

“Mental Health for the Everyman: World War II's Impact on American Psychology”

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Abstract

World War II transformed the American psychological field, bringing the treatment of mental health out of state hospitals and asylums and making psychological medicine available to the average person. This accessibility rekindled popular interest in psychology, leading to a shift in how Americans perceived the study and treatment of the mind. United States would eventually lead the world in psychological research and practical application, and in turn, American society became decidedly more psychological in nature. This research tracks these changes back to steps taken by the American military to analyze and sustain soldiers' mental resilience and stability before, during, and after the war, and discusses how this resonates in the practice of American psychology today.

Introduction

America was transformed into the psychologically inclined society it is today through federal and professional responses to the mental health crisis presented by World War II. High instances of psychiatric casualties amongst soldiers during the war prompted the direction of federal funding into mental health services like never before, by organizing professional training programs for psychologists and therapists and providing resources through community health centers and the Veterans Administration. These widespread cases of psychiatric illness amongst those believed to be the strongest and fittest of American society drew national attention to the pressing need for psychiatric services in the United States, and made clear a previously overlooked concept: mental illness was not necessarily innate. The average healthy person could experience trauma and nervous breakdown, developing psychological complications as a result, the treatment of which was now made more accessible than ever before.

Growth in the American psychological field equal to that which was practiced in Europe can be observed as far back as the beginning of the 20th century, with there being more laboratories specializing in experimental psychology in 1900 than there even were chairs of psychology in Germany.¹ Despite this observed growth in the psychological field, it is World War II, not I, that is commonly identified as the catalyst for the resurgence in mental health research and treatment. “World War II changed everything,”

¹ Steven C. Ward, *Modernizing the Mind: Psychological knowledge and the Remaking of Society* (Westport: Praeger, 2002), 138.

begins Jonathan Engels in his chapter on the subject.² Why is this seen to be so? Capshew perhaps describes it best, that the First World War was a “dress rehearsal” for the Second World War, with the lessons learned the first time around being applied and methods amplified.³

Previously, Europe had been the ideological center of psychological study, but that environment became hostile as war broke out, with practitioners and theorists fleeing to the United States for asylum. The United States by contrast sought to apply psychological methods in the war effort, in order to avoid the emotional toll that the First World War brought upon soldiers and society. The practical need presented by World War II led to a shift in the methods applied for psychiatric treatment, as well as increased federal funding for the social sciences. The deliberate expansion of the American psychological field led to a change in how psychology’s role in society was perceived—not only were Americans directing the profession and its practices after World War II, but the American cultural understanding of the self and the individual became more psychological in nature.

The professional and academic interest this fueled led to a rebirth of the psychological field, giving the discipline a relevancy to the average American that it previously lacked. The sudden availability of psychiatric services through general practitioners, as well as the newfound value seen in not only the treatment, but maintenance of mental health, led to mental health services to be understood as something not only necessary for the severely ill, but for the average person as well.

² Jonathan Engel, *American Therapy: The Rise of Psychotherapy in the United States* (New York: Gotham Books, 2008), 43.

³ James H. Capshew, *Psychologists on the March* (New York: Cambridge University Press, 1999), 6.

Modern psychology as it is practiced in the West has been directed by an inherently American understanding of the individual, and American society in turn has thus become psychological in nature. The Second World War's impact on the study of psychology has thus not only impacted how it is practiced in the United States, but has shaped American culture in turn, with the average person's psychological and emotional needs achieving a validity in the context of American social life that still shapes our society today.

Origins of American Mental Healthcare

Prior to World War II, the bulk of psychiatric services available to the American public were provided by public mental hospitals, institutions that provided long-term care and treatment for the mentally ill without charge. Psychiatrists, physicians who had been trained to administer psychiatric care, thus took on a role that was more custodial than therapeutic in the years between 1890 and 1940. The system was disorganized and riddled with faults, struggling to maintain standards of care and conduct, and generally only sought out as a last resort.⁴ Although having begun as places of optimism, with calls for reform and organization aligning American asylum superintendents into a national association in 1844, by the twentieth century, overcrowding due to high numbers of chronic cases and understaffing of hospitals left the psychiatric profession low in morale and highly dysfunctional.⁵

This system occupied the services of most in the psychiatric profession, with over three quarters of American psychiatrists being employed in institutions, rather than

⁴ Gerald N. Grob, *From Asylum to Community: Mental Health Policy in Modern America* (New Jersey: Princeton University Press, 1991), 3.

⁵ Ludy T. Benjamin, "A History of Clinical Psychology as a Profession in America (and a Glimpse at its Future)," *Annual Review of Clinical Psychology* 1, (2005): 6.

private practices or clinics.⁶ World War II would shift this balance, with only 62 percent of psychiatrists practicing in institutions in 1946, and the intervention of federal funding and policies working to fill the ranks of available trained staff and professional to provide mental health care, institutionally and privately. Meanwhile, the role of clinical psychology was still at that time largely restricted to theoretical study in universities. Sparse practical application was limited to the burgeoning field of psychometric testing, and psychoanalytic therapy in few specialized clinics. In comparison to the profession and industry it bloomed into post-World War II, its state in the early twentieth century was practically skeletal.

Psychological research and psychiatric treatment had also been implemented for military use during the First World War, from psychometric screenings administered to measure intelligence and test soldiers' skills at induction to rudimentary attempts at providing therapy to soldiers suffering from the stress of battle. The World War I drafts were the first to implement psychometric testing in the induction process. These would act as selection instruments, intended to place soldiers in the positions and roles that would best suit their skill and ability and screen out those considered mentally unfit for service through an early form of intelligence testing. A program headed by Robert Yerkes was created to develop these screenings, which were based upon the very first intelligence tests developed by Alfred Binet. From this program would come the Army

⁶William C. Menninger, *Psychiatry in a Troubled World: Yesterday's War and Today's Challenge* (New York: Macmillan Co, 1948), 6.

Alpha (for English-speakers) and Army Beta (for non-English speakers and the illiterate) aptitude tests.⁷

World War I revealed to military leaders and psychiatric professionals the phenomenon of what was then called “shellshock.” Soldiers who returned from combat were displaying a range of psychological and somatic symptoms of anxiety, which was initially assumed to be a physical reaction to close exposure to explosions on the battlefield by physicians, and rather uncharitably, evidence of cowardice or malingering by military leaders. Over the course of the twentieth century this collection of nervous symptoms was given many names, including the World War II descriptors “psychoneurosis” and “war neurosis,” but under modern diagnostic standards would be seen as evidence of post-traumatic stress disorder.⁸

Psychoanalytic therapy, Freud’s “talking cure,” had of course been utilized by clinical psychologists in past years, but in the years between 1918 and 1941 was developed upon for therapeutic use to a much higher extent than ever before, and well on its way to becoming one of the most important technical contributions to psychiatry.

After the war, psychologists and psychiatrists remained involved in Army hospitals, treating soldiers that the military saw as psychologically weak, with many of these professionals already arguing breakdown to be an understandable reaction to the traumatic conditions of war.⁹

⁷ Ludy T. Benjamin, "A History of Clinical Psychology as a Profession in America (and a Glimpse at its Future)," *Annual Review of Clinical Psychology* 1, (2005): 7.

⁸ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, “Stress Disorders,” (Arlington: American Psychiatric Association, 2013).

⁹ Ludy T. Benjamin, "A History of Clinical Psychology as a Profession in America (and a Glimpse at its Future)," *Annual Review of Clinical Psychology* 1, (2005): 7.

Despite the psychological fallout of the First World War and the degenerating state of public psychiatric resources, to the psychological community the sheer scale of psychometric testing done over the course of the war was interpreted as a success. The American Psychological Association, between the turn of the century and 1929, grew from 129 members to over a thousand, and they were increasingly seeking work in clinical, consulting, and research positions rather than in academia. There was a growing public awareness of psychology in general, with the American people seeking psychological services in increasing numbers, and over a dozen regional and state organizations forming for applied psychologists during the 1920s.

However, those steps made in the psychiatric field and the psychological discipline had little staying power. Mental health care remained confined to the state hospitals and asylums it had been restricted to prior to the outbreak of war, and clinical psychology returned to dry theoretical study in universities and limited application in a few small, specialized clinics. To the American public, psychiatry was still something to be suspicious of, and misconceptions of the nature of treatment and about those deemed to be mentally ill were as prevalent in 1941 as they were in 1920.¹⁰

Come the eve of World War II, the American military had no immediate plans for the use of psychiatry.¹¹ Professionals in the mental health field were therefore eager to prove their worth once more, so by the time the United States entered the war, civilian psychologists had already mobilized to assist.

¹⁰ Menninger, *Psychiatry in a Troubled World; Yesterday's War and Today's Challenge*, 7.

¹¹ Menninger, *Psychiatry in a Troubled World; Yesterday's War and Today's Challenge*, 10.

In the autumn of 1939, the American Psychological Association (APA) and the American Association for Applied Psychology, the two organizations that rivaled for the greatest membership numbers in the psychological community, held their joint annual meeting. It happened to fall on September 4, the day after Britain and France declared war on Germany. Emergency committees to prepare the profession for national service were organized, and by February of the next year, the two organizations merged into single committee under the APA, the leading authority in American psychology to this day.

The success of previous induction exams in selecting and placing soldiers and the desire to avoid the shellshock epidemic of the First World War spurred psychologists to suggest the development of another psychometric test. This time, it was designed specifically to screen out those who might not be mentally fit for battle, specifically those who might be prone to developing or had in the past displayed evidence of weak nerves or instability. Robert Yerkes, the head of the team that designed Army Alpha and Army Beta for soldiers in World War I, and fellow World War I colleague Walter Bingham, who helped administer the aptitude tests of the First World War, went about convincing American psychologists to help persuade the Army and Navy to give the profession a chance, stating that in the event of grave emergency, they would be called on to assist.¹²

In response to this demand, the National Research Council sponsored an Emergency Committee on Psychiatry to explore ways of organizing psychological services for the war effort. It was in the American military's self-interest to seek a way to avoid the shellshock epidemic of World War I, and given the success of past

¹² Capshew, *Psychologists on the March*, 9.

psychometric screenings in induction exams, it was suggested that new measures be drawn up to specifically screen for psychological resilience.

These screenings were organized as short psychiatric interviews, which could be conducted in minutes by clinical psychologists and doctors. Ostensibly, the goal of these screenings was to reject those who might be prone to nervous breakdown under the stress of war, and reject they did. Disqualification on psychiatric grounds among those being screened for military service occurred 7.6 times more often than in World War I.¹³

Optimism for this method was high. Both the psychological profession and the American military were banking on the screenings being successful. The costs of psychiatric casualties in World War I had been great, both monetarily and emotionally, and the military was eager for the opportunity to not only assemble the finest fighting force possible, but save resources of manpower and finances that would otherwise be funneled into treatment for psychiatric casualties. Clinical psychology's major specialty at that point in time was research, collecting and analyzing data and developing these tests and measures, and it was what had garnered the most favorable publicity for the profession in World War I.¹⁴ A combination of statistics from the First World War and the estimated cost of neuropsychiatric disabilities this time round was all the convincing the military needed.

Optimism was high--it was predicted by First Corps Area Surgeon Colonel Stanley that the screenings would prevent 75 percent of all potential neuropsychiatric

¹³ Andrew Scull, "The Mental Health Sector and the Social Sciences in Post-World War II USA. Part I: Total War and its Aftermath," *History of Psychiatry* 22, no. 85 Pt 1 (Mar, 2011): 6.

¹⁴ Ludy T. Benjamin, "A History of Clinical Psychology as a Profession in America (and a Glimpse at its Future)." *Annual Review of Clinical Psychology* 1, (2005): 7.

casualties. Considering the effectiveness of past aptitude and intelligence testing, it was reasonable to expect that it would work. The flaw in this reasoning was the attempt to measure potentiality for mental illness.¹⁵ Personal and family history of recorded illness or nervous breakdown and evidence of current neurotic, psychotic, or psychopathic behavior were immediate grounds for rejection, but so were any detected signs of nervousness or “unsuitability.” Determining each inductee’s chances of breaking under the stress of service or manifesting symptoms of previously latent mental illness was up to the individual examiner, and they were encouraged to be generous with their rejections.

Personal resilience is a factor in the probability of survivors developing symptoms of (and in the process of how they cope with) trauma, but has proved too complicated a concept to effectively compute. Military officials had underestimated the impact of an essential part of the equation--the war itself, namely, the stress of combat. Perceived nervousness that disqualified a draftee at induction could have been symptoms of anxiety that would break him over time, or it may have never interfered with his service at all. It has been speculated that these inductions may have rejected a sizable number of perfectly healthy people.¹⁵ Overall discharges on psychological grounds were at 5 percent, significantly higher than World War I, and incidence of psychiatric or nervous breakdown was two to three times higher as well.¹⁶¹⁷ Not only that, but evidence emerged

¹⁵ Hugh E. Kiene, Arthur S. Hassell and Himon Miller, "Neuro-Psychiatric Examination at the R.I. Army Induction Station," *Am. J. Psychiatry* 98, no. 4 (1942): 509.

¹⁵ Edgar Jones, Kenneth C. Hyams, and Simon Wessely, "Screening for Vulnerability to Psychological Disorders in the Military: A Historical Survey," *Journal of Medical Screening* 10, no. 1 (2003): 42.

¹⁶ *Ibid.*

showing that the screening program may have rejected a significant amount of potentially useful recruits, leading to unnecessary shortages of soldiers and thus adding to the troops psychological strain.¹⁸

After all of the effort put forth to implement preventative screening processes to avoid soldiers suffering psychoneurotic casualties, by the spring of 1943, it was clear this had all been for naught. Over the course of the war, there were still over a million admissions to United States hospitals for ‘war neurosis.’ Admissions were as high as 250 per a thousand in combat units in 1944. Of these admissions, only 7 percent were for psychosis, one of the symptoms that entry screenings were supposed to be searching for, with the vast majority being comprised of those suffering from personality disorders—at that time used to refer to neurosis believed to have been brought about by life events, not by predisposition.¹⁹ In 1943 the Veteran’s Administration lobbied Congress to define “psychoneurosis” as a line-of-duty ailment, thus qualifying those diagnosed for benefits if discharged. By the war’s end, the total number of veterans receiving pensions for such disabilities would total 475,397.

Despite the significant increase in disqualifications on psychiatric grounds it was altogether too quick and poorly organized of a process to accurately diagnose symptoms of mental illness, and the problem of screening for evidence of future trauma soon

¹⁷ Scull, "The Mental Health Sector and the Social Sciences in Post-World War II USA. Part I: Total War and its Aftermath", 8.

¹⁸ Jones, Hyams, and Wessely, "Screening for Vulnerability to Psychological Disorders in the Military: A Historical Survey," 42.

