

1: Aftermath of World War II - Wikipedia

List of Plates About the Author Foreword Introduction Acknowledgments Chapter 1. Post-World War II Scene in American Psychiatry Chapter 2. A Pathway to Psychiatry.

In lieu of an abstract, here is a brief excerpt of the content: *Medicine, Psychiatry, and American Culture*, by Martin Halliwell, Rutgers University Press. In an ambitious volume Martin Halliwell a professor of American studies at the University of Leicester, UK has attempted to integrate the history of American medicine, psychiatry, and psychology with intellectual and cultural history. To unravel the various issues and better understand the cultural politics of therapy, Halliwell examined a variety of studies published between and analyzed how illness was represented in film, fiction, poetry, television, and journalism. The first occurred during the 1950s and gave primacy to scientific institutions and biomedical expertise. The second emerged during the 1960s and privileged the therapeutic needs of individuals and groups above medical and psychiatric controls. The first was elitist and reinforced medical and political authority from above, whereas the second challenged the authority of the medical profession. Nor did these developments occur in a social or cultural vacuum. His focus, however, is largely on post-World War II intellectuals and academics, many of whom were preoccupied with those broad social, psychological, intellectual, and economic elements that shaped American culture. A significant part of the book is devoted to descriptions and analysis of motion pictures. Despite its title, *Therapeutic Revolutions* is a somewhat idiosyncratic book. Its discussions about psychiatry are based on sources that largely ignore realities. Yet even those who were critical of institutional psychiatry. Indeed, during the first half of the twentieth century state mental hospitals functioned as old-age homes in the absence of alternatives. The passage of Medicaid in 1965 simply resulted in their transfer to chronic nursing care facilities as states sought to shift the fiscal burden of their care to the federal government. To focus on discussions by social and literary critics as well as films ignores the context of psychiatric and medical care and practice during these decades. Moreover, by largely ignoring traditional medical and psychiatric sources, the discussion of the so-called therapeutic revolutions occurs in a vacuum. *Therapeutic Revolutions* presents even more profound difficulties. The discussions of films are interesting, but often stand in isolation. His analysis of medicine and psychiatry is superficial, partially because of his skewed use of primary sources. Nor does he attempt to provide an explanation of how motion pictures—aside from their importance in portraying popular culture—can be used to portray medical and psychiatric care and treatment of patients. Indeed, *Therapeutic Revolutions* demonstrates the divide between the historians of medicine and psychiatry

2: World War I & Its Aftermath | THE AMERICAN YAWP

This paper examines the impact of World War II and its aftermath on the mental health sector, and traces the resulting transformations in US psychiatry and psychology.

Aftermath of the war. At the end of the war, millions of people were dead and millions more homeless, the European economy had collapsed, and much of the European industrial infrastructure had been destroyed. The Soviet Union, too, had been heavily affected. In response, in 1945, U. United Kingdom [edit] By the end of the war, the economy of the United Kingdom was one of severe privation. More than a quarter of its national wealth had been consumed. Lend-lease came just before its reserves were exhausted. In spring 1945, the Labour Party withdrew from the wartime coalition government, in an effort to oust Winston Churchill, forcing a general election. Although there were suggestions for an international conference to tackle the issue, in August 1945 the U. The abrupt withdrawal of American Lend-Lease support to Britain on 2 September dealt a severe blow to the plans of the new government. It was only with the completion of the Anglo-American loan by the United States to Great Britain on 15 July that some measure of economic stability was restored. Although the loan was agreed on reasonable terms, its conditions included what proved to be damaging fiscal conditions for Sterling. From 1945, the UK introduced bread rationing which it never did during the war. The Soviet Union suffered enormous losses in the war against Germany. The Soviet population decreased by about 27 million during the war; of these, 8. The 19 million non-combat deaths had a variety of causes: Others worked in labour battalions to rebuild infrastructure destroyed during the war. To help rebuild the country, the Soviet government obtained limited credits from Britain and Sweden; it refused assistance offered by the United States under the Marshall Plan. Germany and former Nazi satellites made reparations to the Soviet Union. The reconstruction programme emphasised heavy industry to the detriment of agriculture and consumer goods. By 1948, steel production was twice its level, but the production of many consumer goods and foodstuffs was lower than it had been in the late 1930s. The Allies established the Far Eastern Commission and Allied Council for Japan to administer their occupation of that country while the establishment Allied Control Council, administered occupied Germany. In accordance with the Potsdam Conference agreements, the Soviet Union occupied and subsequently annexed the strategic island of Sakhalin. In the west, Alsace-Lorraine was returned to France. Close to one-quarter of pre-war Germany was de facto annexed by the Allies; roughly 10 million Germans were either expelled from this territory or not permitted to return to it if they had fled during the war. The remainder of Germany was partitioned into four zones of occupation, coordinated by the Allied Control Council. The Saar was detached and put in economic union with France in 1947. In 1949, the Federal Republic of Germany was created out of the Western zones. The Soviet zone became the German Democratic Republic. Germany paid reparations to the United Kingdom, France, and the Soviet Union, mainly in the form of dismantled factories, forced labour, and coal. German standard of living was to be reduced to its 1913 level. In accordance with the Paris Peace Treaties, 1947, reparations were also assessed from the countries of Italy, Romania, Hungary, Bulgaria, and Finland. The hunger-winter of 1946-47, thousands protest against the disastrous food situation 31 March US policy in post-war Germany from April until July had been that no help should be given to the Germans in rebuilding their nation, save for the minimum required to mitigate starvation. Dismantling of West German industry ended in 1949. By 1949, equipment had been removed from manufacturing plants, and steel production capacity had been reduced by 60%. Clay and George Marshall, the Truman administration accepted that economic recovery in Europe could not go forward without the reconstruction of the German industrial base on which it had previously been dependent. From onwards West Germany also became a minor beneficiary of the Marshall Plan. Volunteer organisations had initially been forbidden to send food, but in early 1947 the Council of Relief Agencies Licensed to Operate in Germany was founded. However, after making approaches to the Allies in the autumn of 1947 it was allowed to investigate the camps in the UK and French occupation zones of Germany, as well as to provide relief to the prisoners held there. On 4 February 1948, the Red Cross was permitted to visit and assist prisoners also in the U. In the Italian constitutional referendum the Italian monarchy was abolished, having been associated with the deprivations of the war and the Fascist rule,

especially in the North. Unlike in Germany and Japan, no war crimes tribunals were held against Italian military and political leaders, though the Italian resistance summarily executed some of them such as Mussolini at the end of the war; the Togliatti amnesty, taking its name from the Communist Party secretary at the time, pardoned all wartime common and political crimes in Austria called Ostmark by the Germans was separated from Germany and divided into four zones of occupation.

3: "The cracked pots of humanity": Post-World War II American Literary Pe" by Jennifer Chichester

As Medical Director of the American Psychiatric Association from 1945 to 1952, Melvin Sabshin, M.D., brings a unique perspective on the history of post-World War II psychiatry to Changing American Psychiatry: A Personal Perspective.

On the battlefield, gruesome modern weaponry wrecked an entire generation of young men. The United States entered the conflict in 1917 and was never again the same. The war simultaneously stoked national pride and fueled disenchantments that burst Progressive Era hopes for the modern world. And it laid the groundwork for a global depression, a second world war, and an entire history of national, religious, and cultural conflict around the globe. Prelude to War As the German empire rose in power and influence at the end of the nineteenth century, skilled diplomats maneuvered this disruption of traditional powers and influences into several decades of European peace. In Germany, however, a new ambitious monarch would overshadow years of tactful diplomacy. Wilhelm II rose to the German throne in 1888. He admired the British Empire of his grandmother, Queen Victoria, and envied the Royal Navy of Great Britain so much that he attempted to build a rival German navy and plant colonies around the globe. In 1897, German posturing worried the leaders of Russia and France and prompted a defensive alliance to counter the existing triple threat between Germany, Austria-Hungary, and Italy. The other great threat to European peace was the Ottoman Empire, in Turkey. While the leaders of the Austrian-Hungarian Empire showed little interest in colonies elsewhere, Turkish lands on its southern border appealed to their strategic goals. However, Austrian-Hungarian expansion in Europe worried Tsar Nicholas II, who saw Russia as both the historic guarantor of the Slavic nations in the Balkans and the competitor for territories governed by the Ottoman Empire. By 1908, the Austrian-Hungarian Empire had control of Bosnia and Herzegovina and viewed Slavic Serbia, a nation protected by Russia, as its next challenge. On June 28, 1914, after Serbian Gavrilo Princip assassinated the Austrian-Hungarian heirs to the throne, Archduke Franz Ferdinand and his wife, Grand Duchess Sophie, vengeful nationalist leaders believed the time had arrived to eliminate the rebellious ethnic Serbian threat. The federal government did not participate in international diplomatic alliances but nevertheless championed and assisted with the expansion of the transatlantic economy. American businesses and consumers benefited from the trade generated as the result of the extended period of European peace. The federal government possessed limited diplomatic tools with which to engage in international struggles for world power. But in the 1890s, as Americans embarked upon empire, Congress authorized the construction of a modern navy. The army nevertheless remained small and underfunded compared to the armies of many industrializing nations. After the turn of the century, the army and navy faced a great deal of organizational uncertainty. New technologies—airplanes, motor vehicles, submarines, modern artillery—stressed the capability of army and navy personnel to effectively procure and use them. The Davis Act of 1903 and the National Defense Act of 1916 inaugurated the rise of the modern versions of the National Guard and military reserves. A system of state-administered units available for local emergencies that received conditional federal funding for training could be activated for use in international wars. The National Guard program encompassed individual units separated by state borders. The program supplied summer training for college students as a reserve officer corps. Federal and state governments now had a long-term strategic reserve of trained soldiers and sailors. Revolution and chaos threatened American business interests in Mexico. After a brief battle, the Marines supervised the city government and prevented shipments of German arms to Mexican leader Victor Huerta until they departed in November 1916. The raid emphasized the continued reliance on naval forces and the difficulty in modernizing the military during a period of European imperial influence in the Caribbean and elsewhere. The threat of war in Europe enabled passage of the Naval Act of 1916. The Wilson administration had withdrawn its support of Diaz but watched warily as the revolution devolved into assassinations and deceit. In 1916, Pancho Villa, a popular revolutionary in northern Mexico, raided Columbus, New Mexico, after being provoked by American support for his rivals. His raiders killed seventeen Americans and burned down the town center before American soldiers forced their retreat. Motorized vehicles, reconnaissance aircraft, and the wireless telegraph aided in the pursuit of Villa. Motorized vehicles in particular allowed General Pershing to obtain supplies without relying on railroads controlled by the Mexican

government. The aircraft assigned to the campaign crashed or were grounded by mechanical malfunctions, but they provided invaluable lessons in their worth and use in war. Wilson used the powers of the new National Defense Act to mobilize over one hundred thousand National Guard units across the country as a show of force in northern Mexico. After the outbreak of war in Europe in 1914, President Wilson declared American neutrality. Ties to the British and French proved strong, and those nations obtained far more loans and supplies than the Germans. In October 1914, President Wilson approved commercial credit loans to the combatants, which made it increasingly difficult for the nation to claim impartiality as war spread through Europe. Trade and financial relations with the Allied nations ultimately drew the United States further into the conflict. In spite of mutually declared blockades between Germany, Great Britain, and France, munitions and other war suppliers in the United States witnessed a brisk and booming increase in business. The British naval blockades that often stopped or seized ships proved annoying and costly, but the unrestricted and surprise torpedo attacks from German submarines were deadly. Over a hundred American lives were lost. The attack, coupled with other German attacks on American and British shipping, raised the ire of the public and stoked the desire for war. However, the United States outdistanced the nations of Europe in one important measure of world power: War Spreads through Europe After the assassination of Archduke Ferdinand and Grand Duchess Sophie, Austria secured the promise of aid from its German ally and issued a list of ten ultimatums to Serbia. On July 28, 1914, Austria declared war on Serbia for failure to meet all of the demands. Russia, determined to protect Serbia, began to mobilize its armed forces. In spite of the central European focus of the initial crises, the first blow was struck against neutral Belgium in northwestern Europe. Germany planned to take advantage of sluggish Russian mobilization by focusing the German army on France. German military leaders recycled tactics developed earlier and activated the Schlieffen Plan, which moved German armies rapidly by rail to march through Belgium and into France. However, this violation of Belgian neutrality also ensured that Great Britain entered the war against Germany. On August 4, 1914, Great Britain declared war on Germany for failing to respect Belgium as a neutral nation. A French assault on German positions. In 1915, the European war had developed into a series of bloody trench stalemates that continued through the following year. Offensives, largely carried out by British and French armies, achieved nothing but huge numbers of casualties. Peripheral campaigns against the Ottoman Empire in Turkey at Gallipoli, throughout the Middle East, and in various parts of Africa either were unsuccessful or had little bearing on the European contest for victory. The third year of the war, however, witnessed a coup for German military prospects: At about the same time, the Germans again pursued unrestricted submarine warfare to deprive the Allies of replenishment supplies from the United States. A German diplomat, Arthur Zimmermann, planned to complicate the potential American intervention. He offered support to the Mexican government via a desperate bid to regain Texas, New Mexico, and Arizona. Mexican national leaders declined the offer, but the revelation of the Zimmermann Telegram helped usher the United States into the war. America Enters the War By the fall of 1917 and spring of 1918, President Wilson believed an imminent German victory would drastically and dangerously alter the balance of power in Europe. Submarine warfare and the Zimmerman Telegram, meanwhile, inflamed public opinion. Congress declared war on Germany on April 4, 1917. The nation entered a war three thousand miles away with a small and unprepared military. The United States was unprepared in nearly every respect for modern war. Considerable time elapsed before an effective army and navy could be assembled, trained, equipped, and deployed to the Western Front in Europe. The process of building the army and navy for the war proved to be different from previous conflicts. Unlike the largest European military powers of Germany, France, and Austria-Hungary, no tradition existed in the United States to maintain large standing armed forces or trained military reserves during peacetime. Moreover, there was no American counterpart to the European practice of rapidly equipping, training, and mobilizing reservists and conscripts. Notions of patriotic duty and adventure appealed to many young men who not only volunteered for wartime service but sought and paid for their own training at army camps before the war. American labor organizations favored voluntary service over conscription. Labor leader Samuel Gompers argued for volunteerism in letters to the congressional committees considering the question. Despite fears of popular resistance, Congress quickly instituted a reasonably equitable and locally administered system to draft men for the military. The new legislation avoided the unpopular system of

bonuses and substitutes used during the Civil War and was generally received without major objection by the American people. Basic physical fitness was the primary requirement for service. The resulting tests offered the emerging fields of social science a range of data collection tools and new screening methods. The Army Medical Department examined the general condition of young American men selected for service from the population. Of that group, 1,, physical defects were recorded often more than one per individual. More than 34 percent of those examined were rejected for service or later discharged for neurological, psychiatric, or mental deficiencies. Soldiers who could read took the Army Alpha test. Illiterates and non-English-speaking immigrants took the nonverbal equivalent, the Army Beta test, which relied on visual testing procedures. Yerkes, president of the American Psychological Association and chairman of the Committee on the Psychological Examination of Recruits, developed and analyzed the tests. His data argued that the actual mental age of recruits was only about thirteen years. Among recent immigrants, he said, it was even lower. As a eugenicist, he interpreted the results as roughly equivalent to a mild level of retardation and as an indication of racial deterioration. Years later, experts agreed that the results misrepresented the levels of education for the recruits and revealed defects in the design of the tests. The experience of service in the army expanded many individual social horizons as native-born and foreign-born soldiers served together. Immigrants had been welcomed into Union ranks during the Civil War, including large numbers of Irish and Germans who had joined and fought alongside native-born men. Some Germans in the Civil War fought in units where German was the main language. Prevailing racial attitudes among white Americans mandated the assignment of white and black soldiers to different units. Despite racial discrimination, many black American leaders, such as W. Du Bois, supported the war effort and sought a place at the front for black soldiers. Black leaders viewed military service as an opportunity to demonstrate to white society the willingness and ability of black men to assume all duties and responsibilities of citizens, including wartime sacrifice. If black soldiers were drafted and fought and died on equal footing with white soldiers, then white Americans would see that they deserved full citizenship. The War Department, however, barred black troops from combat and relegated black soldiers to segregated service units where they worked as general laborers. In France, the experiences of black soldiers during training and periods of leave proved transformative.

