

“Combat Fatigue”

Treatment & Care in World War II



Fig.1

By Stephanie Thompson

Overview

- Attitudes & Pre-induction Psychiatric screening
- Different Treatment Methods
- Post War Progression

Attitudes & Pre-induction Psychiatric Screening

- WWI Shellshock & Attitudes
(GIFFORD, S. (2015)
 - Pre-induction psychiatric screening
 - 1,767,000 men rejected under this screening
 - 980,000 discharged
 - 419,500 'psychiatric casualties'
- (PITT, J. 2024)
- 'Shellshock', 'war neurosis' and 'combat fatigue'.
- (SCULL, A. 2022)



Fig.2



Training & Rehabilitation Camp

- 1st Psychiatrist interview
- Sedation, rest, good food and socialising
- 2nd Psychiatrist interview
- Training and rifle use
- Return to duty

(National Library of Medicine)

Fig.3

Treatment

- Psychoanalysts Roy. R Grinker & John. P Spiegel (1943)
- Used Pentothal intravenously
- Encouraged to recall repressed traumatic memories
- Slightest of improvement would be transferred to the Training and Rehabilitation camp.
- Return to duty on the front line (GIFFORD, S. 2015)



Fig.4

Hospital



Fig.5

- Major conversion hysteria cases
- Electric convulsive therapy
- Sedation, extended rest
- Interviews with Psychiatrist
- Return home
(National Library of Medicine)
- Even the strongest able men will eventually become overwhelmed from battle
(SCULL, A. 2022)

Post War

- Group Therapy introduced
- Experiences are not unique
- Any person can suffer after a traumatic event
- 1946- National Mental Health Act (America) (PITT, J. 2024)
- Many veterans did not seek help until decades later

Group Therapy in World War II



Fig.7

Post War Progression

- Veteran organisations formed after the war
- More doctors and Psychiatrists to research and investigate mental health
- Expansion of Clinics for treatment with a focus on psychotherapy
- Education of professionals and the public on mental health
- National Mental Health Act helped to legitimise Psychology and Psychiatry as a medical science and created the National Institute of Mental Health (PITT, J. 2024)
- PTSD was included in the DSM in 1980

Thank you

Presentation Notes

Slide 1- Opening 'Combat Fatigue'. Treatment & care in World War II

Slide 2- Presentation Overview

- Post World war I attitudes & Pre-induction Psychiatric screening.
- Treatment Methods, Sedation, Pentothal and electro convulsion Therapy
- Treatment After the War
- Post war progression.

Slide 3- Attitudes & Pre-induction Psychiatric Screening

- Perception in WWI that soldiers' personalities were the reason behind psychiatric casualties **(GIFFORD, S. (2015))**
- Pre-induction psychiatric screening
- 1,767,000 men rejected under this screening.
- A further 980,000 men discharged
- 19,500 of those being 'psychiatric casualties. **(PITT, J. 2024)**
- The term 'shellshock' was relabelled 'war neurosis' and towards the end of the war 'combat fatigue'. **(SCULL, A. 2022)**

Slide 4- Training & Rehabilitation Camp – Exhaustion cases

- Division close to the front line
- