military and VA-made films were a point of contact between military psychiatrists and their interest in civilian mental health, providing a medium for the dissemination of ideas to new publics. The article cited above suggests that there is a general applicability of the information contained in films made for VA workers and volunteers, stating that: "those strips will be cut and rearranged for use with other lay groups."[365] Yet another article in the same issue of *The American Journal of Psychiatry* states that part of the role of the VA *requires* PR in order to effectively promote good mental health. The authors suggest that this is accomplished by encouraging citizens to know about and to encourage the vets they know to use their services. The article underlines the importance of "the education of the public in the prevention of psychiatric illness through publicizing the program of the Veteran's Administration for those requiring treatment."[366] With these kinds of approaches to mental health, the issue of treating and preventing "psychiatric illness" continued to be framed as a problem that needed to be understood as the responsibility of the citizenry, but best managed with help from official institutions.

There were also a handful of films that addressed the subject of "war neuroses" outright, made by the military and industry. Like the forward psychiatry films made for military circulation, films made for the public encouraged empathy and accepting conditions as a normal reaction to military stressors, and they similarly emphasized that applying a psychiatric frame to understanding war neuroses could help to keep economic and/or manufacturing organisms functioning smoothly. Films made by industry and insurance companies sought to introduce laymen and employers to "nervous conditions"

---

[365] Ibid.
[366] Daniel Blain and John H. Baird "Neuropsychiatric Program of Veterans Administration" *The American Journal of Psychiatry* 103 no. 4 (1947): 464.

they might encounter while working with returned veterans. Titles such as the Sperry Gyroscope Company's *The Veteran Returns to Work* were intended to reduce misinformation about mental illness and demonstrate how co-workers and friends could make social adjustments to accommodate people's suffering.[367] The best-known example of these types of films is John Huston's *Let There Be Light* (1946). Commissioned by the War Department, the film was made to dispel public misinformation about the nature of combat fatigue and more specifically, to "convince prospective employers that they have nothing at all to fear in hiring one of these ex-GIs."[368]

Let There Be Light and its subsequent re-make as *Shades of Gray* (1948)(both produced by the US army) are interesting media objects that negotiated and managed competing narratives about returning soldiers' mental health. Both contain discourses that the military had already been disseminating throughout its military personnel during the war, but that were now being re-cast for a larger public forum. *Let There Be Light* embraces the narrative that "any man would break down under the conditions of war," echoing many of the forward psychiatry training films such as *Psychiatric Casualties in the Combat Area* (1944) and films in the *Combat Fatigue* series. *Shades of Gray*, which ultimately came to represent the military's official public position on mental health, maintained by contrast that war neuroses, while "activated" by the extreme circumstances of military service, were ultimately the manifestation of problems that were latent in soldiers *before* their entry into service. In other words: their neuroses pre-existed their time in the military. An examination of certain narrative elements of these films demonstrates the continuity between the techniques and discourses developed to teach military personnel about military psychiatry and their extension to civilian communications. In film and media studies, there are many texts that examine Huston's film and the surrounding debate over the military's decision to suppress its release to the public. This scholarship argues that *Let there Be Light* was suppressed because it did not

---

[367] Elias Katz, "Audio-Visual Aids for Mental Hygiene and Psychiatry." *Journal of Clinical Psychology* 3 (1947): 45. The film is listed without a date in the article.
[368] Gary Edgerton paraphrasing a directive found in the film's production file at NARA. "Revisiting the Recordings of Wars Past: Remembering the Documentary Trilogy of John Huston" in *Reflections in a Male Eye: John Huston and the American Experience* eds Gaylyn Studlar and David Desser (Washington: Smithsonian Institution Press, 1993), 44.

accord with the military's views and that *Shades of Gray* was a remake of the film in order to align it better with official institutional discourses.[369] In order to add something new to this well-charted terrain, what follows is not focused on a close reading of either film, or on Huston as a notable film auteur but rather I will map both films onto an institutional framework of production and circulation networks within the climate of immediate post-war military psychiatry. This includes the numerous films the military had been making for several years that were a part of these frameworks. Within this context, both *Let There Be Light* and *Shades of Gray* (which was in fact in the works prior to the making of *Let There Be Light*) served as mouthpieces to promote instrumental understandings of psychiatry to different audiences: the civilian public for the first film, and military and medical personnel for the second.

Let There Be Light *and* Shades of Gray

In 1945 the War Department commissioned John Huston to produce a film for the public about veterans being treated in neuropsychiatric hospitals. The initial directives given to him about the film's subject were similar to those given for the production of other military psychiatric films: to counteract prejudices surrounding war neuroses. Gary Edgerton's essay on Huston's trilogy of war documentaries cites documents contained in a military file on the production of *Let There Be Light,* showing that Huston was asked to produce a "film on the "Nervously Wounded (or Psychoneurotic)," and stating that it should:

> (1) point out what a small proportion [of veterans] fall into this category; (2) eliminate the stigma now attached to the psychoneurotic through 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

[369] See Gary Edgerton "Revisiting the Recordings of Wars Past: Remembering the Documentary Trilogy of John Huston," Erik Barnouw *Documentary: A History of the Non-Fiction Film* (New York: Oxford University Press, 1993), C.A. III "From *Let There Be Light* to *Shades of Gray:* the construction of authoritative knowledge about combat fatigue (1945-48)" in *Signs of Life: Medicine and Cinema* eds Graeme Harper and Andrew Moor (London: Wallflower Press, 2005) 132-152.

> reason for which this same person could be a real success in civilian life.[370]

To this end, *Let There Be Light* is a documentary film that focuses on a small group of veterans who are admitted at the start, successfully rehabilitated throughout, and discharged by the end. The film makes a point of highlighting the fact that the soldiers' problems are the result of their harrowing experiences, and portrays its subjects as self-possessed individuals with a profound desire to be perceived as normal—to "show people we can be just as good as anybody else."[371] What makes Huston's film notably different from other military psychiatric films is the method that it uses to emphasize the normalness of its patient-subjects. Rather than portraying a soldier with combat fatigue as a generic Joe-everyman, Huston's subjects are given compelling biographical subjectivity by allowing them to recount their own unique experiences of war. The individual intake interviews of patients near the beginning of the film give the viewer the sense that they are seeing subjects less as an example of a type of neurosis, and more as a document of a specific individual's traumatic experience. The length of the scenes that the film dedicates to each intake interview, along with the fact that there is no explanatory narration layered over these sequences, reinforces the primacy of the individuals' stories over their ability to illustrate a particular cluster of symptoms.

Another significant feature of this film is the way in which the scenes of abreactive therapy are presented. Long and observational, these scenes are done in single takes and have very little explanatory narration. Two soldiers are shown being cured by narcosynthesis, one for an incapacitating stutter, and the other for an inability to walk. A third is shown being cured of amnesia via hypnotic therapy. The long takes that allow the treatments to be illustrated in full and with little interjection from a narrator, place the curative power of abreactive therapy at the center of the film, much as it is in military psychiatric films such as *Combat Exhaustion* (1943) and *Psychiatric Procedures in the Combat Area* (1944). Historian Alison Winter attributes Huston's directorial focus on this treatment to his own personal interest in the cathartic power of abreactive therapy. She writes that

---

[370] Edgerton "Revisiting the Recordings," 44.
[371] Statement made by a patient during a group therapy session. John Huston PMF (Professional Medical Film) 5019, *Let There Be Light* (US Army, 1946).

> When Huston read about Pentothal and hypnosis, the information struck him with the power of 'a religious experience,' and he made hypnotic states central to his film. He immersed himself in life at Mason General Hospital, even learning hypnotic techniques himself and standing in for the staff hypnotist when he was unavailable.[372]

While Huston's focus on abreactive therapy is very much in line with the celebrations of success that it received in other filmic treatments of military psychiatry, the film as a whole does not contextualize this success within the same rhetoric of mental health emphasized in most other military psychiatric texts. There is a remarkable similarity between the nearly instantaneous recovery of a patient's ability to walk in both *Let There Be Light* and *Combat Exhaustion* (discussed in chapter 3), though the latter film portrays the patient as a somewhat pitiful character whose trauma is the result of being hit by a clod of dirt and mistaking it for a shell.[373] In Huston's film, there is substantial screen time given to the patients to express their stories of combat, which impress upon the viewer the extremely distressing experiences the soldiers have undergone. In this way, *Let There Be Light* echoes more closely the portrayal of abreactive therapy displayed in the surprisingly candid newsreel from 1944, *Psychiatric Procedures in the Combat Area,* which contains a long, uninterrupted scene of a soldier undergoing narcosynthesis (and also features long takes of soldiers speaking in psychiatric interviews, as does *Let There Be Light*).[374] While the abreactive therapies portrayed in Huston's film present the suffering of the patients candidly and with a sympathetic lens, all scenes of treatment in military psychiatric films constitute hearty endorsements of this practice. In each scene, the calm, confident psychiatrist manages to cure the patients of their affliction efficiently, and ends with the grateful astonishment of the soldier.

---

[372] Alison Winter, *Memory: Fragments of a Modern History* (Chicago: The University of Chicago Press, 2012), 66.
[373] See chapter 2 for a more detailed account of the film *Combat Exhaustion*.
[374] See chapter 3 a more detailed account of this film.

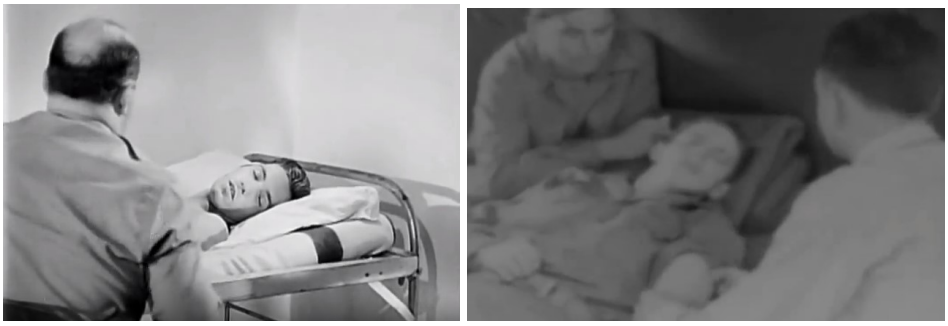


Figure 31:Stills from the narcosynthesis scenes in Let There Be Light *(1946) and* Psychiatric Procedures in the Combat Area *(1944)*

Huston's personal interest in abreactive treatment may not have been the sole factor determining the way it is portrayed in his documentary. Both *Let There Be Light* and *Psychiatric Procedures in the Combat Area* contain long, un-narrated scenes of narcosynthesis and frame the suffering of the patients as a result of the horrors of war, and this may be a reflection of the fact that John Appel, head of the Army Mental Hygiene branch, was the lead psychiatrist working in consultation on both films.[375] C.A Morgan III's article "From *Let There Be Light* to *Shades of Gray*: the construction of authoritative knowledge about combat fatigue (1945-48)," provides an excellent analysis of the changing rhetoric from one film to the other, noting in particular the "environmentalist" understanding of psychiatrists such as John Appel who was involved in overseeing both *Psychiatric Procedures in the Combat Area* and *Let There Be Light.* Morgan contrasts Appel's "environmentalist" psychiatry with the "developmentalist" understandings of psychiatrists such as William Menninger, who was ultimately responsible for getting the film *Shades of Gray* through to production. "Environmentalist" psychiatrists believed that a person's social environment (in this case, experiences of war trauma) was the most significant influence on mental health, whereas "developmentalist" psychiatrists were more concerned with early childhood influences, a debate we will return to below.[376]

Although *Let There Be Light* was commissioned and fully supported by the Army, it was never released to the public as intended. While it continued to be available through

[375] See C.A. Morgan III "From *Let There Be Light* to *Shades of Gray:* the construction of authoritative knowledge about combat fatigue (1945-48)" in *Signs of Life: Medicine and Cinema* eds Graeme Harper and Andrew Moor. London: Wallflower Press, 2005, 137.
[376] Ibid., 140-42.

military circulation for several years after its release, it was eventually pulled even there and banned from exhibition until the 1980s. It is well known that the official reason given by the military for the film's suppression was to protect the identities of the patients appearing in it, though Huston maintains that all soldiers appearing in the film had enthusiastically signed releases granting permission to use footage of them in the film.[377] It has also been suggested that the military wanted to avoid a false sense of expectation and possible litigations from veterans witnessing the "miraculous" cures depicted in the film.[378] Huston himself thought that the film had threatened a certain image of heroic masculinity among the military officials responsible for cancelling its public release, stating: "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."[379]

There are debates about what happened with this film, the most common story being that it was pulled after a few weeks of circulation within the military, and never shown again. Analyses that focus primarily on Huston as a filmmaker and *Let There Be Light* as a unique film text emphasize this element of the film's circulation. While it certainly appears to be true that officials at the War Department decided that this film should not be screened publicly and made substantial efforts to make it so, focusing on Huston as the film's director can lead to a glorification of Huston's visionary rendering of military trauma at the expense of understanding the complex and sophisticated military psychiatric apparatus of which the film was a part. Edgerton's essay, for example, looks at documents associated with the film's production that support the story of the film's suppression by military officials, but without larger institutional context, he misjudges the military's view of psychoneurosis as "unsophisticated" and "naive." As evidence of the military's naiveté Edgerton cites a directive found in *Let There Be Light*'s production file that asks to acquire a print of the film *Enchanted Cottage* (1945) to be used as research on the topic of veterans and mental disturbance. He concludes from this that the military knew so little about psychiatry that a schmaltzy Hollywood drama was

---

[377] Edgerton "Revisiting the Recordings," 48.
[378] Morgan III, "From *Let There Be Light* to *Shades of Gray,*" 133.
[379] John Huston as cited in Lesely Brill, "John Huston's Filmmaking" (Cambridge: University of Cambridge Press, 1997), 112.

considered to be sufficient background research.[380] To this he adds as evidence that William Menninger's book on war neuroses was not published until a couple of years after Huston's film was made. It is misguided to imply that the director of the military's neuropsychiatry division's understanding of war neuroses did not mature fully until years after the war had ended (and after having been influenced by Huston's film), and that watching *Enchanted Cottage* was a clear sign of ignorance. Examining the breadth and scope of the Neuropsychiatric Department and their sophisticated communications apparatus renders these claims unpersuasive in supporting the assertion that the military was lacking for knowledge on a subject that had become a central pillar of their overall operational tactics. Edgerton's subsequent praise of *Let There Be Light* as a film that pioneered the progressive understanding that "a psychoneurotic impairment is no more disgraceful than a physical injury,"[381] attributes this insight to the prophetic vision of Huston as a great auteur and his formal experimentation. While praise for the film's sensitivity and artistry is absolutely warranted, studies that privilege Huston's authorship of the film over its institutional context make it harder to see the complex negotiations of information management at play in the film's suppression. Contextualizing the film within the larger military neuropsychiatric apparatus and debates among its key players can supply additional information about its significance and circulation.