4: Post-War American Art | Artsy

The second of two linked papers examining the interactions of psychiatry and the social sciences since World War II examines the role of NIMH on these disciplines. It analyses the effects of the prominence and the decline of psychoanalysis, and the impact of the psychotropic drugs revolution and the associated rise of biological psychiatry on relations between psychiatry and clinical.

The Declaration of Geneva requires medical practitioners to state "[I, the medical practitioner] will maintain the utmost respect for human life from its beginning even under threat and I will not use my medical knowledge contrary to the laws of humanity. Additionally in response to the Nazi atrocities, the Geneva Conventions of outright prohibits the torture of prisoners of war and other protected non-combatants. The World Medical Association Declaration of Tokyo [1] makes a number of specific statements against torture, including "The doctor shall not countenance, condone or participate in the practice of torture". Also the UN Convention Against Torture, which also applies to medical personnel in addition to law enforcement officers, military personnel, politicians, and other persons acting in an official capacity, prohibits the use of torture under any circumstance. Under Article 2 2 of the Convention, it states that "No exceptional circumstances whatsoever, whether a state of war or a threat of war, internal political instability or any other public emergency, may be invoked as a justification of torture. It is up to state, provincial, and national bodies to enforce the standards in the document. The development of command responsibility established criminal liability for all people, including physicians, involved in crimes against humanity. There remain gaps in regulation relating to medical torture in many countries: Government sponsored torture and organized violence, with the complicity and or participation of health personnel, is internationally prohibited yet these violations occur with impunity in a significant amount of cases. An example of this impunity is found in the Abu Ghraib prison torture and prisoner scandal as well as documented by Amnesty International. A higher standard of behaviour is expected of health professionals yet the UN Principles of Medical Ethics are not enforceable when governments are complicit in violations. This higher standard is reflected in the principles of beneficence, non-maleficence above all do no harm, autonomy, justice, dignity and informed consent and these are not covered comprehensively by the UN Convention Against Torture. Asserted instances[edit] Between and, Japanese medical personnel who were part of Unit participated in the torture killings of as many as 10, Chinese, Russian, American and other prisoners as well as Allied POWs during the second Sino-Japanese War. According to some accounts, medical staff was involved in torture during executions. A psychiatric diagnosis was devised to describe people who oppose government policies. A study called " The Aversion Project " found that gay conscripts in the South African Defence Forces SADF during the apartheid era had been forced to submit to "curing" their homosexuality, both by electroshock therapies and by botched sex changes. A classic example of this is the Lake Alice, New Zealand atrocity which occurred in the early s. Norway and New Zealand have since begun paying reparations to patients who suffered such treatments. The World Health Organization has called for a ban on unmodified ECT, and states no form of it should be used on children. In, Howard S Schneider, a Jacksonville, Florida pediatric dentist not to be confused with Howard W Schneider, a pediatric dentist practicing in New York, was accused of sadistically torturing patients as young as 2. He avoided prosecution by claiming incompetence and is no longer practicing. Among other things, health professionals are accused of: To date, no state licensing boards or professional associations have investigated or recognized, in some cases abusive conduct by individual members of their professions. In, after years of denial, the American Psychological Association finally recognized that psychologists had engaged in torture. Carothers, British colonial Kenyan psychiatrist, has been implicated by some recent academic historians in designing interrogation of Mau Mau prisoners. Ayad Allawi violated his obligation to medical ethics whilst serving as Western European chief of secret police for the Baathist government of Saddam Hussein. However, the same sources allege that Allawi had abandoned his medical education at that point and his medical degree "was conferred upon him by the Baath party.

5: Renowned forensic psychiatrist and Holocaust survivor, Emanuel Tanay, dies at 86 | Michigan Radio

War II revealed that breakdown was largely related to unit and battle conditions rather than predisposition. Prevention of psychiatric casualties must address the factors known to.