¹⁹ Arthur C. Houts, "Fifty Years of Psychiatric Nomenclature: Reflections on the 1943 War Department Technical Bulletin, Medical 203." *Journal of Clinical Psychology* 56, no. 7 (Jul, 2000): 940.

became clear--not even the greatest physician can detect damage that has not yet been done.

Not Who, But When

With psychiatric casualties mounting up among the troops like the screenings had not even happened, it was clear that attempting to screen out the mentally unfit did not decrease the number of soldiers experiencing combat stress symptoms. The task of seeking pragmatic solutions for soldiers' psychiatric needs thus fell to medical professionals from a variety of disciplines, with clinical psychologists, social workers, and psychiatrists being placed together in neuropsychiatric teams to work together with patients.²⁰ William Menninger, cofounder of the Menninger Psychiatry Clinic in Topeka, Kansas, was appointed as chief psychiatrist of the armed forces, and under his direction psychiatry was elevated to a rank equal with medicine and surgery.²¹ In his reflections on his time as the Army's Director of Psychiatry during World War II, *Psychiatry In a Troubled World*, Menninger states that most of the rich discoveries in psychiatry and treatment of psychoneurotic casualties during World War I were forgotten in the interim between the first and second world wars.

Until 1944, actual treatment for psychiatric illness was discouraged by the military, with the official policy being to discharge those deemed permanently mentally unfit to continue service and arrange for further care through the Veteran's Administration. Retention of these soldiers would become necessary as the war waged on, and even those awaiting disposition were arranged to receive treatment under

²⁰ Houts, "Fifty Years of Psychiatric Nomenclature: Reflections on the 1943 War Department Technical Bulletin, Medical 203," 937.

²¹ Engel, *American Therapy: The Rise of Psychotherapy in the United States*, 56.

Menninger's command.²² Under his direction, ten specialized army hospitals were created devoted solely to the treatment of neuropsychiatric disorders, psychiatrists were assigned to basic training camps to help ease the transition from civilian life to combat, and a standardized military psychiatric nomenclature was developed.²³ Menninger oversaw the development of this nomenclature, known as War Department Technical Bulletin 203. Prior to Medical 203's development, diagnostic terminology varied from researcher to researcher and hospital to hospital, and this was the first step in developing a truly standardized diagnostic manual for mental illness in the United States. It was in fact this nomenclature that later became the basis of the DSM-I, the Diagnostic and Statistical Manual of Mental Disorders, an adaption of which is still used to this day by the American Psychological Association.²⁴

The best overview of the subject is by Arthur C. Houts, who places the creation of this nomenclature in historical context, and analyzes the language used and stances espoused in the different versions of the DSM in comparison to Medical 203, as well as placing it into historical context. The similarities are clear, especially in the earliest versions, with some portions taken word for word from the military nomenclature.²⁵ In this case, not only is the military heavily influential in how mental illness is diagnosed and treated, it is a directly responsible agent in its design.

²² Menninger, *Psychiatry in a Troubled World; Yesterday's War and Today's Challenge*, 293.

²³ Ibid.

²⁴ Houts, "Fifty Years of Psychiatric Nomenclature: Reflections on the 1943 War Department Technical Bulletin, Medical 203," 935.

²⁵ Houts, "Fifty Years of Psychiatric Nomenclature: Reflections on the 1943 War Department Technical Bulletin, Medical 203," 944.

While applied psychology had boomed during the interwar period, psychiatry had been stagnating. State mental hospitals were overpopulated and inefficient, and the American Psychiatric Association contained 2295 members as of 1940. By 1945, the military had 2400 physicians assigned to therapeutic duties, administering psychoanalytical interventions in field hospitals and psychiatric facilities, with the express purpose of all treatments being to return soldiers to a psychological state deemed fit for combat.²⁶

Menninger saw this as an opportunity to implement some of the methods borrowed from clinical psychology that he used in his clinical practice, and resources for the training of clinical psychologists slowly began to mobilize. His research in adapting his clinical methods in domestic practices to the military's specific needs provided foundation for the community psychology movement, which would challenge the system of mental institutions that was standard treatment for mental illness prior to the war.²⁷

The increasing reliance on psychotherapy as an intervention rather than an initial screening process highlighted the need for a turn away from traditional hereditary models of psychiatric illness. It was clear now that the soldier being admitted under a neuropsychiatric diagnosis was not a predisposed or mentally ill individual who had just slipped through the cracks in the psychometric screening, but was simply suffering the effects of incredible stress.

The model of maintenance and intervention as a method of preventing neuropsychiatric illness resulted in the military's efforts to provide soldiers with self-help

²⁶ Menninger, *Psychiatry in a Troubled World; Yesterday's War and Today's Challenge*, 10.