Reviews of the discipline of psychiatry and mental hygiene (the more common term used to describe studies and policies of preventative psychiatry) just after the war illustrate the feelings of importance and mobilization that the practical demands of war had offered to those working in psychiatry. In particular, they reveal the broadly articulated reticence psychiatrists expressed about returning to the cloisters of universities and asylums.[382] One survey explicitly states that the impressive gains achieved throughout the war should not be lost, nor should the talents of the people who achieved

---

[380] Edgerton "Revisiting the Recordings," 50.
[381] Ibid.
[382] John D. M. Griffin and William Line, "Trends in Mental Hygiene," *American Educational Research Association* 16 no. 5 (1946): 395. Ellen Herman's book *The Romance of American Psychology* provides an excellent and thorough discussion on this subject. See in particular, chapters 3 and 4.

them go unappreciated now that the war was over.[383] Psychiatrists John Griffin and William Line, for example, called to adapt the gains achieved in military settings to the needs of civilian life by applying the "insights gained thru (sic) individual psychotherapy to the body politic," noting an increasing public interest in embracing a more widespread application of mental hygiene practices.[384] Examples such as these show that the professional psychiatric climate concurrent with the intended release of *Let There Be Light* had large stakes in portraying war neuroses as more than simply the products of acute trauma. These stakes were not just theoretical; Senate deliberations on the postwar Neuropsychiatric Institute Act proposed in 1946 was tabling $18 million for psychiatric research and development. The psychiatrists who lobbied and gave testimony in support of the act had significant motivation to convince their audience that neuroses were a result of childhood experiences and not warfare, and therefore needed to be recognized as an important issue not just of military, but of national concern.[385]

The rhetorical structure underlying *Let There Be Light*—that neuroses were a product of war—was not in keeping with the ambitions of mental hygiene practitioners and psychiatrists after the war, nor did it suit the military's desire to share some of the responsibility for war neuroses with the general population (particularly its mothers). *Shades of Gray,* on the other hand, both (generously) shared responsibility for neuroses with the nation's mothers, and made the case that mental hygiene and psychiatry were crucial components to a healthy post war nation. Famously a direct re-make of *Let There Be Light* using actors in place of soldiers, the film is in fact utterly different in structure, tone, message, and style. And while it undoubtedly imports material from the interviews and treatments of soldiers in *Let There Be Light,* the idea for *Shades of Gray* had been in development prior to the production of *Let There Be Light*. A proposal for a film provisionally titled "The Neuropsychiatric Problem in the Army," which was eventually re-titled *Shades of Gray,* was approved for production in June of 1945.[386]

---

[383] Winfred Overholser, "Mental Hygiene," *Proceedings of the American Philosophical Society* 9 No. 4 (1946): 259.
[384] Griffin and Line, "Trends in Mental Hygiene," 395.
[385] Morgan III, "From *Let There Be Light* to *Shades of Gray,*" 140-41.
[386] "Subject: Project 10,937, The Neuropsychiatric Problem in the Army," 4 June, 1945, "Training Films," Neuropsychiatry; RG 112 SGO/A 730; Box 1328, NACP.

Shades of Gray is a carefully scripted educational film that combines stock footage, animated infographics, and acted dramatizations of case studies. It also contains very few direct quotations from *Let There Be Light*. Its narrative leaves aside the unscripted interviews that provide the personal and graphic descriptions of traumatic combat experience structuring Huston's film, replacing them with vignettes of characters meant to represent common soldier character-types whose afflictions are explained by the narrator. Both films have the same goal of convincing their viewers that mental illness is a normal affliction. But while *Let There Be Light* tries to de-stigmatize combat neuroses by showing their occurrence in relatable people who articulate their own experiences and suffering, *Shades of Gray* does so by invoking abstractions and types, suggesting that neuroses exist in *everyone* and on a spectrum of severity, much like physical aches or ailments: we are none of us black and white, but all "shades of gray." These and other differences constitute the latter film's rhetorical repositioning of mental illness from the environmental result of military labour to the developmental consequence of child rearing and character development. Before the film even begins, the main title card has "*Shades of Gray*" written in block letters that cast shadows of people behind them. The shadows from left to right are of a series of figures roughly approximating a veteran's timeline: a small child and a babe in arms appear on the left, followed by a man in uniform and a man in a business suit on the far right, establishing the rhetorical premise to follow.

Figure 32: Title card for Shades of Gray *(1948)*

After a few opening vignettes of soldiers in states of distress (a soldier in training who becomes too afraid to throw a grenade; a man in a mess hall who thinks his neighbours are whispering about him, etc.), the narrator goes on to explain that mental

illness begins and exists in the population at large, pointing out that it is from this (already compromised) pool that the military draws its men. The narrator frames mental illness as beginning in childhood when he says over footage of soldiers marching that:

> Foundations of physical and mental health are laid in infancy. … The newborn baby has very little permanent immunity or resistance to disease, but in fighting and conquering infection, resistance is developed and strengthened. It's the same with mental disease.[387]

The rest of the film structures itself around a fictional account of two soldiers: Bill Brown and Joe Smith. Beginning with their childhood, it shows these two characters developing the mental constitution that will later shape their ability to cope with the stresses of war and military life; one well, and the other poorly. While the film does not deny that "healthy men" also suffer from combat stresses, it continually places the origins of neuroses back to early childhood, resituating the responsibility for war neuroses from the experience of war to a problem whose source can be located in the mental health of foundational and highly gendered social institutions, and ultimately the nation.

In the early scenes of *Shades of Gray*, Bill Brown and Joe Smith's mothers are scrutinized to discern the impact of their parenting techniques on the children's psychological development, placing them, rather than the military, at the centre of neurotic development. In the "Training Films" file of the Neuropsychiatric Division, there are several scenarios for a film provisionally titled "Overall Psychiatric Picture in the Army," or "The Neuropsychiatric Problem in the Army," which formed the basis for *Shades of Gray*'s development. One scenario in particular contains detailed case histories for the film's protagonists Joe Smith and Bill Brown and the effects of their mothers' parenting on their careers as soldiers. It also includes an additional case history for a third character that never made it into the film: Jim Black. Black's reason for discharge would have been ongoing stomach troubles that the film treatment attributes to his difficult and unhappy family situation—specifically, his neurotic wife's resentment over Black's induction into the military.[388] Adding Black's proposed case history of neurosis due to the selfishness of a military wife to the completed film's emphasis on

---

[387] PMF (Professional Medical Film) 5047, *Shades of Gray,* (US Army, 1948).
[388] "Overall Psychiatric Picture in the Army," "Training Films," Neuropsychiatry; RG 112 SGO/A 730; Box 1328, NACP.

mothers, the story is even further reinforced that military neuroses are a gendered problem—that is feminine—originating in the wives and mothers of the civilian population.

This framing of military neuroses was not one that the film plucked from thin air to help deflect military responsibility for the mental health of veterans. Mental hygiene discourses from the same period often occupied themselves with women, emphasizing the key role they play not only in facilitating the successful reintegration and rehabilitation of returning vets, but more broadly in the production of psychologically healthy children in the first place. Psychiatrists John Griffin and William Line's 1946 review, "Trends in Mental Hygiene," sympathizes with studies that find fault with mothers on a case-by-case basis, and more broadly blames the "American emphasis on an over-sentimentalized and commercialized 'Mother,' with resultant emotional immaturity on the part of our younger generation."[389] By focusing on mothers as a source of neurotic development, Griffin and Line pin mental hygiene's hopes for a rehabilitated nation on a new form of training and education for children. They go so far as to draw a direct causal link between child rearing and war *as such* when they write that it is only with the proper training of children that one can hope to "banish the habits of unrealistic wishful thinking which has played an important part in causing repeated world wars."[390] The focus on mothers as the source of mental illness re-positioned the military's vast numbers of neuropsychiatric casualties as a problem of the nation's mental health. Some psychiatric texts even implied or stated outright that national mental health in the US and other countries was a major factor precipitating the outbreak of World War II, thus giving psychiatrists and those working in mental hygiene a strategic role in the resolution of major domestic and international conflict.[391] *Shades of Gray*'s rhetorical framing followed suit, arguing that mental health in the army was an issue of national concern.

---

[389] Griffin and Line, "Trends in Mental Hygiene," 398.
[390] Ibid.
[391] See Griffin and Line "Trends in Mental Hygiene," William Menninger "The Role of Psychiatry in the World Today" *The American Journal of Psychiatry (TAJP)* 104 no. 3 (1947): 155-163, Francis J. Braceland "Psychiatric Lessons from World War II" *TAJP* 103 no. 5 (1947): 587-593, and Samuel H. Kraines "Preventative Psychiatry" *TAJP* 104 no. 4 (1947): 238-241, as a few examples among many others. See also Ellen Herman's book *The Romance of American Psychology* Chapter 3, "The Dilemmas of Democratic Morale."

The expository opening title reels that precede the first scene state that: "The *future mental health of the nation* depends largely upon an understanding of those factors which shape the human being."[392]

While the discipline of psychiatry had much to gain from arguing for "the nation" as its new therapeutic domain, there were also very specific arguments made for the film's production by the people in the Neuropsychiatry Division working on its production. In one of the documents that work out the treatment for a film under the heading: "The Neuropsychiatric Problem in the Army," head of the neuropsychiatry division, William Menninger, writes that:

> Almost half a million men have been discharged by the Army for neuropsychiatric reasons. A large number of these men will have to be taken care of at enormous expense to the taxpayers of the nation. Due to lack of understanding of this problem, it may be anticipated that criticism will be directed against the Army. A number of distorted concepts have already developed, such as: "the Army created the problem of psychoneurosis," "the Army is not doing enough about it," "the Army should have screened out all the psychoneurotics."
>
> The film could perform a valuable service by presenting an authentic picture of the total problem, particularly by showing the roots of this problem in the civilian public and by showing the procedures of the Army in meeting the neuropsychiatric problem.[393]

The document goes on to acknowledge that the production of such a film would be a continuation of the communications strategy already in place to disseminate this interpretation of the "neuropsychiatric problem" amongst military personnel, stating that:

> The Surgeon General … considered the [neuropsychiatric] problem to be sufficiently significant and serious as to require interpretation by film to all officers of the Army. The importance of this problem has not suddenly disappeared with the end of the war.[394]

The financial burden of veterans returning with psychiatric problems was posed as a significant motivator for taking charge of the discourse around military mental health in

---

[392] *Shades of Gray,* my emphasis.
[393] "Memorandum for The Director, Training Division, Office of the Surgeon General, Subject: Film Project 10937, "The Neuropsychiatric Problem in the Army." 14 September 1945, "Training Films," Neuropsychiatry; RG 112 SGO/A 730; Box 1328, NACP.
[394] Ibid.

the public, and the Neuropsychiatry Division leveraged this factor to justify the cost of developing the proposed film. The document cited above states that the estimated cost for producing the proposed film would be between 50 to 75 thousand dollars, arguing that this would be a very sound investment for the army considering the cost of medical care for neuropsychiatric patients. Citing an average figure of $35,000 to care for a psychiatric patient in World War I, and adding to this the further cost of their loss of productivity to society, the document proposes that if the film were to produce a future improvement in the handling of such patients, it would "repay the cost of the film in short time."[395] While the language surrounding the actual financial benefit to the military is kept vague, the implication is that by "showing the roots of this problem in the civilian public," arguments could further be made for sharing the fiscal responsibility outside the military institution.