Emanuel Tanay John Lofy Dr. A visitation is planned for Saturday, September 13 at Tanay led an amazing life. The cause of death was metastatic prostate cancer. Tanay, a distinguished Fellow of the Academy of Forensic Sciences and the American Psychiatric Association, was also a champion of those suffering from psychic trauma and post-traumatic stress disorder. Tanay survived the Holocaust in Poland and Hungary by hiding from the Nazis and living on false papers to conceal the fact that he was a Jew. This required enormous resourcefulness, courage and ingenuity on a daily basis, as most of the local population worked very hard to identify Jews and hand them over to the German occupiers to be killed. Tanay became the leader of his family, saving the lives of his mother, his sister Olenka, his childhood sweetheart Gina as well as his own life. He and his family were liberated in Budapest in Nobel prize-winner and fellow Holocaust survivor Elie Wiesel called Dr. It will give the reader lessons of courage and faith. Tanay became a tireless defender for the rights of Holocaust survivors. Although he was a consultant for the German government in its attempts to provide compensations to survivors of the concentration camps, his main interest and concern was in the mental health of survivors. Murder was another subject Dr. Tanay built his reputation upon. Tanay was retained as a psychiatric forensic expert by the defense. In preparation for a second trial he conducted extensive interviews with the defendant and his two siblings. Tanay was a past President of the Michigan Psychiatric Society and well-known in the Detroit metropolitan area as a frequent guest of radio personality J. An avid sailor for most of his adult life, Dr. Tanay was captain of the sailboat Caprice. And I love life.

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This article has been cited by other articles in PMC. Abstract The term posttraumatic stress disorder PTSD has become a household name since its first appearance in in the third edition of the Diagnostic and Statistical Manual of Mental Disorders DSM-III published by the American Psychiatric Association, In the collective mind, this diagnosis is associated with the legacy of the Vietnam War disaster. This article describes how the immediate and chronic consequences of psychological trauma made their way into medical literature, and how concepts of diagnosis and treatment evolved over time. As we are reminded in Deuteronomy When thou goest out to battle against thine enemies, and seest horses, and chariots, and a people more than thou After Gilgamesh loses his friend Enkidu, he experiences symptoms of grief, as one may expect. But after this phase of mourning, he races from place to place in panic, realizing that he too must die. This confrontation with death changed his personality. The first case of chronic mental symptoms caused by sudden fright in the battlefield is reported in the account of the battle of Marathon by Herodotus, written in bc History, Book VI, transi. A strange prodigy likewise happened at this fight. Epizelus, the son of Cuphagoras, an Athenian, was in the thick of the fray and behaving himself as a brave man should, when suddenly he was stricken with blindness, without blow of sword or dart; and this blindness continued thenceforth during the whole of his afterlife. The following is the account which he himself, as I have heard, gave of the matter: Such, as I understand, was the tale which Epizelus told. It is noteworthy that the symptoms are not caused by a physical wound, but by fright and the vision of a killed comrade, and that they persist ewer the years. The loss of sight has the primary benefit of blotting out the vision of danger, and the secondary benefit of procuring support and care. The minds of mortals Kings take the towns by storm, succumb to capture, battle on the field, raise a wild cry as if their throats were cut even then and there. And many wrestle on and groan with pains, and fill all regions round with mighty cries and wild, as if then gnawed by fangs of panther or of lion fierce. This text shows very vividly the emotional and behavioral reexperiencing of a battle in sleep. Besides GrecoLatin classics, old Icelandic literature gives us an example of recurring nightmares after battle: And then dreams he of cutting foreign throats. Of breaches, ambuscadoes, Spanish blades, Of healths five fathom deep; and then anon Drums in his ear, at which he starts and wakes, And being thus frightened, swears a prayer or two, And sleeps again. Etiologic hypotheses were put forward by army physicians during the French Revolutionary wars and the Napoleonic wars They had observed that soldiers collapsed into protracted stupor after shells brushed past them, although they emerged physically unscathed. I could soon realize that something unusual was happening in me Your eyes can still see with the same acuity and sharpness, but it is as if the world had put on a reddish-brown hue that makes the objects and the situation still more scary I had the impression that everything was being consumed by this fire The dawn of modern psychiatry The psychiatrist Pinel is often depicted as freeing the insane from their chains; in his treatise entitled *Nosographie Philosophique* , he described the case of the philosopher Pascal who almost drowned in the Seine when the horses drawing his carriage bolted. During the remaining eight years of his life, Pascal had recurring dreams of a precipice on his left side and would place a chair there to prevent falling off his bed. His personality changed, and he became more apprehensive, scrupulous, withdrawn, and depressive. This controversy was to last until World War I. This new diagnosis was vehemently criticized by Charcot who maintained that these cases were only forms of hysteria, neurasthenia, or hysteroneurasthenia. This was a first glimpse of what would later be known as the unconscious. The Russian-Japanese war was marked by the siege of Port Arthur and the naval battle of Tsushima. It was probably during this conflict that post-battle psychiatric symptoms were recognized for the first time as such by both doctors and military command. Russian psychiatrists - notably Avtocratov, who was in charge of a bed psychiatric clearing hospital at Harbin in Manchuria - are credited with being the first to develop forward psychiatric treatment. This approach may have been a response to the difficulty of evacuating casualties over huge distances at a time when the Trans-Siberian Railway was not yet completed. Whatever