²⁷ Scull, "The Mental Health Sector and the Social Sciences in Post-World War II USA. Part I: Total War and its Aftermath," 5.

techniques, a solution fitting considering the shortage of psychiatric personnel. One such attempt by psychologist Edwin Boring was made with the express purpose that it would be accessible to the average person. “Psychology for the Fighting Man,” a simplistic adaptation of the ideals of mental hygiene translated into cartoons, comics, and checklists, was a product of the Emergency Committee on Psychology published in 1943, and yet another creation meant to prove psychology’s relevance to the public. It was a publishing success, selling 400,000 copies, an early model for self-help books that would later capture the American public.²⁸

Boring intended this 450-page volume to serve as both a directional guide for self-conduct and a functional textbook on military psychology. It condensed a great many complex psychological concepts in a way that the average soldier might understand, putting them into contexts that they would find relevant, discussing personal relationships, sex, combat, food, all filtered through a military agenda. An excerpt from the introduction encapsulates this nicely: “Man pushes when he encounters an obstacle to the achievement of his desire...He uses every resource of science and intelligence, including psychology.”²⁹ Boring intended that it should “leave the reader with the impression that man is a mechanism”—in other words, something that can be worn down and broken, but fixed.³⁰

Differing attitudes towards mental illness can be observed over time with changes in clinical vocabulary. “Psycho-neurotic” became a catch-all term for various

²⁸ Ellen Herman, *The Romance of American Psychology: Political Culture in the Age of Experts*, (Berkeley: University of California Press, 1995), 100.

²⁹ National Research Council, *Psychology for the Fighting Man: Prepared for the Fighting Man Himself*, (Washington: The Infantry Journal, 1943), 22.

³⁰ Capshaw, *Psychologists on the March*, 95.

manifestations of symptoms and illness, from emotions like anger, fear, hostility and guilt, to somatic reactions like nausea or fatigue. Ellen Herman, in her book *The Romance of American Psychology*, provides an overview of the development of an idea she refers to as the “production of normal neurosis.”³¹ She argues that the usage of terms like “combat exhaustion” and “operational fatigue” and even “war neurosis” itself implied the impermanence of these diagnoses. Fatigue and exhaustion are something that the individual recovers from, with the application of rest and relaxation. These would turn out to be misnomers as it became clear that the passage of time was inadequate to ease soldiers’ suffering.³²

In his retrospectives, Menninger argues for a new approach to the treatment of mental illness based on his experiences arranging the treatment of American soldiers and in administering therapy as a clinician, recommending “the maintenance of mental health for the everyman.”³³ To properly diagnose and treat each individual, their personality and their environment had to be taken into consideration, placing symptoms into context. Proponents of these preventative measures believed introducing healthy thought processes and coping mechanisms that are typically taught as part of the therapeutic process to the average person as methods of “maintenance” for the mind would guide emotions and mental reactions in such a way to prevent mental breakdown, or give individuals the tools to better handle such a situation should it come.³⁴

³¹ Herman, *The Romance of American Psychology: Political Culture in the Age of Experts*, 96.

³² Ibid.

³³ Menninger, *Psychiatry in a Troubled World; Yesterday's War and Today's Challenge*, 352.

³⁴ Menninger, *Psychiatry in a Troubled World; Yesterday's War and Today's Challenge*, 56.

The Menninger Clinic had long supported a reform in addressing psychiatric medicine for the average person, and prior to the war Menninger had led the Group for the Advancement of Psychiatry (GAP), which emphasized further funding for mental health services. This stance is clear early on, even in the nomenclature drawn up for military use under his observation.³⁵ Medical 203 (and later, the DSM-I) addressed mental illness as “reactions” to stressful events, a term borrowed for psychologist Adolf Meyer, with war neurosis identified as a reaction to the stress of combat. Menninger’s high hopes for the application of psychological treatment after the war were clear in his description of psychology as the “Cinderella of science,” coming forth to offer therapeutic effort to a “world full of maladjustment and unhappiness.”³⁶

It is a sentiment also echoed by other former military psychiatrists, such as Roy R. Grinker and John P. Spiegel in their books detailing observations of combat veterans admitted with neuropsychiatric disorders during the war, *War Neurosis* and *Men under Stress*, that the psychological mechanisms of “normal” individuals must be understood in times of stress. They write in *War Neurosis* that because the individuals in war are responding normally for what they are accustomed to, that it might be a better question to ask why a soldier does not succumb to anxiety, rather than ask why he does.³⁷ The sufferer’s illness is not a ticking time bomb, waiting to be triggered--the source of the illness is war itself, and for most conscripted soldiers, there is no immunity. In *Men Under Stress* they solidify this, asserting that “a hair divides the normal from the

³⁵ Houts, "Fifty Years of Psychiatric Nomenclature: Reflections on the 1943 War Department Technical Bulletin, Medical 203," 941.

³⁶ Engel, *American Therapy: The Rise of Psychotherapy in the United States*, 56.