The documentation surrounding *Shades of Gray*'s production outlines clear reasons why the military and military psychiatrists would rather promote a discourse of mental health's developmental origins over and above the environmental argument made implicitly by the war-battered vets depicted in *Let There Be Light*. Despite this fact, the circulation of the two films actually overlapped institutionally. The common story is that *Let There Be Light* was immediately pulled from circulation and replaced with *Shades of Gray*. But surveying "medical films" indexes listed in issues of the *Bulletin of the US Army Medical Department* and other official military publications reveals that both films appear in these indexes for several years after their completion. While *Let There Be Light* was pulled from public circulation immediately, the film continued to be listed among the available medical films in a military bulletin from 1948; *Shades of Gray* is listed in a bulletin from 1949; and an issue of the *Medical Bulletin of the European Command* from 1952 lists both films as available for screening to authorized medical personnel.[396] William Menninger's contribution on "Education and Training" to the

---

[395] Ibid.

[396] "Army Films on Medical Subjects" *Bulletin of the US Army Medical Department (BUSAMD)* 8 no. 1 (1948), 26; "Army Films on Medical Subjects" *BUSAMD* 9 no. 8 (1949), 716; "Professional Medical Films" *Medical Bulletin of the European Command*, 9 no. 3 (1952) http://stimson.contentdm.oclc.org/cdm/singleitem/collection/p15290coll5/id/4834/rec/17 (accessed June 17, 2016)

military's official publication, *Neuropsychiatry in World War II,* also lists both films among the visual aids available on the subject.[397] The appearance of these two films side-by-side in multiple military directories substantiates the suspicion of scholars such as Edgerton and Morgan that a desire to protect the identities of the film's protagonists was likely not the military's chief reason for halting *Let There Be Light*'s public circulation.[398] However the overlapping military circulation simultaneously complicates other common assumptions about the strictness of the ban that was placed upon the film.

The popular idea that the film was aggressively suppressed because the military was absolutely opposed to the image *Let There Be Light* presented of a compromised military masculinity or the mental consequences of war is harder to substantiate given their willingness to show the film within military and select medical networks.[399] This more complex circuit in which *Let There Be Light* was available for internal institutional distribution but not to the public, suggests that an executive decision was made that *Let There Be Light*'s version of the story of mental health was not the one best suited to managing the public's understanding of mental health and military experience, but that it did serve other purposes. One such purpose may have been fulfilled by the film's enthusiastic promotion of the power of abreactive therapies that had been routinized during the war, furthering claims to the medical legitimacy and efficiency of psychiatric treatments for seriously afflicted patients.

What the film *Shades of Gray* and the military documents precipitating its production make clear is precisely what kind of narrative the military was most interested in promoting to the general public. Within this context, the details about exactly when and how Huston's film was suppressed become somewhat less conspiratorially tantalizing. Regardless of the reasons why *Let there Be Light* was ultimately pulled from

---

[397] William Menninger, "Education and Training" *The Medical Department of the United States Army in World War II: Neuropsychiatry in World War II, Volume 1, Zone of the Interior* (Washington: Office of the Surgeon General Department US Army, 1966), 66.
[398] In "Revisiting the Recordings of Wars Past," Edgerton demonstrates that stills from *Let There Be Light* that identified the patients in the film by name were freely distributed to major publications including *Life* magazine, suggesting that precautions to protect the identities of the film's subjects was not the high priority that the military claimed it was. See also Morgan III "From *Let There Be Light* to *Shades of Gray*," 134.
[399] Edgerton, "Revisiting the Recordings," 48 and Morgan III, "From *Let There Be Light* to *Shades of Gray,*" 134.

public circulation—whether there is some truth to the dubious claims that it was to protect the identities of the soldiers appearing in it or whether more powerful interests were at stake—what matters is that the type of narrative that Huston put forward was ultimately marginal to what was agreed upon by military psychiatric officials as the most useful way of framing mental health. In this respect, *Shades of Gray* was not re-inventing Huston's narrative in an attempt to quickly cover up an embarrassing exposure, but re-packaging a very well established and institutionally useful story for a new public audience. The continuity between the other films the military had already made on the subject, the rhetoric worked out carefully in the documents preceding *Shades of Gray*'s production, and the film itself, is very clear. While military psychiatric filmmaking did not produce a strict homogeneity of ideas—as evidenced by rogue films such as *Let There Be Light* and *Psychiatric Casualties in the Combat Area*—there was a definite hegemony when it came to placing the might of military infrastructure and resources behind some rhetorical framings over others. *Shades of Gray* displaced the etiology of "combat fatigue" from a product of war trauma to one of improper childrearing, thus subtly shifting back toward a pre-war orientation that helped to move some of the responsibility for distressed soldiers from the military to the Mother.[400] Conveniently, what followed from this premise was the claim that psychiatry had a post war role to play in the re-adjustment of the American family.

5.1.3. "The Nation's Mental Health": Psychiatrists turn to civilians

Aggressive campaigning for the importance of psychiatry gave rise to the educational communications strategies seen first in films made for forward psychiatry

[400] Janet Walker's article "Couching Resistance: Women, Film, and Postwar Psychoanalytic Psychiatry" uses readings of the films *The Three Faces of Eve* (1957) and *Tender is the Night* (1962) to describe the intimate relationship between psychoanalysis and American postwar psychiatry. She makes the case that there was an emphasis in postwar analysis to better adjust female patients to the status quo, which set a historical precedent for using discourses of women's 'mental health' as a vehicle for the reinforcement of patriarchal social norms. Walker, "Couching Resistance" in *Psychoanalysis & Cinema* ed. E. Ann Kaplan. AFI Film Readers (New York: Routledge, 1990), 154.

and then in postwar mental health discourse management. This campaigning initially formed part of the response to the desperate shortages of clinical professionals available to work with soldiers in the early years of the war. Historian Ellen Herman writes in her study of psychology and psychiatry's extraordinary growth during the post war years that:

> Personnel shortages gave psychiatrists the reason they needed to proselytize, which they did with missionary zeal. Here was an opportunity to place general psychiatric principles at the centre of all medical education and practice and correct the woeful errors of doctors ignorant of psychological factors.[401]

What exactly these factors were was an issue that was itself negotiated throughout this expansion of the discipline, manifest in the field's own divisions and conflicts. Psychiatrists who hailed from a psychodynamic background understood environment, family, and social context to be central factors in the mental health of the patient—both "environmentalist" and "developmentalist" psychiatrists belonged to this school. Psychosomatic psychiatry located problems with mental health in physiological and neuroscientific issues. While psychosomatic psychiatry had dominated the discipline prior to World War II. Thanks to their ability to target environmental issues in the efficient treatment of soldiers, the psychodynamic school of thought achieved institutional ascendancy in the military during the war. In the wartime context, psychosomatic psychiatry had fewer techniques to offer for mass treatment. Although lobotomies and electroshock therapy continued to be extremely popular forms of treatment both during and after the war, showing that both schools continued to co-exist with overlapping techniques.[402]

Psychodynamic psychiatrists leveraged their advantage in institutional power as an opportunity to promote psychiatry's ability to offer a corrective to medicine's ever-increasing technical specialization. In fact, three of the American Psychiatry

---

[401] Ellen Herman, *The Romance of American Psychology: Political Culture in the Age of Experts* (Berkeley: University of California Press, 1995), 91.

[402] For the more on the ascendance of psychodynamic over psychosomatic psychiatry, see Gerald Grob *From Asylum to Community: Mental Health Policy in Modern America* (Princeton: Princeton University Press, 2014), chapter 1. Dozens of articles detailing the use of lobotomies and electroshock therapy treatments for soldiers and veterans appear in the pages of *The American Journal of Psychiatry* between 1943 and 1950.

Association's five presidents between 1945 and 1950 were leading psychodynamic military psychiatrists, including William Menninger, who had served as head of the military's Neuropsychiatry Department. By taking into consideration the broader influences likely to affect a patient's mental health, psychodynamic psychiatry made not just the mind, but its social substrate, its area of expertise.[403] The growing institutional power of the discipline more generally provided proselytizing psychiatrists with a mouthpiece for their views on the relationship between mental health and the human environment, enabling the promotion of a kind of "psychiatric activism." Some military psychiatrists in the immediate post war period sought to innovate community psychiatry that worked with the principles that health and illness were not "fixed states," but were deeply influenced by the environment in which they emerged.[404] It was largely thanks to the military careers of psychiatrists that such ideas could be promoted to the public in films such as *Let There Be Light* and *Shades of Gray*, and that they could continue to influence the expansion of the discipline into more social and civilian domains after the war.

An example of a film text that bridged psychiatry's wartime and postwar interests is an episode of the popular didactic short film series, "The March of Time," produced on the subject of "The Nation's Mental Health" in 1951. The 18-minute movie widely distributed to commercial movie theaters is a concise iteration of all the key themes and arguments made in military mental health films examined in previous chapters, but re-packaged for a civilian audience by a commercial publisher. "The Nation's Mental Health" begins by establishing the link between the military and mental health by opening with footage of men walking into a US Army building, followed by a medium shot from over the shoulder of a military agent at a classifying desk, stamping files with either a large "accepted," or "rejected" stamp. The narrator explains:

> Many are being rejected. Easy to detect are the physical ills disqualifying a man, less so are the problems of the mind, yet they are grave. Turned back into society among the seven million Americans suffering from some

[403] Herman, *The Romance of American Psychology,* 91.
[404] Ibid., 96.

> form of mental health. Mental illness has become America's number one health problem.[405]

The short film then shifts to focus on mental health in the general population and progress being made in its treatment. Mirroring arguments made in films examined in chapter 2, "The Nation's Mental Health" sets up a rhetorical argument that pits outdated methods and associations (insane asylums) against images of modern psychiatric and mental health infrastructure. Footage of female inmates in an asylum is shown while the narrator says gravely: "Insanity—for each state to figure out as best they could. Institutionalization made things worse until all hope of recovery vanished." The scene then cuts to footage showing the erection of a vast modern facility, while the narrator continues:

> Congress passed the National Mental Health Act … to increase scientific knowledge of mental health and illness. There is not enough public understanding of the importance of mental health.[406]

The film links this pioneering work back to psychiatrists in the military by showing footage of director of Neuropsychiatry William Menninger at his (newly expanded) civilian clinic and then cutting to clips from *Let There Be Light* while the narrator praises the Veteran's Administration for "bring[ing] disturbed patients back to reality." The film then contains a segment consisting of brief scenes showing many of the different methods and treatments explored throughout this study, including: a clinical psychologist administering a client tests and asking him questions about early childhood; a woman being prepared to receive electroshock therapy; an operating room during brain surgery; a patient undergoing chemical narcosis for abreaction therapy; a studio with a set and audience for drama therapy; and art and occupational therapy. This sequence highlights the diversity and breadth of psychiatric treatments, making a further case for the discipline's scientific modernization and against its status as an arcane treatment for the very rich or the very disturbed.

The last part of the short film begins by echoing the logic used in military films examined in chapter 2 that argue for practicing preventative psychiatry close to combat zones in order to catch problems before they become more difficult to treat. The narrator

---

[405] *The March of Time,* "The Nation's Mental Health" 17.3, Time Inc, April 1951.
[406] Ibid.

makes the case that psychiatrists should become directors of community mental health clinics, saying that: "at the community level, the clinic deals with mental health problems, which though minor at the outset, may develop into major disorders."[407] As evidence, the film presents a dramatized case study of a teen who has stolen money from her mother and a babysitting client. After taking a Thematic Apperception Test and being interviewed by a psychiatrist, it is uncovered that family issues are at the root of her behaviour and her parents are convinced to give her more affection. The narrator informs us that: "understanding brought harmony to the Warren household." The film's final scene reiterates that good mental health occurs at the level of the community/family by showing footage of a father helping his son build a model, interspersed with that of a mother baking with her daughters. The narrator sums up that: "in the last analysis, a healthy mental state is fostered by the understanding and cooperation of the parents of the nation."[408]

"The Nation's Mental Health" both promotes an image of psychiatry as a modern science that can increase social/familial harmony and references its growth in the military context. In a chapter reviewing the impact of World War II on mental health practices in America, historian Gerald Grob writes that after the war, psychiatrists

> [M]aintained that their specialty possessed the knowledge and techniques to identify appropriate and environmental changes that presumably could optimize mental as well as physical health. "Good mental health or well-being," wrote [psychiatrist] Henry W. Brosin in spelling out the implications of the military experience for American society, "is a commodity which *can be* created under favorable circumstances."[409]

The institutional pressure the military had placed on the psychiatric discipline to produce an ostensibly reliable product and providing the discipline with resources to do so, generated a confidence that the "commodity" of instrumentally useful mental health could be sold to new populations. Not only had military psychiatry generated the methods and resources to sell "good mental health," but it had also produced a sizable

---

[407] Ibid.
[408] Ibid.
[409] Grob, *The Mad Among Us: A History of the Care of America's Mentally Ill* (NY: The Free Press, 1994), 195.

new cohort of psychiatric professionals who were invested in the success of this kind of message.

In 1940, the American Psychiatric Association (APA) had 2,295 total registered members, two thirds of whom worked in psychiatric hospitals or asylums. During the war, an *additional* 2,400 medical physicians began to work as psychiatrists to meet wartime demands, doubling the professionals dedicated to this task and radically changing their patient base from asylum residents to a much wider spectrum of the population.[410] By sharp contrast with the 67% of APA members who had worked in psychiatric asylums before 1940, by 1957, only 17% of their 10,000 members held this kind of job. The astonishing growth in post war membership—some 8300—largely migrated to jobs that interacted with a broad cross-section of the public. Rather than working with the severely disabled, post-war psychiatrists worked predominantly in community clinics, education, government posts, medical schools, private practices, or as consultants for industry and manufacturing, bringing with them tools and information gleaned in their military careers.[411]

As military psychiatrist Frances J Braceland wrote in 1947 in an article titled "Psychiatric Lessons from World War II," industrial psychiatry had much to gain from what military psychiatry had accomplished. He wrote that industry would surely benefit "by an examination of the statistics of military service in which literally hundreds of thousands of men between definite age groups were under medical observation." The potential value of this lesson was not lost on industry. Companies including the Ford Foundation, Coca-Cola, General Electric, and Standard Oil helped to sponsor the Columbia Project, which sought to analyze the psychiatric records of the 20 million men who had been examined during the war. Sociologist Nikolas Rose writes that: "The Columbia Project aimed to make a systematic analysis of these wartime personnel records in order to investigate the nation's human resources as a basis for future planning, not only of the armed forces but also of the nation as a whole."[412] In addition to their newly normalized status as administrators of the nation's mental health, the wartime

---

[410] Ibid., 196.
[411] Ibid., 196 and 202.
[412] Nikolas Rose, *Governing the Soul: The Shaping of the Private Self* (London: Free Association Books, 1999), 43.

work of military psychiatrists helped to further cement the role of the social sciences in the management of human resources throughout American industry.

This thoroughgoing change to the disciplinary makeup was facilitated via the techniques tested and refined by the military psychiatric apparatus during the war, such as mobilizing media to change understandings of the discipline and its possible functions. The establishment of a military psychiatry division in the Surgeon General's Office with an active Public Relations officer during the war had established networks through which the ideas promulgated in the films examined in this study found their way into the explosion of popular culture and news media treating psychiatric topics. In an address to a graduating class of military-trained psychiatrists given in 1945, William Menninger boasted about the

> [W]ell-trodden path to our little division in the Surgeon General's Office by writers from magazines and newspapers, from radio stations and motion-picture producers. Our Public Relations officer has told me that except for special drives … neuropsychiatry probably receives more newspaper column space, and he receives more inquiries about it than any other branch of the Surgeon General's Office.[413]

Using media to sensitize the viewing public to ideas about mental health that subsequently supported desired changes to mental health policy was a model carried over from their experience during the war. In 1946, the newly established National Institute for Mental Health—a federally supported institute that nationalized (formerly state-based) mental health policy and acted as a centralized body for coordinating and funding psychiatric research—took charge of the "Publications and Reports" sector of the Military's Neuropsychiatry division. This sector "disseminat[ed] information about mental illness and its prevention. … produc[ing] films, exhibits, study kits, catalogues and printed materials for use by the public," and became a popular source for communications material.[414] Among the projects supported by the National Institute for Mental Health was the establishment of the Mental Health Film Board, ensuring the

---

[413] Menninger, printed as "Psychiatric Objectives in the Army" in *The American Journal of Psychiatry* 102 no. 1 (1945), 106.
[414] Grob *From Asylum to Community*, 56. See also "Psychiatric Objectives in the Army" by William Menninger.

enduring place of film within the new institution's operations.[415] The board was itself populated by some of the key players in pioneering film use in military psychiatry, including Leon J. Saul, Kenneth Appel, and head of the Navy's psychiatry department, Howard Rome.[416] Many mental health films were produced under their supervision with films such as *Angry Boy* (1951), *Farewell to Childhood* (1951), and *Fears of Children* (1952), continuing to promulgate the idea that childhood and the family unit is the key location to building the foundations for a mentally healthy society.[417]

Publicly vocal military psychiatrists had been instrumental to the establishment of the National Institute of Mental Health immediately after the war, in part by articulating a correlation between the need to secure substantial federal funding for research and development and the health of the nation at large. Menninger himself wrote that: "national mental health … could be purchased if that were our aim," linking financial support for psychiatry to a vaguely articulated promise of stability and productivity.[418] As historian Ellen Herman observes, psychiatry's expansion and innovations during the war had given military psychiatrists a feeling of being "custodians of a vital social resource—mental health—without which economic prosperity, democratic decision making, and intergroup harmony were implausible, perhaps impossible."[419] With such a resource at stake, aggressive lobbying took place at the federal level and

> [C]onsensus that augmenting clinical funding was tantamount to improving national well-being would shortly be displayed on the floor of US congress, where government officials debated the details of a federally sponsored mental health effort that became the National Mental Health Act of 1946.[420]

---

[415] Irving Schneider, "Cinema and Psychotherapy" in *Encyclopedia of Psychotherapy* eds. Michel Hersen and William Sledge (Cambridge: Academic Press, 2002), 405.
[416] Board members listed under credits in the National Library of Medicine's catalogue entry for "Angry Boy." https://collections.nlm.nih.gov/catalog/nlm:nlmuid-9615144-vid. See chapter 3 for examples of Rome and Saul's use of film in military psychiatric treatments.
[417] The US National Library of Medicine catalogue lists a number of films made by the Mental Health Film Board.
[418] Menninger as cited in Herman, *Romance of American Psychology*, 120.
[419] Herman, *Romance of American Psychology,* 121.
[420] Ibid., 120.

The signing of the Mental Health Act created substantial governmental support for the discipline, and the subsequent creation of the National Institute of Mental Health furthered its ongoing centralization. A far cry from the once-marginal discipline practiced by a few psychoanalysts and psychiatrists for the wealthy and people incarcerated in asylums, mental health via psychiatry was now entrenched as a serious medical practice with a National Institute to co-ordinate research and policy. In "The Nation's Mental Health," episode of The March of Time, a sequence described above concisely summarizes this achievement. When the narrator says: "Insanity—for each state to figure out as best they could. Institutionalization made things worse until all hope of recovery vanished,"[421] over footage of inmates in an asylum, the film is referencing the pre-existing lack of a centralized federal institution governing psychiatric hospitals and mental health policy. The scene then cuts to footage of the National Institute for Mental Health complex being built, while the narrator says: "Congress passed the National Mental Health Act … to increase scientific knowledge of mental health and illness."[422] Thanks in part to precisely this ability to mobilize communications promoting their discipline, psychiatric professionals were able to establish policies and powerful state institutions in order to facilitate their shifting disciplinary concern from the chronically ill to include "all of human society."[423]

Herman credits the war with inspiring military psychiatrists as to the possible scope and scale of their work, writing that

> [W]ar on a mass scale was probably the only thing that could have made clinical treatment possible on a mass scale. … By acquainting huge numbers of ordinary people with professional healing and emotional self-management for the first time, it served as a foundation for the "growth industry" of the postwar years and lengthened the menu of services available to a rapidly expanding consumer market.[424]

Both the "acquaintance of huge numbers of people with professional healing" and the "menu of services available" were intimately tied to the military's wartime filmmaking initiatives and their innovations with visual technologies. The savvy use of film and

---

[421] *The March of Time,* "The Nation's Mental Health" 17.3, Time Inc, April 1951.
[422] Ibid.
[423] Grob, *The Mad Among Us,* 211.
[424] Ibid.

other communications technologies to manage discourses about mental health and argue for its importance was applied after the war as well. Illustrated by the sequence of scenes depicting a variety of modern psychiatric methods in "The Nation's Mental Health," we see film being used to demystify information about psychiatric techniques, to demonstrate the "menu of services," and to show everyday people benefiting from them. In both the wartime and post war context, prodigious institutional expansions of the discipline corresponded with such communications initiatives: such as the doubling of psychiatric professionals via military training, and the establishment of the National Institute of Mental Health. As we saw in Chapter 3, one of the most significant expansions of therapeutic technique was itself dependent upon psychiatry's ability to sell itself as modern and efficient, employing film and other visual technologies in order to substantiate such claims.

5.2. Conclusion

Visual and moving image technologies played an essential role in the expansion and modernization of military psychiatry, and subsequently, its expansion and modernization within a much larger social field in the post war era. Not only were films used by a variety of businesses and institutions as part of their veteran re-integration programs, but films were used to negotiate and debate the terms in which psychiatry would be understood by, and continue to expand into, civilian society. Situating films such as *Let There Be Light* and *Shades of Gray* within a disciplinary/institutional context rather than merely attending to their auterist or propagandistic qualities allows us to see them articulating arguments of great consequence to the professional interests of psychiatrists within competing schools of thought. The psychodynamic school of psychiatry, which rose to prominence in the military context, set its sights on developing infrastructure to implement large-scale community based psychiatric practice in the post war era. Within the psychodynamic school, the psychiatrists who ascribed to a belief in the "developmental" origins of neuroses (illustrated by the film *Shades of Gray*), as opposed to the "environmentalist" argument (championed by *Let There Be Light*), had a particular vested interest in identifying the American family as a site needing therapeutic

aid. Their savvy use of film and media, honed during the war, continued to be a tool with which to craft public messages that were in synch with ambitious institutional goals, and to a degree, reflect the debates across its different constituencies. *Let There Be Light'*s suppression and *Shades of Gray'*s dissemination in public discourse also continued military PR's persistent avoidance of stating outright that war in itself is what pushes the limits of mental health.

This chapter has argued that film use continued to play an important role in the growth of the psychiatric discipline and its reorientation from the soldier to the American family after the war. Placing this argument within the larger context elaborated by this study allows us to chart the use of film and visual technologies in the expansion of psychiatry in military operations and how this in turn furthered the discipline's larger historical reorientation away from mental illness and toward mental health. As a tool for modernization, film in military psychiatry was used to try to optimize labour—of psychiatrists themselves, and ultimately of all military personnel. In the post war context psychiatry became a particularly powerful discipline, and films used to argue for its modernity, an argument that was in turn leveraged toward federal support and formal institutionalization within government. Psychiatry's ability to keep particular populations productive continued to be a pillar of rhetorical arguments for the discipline's critical role in society. In both cases, modernization brought with it improved practical methods and increased empathy for the normalcy and validity of mental disorders, while simultaneously structuring networks of institutional power and communicating ideas about mental health that served them. Film was an essential mode through which military psychiatry became mainstream. Understanding critically the way that this technique of visualization operated helps us to better understand the kind of discursive power that psychiatry came to wield.

Conclusion: Adapting the Pictures within the Mind

Films and techniques of visualization applied to psychiatric goals helped psychiatry to modernize in the military context. They helped psychiatry to become a discipline capable of administering to an institution comprised of millions of personnel by offering systems of selection and categorization, and by teaching what psychiatry was and how viewers ought to apply its ideas to their self-management. Films and techniques of visualization were also used in the service of research and experimentation that tried to make the human mind more amenable to intervention in order to try to heal people more efficiently. Above all else, the military psychiatric apparatus applied these techniques in order to make military labour more efficient and win the war.

The perceived successes of the psy sciences in managing minds and men during World War II had opened terrain for their expansion. Historian Ellen Herman writes that psychiatrists and psychologists proudly declared that their disciplines had been "key to winning the war," citing examples such as the triumphs of psychological warfare overseas and the maintenance of US soldiers' mental health in combat.[425] Military psychiatrists "took pains to show exactly how their work furthered collective aims, and in the process, pushed work designed to install mental hygiene and health far beyond its initial, clinical uses."[426] In a 1946 issue of *The American Journal of Psychiatry*, military psychiatrist Eli Ginzberg argues for vague yet weighty reasons to secure the gains made by psychiatry during the war, writing: "The place of psychiatry in military medicine must be made secure so that it can discharge its very great responsibilities in war and peace."[427] Lofty claims about the psy sciences' capacity to help stabilize post war society were common and not limited to the military context. The Psychologist's Peace Manifesto was a document signed by over two thousand members of the American Psychological Association that proclaimed: "an enduring peace can be attained if the

[425] Ellen Herman, *The Romance of American Psychology: Political Culture in the Age of Experts* (Berkeley: University of California Press, 1995), 77.
[426] Ibid., 82-3.
[427] Eli Ginzberg, "Logistics of the Neuropsychiatric Problem of the Army," *The American Journal of Psychiatry* 102 no. 6 (1946): 731.

human sciences are utilized by our statesmen and peace makers."[428] The term *Pax Medica* was sometimes used to describe the vision of a medically engineered peace that could be brought about by the proper cultivation of mental health and hygiene. William Menninger, former director of neuropsychiatry for the military who became president of the American Psychiatric Association after the war, wrote an article in 1947 on "The Rôle of Psychiatry in the World Today," in which he claims that: "to promote world peace means to ensure peace of mind to the people of the world…and healthy mindedness would be the basis of decent social life on this planet."[429] Pieces such as these positioned the psy sciences as key to rebuilding a healthy, functional society in the aftermath of world war.

To map all of the ways that the growth and modernization of psychiatry in the US military during World War II enabled it to expand into new territories is far beyond the scope of this project, and strays too far from its focus on film and techniques of visualization.[430] But it is interesting to note how managing the mental health of the military's labour force positioned the psy sciences to do the same for industry. Donald McKinnon, one of the psychologists heading the Office of Strategic Services (OSS) (precursor to the Central Intelligence Agency), went on to institutionalize the OSS selection procedures (among them versions of Rorschach and image interpretation tests) at the Institute of Personality Assessment and Research at the University of California with the goal of "developing techniques to identify the personality characteristics which make for successful and happy adjustment to modern industrial society."[431] And psychiatrist CC Burlingame writes in a 1947 issue of *The American Journal of Psychiatry* that: "many of the most important problems of contemporary society fall within the purview of industrial psychiatry." He discusses the use of psychodrama and role-playing techniques to train supervisors in conflict resolution, citing "disturbances of emotional adjustment," and "unresolved issues," among factors leading to union grievances and

---

[428] Herman, *The Romance of American Psychology,* 77.
[429] William Menninger, "The Rôle of Psychiatry in the World Today," *The American Journal of Psychiatry* 104 no. 3 (1947): 162.
[430] An interesting project for future research would be to examine the post war careers of some of the key users and champions of film and visual technologies in military psychiatry to see whether and how they adapted film use to new contexts.
[431] Herman, *The Romance of American Psychology*, 46.

strikes.[432] While not all roads led directly from military psychiatry to industrial psychiatry, the tools, techniques, and scope achieved in administering to the mental health of millions of soldiers made indelible marks on the discipline. Many psychiatrists saw their discipline as positioned to tend to the minds of the masses and help other institutions to reach goals of efficiency and productivity.

Film and visual technologies had been crucial to this modernization. They disseminated psychiatric ideas to new audiences, helped to standardize procedures, and often acted as a tool for therapeutic mechanization. Psychiatrists had used onscreen images in an array of techniques aimed at curing soldiers quickly and producing institutionally beneficial behaviours. Howard Rome, one of the military's most ambitious experimenters with motion pictures, praised film's ability to use images to make information more compelling and accessible, stating that: "with care and perfection [motion pictures] should do for medicine what the graphic arts have done for book publishing—enlarge its field, increase its depth and make it less mysterious for a good many people."[433] It is significant, though not surprising, that film was used to promote psychiatry and manage its key discourses within a military context. As we saw in chapters 2 and 4, such films worked to set the terms of mental health and identify how populations should pursue it. Rome had also noted film's capacity to act as a tool for modernizing the discipline's practices, as we have discussed in chapters 1 and 3. Rome notes that: "Deconditioning to sounds and sights—peek views of experiences yet to be lived through and analyses of typical past performance—are some of the possibilities that lend themselves to accurate motion picture portrayal."[434] Images seen by the eyes were understood to have a privileged relationship with the images inside the mind of viewers, compelling them to behave in desired ways, including, as Rome indicates, training films to inoculate soldiers' minds to fear and desensitization films to bring repressed fears to the surface for therapeutic treatment.

---

[432] CC Burlingame, "Psychiatry in Industry," *The American Journal of Psychiatry* 104, no. 7 (1947): 494-5.
[433] Howard P. Rome, "Military Group Psychotherapy," *The American Journal of Psychiatry* 101.4 (1945): 496.
[434] Ibid.

Understanding or pinning down a "film theory" that was held or developed by military psychiatrists is challenging. The ways that film was used varied widely from one practitioner to another, and as we have seen throughout this study, even single films were polysemic, often being used for training in one instance, and therapy in another. A spirit of enterprise and experimentation linked many uses of moving image technology, as illustrated by strange examples that left aside images entirely such as Flicker Fusion Therapy, a test that was used to measure a subject's anxiety levels with a portable movie projector and a device that could control the frequency of breaks interrupting the projector's light source. This technology was most commonly used in military hospitals and ostensibly helped to diagnose the severity of combat fatigue and other war neuroses by measuring the subject's ability to perceive interruptions in the projected light.[435] Another strange clinical device incorporating film projection technology is described in a 1946 issue of *The American Journal of Psychiatry* in an article descriptively titled: "An Improved Instrument for the Determination of Changes in the Pain Threshold Caused by Drugs." The instrument was a device built with a projector bulb to emit a "screen" of light onto a subject's forehead, with the intensity of the light causing the pain that the drugs were trying to mitigate.[436]

More enduring in our cultural imagination than many of the examples discussed in this study are post war experiments that incorporated moving images into social experiments or attempts at mind control. Military testing of LSD and other drugs on soldiers in the 1960s were filmed in order to analyze their results, leaving us with bizarre recordings of soldiers on surveillance cameras struggling to answer researchers' questions, giggling through failed marching drills, or communing with nature during combat simulation.[437] Famous psychology researchers such as Kurt Lewin and Stanley

---

[435] Herbert E. Krugman, "Flicker fusion frequency as a function of anxiety reaction; an exploratory study," *Psychosomatic Medicine* 4 (1947): 269.
[436] Fredrick B. Flinn and A.S. Chaikelis "An Improved Instrument for the Determination of Changes in the Pain Threshold Caused by Drugs" *The American Journal of Psychiatry* 103, no. 3 (1946): 349.
[437] Raffi Katchadourian has compiled an impressive collection of materials from the psychochemical weapons testing at Edgewood Arsenal research facility, published as a series of short articles and videos for the New Yorker titled "Secrets of Edgewood." https://www.newyorker.com/news/news-desk/secrets-of-edgewood accessed Oct 15, 2018.

Milgram brought social science to popular audiences with their filmed experiments on social behaviours of children in environments of varying disciplinary control and adult test subjects' willingness to inflict (imagined) pain on others under the direction of expert authority. Infamous former military psychiatrist, Dr. Ewen Cameron, began his immediate post war career, as many did, in industrial psychiatry where he advised on personnel management techniques and wrote typologies of the childhood factors he believed to shape the kinds of people who file grievances in the workplace.[438] He eventually became a CIA-funded researcher at McGill University, developing a psychiatric treatment he called "psychic driving" that used sensory deprivation in combination with audio loops on continuous playback that were meant to either trigger past traumatic experiences or to "reprogram" patients' thoughts by "penetrating defences; eliciting hitherto impossible material; and setting up a dynamic implant."[439] His theory was that if one could find a way to bypass a person's cognitive control over their own mind, that their mind could then be implanted with messages from an external source. Cameron's "therapy" eventually integrated large doses of LSD and electroshock treatment as "depatterning" tools to help clear a patient's mind in preparation for psychic driving. His techniques were both funded and adopted by the CIA as part of mind control and torture projects pursued under the code name MK-ULTRA.[440]

Psychic driving in particular represents a more insidious extreme of post war research that finds fore bearers in psychiatric experimentation with communications technologies. I mention it here because sensational and morbid mind experiments are the kinds of visions often conjured in the cultural imaginary by the terms "military," "psychiatry," and "media." Popular culture fascinations with dystopian mind control and brainwashing as represented in films like *Invasion of the Body Snatchers* (1956), *The Manchurian Candidate* (1962), and *Clockwork Orange* (1971), give voice to popular

---

[438] Ewen Cameron, *Studies in Supervision: A Series of Lectures Delivered at McGill University, Montreal, January 30, 1945 - March 20, 1945.* Planned and arranged by Dr. Ewen Cameron MD and H. Graham Ross MD, (Montreal: McGill University, 1945), 111.
[439] Cameron, "Psychic Driving," *The American Journal of Psychiatry* 112, no. 7 (1956): 503.
[440] Alison Winter, *Memory: Fragments of a Modern History* (Chicago: The University of Chicago Press, 2012),, 127-31. And Naomi Klein *The Shock Doctrine: The Rise of Disaster Capitalism* (Toronto: Vintage Canada, 2008), 31.

fears surrounding the uses of media and psy science experimentation in the hands of powerful authoritarian institutions or governments.[441] Experiments like psychic driving, while they certainly do occur (and their cruelty should not be overlooked), represent a marginal application of such technological experimentation. As this study has shown, the most common applications were a lot more mundane, resulting most often in things like large-scale inkblot testing and didactic documentaries about mental health and military best practices.

An interesting connection between the banal and the bizarre applications of media and techniques of visualization in the military psychiatric apparatus is that they often operated with a conception of the human mind as a kind of media technology in itself. The mind in all cases was figured as something that records and stores memory/experiences that can be accessed and manipulated by experts in order to achieve particular ends.[442] Media scholar Charles Acland writes in his history of popular discourses on subliminal influence and media that, "as new concepts of mind were taking root, innovations in media provoked new understandings of, and new ways to think about the workings of minds."[443] While Acland is referring specifically to fears expressed in *popular* discourse surrounding the emergence of new media, experts, too, have leaned on media metaphors as a way of framing new approaches to the human mind.

The various forms of expert experimentation with media to optimize minds engender interesting theoretical and methodological overlaps. Techniques of visualization such as image interpretation tests and narcosynthesis approached the mind as a repository of information that could be summoned by pushing the right visual (and/or narcotic) "button." This "button" would either result in an "x ray" revealing a latent

---

[441] Charles Acland writes on the popular culture fascination with mind control, though he makes the important point that this did not occur until after the post war period. He writes that: "this popular familiarity is historically specific, for until 1957 the subliminal was exclusively the purview of psychology, psychotherapy, and psychical research." *Swift Viewing: The Popular Life of Subliminal Influence* (Durham: Duke University Press, 2012), 26.

[442] Winter has written about the emergence of media metaphors for the working of the mind and memory in her book *Memory: Fragments of a Modern History* and the article "Film and the Construction of Memory in Psychoanalysis, 1940-1960," *Science in Context* 19 no. 1 (2006).

[443] Acland, *Swift Viewing,* 58.

neurosis, or the rewinding of the mind's "film" to find repressed trauma. Using desensitization films in exposure therapy, training films as inoculation, and didactic films to teach patients how to act in therapeutic contexts, all relied on the principle that an externally supplied image, via film, could be used to generate useful images inside the minds of its viewers. Whether it generated images of combat that could act as a surrogate experience in order to train the brain to respond more effectively to the shock of future experiences, an image of combat that could dredge up repressed memory images of trauma to be treated with therapy, or an image of someone performing trauma in order to visualize for a viewer what their own process of treatment ought to look like. In the sense that these films worked to stimulate the production of useful images inside the minds of their viewers, they prefigured contemporary neuroscientific models of mind. As we will examine in more detail below, contemporary neuroscience understands the mind as something that doesn't merely observe the world, its images, or other stimuli "as they are," but in effect, the mind continuously incorporates external stimuli into the creation of a private "film reel."[444] The mind in this model is something like the director, the archivist, and the projectionist in a 24-hour movie theatre that plays films only for itself. The models of mind presupposed by WWII military psychiatrists may not be exactly the same in all the different applications listed above, but their orientation toward using images-as-stimuli have significant similarities with contemporary uses of media in military psychiatry. In all cases, the institutional question remains the same: how do you get the mind to create the most useful pictures?

The use of Virtual Reality (VR) as a technology to help habituate military personnel to frightening stimuli in the treatment of Post Traumatic Stress Disorder (PTSD) is a practice that began in the Vietnam War.[445] As with WWII experiments with films in exposure therapy, the underlying principle of VR therapy is one of "habituation," or the ability to desensitize patients to the fear of particular stimuli. Military psychiatrist Dr. Robert N. McLay who works extensively with this treatment, sums up habituation

---

[444] Pasi Väliaho *Biopolitical Screens: Image, Power, and the Neoliberal Brain* (Cambridge: MIT Press, 2014), 81.

[445] See Robert N. McLay, *At War with PTSD: Battling Post Traumatic Stress Disorder with Virtual Reality* (Baltimore: The Johns Hopkins University Press, 2012) and Väliaho "Affectivity, Biopolitics and the Virtual Reality of War," *Theory, Culture & Society* 29 no. 2 (2012).

saying: "If you are around something long enough and nothing bad happens, your brain gets used to it."[446] As with the film desensitization practice used in WWII, the VR simulations start out generic and unthreatening: with a therapist present, the patient will put on the machinery and find themselves in a stock scene from Iraq or Afghanistan—walking down a city street; driving through a desert in a Humvee, etc.—where nothing out of the ordinary is happening.[447] The patient is then asked to re-tell their most traumatic memory over and over throughout the sessions with the therapist gradually adding details to the VR world in order to match the story. The therapist operates a console in order to populate the patient's VR with new visuals, sounds of explosions or gunfire, vibrations, and smells such as blood, gunpowder, or diesel exhaust.[448] McLay's partner, Dr. Jeff Pyne, describes the process saying: "The use of the VR machine means that [the psychiatrist] can control the environment so the patients can't avoid their fears. You can push them until they have to apply the skill or ability to relax and habituate."[449]

Media scholar Pasi Väliaho's critical work on the Virtual Iraq therapy program sees the use of VR in fear habituation as occurring within a larger technological assemblage that works on managing soldiers' fear neurologically. This assemblage includes first person shooter and war-based video games—such as the game *Full Spectrum Warrior* from which the visual world of the Virtual Iraq program was originally derived—played prior to military training and again as a form of stress-management during and after active duty.[450] Väliaho views the use of VR images and first person shooter games as a form of habituation, but understands this habituation critically as something needed to train and retain people to work in the affectively repugnant circumstances required of them in a combat military context. He proposes that the images used in VR treatment form a cycle of habituation that begins with the video

---

[446] McLay, *At War with PTSD*, 85.
[447] See chapter 3 for a detailed discussion of desensitization films. The process is described as one in which patients are shown less threatening films at first, and the intensity is gradually increased over a series of screenings.
[448] McLay, *At War with PTSD*, 116.
[449] Dr. Jeff Pyne, researcher at the Department of Veterans Affairs Hospital in Arkansas, quoted in Robert N. McLay *At War with PTSD: Battling Post Traumatic Stress Disorder with Virtual Reality* (Baltimore: The Johns Hopkins University Press, 2012), 85.
[450] Väliaho, "Affectivity, Biopolitics," 65.

games that acclimatize players to the experiences of war before they engage in combat and are then used to desensitize them once they leave it.

Väliaho writes that the "traumatic reality of war becomes a question of affective habituation … while the reality of images in this process becomes a matter of biology and the evolution of the species, instead of being anthropological and communicative."[451] He is referring here to the language used by researchers to talk about how VR therapy works, in particular neurobiological/evolutionary discourses that frame the traumatized mind not as a biographical product of the individual subject, but as a series of fight or flight actions being performed by a nervous system in a dysfunctional state of emergency.[452] Väliaho points out that contemporary neuroscience understands the mind to function "autopoetically," working continually with images generated from within itself as a "closed, self-referential, and self-activating system" that "emulates reality" with "intrinsic images instead of faithfully 'representing' the external world."[453] Significant here is the way that VR therapies are understood to be interfacing with the endogenous images of the mind. The tailored scenarios that a therapist programs into a VR treatment system have "less to do with working on patients' personal memories … than with experimenting on and directing the foldings, recurrences, and stratifications of neural circuts."[454]

Playing combat video games begin the process of "stress inoculation training" by habituating soldiers' minds to images of generically threatening scenarios meant to trigger "affective and motor responses based on the nervous system's drive for self preservation."[455] Much like the *Fighting Men* series of training films shown to soldiers in WWII, these images are articulated to the nervous system first, and the cognitive mind, second. Games and VR therapies, according to this theory, work with the brain's functioning as an image-producer by providing more-or-less generic images that in turn populate the mind with images of threat and danger. These are meant to result in institutionally useful "affective and motor" responses from the brain and nervous system.

---

[451] Ibid., 66.
[452] Väliaho, *Biopolitical Screens,* 76-7.
[453] Ibid., 79.
[454] Ibid.
[455] Ibid., 80.

While the WWII military psychiatrists examined here did not theorize their experiments with making minds generate useful images inside themselves as contemporary neuroscience has, when we look at the spectrum of films and techniques of visualization that they employed, we can see some remarkable parallels. Together these practices formed a family of techniques of visualization that deployed still, moving, and performed images in order to provoke different effects and habituation in the service of institutional goals. The visuality of combat video games not only train the nervous system of players to react to threatening situations in particular ways, but they populate the mind with visualizations of what threat looks like and what kind of environments it is likely to occur in. This creates not only affective knowledge, but social and ontological knowledge as well. Similarly, Virtual Iraq therapy simulators recall the mind's memory images in order to name fears and classify them as no longer threatening (though a taxonomy of who and what is a threat "in the world" remains intact). Writing on visuality as a discursive process, Nicholas Mirzoeff, using Foucault, claims that visualization corrals the visual in service of authority, creating classifications and hierarchies that then appear as natural or given.[456] The techniques of visualization used in military psychiatry inevitably participate in the creation and naturalization of institutionally useful hierarchies by creating, organizing, and naming images inside the mind. But we cannot forget that this naming and organizing of images refers back to people and places in the world, whose own lives are profoundly shaped by their classification by a powerful military. My point is that within these visual-therapeutic modes, the condition of war itself and its effects on people can never be adequately critiqued as the actual source of the problem. These modes are beholden to military logic: they organize the stimuli of war as things the mind ought to adapt to. Within the historical development of these particular models of the mind, war was not a hindrance. Rather, the models and discourses were themselves enabled and shaped by war, in turn crafting war as something the mind could make normal.

More interesting perhaps than asking *how* such visual techniques work on the mind (which cannot escape a framework of effects and optimization), is asking how using

---

[456] Nicholas Mirzoeff, *The Right To Look: A Counterhistory of Visuality,* (Durham: Duke University Press, 2011), 5.

such techniques have helped to engender enduring understandings of psychiatry's broader social role. As we constantly adapt media technologies to the demands of our world (or adapt our world to the capacity of our media technologies), so have we expected the mind to adapt to the conditions it finds itself in. Psychiatry's dramatic growth within a strict military setting linked this science of the mind to institutional demands to adapt millions of people to hostile situations. Military psychiatry, for the most part, structured itself around the question of how to help patients adapt to their environment, not to help them question why their environment was making them sick. If media are tools that we can endlessly adapt to meet our needs, perhaps they are not the best models for mind. This is of course, a rhetorical, and not a technophobic proposition. Our environments and our interconnections with media inevitably shape our imaginations and explanatory frameworks. But what if the equation was flipped, and rather than trying to adapt minds to the environment, the mind's mysteries, its limits, its ruptures, were used as tools to question and adapt our environments. The discipline of psychiatry is ideally positioned to make these kinds of interventions on a social level—helping to map out what kinds of environments, stressors, demands, and technological practices are at odds with the healthy functioning of the mind.

Historian Miya Tokumitsu has written on the relationship between a commercialized rhetoric of self-care and the rampant anxiety experienced under contemporary neoliberalism. She points out that in a time where the rise of workplace-instituted wellness programs is often paired with increasing levels of worker precarity, the social causes of much mental illness continues to be obscured by the highly individual methods on offer to treat them (namely therapy and pharmaceuticals).[457] While psychiatrists certainly can and sometimes do frame the problems of their patients within the structural inequities of larger society, the discipline has historically offered solutions that are meant to be pursued as personal betterment. Framing therapy as personal betterment tends to serve commerce or institutions that profit from exploitation by

---

[457] Miya Tokumitsu "Tell Me it's Going to be Okay: Self-Care and Social Retreat Under Neoliberalism," *The Baffler* no 41, September 2018, https://thebaffler.com/salvos/tell-me-its-going-to-be-ok-tokumitsu?fbclid=IwAR1PPhaF8v9LMNtiNA8e87hFg33BU3vLKYG5kEDXwtorLTxKsrLje0_S-ZI

keeping people focused on themselves as the source of mental health problems and their solutions. Understanding the rhetoric and techniques that evolved as psychiatry was put to work in the service of institutional management helps us to better understand the histories embedded in certain practices, and hopefully gives us tools to envision alternate possibilities.

Bibliography

Ackerly, Spafford. "Trends in Mental Hygiene: An Interpretation." *Review of Educational Research* 13, no. 5 (1943): 416-21.

Acland, Charles. "Classrooms, Clubs, and Community Circuits: Cultural Authority and the Film Council Movement, 1946-1957." In *Inventing Film Studies*, edited by Lee Grievson and Haidee Wasson, 149-81. Durham: Duke University Press, 2008.

Acland, Charles. "Curtains, Carts, and the Mobile Screen." *Screen* 50 no. 1 (2009): 148-166.

Acland, Charles. *Swift Viewing: The Popular Life of Subliminal Influence.* Durham: Duke University Press, 2012.

Acland, Charles. "American A.V. Edgar Dale and the Information Age Classroom." *Technology and Culture* 58 no. 2 (2017): 392-421.

Acland, Charles and Haidee Wasson, eds. *Useful Cinema.* Durham: Duke University Press, 2011.

Appel, Kenneth and Edward Strecker. *Psychiatry and Modern Warfare*. New York: The Macmillan Company, 1945.

Appel, John W. "Topic 32: Psychology and Morale." In *Manual of Military Neuropsychiatry,* edited by Harry C. Solomon and Paul I Yakovlev. Philadelphia: WB Saunders Company, 1944.

Appel, John W. "Preventative Psychiatry." In *The Medical Department of the United States Army in World War II: Neuropsychiatry in World War II, Volume 1, Zone of the Interior*, edited by Robert S. Anderson et al., 374-415. Washington: Office of the Surgeon General Department US Army, 1966.

"Army Films on Medical Subjects." *Bulletin of the US Army Medical Department* 3 no. 1 (1948): 25-8.

"Army Films on Medical Subjects." *Bulletin of the US Army Medical Department* 9 no. 8 (1949): 715-8.

Barnouw, Erik. *Documentary: A History of the Non-Fiction Film.* New York: Oxford University Press, 1993.

"Base Section Psychiatric Hospital." *Bulletin of the US Army Medical Department* 9 Supplement N (1949): 116.

Beck, Lester F. "A Second Review of 16-milimeter Films in Psychology and Allied Sciences." *Psychological Bulletin* 39, no. 1 (1942): 28-67.

Beck, Lester F. "Program of Films (screened for the 26th annual meeting of the Western Psychological Association)." *American Psychologist* 1 no. 10 (October 1946): 448-58.

Bernan, Harold H. "Audio-visual psychotherapeutics; portable moving pictures with sound as a rehabilitation measure." *Psychiatric Quarterly Supplement*, no. 20 (1946): 199-201.

Bettis, Moody C., Daniel I. Malamud and Rachel F. Malamud, "Deepening a Group's Insight into Human Relations: A Compilation of Aids" *Journal of Clinical Psychology*, 5 no. 2 (1949): 114-22.

Blain, Daniel, Paul Hoch, and V.G. Ryan. "A Course in Psychological First Aid and Prevention: A Preliminary Report." *The American Journal of Psychiatry* 101, no. 5 (1945): 629-34.

Blain, Daniel and John H. Baird. "Neuropsychiatric Program of Veterans Administration." *The American Journal of Psychiatry* 103, no. 4 (1947): 463-6.

Braceland, Francis J. "Psychiatric Lessons from World War II." *The American Journal of Psychiatry* 103, no. 5 (1947): 587-93.

Brill, Lesley. *John Huston's Filmmaking*. Cambridge Studies in Film. Cambridge: Cambridge University Press, 1997.

Brill, Norman Q. "Military Psychiatry in Practice." *The Medical Department of the United States Army in World War II: Neuropsychiatry in World War II, Volume 1, Zone of the Interior*, edited by Robert S. Anderson et al., 195-253. Washington: Office of the Surgeon General Department US Army, 1966.

Burlingame, C. C. "Psychiatry in Industry." *The American Journal of Psychiatry* 104, no. 7 (1947): 493-6.

Cameron, Ewen. *Studies in Supervision: A Series of Lectures Delivered at McGill University, Montreal, January 30, 1945 - March 20, 1945.* Planned and arranged by Dr. Ewen Cameron MD and H. Graham Ross MD. Montreal: McGill University Press, 1945.

Cameron, Ewen. "Psychic Driving." *The American Journal of Psychiatry* 112, no. 7 (1956): 502-9.

Capra, Frank. *The Name Above the Title: An Autobiography*. New York: Macmillan, 1971.

Cartwright, Lisa. *Screening the Body: Tracing Medicine's Visual Culture*. Minneapolis: University of Minnesota Press, 1995.

Corwin, William. "Attitudes of Soldiers Returning from Overseas Service." *The American Journal of Psychiatry* 102, no. 3 (1945): 343-50.

Datel, William E. and Stephen T. Lifrak. "Expectations, Affect Change, and Military Performance in the Army Recruit." *Psychological Reports* 24, no. 3 (1969): 855–79.

Diamond, Hugh. *The Face of Madness and the Origin of Psychiatric Photography.* Edited by Sander L. Gilman. New York: Brunner/Mazel, 1976.

Dunn, William H. and Herman Selinski "An Army Neurosis Center" *Bulletin of the US Army Medical Division* 3 no. 10 (1947): 878-75.

Dunham, H. Warren. "War and Personality Disorganization." *The American Journal of Sociology* 48, no. 3 (November 1942): 387-97.

Edgerton, Gary. "Revisiting the Recordings of Wars Past: Remembering the Documentary Trilogy of John Huston." In *Reflections in a Male Eye: John Huston and the American Experience,* edited by Gaylyn Studlar and David Desser, 33-61. Washington, D.C.: Smithsonian Institution Press, 1993.

Erb, Cynthia. "'Have You Ever Seen the inside of One of Those Places?': Psycho, Foucault, and the Postwar Context of Madness." *Cinema Journal* 45, no. 4 (July 1, 2006): 45–63.

Erickson, Milton H. "Hypnotic Techniques for Therapy of Acute Psychiatric Disturbances in War." *The American Journal of Psychiatry* 101, no. 5 (1945): 668-72.

Fagelson, William Friedman. "Fighting Films: The Everyday Tactics of World War II Soldiers." *Cinema Journal* 40, no. 3 (2001): 94-112.