the initial reason, forward treatment worked, and would again be confirmed as the best method during succeeding conflicts. The number of Russian psychiatric casualties was much larger than expected in and in and the Red Cross Society of Russia was asked to assist. This dubious distinction is also, to a lesser degree, shared by the American Civil War. The big artillery battles of December From then on, that number grew at a constantly increasing rate. At first, these soldiers were hospitalized with the others Now, psychiatric patients make up by far the largest category in our armed forces The main causes are the fright and anxiety brought about by the explosion of enemy shells and mines, and seeing maimed or dead comrades The resulting symptoms are states of sudden muteness, deafness In the British military, patients presenting with various mental disorders resulting from combat stress were originally diagnosed as cases of shell shock, before this diagnosis was discouraged in an attempt to limit the number of cases. It is not known when the term began to be used. These patients had been shocked by shells exploding in their immediate vicinity and presented with remarkably similar symptoms. As we shall see below, these patients might not have been evacuated to the peaceful surroundings of their home country had they sustained their wounds a year later. Forward treatment Indeed, the experience of the first war months and the unexpected large influx of psychiatric casualties led to a change in treatment approaches. The evacuation of psychiatric casualties to the rear became less systematic as the experience of the remaining war years convinced psychiatrists that treatment should be carried out near the frontline, and that evacuation only led to chronic disability. It was noticed that soldiers treated in a frontline hospital, benefiting from the emotional support of their comrades, had a high likelihood of returning to their unit, whereas those who were evacuated often showed a poor prognosis, with chronic symptoms that ultimately led to discharge from the military. Also, it was discovered that prognosis was better if the convalescing soldiers remained in the setting of the military hierarchy, rather than in a more relaxed hospital environment. Thus, by the end of , evacuations became rare and patients were treated instead in forward centers, staffed by noncommissioned officers NCOs , within hearing distance of the frontline guns and with the expectation of prompt recovery. Salmon, 12 chief consultant in psychiatry with the American Expeditionary Forces in France: Immediacy meant treating as early as possible, before acute stress was succeeded by a latent period that often heralded the development of chronic symptoms; proximity meant treating the patient near the frontline, within hearing distance of the battle din, instead of evacuating him to the peaceful atmosphere of the rear, which he would, understandably, never wish to leave; expectancy referred to the positive expectation of a prompt cure, which was instilled into the patient by means of a persuasive psychotherapy; simplicity was the use of simple treatment means such as rest, sleep, and a practical psychotherapy that avoided exploring civilian and childhood traumas; finally, centrality was a coherent organization to regulate the flow of psychiatric casualties from the forward area to the rear, and a coherent therapeutic doctrine adopted by all medical personnel. This was probably because motor symptoms, such as tremor, paralysis, contractions, limping, or fixed postures, were common during WWI, and rare in WWII. Concussion, fright, or malingering? Etiology was a controversial question that was reflected by the choice of terms: The now obsolete term shell shock, harking back to the vent du boulet of the Napoleonic wars, implied a somatic etiology, such as microscopic brain lesions due to a vascular, meningeal, white or gray matter concussion. Other diagnoses were also used to express the belief that the cause was more an emotional stressor, rather than a physical concussion. Such diagnoses were, for instance, war neurasthenia and war psychoneurosis, in France. Emil Kraepelin , without doubt one of the most influential psychiatrists of our times, wrote about his experience with war neuroses during WWI in his autobiography, published posthumously in German in We alienists all agreed that we should try to limit an excessively liberal granting of compensations which might lead to a sharp rise in the number of cases and claims Some British and Commonwealth soldiers were actually shot on the orders of military command and this number certainly included soldiers suffering from acute stress disorder who walked around dazed or confused and were accused of desertion or cowardice; ii Did posttraumatic symptoms have pathoanatomical explanations? The cases of war neurosis observed during WWI were indeed a challenge to psychoanalytical theories; it was simply unbelievable that all cases were caused by childhood traumas and it had to be admitted that psychological symptoms could be produced by recent traumas. Freud had postulated that dreams were a wish fulfillment.