³⁷ Roy R. Grinker and John P. Spiegel, *War Neuroses* (Philadelphia: Blakiston, 1945), 115.

neurotic, the adaptive from the nonadaptive” and that the struggle of the soldier to cope with combat is reflective of the average person’s struggle to adapt to everyday life.³⁸

There was thus a benefit for what JW Klapman referred to as “normals,” those who suffered from no determinable mental illness, but who had been rendered “morose and unhappy by the stresses of living.” In his text on administering group psychotherapy, published just after the end of World War II, Klapman calls attention to the needs of this group specifically and the benefits that psychotherapy presents for them, that the needs of normal people who are “eccentric, unhappy, and ill-adjusted” represent the needs of our entire civilization, and that treating this group holds significance for our entire social structure.³⁹

In their discussion of what this means for civilian psychology, Grinker and Spiegel note that the war forced psychiatry, a discipline more beloved to the public eye than other medical specialists, into the lives of young medical officers, showing them the practical benefits on an unprecedented scale.⁴⁰ They predict that this will lead to a greater interest in the field among young professionals, and that this will fulfill a great need for psychiatric services that they predict will require ten to seventeen thousand trained practitioners. The concept that the circumstances of life could produce mental illness, rather than being predetermined from birth, was not a new one. But the outbreak of psychiatric diagnoses among veterans after the war, along with the obvious psychological toil it had taken on the nation, was a clear confirmation to the average American that

³⁸ Grinker, Roy R. and John Paul Spiegel. *Men Under Stress*. (Philadelphia: Blakiston, 1945.) vii.

³⁹ Jacob W. Klapman (1959), *Group psychotherapy: theory and practice* (New York: Grune & Stratton), 23.

⁴⁰ Grinker and Spiegel, *Men Under Stress*, 427.

these illnesses were treatable damage done to an individual, rather than some flaw inherent in their creation.

Post War Funding and Accessibility

As it happens, the high hopes and predictions by veteran military psychiatrists soon came to pass in the post war era. The high number of ‘war neurosis’ diagnoses among combat veterans led to the federal government calling on the Veterans Administration and the United States Public Health Service in 1942 to expand the field of mental healthcare in order to accommodate for the psychological services veterans would need. At the end of World War II, the number of American veterans from all previous war would total over 20,000,000, a seventh of the nation’s population. Benefits for the fiscal year of 1947 would reach the billions, and only continue to rise as time went by.⁴¹

The National Institute of Mental Health was established in 1949, with federal research grants rising from \$374,000 to 42.6 million from the time of its creation to 1962, and training grants peaking at 38.6 million. Much of this funding went to academic institutions, in order to fund their suddenly well recognized research and to supply training for the new professionals the field would require.⁴² By 1948 the number of psychologists in America was only 4,000 total, with a quarter of this number having been employed by the military during the war.⁴³

Although services for veterans were at first provided through VA contracts with universities, lack of an early model for clinical training and an interpreted low quality of

⁴¹ Kiene, Hassell, and Miller, "Neuro-Psychiatric Examination at the R.I. Army Induction Station," 509.

⁴² Houts, A. C. "Fifty Years of Psychiatric Nomenclature: Reflections on the 1943 War Department Technical Bulletin, Medical 203," 932.

⁴³ Capshew, *Psychologists On The March*, 166.

education by the APA (thanks to the lack of clinical psychology doctoral programs at the time) led to the VA instituting their own Clinical Psychology Training Program. This led to an APA accreditation standard, setting the precedent that all clinical psychologists would have to receive a PhD, which included a year of field training. Foreseeing that pushing psychiatric training for medical doctors would not likely be successful, this led to clinical psychology receiving PhD accreditation at academic institutions.⁴⁴ The Serviceman's Readjustment Act of 1944, or The GI Bill, provided benefits—such as cash payments for higher education and vocational training—that made graduate education more readily available to veterans, so that some of the very same soldiers treated during the war would receive the training to practice psychological medicine.⁴⁵

The field expanded in a way not seen before, with American Psychological Association membership rising from 821 to 2,376 members between 1946 and 1960.⁴⁶ In 1938, only 1,500 psychiatrists were in private practice, a number which grew to 8,000 a decade later, and to 11,000 by 1959. The shift in attitude was truly amazing, given that prior to the war, psychologists were brought into the service “under the conviction that things were so bad that any available magic should be tried, even psychology,” as Navy Captain John G. Jenkins, chair of the psychology department at the University of Maryland recalled it.⁴⁷ Jenkins encouraged psychologists to exploit these newfound

⁴⁴ Benjamin, "A History of Clinical Psychology as a Profession in America (and a Glimpse at its Future)," 282.

⁴⁵ Wade Pickren, "Tension and Opportunity in Post-World War II American Psychology," *History of Psychology* 10 no. 3 (2007): 282.

⁴⁶ Scull, "The Mental Health Sector and the Social Sciences in Post-World War II USA Part I: Total War and its Aftermath," 7.

⁴⁷ Capshew, *Psychologists On The March*, 159.

resources and embrace a vision of psychology as a scientific response to social demands, insisting that they existed in this way now to fulfill a social responsibility.

In light of this drive for a more widespread and practical usage of psychological medicine to treat the American public, guides to administering psychotherapy and analysis became readily available to general practitioners and medical students. This was in part due to the physician's status as the first line of defense, so to speak, for the average patient's mental health. General practitioners were the most readily available source of help available to the average person, and psychology being as understaffed as it was, were the first line of defense as far as seeking treatment went, if not its only source.⁴⁸ Before seeking out a therapist or often even realizing the psychogenic nature of certain complaints, the patient would go first to their family doctor or to the hospital, who would need some knowledge of psychological medicine to accurately diagnose or refer the patient for treatment.⁴⁹ The VA's guide concerning elements of psychotherapy in general medicine especially stressed that referral to psychological specialists should be presented not as proof the patient was beyond all hope, but as an open door to help. In the case of suicidal, psychotic, or neurotic cases, the doctor was to provide a boost, not a sentence, to psychiatric treatment.⁵⁰

⁴⁸ The United States Congress House Committee on Interstate and Foreign Commerce, *National neuropsychiatric institute act* (Washington: U. S. Govt. printoff, 1945), 30.

⁴⁹ Arnold Bernstein, *On the Nature of Psychotherapy: Basic Definitions And Assumptions for Students of Psychology And Medicine*. (Garden City: Doubleday, 1954). 15.

⁵⁰ United States Veterans Administration, *Elements of psychotherapy in general medicine practice* (Washington: 1953), 30.

These materials encouraged the de-stigmatization of mental illness, that the psychiatric patients was not to be regarded as disgraced, but merely sick.⁵¹ In addition, an understanding of the basics of psychotherapy would prove useful to the medical practitioner in their quest to understand, communicate with, and build a therapeutic relationship with their patients; their bedside manner could only benefit from learning such tenets.⁵² Before the war, psychotherapy was available only to the elite who could afford the “talking cure,” or those forced into institutions. It was not relevant to the average person, and if anything, it was stigmatizing. The war had successfully normalized not only mental illness, but psychotherapy treatment as well.

The growth of private health insurance after the war accounted for a great deal of change as well. Most for profit plans were established in the 1950s, but within twenty years 90 percent of the population of the United States had some sort of health insurance. Private insurance companies, and later Medicaid and Medicare, eventually moved in to cover inpatient and outpatient care as federal funds for mental health services began to dip back down in the 1960s. By 1969, 7 percent of all U.S. healthcare expenditures were going towards mental health care.⁵³

Psychiatric hospitals became thoroughly congested with the number of patients admitted, reaching an all-time high in 1957 with a total inpatient population of 559,000.⁵⁴ The deplorable conditions of public mental hospitals had been ignored by states between 1930 and 1945, and the true depth of the problem was not addressed until after the end of

⁵¹Maurice Levine, *Psychotherapy in medical practice* (New York: The Macmillan company, 1947), 9.

⁵² Levine, *Psychotherapy in medical practice*, 6.

⁵³ Engel, *American Therapy: The Rise of Psychotherapy in the United States*, 146.

⁵⁴ Ibid.

World War II. Psychiatric facilities drew journalistic curiosity and attacks, alerting both the state governments and the public to the failing standards of care.⁵⁵ Journalist Albert Deutsch first presented his calls for change to Reader's Digest, before finding publishing success and publicity through a series of columns for New York City newspaper *PM*. Deutsch, who would go on to investigate VA hospitals and state institutions alike, claimed that the quality of care had regressed to that of the asylums of the 19th century, serving only to provide "custody, rather than cure, of the mentally sick."⁵⁶⁵⁷ While private clinics and psychiatric hospitals existed for those who could afford it, their number was quite small with only 2.2 percent of all resident psychiatric patients in the nation receiving care from a private hospital just prior to World War II, in 1940. This placed a significant amount of stress on public hospitals and asylums.⁵⁸

To account for this overflow, the Community Mental Health Centers Act in 1963 approved funding for and construction of mental health centers that would provide psychotherapy, day hospitals, education, drug treatment, and emergency interventions to the surrounding community. They were spread throughout the country, totaling 452 by 1971 and treating nearly 700,000 per year, with low and modest income patients forming 40 percent of the total of people seeking treatment there.⁵⁹

Since psychoanalytic therapy could be performed by a nonmedical professional on the patient's own time and according to their schedule, it quickly became an attractive option, practically and economically. Mental health care had not only gained professional

⁵⁵ Grob, *From Asylum to Community: Mental Health Policy in Modern America*, 72

⁵⁶ Albert Deutsch, *PM* Mar. 18, 19, 1943.

⁵⁷ Grob, *From Asylum to Community: Mental Health Policy in Modern America*, 71.

⁵⁸ Grob, *From Asylum to Community: Mental Health Policy in Modern America*, 264.

⁵⁹ *Ibid.*

recognition in the post-war years, it was now more affordable and accessible than ever before. Having gained a foothold in the public awareness, it had become and would remain an integral part of life for the average American.

The dramatic reorganization of psychology and the changes made to federal mental health policy after World War II are not only reflective of changes in attitudes and conceptions in the field, but also in American culture. Psychotherapy existed, though was not as widely embraced by psychiatrists and doctors, and had seen implementation during World War I. But in the 1920s mental health remained a state issue, not a federal one, and interest in the discipline sunk as quickly as it rose.

By the 1940s, there existed a firm precedent of federally organized social programs, the New Deal having granted the concept of the welfare state some legitimacy in American life. Context matters in evaluating the state of mental healthcare after World War II versus World War I—the national attitude towards the provision of federal services (and the government’s willingness to provide them) created an atmosphere where the social sciences could flourish.⁶⁰

Those responsible for this reorganization of American psychology were largely professionals who had served during World War II, and they carried those experiences with them into their practices. Their outlook was one of urgency, having seen the desperate need for resources and hoping to somehow prevent the need for psychiatric solutions in general. The American government provided impetus and funding, and this new system for providing mental healthcare aligned by federal policies and actions.

⁶⁰ Grob, *From Asylum to Community: Mental Health Policy in Modern America*, 44.

Psychology in the United States was now something organically American, and this new face of psychology would soon become the standard worldwide.

America conquers Freud

This revitalization of American interest in psychology did not only benefit the discipline academically, but inspired in the American public a curiosity not seen previously. In January of 1957, *Life* magazine published an article by Ernest Havemann titled “The Age of Psychology in the U.S.,” the text sandwiched between print advertisements for shaving cream and home appliances. Within, he describes the era in which he wrote as “the age of psychology and psychoanalysis” as much as it was “chemistry and the atom bomb”. He goes on to describe the professional roles of the psychiatrist, psychologist, and psychoanalyst, and includes a short quiz addressing the readers’ common knowledge of psychology.⁶¹

Within ten years, psychological knowledge had become widespread enough in the United States that the most popular middle-American news magazine most widely successful with the American middle class could run a series discussing its influence, confirming what the public knew and clarifying misconceptions.⁶² Not only was the academic study of psychology becoming more widespread, the American people were becoming drawn to it as a whole, indicating that there may have even been more

⁶¹ Ernest Havemann, “The Age of Psychology in the United States,” *Life*, January 7, (1957), 73.

⁶² Engel, *American Therapy: The Rise of Psychotherapy in the United States*, 132.

widespread acceptance of psychological science by reader of mass media than by intellectuals.⁶³

Psychology found its genesis in Europe, but most practicing psychologists were now living and working and training in America. Americans began to dominate the field just as psychology as a subject was beginning to captivate Americans—“Freud couldn’t conquer America, but America would conquer Freud,” as Sanford put it in 1956. He postulates that an American spirit of individuality and self-obsession was fostering further interest and research, and there’s little reason to contest that.⁶⁴ Sanford cited the post war growth of the middle class and emerging opportunities for social mobility as making possible this boom in psychotherapy, as the average American could not only afford to seek personal improvement, but found it to be a key aspect of their furthered success.⁶⁵

As the United States exercised its political and economic control on the world stage with World War II’s dramatic and victorious end, Americans turned their legendary spirit of individuality, confidence, and determination inwards. Industries already dedicated to improvement of the self and the surrounding environment, such as cosmetics and technology, saw growth like never before, but it is most easily observed in the rise of self-help media. Literature, advice columns, and radio shows readily drew from the new pool of knowledge available on the understanding and management of the self, and the

⁶³ Nevitt Sanford, “Psychotherapy and the American Public,” in *Psychology, Psychiatry, and the Public Interest*, edited by Maurice H. Krout (Minneapolis: University of Minnesota Press, 1956), 6.

⁶⁴ Sanford, “Psychotherapy and the American Public,” 4.

⁶⁵ Sanford, “Psychotherapy and the American Public,” 7.

psychoanalysis and intervention offered by these sources became increasingly profit-based and self-involved—increasingly American, one might argue.⁶⁶

It has been stated that American psychology in particular has the ability to adapt itself to cultural trends, and it is clear that this is due in part to active effort by psychological professionals.⁶⁷ We still live in that “psychological society”—American culture has been psychologized, and psychology has been equally Americanized, to the point that one is an inherent aspect of the enactment and performance of the other. The key element to this manifestation of an American psychological culture is the psychologization of the mundane—in a nation where the existence, autonomy, and flourishing of the individual are so valued, it’s no wonder that its here where the behaviors, eccentricities, and maladies common among the people have fueled such a sprawling field of study.⁶⁸

While the American pioneering spirit has been upheld as the reasoning for the shift of psychological research from Europe to the United States, it is the environment prepared by the Second World War that allowed the germs of these ideas to flourish. The growth of psychology as a discipline in America has been facilitated by a cultural atmosphere that has become receptive to how can serve society and the individuals inhabiting it. In turn, American society has become determinedly psychological in nature, a cycle that fuels social and scientific progress and continues to this day.

⁶⁶ Philip Cushman, "Why the self is empty: Toward a historically situated psychology," *American Psychologist* 45, no. 5 (1990): 603.

⁶⁷ Gail Hornstein, "The Return of the Repressed: Psychology's Problematic Relationship With Psychoanalysis, 1909-1960," *American Psychologist* 47, (1992): 261.

⁶⁸ Ward, *Modernizing the Mind: Psychological knowledge and the Remaking of Society*, 230.

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