Fagelson, William Friedman."'Nervous out of the Service': 1940s American Cinema, World War II Veteran Readjustment, and Postwar Masculinity." Ph.D. The University of Texas at Austin, 2004.

"Figures Don't Lie." *Bulletin of the US Army Medical Department* 4 no. 1 (1945): 46.

Film Production File Series for Second World War Military Films, National Archives at College Park, College Park, MD.

Flinn, Fredrick B. and A.S. Chaikelis. "An Improved Instrument for the Determination of Changes in the Pain Threshold Caused by Drugs." *The American Journal of Psychiatry* 103, no. 3 (1946): 349-351.

Forsberg, Walter. "God Must Have Painted Those Pictures: Illuminating Auroratone's Lost History." *INCITE: Journal of Experimental Media,* 4 (2013). Accessed on September 28, 2018. http://www.incite-online.net/forsberg4.html

Foucault, Michel. *Madness and Civilization: A History of Insanity in the Age of Reason.* Richard Howard, trans. New York: Vintage Books, 1988.

Foucault, Michel. *History of Sexuality Volume 1*. New York: Vintage Books, 1990.

Foucault, Michel. *Discipline and Punish: The Birth of the Prison.* New York: Vintage Books, 1995.

Friedman, Lester D. ed. *Cultural Sutures: Medicine and Media*. Durham: Duke University Press, 2004.

Fuqua, Joy V. *Prescription TV: Therapeutic Discourse in the Hospital and at Home*. Durham: Duke University Press, 2012.

Gabbard, Glen O. and Krin Gabbard. *Psychiatry and the Cinema*. Chicago: University of Chicago Press, 1987.

Gibson, James J. "Motion Picture Testing and Research." Prepared for United States Army Air Forces. Washington: Defense Documentation Center, 1947.

Ginzberg, Eli. "Logistics of the Neuropsychiatric Problem of the Army." *The American Journal of Psychiatry* 102, no. 6 (May 1946): 728-31.

Glass, Albert J. "Psychiatry at the Division Level." In *The Bulletin of the US Army Medical Department: Combat Psychiatry*, edited by Wayne G. Brandstadt, 45-73. Washington D.C.: The Bulletin of the US Army Medical Department Printing Office, 1949.

Grievson, Lee and Haidee Wasson, eds. *Inventing Film Studies*. Durham: Duke University Press, 2008.

Grievson, Lee. "Visualizing Industrial Citizenship." In *Learning with the Lights Off: Educational Film in the United States*, edited by Devin Orgeron, Marsha Orgeron, and Dan Streible, 107-23. New York: Oxford University Press, 2012.

Griffin, John D. M. and William Line, "Trends in Mental Hygiene." *Review of Educational Research* 16, no. 5 (1946): 394-400.

Grinker, Roy and John Spiegel. "The Management of Neuropsychiatric Casualties in the Zone of Combat." In *Manual of Military Neuropsychiatry,* edited by Harry C. Solomon and Paul I Yakovlev, 528-39. Philadelphia: WB Saunders Company, 1944.

Grob, Gerald. *Mental Illness and American Society 1875-1940*. Princeton: Princeton University Press, 1983.

Grob, Gerald. *The Mad Among Us: A History of the Care of America's Mentally Ill.* New York: The Free Press, 1994.

Grob, Gerald. *From Asylum to Community: Mental Health Policy in Modern America.* Princeton: Princeton University Press, 2014.

Gunning, Tom. "In Your Face: Physiognomy, Photography, and the Gnostic Mission of Early Film." *Modernism/Modernity* 4, no. 1 (1997): 1-29.

Guttmacher, M.S. "Army Consultation Services (Mental Hygiene Clinics)." *The American Journal of Psychiatry* 102, no. 6 (1946): 735-48.

Halpern, Sue. "Virtual Iraq: Using Simulation to Treat a New Generation of Traumatized Veterans." *New Yorker,* May 19, 2008. http://www.newyorker.com/magazine/2008/05/19/virtual-iraq (accessed August 10, 2015).

Harrower-Erickson, M.R. and M.E. Steiner, *Large Scale Rorschach Techniques: A Manual for the Group Rorschach and Multiple Choice Tests.* Springfield: Charles C. Thomas, 1945.

Henninger, James M. "Psychiatric Observation in a Combat Area in the South Pacific." *The American Journal of Psychiatry* 101 no. 6 (1945): 824-6.

Herman, Ellen. *The Romance of American Psychology: Political Culture in the Age of Experts.* Berkeley: University of California Press, 1995.

Heldt, Thos J. "The Therapeutic Use of Prolonged Sodium Amytal Narcosis." *The American Journal of Psychiatry* 104, no. 1 (1947): 27-35.

Herriott, Frances. "Some Uses of Psychodrama at St. Elizabeth's Hospital" *Sociometry* 8 no. 3/4 *Group Psychotherapy: A Symposium* (1945): 54-7.

Hovland, Carl et al. *Experiments on Mass Communication,* Studies in Social Psychology in World War II*,* v. III. Princeton: Princeton University Press, 1949.

Hutt, Max L. "Report of Duties Performed by Clinical Psychologists." *Bulletin of the US Army Medical Department* 7, no. 2 (1947): 233-7.

Jacques, Major Elliott. "The Clinical Use of the Thematic Apperception Test with Soldiers." *The Journal of Abnormal and Social Psychology* 40, no. 4 (1945): 363-75.

Jensen, M.B. and J.B. Rotter, "The Validity of the Multiple Choice Rorschach Test in Officer Candidate Selection." *Psychological Bulletin* 42 no.3 (1945): 182-5.

Jones, Edgar and Simon Wessely. *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War.* Hove: Psychology Press, Taylor and Francis Group, 2005.

Jones, Maxwell and J.M. Tanner. "The Clinical Characteristics, Treatments, and Rehabilitation of Repatriated Prisoners Of War with Neuroses." *Journal of Neurology Neurosurgery and Psychiatry* 11, no. 1 (1948): 53-60.

Kaplan, E. Ann, ed. *Psychoanalysis & Cinema.* New York: Routledge, 1990.

Kartchner, Fred D. and Ija N. Korner. "Use of Hypnosis in Treatment of Acute Combat Reactions." *The American Journal of Psychiatry* 103, no. 5 (1947): 630-6.

Katchadourian Raffi. "Secrets of Edgewood." *The New Yorker,* December 21, 2012. https://www.newyorker.com/news/news-desk/secrets-of-edgewood accessed Oct 15, 2018.

Katz, Elias. "A Brief Survey of the Use of Motion Pictures for the Treatment of Neuropsychiatric Patients." *Psychiatric Quarterly* 20, no. 1 (1946): 204-16.

Katz, Elias and H. E. Rubin. "Auroratone films for the treatment of psychotic depressions in an Army general hospital." *Journal of Clinical Psychology* 2, no. 4 (1946): 333-40.

Katz, Elias. "Audio-Visual Aids for Mental Hygiene and Psychiatry." *Journal of Clinical Psychology* 3, no. 1 (1947): 43-6.

Klein, Naomi. *The Shock Doctrine: The Rise of Disaster Capitalism.* Toronto: Vintage Canada, 2008.

Kraines, Samuel. "Psychiatric Orientation of Military Nonmedical Personnel" in *Manual of Military Neuropsychiatry*, edited by Harry C. Solomon and Paul I Yakovlev. Philadelphia: WB Saunders Company, 1944.

Kraines, Samuel H. "Preventative Psychiatry." *The American Journal of Psychiatry* 104, no. 4 (1947): 238-41.

Krugman, Herbert E. "Flicker fusion frequency as a function of anxiety reaction; an exploratory study." *Psychosomatic Medicine* 9 vol. 4 (1947): 269-72.

Kubie, Lawrence S. "The Emergency Care and Treatment of the Acute War Neuroses." In *Manual of Military Neuropsychiatry,* edited by Harry C. Solomon and Paul I Yakovlev. Philadelphia: WB Saunders Company, 1944.

Ludwig, Alfred. "Malingering in Combat Soldiers." In *The Bulletin of the US Army Medical Department: Combat Psychiatry*, edited by Wayne G. Brandstadt, 26-32. Washington D.C.: The Bulletin of the US Army Medical Department Printing Office, 1949.

Ludwig, Alfred. "Psychiatry at the Army Level." In *The Bulletin of the US Army Medical Department: Combat Psychiatry*, edited by Wayne G. Brandstadt, 74-104. Washington D.C.: The Bulletin of the US Army Medical Department Printing Office, 1949.

Marshall, George C. Correspondence to Lieutenant General Hugh A. Drum, May 14, 1941. *Papers of George Catlett Marshall, Volume 2: We Cannot Delay*. Accessed at Marshall Foundation.org http://marshallfoundation.org/library/digital-archive/to-lieutenant-general-hugh-a-drum-4/ on May 28, 2015.

McCarthy, Anna. *The Citizen Machine: Governing by Television in 1950s America*. New York: New Press, 2010.

McLay, Robert N. *At War with PTSD: Battling Post Traumatic Stress Disorder with Virtual Reality.* Baltimore: The Johns Hopkins University Press, 2012.

The Medical Department of the United States Army in the World War Volume 10: Neuropsychiatry. Prepared under the direction of Maj. Gen. M. W. Ireland. Washington: US Government Printing Office, 1929.

Medical Department US Army. *Neuropsychiatry in World War II, Volume 1, Zone of the Interior*. Washington: Office of the Surgeon General Department US Army, 1966.

Menninger, William. "Psychiatric Objectives in the Army." *The American Journal of Psychiatry* 102, no. 1 (1945): 102-7.

Menninger, William ed. *Bulletin of the US Army Medical Department*. 4 no. 3 (1945).

Menninger, William. "Clinical Psychological Service in Army Hospitals." *The Bulletin of the US Army Medical Department* 4, no. 3 (1945): 356-7.

Menninger, William. "The Role of Psychiatry in the World Today." *The American Journal of Psychiatry* 104, no. 3 (1947): 155-63.

Menninger, William. "Education and Training." In *The Medical Department of the United States Army in World War II: Neuropsychiatry in World War II, Volume 1, Zone of the Interior*, edited by Robert S. Anderson et al., 53-66. Washington: Office of the Surgeon General Department US Army, 1966.

Milliken, Christie. "The Ideology of Disease and Hygiene in World War II Training Films." In *Cultural Sutures: Medicine and Media*, edited by Lester D. Friedman, 280-98. Durham: Duke University Press, 2004.

Mirzoeff, Nicholas. *The Right To Look: A Counterhistory of Visuality.* Durham: Duke University Press, 2011.

Moreno, J.L. "Psychodrama and Therapeutic Motion Pictures." *Sociometry* 7, no. 2 (1944): 230-44.

Morgan, C.A. III. "From *Let There Be Light* to *Shades of Gray:* the construction of authoritative knowledge about combat fatigue (1945-48)." In *Signs of Life: Medicine and Cinema*, edited by Graeme Harper and Andrew Moor, 132-152. London: Wallflower Press, 2005.

Neuropsychiatry Division Files. Record Group 112, Office of the Surgeon General/Army; World War II Administrative Records-ZI 730; National Archives at College Park, College Park, MD.

North, Edmund. "The Secondary or Psychological Phase of Training Films." *Journal of the Society of Motion Picture Engineers* 42, no. 2 (1944): 117-22.

Office of the Air Surgeon Files. Record Group 18, Army Air Forces Executive Office; Historical Branch, Correspondence and Reports 1940-46; National Archives at College Park, College Park, MD.

Orgeron, Devin, Marsha Orgeron and Dan Streible. *Learning with the Lights Off: Educational Film in the United States*. New York: Oxford University Press, 2012.

Ostherr, Kirsten. *Medical Visions: Producing the Patient through Film, Television, and Imaging Technologies*. New York: Oxford University Press, 2013.

Overholser, Winfred. "Mental Hygiene." *Proceedings of the American Philosophical Society* 90, no. 4 (1946): 259-64.

Pinkert, Anke. "Can Melodrama Cure? War Trauma and Crisis of Masculinity in Early DEFA Film." *Seminar, a Journal of Germanic Studies* 44, no. 1 (2008): 118-36.

Pols, Hans. “War Neurosis, Adjustment Problems in Veterans, and an Ill Nation: The Disciplinary Project of Military Psychiatry During and After World War II.” In *The Self as Project: Politics and the Human Sciences*, edited by Greg Eghigian, Andreas Killen, and Christine Lauenberger, 72-92. Chicago: The University of Chicago Press, 2007.

Posner, Miriam. “Depth Perception: Narrative and the Body in American Medical Filmmaking.” Ph.D., Yale University, 2011.

Powdermaker, Florence. “The Neuropsychiatric Training Program of the Veterans Administration.” *The American Journal of Psychiatry* 103 no. 4 (1947): 470-2.

“Professional Medical Films” *Medical Bulletin of the European Command* 9 no. 3 (1952): 137-9. http://stimson.contentdm.oclc.org/cdm/singleitem/collection/p15290coll5/id/4834/rec/17 (accessed June 17, 2016)

Ranson, Stephen. “The Normal Battle Reaction: Its Relation to the Pathological Battle Reaction.” In *The Bulletin of the US Army Medical Department: Combat Psychiatry*, edited by Wayne G. Brandstadt, 3-11. Washington D.C.: The Bulletin of the US Army Medical Department Printing Office, 1949.