Not until , in an address at an international congress of psychoanalysts, did he allow one exception: And even this turned out to be no real exception at all: Freud eventually understood traumatic dreams as fitting into his wish-fulfillment theory of dreams in that they embodied the wish to master the trauma by working it through. Despite WWI, most armies were once again unprepared for the great number of psychiatric casualties and psychiatrists were often viewed as a useless burden, as exemplified by a memorandum addressed by Winston Churchill to the Lord President of the Council in December, , in the following terms I am sure it would be sensible to restrict as much as possible the work of these gentlemen [psychologists and psychiatrists] American psychiatry American psychiatrists made a major contribution to the study of combat psychiatry during WWII. Menninger 18 shows how the lessons of WWI seemed at first to have been entirely forgotten by the American military: Correspondingly, no psychiatrists were assigned to combat divisions and no provision for special psychiatric treatment units at the field army level or communications zone had been made. The principles of forward treatment were rediscovered during the North Africa campaign in . Advised by the psychiatrist Frederick Hanson, Omar N. Here again, the sheer number of psychiatric casualties was staggering. For the total overseas forces in , admissions for wounded numbered approximately 86 per men per year, and the neuropsychiatric rate was 43 per per year. In , the first year of the war for the United States, Abram Kardiner - famous for having been analyzed by Freud himself - published a book based on his treatment of WWI veterans at Veterans Hospital No. Posttraumatic psychiatric symptoms in military personnel fighting in WWII were reported as early as by the American psychiatrists Grinker and Spiegel. Other chronic consequences of combat included passive-dependent states, psychosomatic states, guilt and depression, aggressive and hostile reactions, and psychotic-like states. European studies Long-lasting psychological disorders were not tolerated in the German military during WWII, and official doctrine held that it was more important to eliminate weak or degenerate elements rather than allow them to poison the national community. Interviews we conducted with Alsatian veterans who had been forcibly drafted into the Wehrmacht taught us that soldiers who had suffered acute combat stress such as being buried under a bunker hit by a bomb were given some form of psychological assistance soon after rescue; they were typically sent to a forward area first aid station *Verbandsplatz* where they received milk and chocolate and were allowed to rest. The literature on Holocaust and concentration camp survivors is too abundant to be summarized here. The best known of all the early works studying concentration camp survivors is probably the article published by Eitinger. For instance, in , we studied 27 a group of French civilians living in the AlsaceLorraine region who were conscripted into the German army and later held in captivity in Russia. This population of Alsace-Lorraine was interesting because it was bilingual, French and German, and had cultural roots in both heritages. We believe that an aggravating factor was the fact that these individuals returned home uncelebrated, embittered, psychologically isolated, and that they were caught in a web of psychological ambiguity. They had fought in the German army against their will and under the threat of their families being deported, and were considered unreliable by the Germans. They were surprised to be treated as German soldiers upon their capture by the Soviet army. They were repatriated to a new post-war social environment in a French society that was itself plagued by the guilt of its early surrender to the Nazis, and they felt misunderstood by some of their countrymen who criticized their incorporation into the German military as a form of treason. The Vietnam war During the Vietnam war, the principles of treating psychiatric casualties in the forward area were successfully applied, with a correspondingly low level of acute psychiatric casualties. In contrast, the incidence of alcoholism and drug abuse was high. Similarly, the late and delayed effects of combat exposure in the form of PTSD were a significant source of suffering and disability among veterans in the United States. An estimated Vietnam veterans - almost a quarter of all soldiers sent to Vietnam from to - required some form of psychological help. The prevalence of delayed and chronic PTSD, in spite of the careful prevention of psychiatric casualties in Vietnam itself, was a rude awakening. Retrospect There is currently a measure of consensus on the diagnosis and phenomenological description of PTSD, which is recognized as a specific syndrome in individuals who have experienced a major traumatic event.

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