Rollins, Peter C. “Frank Capra’s Why We Fight Film Series and our American Dream.” *The Journal of American Culture* 19 no. 4 (1996): 81-6.

Rome, Howard. “Military Group Psychotherapy.” In *Manual of Military Neuropsychiatry,* edited by Harry C. Solomon and Paul I Yakovlev. Philadelphia: WB Saunders Company, 1944.

Rome, Howard. “Military Group Psychotherapy.” *The American Journal of Psychiatry* 101, no. 4 (1945): 494-97.

Rome, Howard P. "Therapeutic Films and Group Psychotherapy." *Sociometry* 8, no. 3/4 (1945): 247-54.

Rome, Howard P. “Audio-Visual Aids in Psychiatry.” *Hospital Corps Quarterly* (US Navy) 18, no. 4 (1945): 37-8.

Rose, Nikolas. *Inventing Ourselves: Psychology, Power, and Personhood.* Cambridge: Cambridge University Press, 1996.

Rose, Nikolas. *Governing the Soul: The Shaping of the Private Self.* London: Free Association Books, 1999.

Rosner, Albert. "A Mental Hygiene Unit," *Bulletin of the US Army Medical Department* 6 no. 4 (Dec 1945): 706-9,

Rottersman, William and H.H. Goldstein, "Group Analysis Utilizing the Harrower-Erickson (Rorschach) Test." *The American Journal of Psychiatry* 101, no. 4 (1945): 501-3.

Rymer, Charles A. "Psychiatric Education." *The American Journal of Psychiatry* 102, no. 4 (1946): 548-51.

Saul, Leon J., Howard Rome, and Edwin Leuser. "Desensitization in Combat Fatigue Patients." *American Journal of Psychiatry* 102, no. 4 (1946): 476-8.

Schatz, Thomas. *Boom and Bust: The American Cinema in the 1940s*. History of the American Cinema Vol. 6, edited by Charles Harpole. New York: Charles Scribner's Sons Macmillan Library Reference USA, Simon & Schuster, 1997.

Schneider, Irving. "Cinema and Psychotherapy" in *Encyclopedia of Psychotherapy,* edited by Michel Hersen and William Sledge. Cambridge: Academic Press, 2002, 401-6.

Schwartz, Louis A. "Group Psychotherapy in the War Neuroses." *The American Journal of Psychiatry* 101, no. 4 (1945): 498-500.

Shephard, Ben. *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century.* Cambridge: Harvard University Press, 2001.

Silverman, Kaja. *Male Subjectivity at the Margins*. New York: Routledge, 1992.

Simpson, Audra. "Reconciliation and its Discontents: Settler Governance in an Age of Sorrow." YouTube video, 1:22:36. Posted by Usask, March 22, 2016. https://www.youtube.com/watch?v=vGl9HkzQsGg.

Slane, Andrea. "Pressure Points: Political Psychology, Screen Adaptation, and the Management of Racism in the Case-History Genre." *Camera Obscura* 45, vol. 15, no. 3 (2000): 70-113.

Smoodin, Eric. *Regarding Frank Capra: Audience, Celebrity & American Film Studies, 1930–1960.* Durham: Duke University Press, 2004.

Solomon, Harry C. and Paul I. Yakovlev, eds. *Manual of Military Neuropsychiatry.* Philadelphia: WB Saunders Company, 1944.

"Special Training in Neuropsychiatry." *Bulletin of the US Army Medical Department* 6 no. 3 (1946): 216-7.

Springer, Claudia. "Military Propaganda: Defense Department Films from World War II and Vietnam." *Cultural Critique* no. 3, American Representations of Vietnam, (1986): 151-67.

Stastny, Peter. "From Exploitation to Self-Reflection: Representing Persons with Psychiatric Disabilities in Documentary Film." *Literature and Medicine* 17, no. 1 (1998): 68–90.

Strecker, Edward and Kenneth Appel. *Psychiatry and Modern Warfare.* New York: Macmillan, 1945.

Strieble, Dan, Marina Roepke, and Anke Mebold. "Introduction: Nontheatrical Film." *Film History: An International Journal* 19, no. 4 (2007): 339-43.

Thaler, Margaret and Edgar Schein. "Research Report: Projective Test of Prisoners of War Following Repatriation." Washington: Walter Reed Army Medical Center, July 1957. File: POW's-Test Following Repatriation; Neuropsychiatry; Record Group 112 Office of the Surgeon General/Army World War II Administrative Records-ZI 730; Box 1317; National Archives at College Park, College Park, MD.

Tokumitsu, Miya. "Tell Me it's Going to be Okay: Self-Care and Social Retreat Under Neoliberalism." *The Baffler* no 41, September 2018, https://thebaffler.com/salvos/tell-me-its-going-to-be-ok-tokumitsu?fbclid=IwAR1PPhaF8v9LMNtiNA8e87hFg33BU3vLKYG5kEDXwtorLTxKsrLje0_S-ZI accessed October 15, 2018.

Tomkins, Silvan S. *Thematic Apperception Test: The Theory and Technique of Interpretation*. New York: Grune and Stratton, 1947.

"Training Film—Introduction to Combat Fatigue." *Bulletin of the US Army Medical Department* 85 (1945): 12.

Tureen, Louis L. and Martin Stein. "The Base Section Psychiatric Hospital." In *The Bulletin of the US Army Medical Department: Combat Psychiatry*, edited by Wayne G. Brandstadt, 105-34. Washington D.C.: The Bulletin of the US Army Medical Department Printing Office, 1949.

Turner, Fred. *The Democratic Surround: Multimedia and American Liberalism from World War II to the Psychedelic Sixties*. Chicago: University Of Chicago Press, 2013.

Väliaho, Pasi. "Affectivity, Biopolitics and the Virtual Reality of War." *Theory, Culture, & Society* 29, no. 2 (2012): 63-83.

Väliaho, Pasi. *Biopolitical Screens: Image, Power, and the Neoliberal Brain.* Cambridge: The MIT Press, 2014.

Walker, Janet. "Couching Resistance: Women, Film, and Postwar Psychoanalytic Psychiatry." In *Psychoanalysis & Cinema,* edited by E. Ann Kaplan, 143-62. New York: Routledge, 1990.

Waller, Fred. "The Archeology of Cinerama." *Film History* 5, no. 3 (1993): 289-97.

Wasson, Haidee. *Museum Movies: The Museum of Modern Art and the Birth Of art Cinema*. Berkeley: University of California Press, 2005.

Wasson, Haidee. "Protocols of Portability." *Film History: an International Journal* 25 no. 1-2 (2013): 236-47.

Wasson, Haidee and Lee Grieveson, eds. *Cinema's Military Industrial Complex.* California: University of California Press, 2018.

Wasson, Haidee and Lee Grieveson. "The Military's Cinema Complex." In *Cinema's Military Industrial Complex,* edited by Haidee Wasson and Lee Grieveson, 1-24. California: University of California Press, 2018.

Well, Mark K. *Courage and Air Warfare: The Allied Aircrew Experience in the Second World War.* Portland: Frank Cass & Co, 1995.

Williams, Linda. "Film Madness: The Uncanny Return of the Repressed in Polanski's 'The Tenant.'" *Cinema Journal* 20, no. 2 (April 1, 1981): 63–73.

Winter, Alison. "Film and the Construction of Memory in Psychoanalysis, 1940-1960." *Science in Context* 19, no 1 (2006): 111-36.

Winter, Alison. *Memory: Fragments of a Modern History.* Chicago: The University of Chicago Press, 2012.

Wittson, C.L., W.A. Hunt, and H.J. Older. "The Use of the Multiple Choice Group Rorschach Test in Military Screening." *The Journal of Psychology* 17, no.1 (1944): 91-4.

Zimmerman, Eilene. "Getting Blown Up Again and Again." *Salon*, May 16, 2007, http://www.salon.com/news/feature/2007/05/16/virtual_reality accessed December 1, 2010.

Filmography

Angry Boy. Dir. Hamid, Alexander. US: National Association for Mental Health, 1951. Online format, National Library of Medicine. https://collections.nlm.nih.gov/catalog/nlm:nlmuid-9615144-vid.

Care of the Sick and Injured—The Neuropsychiatric Patient, TF (training film) 8-1428. Developed by Howard Rome. US: Army Signal Corps, 1944.

Combat Exhaustion, PMF (Professional Medical Film) 5012. Developed by Col. Lloyd J. Thompson, MC, Col. Ernest H. Parsons, MC, and Maj. Howard D. Fabing, MC. US: Army Signal Corps, 1943. Online format, PublicResourceOrg Youtube channel. https://www.youtube.com/watch?v=a2wXF4cG8rQ

Combat Fatigue: Irritability. United States Navy, 1945. Moving Image Recording 80-MN-3428C. Record Group 80: Navy Motion Picture Productions, ca. 1939 – ca. 1947; National Archives at College Park, College Park, MD.

Combat Fatigue: Insomnia. United States Navy, 1946. Moving Image Recording 80-MN-3428E. Record Group 80: Navy Motion Picture Productions, ca. 1939 – ca. 1947; National Archives at College Park, College Park, MD.

Combat Fatigue: Assignment Home. United States Navy, 1947. Moving Image Recording 80-MN-3428D. Record Group 80: Navy Motion Picture Productions, ca. 1939 – ca. 1947; National Archives at College Park, College Park, MD.

Combat Psychiatric Casualties A. United States Navy, no date. Moving Image Recording 80-MN-3716A; Record Group 80: Navy Motion Picture Productions, ca. 1939 – ca. 1947; National Archives at College Park, College Park, MD.

Combat Psychiatric Casualties B. United States Navy, no date. Moving Image Recording 80-MN-3716B; Record Group 80: Navy Motion Picture Productions, ca. 1939 – ca. 1947; National Archives at College Park, College Park, MD.

Combat Psychiatric Casualties C. United States Navy, no date. Moving Image Recording 80-MN-3716C; Record Group 80: Navy Motion Picture Productions, ca. 1939 – ca. 1947; National Archives at College Park, College Park, MD.

Combat Psychiatry: The Battalion Medical Officer, PMF (Professional Medical Film) 5299. US: Army Signal Corps, 1962 (date of original production ca. 1946-1948). Moving Image Recording 111 PMF 5299; Record Group 111: Records of the Office of the Chief Signal Officer 1860-1985; National Archives at College Park, College Park, MD.

Combat Psychiatry: The Division Psychiatrist, PMF (Professional Medical Film) 5300. US: Signal Corps, 1954 (date of original production ca. 1946-1948). Moving Image Recording 111 PMF 5300; Record Group 111: Records of the Office of the Chief Signal Officer 1860-1985; National Archives at College Park, College Park, MD.

Diary of a Sergeant, Miscellaneous 1129. US: Army Signal Corps, 1945. Online format, National Archives. https://catalog.archives.gov/id/35884

Introduction to Combat Fatigue, TF (training film) 8-1402. United States Navy, 1944. Moving Image Recording 80-MN-3428A. Record Group 80: Navy Motion Picture Productions, ca. 1939 – ca. 1947; National Archives at College Park, College Park, MD.

Let There Be Light, PMF (Professional Medical Film) 5019. Dir. Huston, John. US: Army Signal Corps, 1948.

The March of Time. "The Nation's Mental Health." Vol. 17, episode 3. Time Inc, April, 1951; Moving Image Recording 200-MT-MT-17.3;"March of Time" Collection 1934 - 1951; National Archives at College Park, College Park, MD.

Meet McGonegal, Miscellaneous 956. US: Army Signal Corps, 1944. Online format, National Archives Youtube channel. https://www.youtube.com/watch?v=FSLj5_HgYlo

The New Lot, Miscellaneous 1133. Dir. Carol Reed. UK: Army Kinematograph Service,1943. https://www.youtube.com/watch?v=vbhhrQdNu6g

Preventative Psychiatry in the Navy: The Role of the Junior Officer. United States Navy, 1954. Online format, Archive.org. https://archive.org/details/0578_Preventive_Psychiatry_in_the_Navy_The_Role_of_the_Junior_Office_13_20_55_00

Psychiatric Procedures in Combat Areas, FB (Film Bulletin) 184. US: Army Signal Corps, 1944. https://www.youtube.com/watch?v=pfgsGe64yzA

Psychiatry for the General Medical Officer, PMF 5011. Redeveloped by Signal Corps, 1945. Also distributed as *Field Psychiatry for the General Medical Officer,* Misc 1167. Moving Image Recording 111-M-1167; Record Group 111: Records of the Office of the Chief Signal Officer 1860-1985; National Archives at College Park, College Park, MD.

Shades of Gray, PMF (Professional Medical Film) 5047. Dir. Frank Payne. US: Army Signal Corps, 1948. Online format, National Archives. https://catalog.archives.gov/id/36102

Ward Care of Psychotic Patients, TF (training film) 8-2090. US: Army Signal Corps, 1945. Moving Image Recording 111 TF 2090 NR; Record Group 111: Records of the Office of the Chief Signal Officer 1860-1985; National Archives at College Park, College Park, MD.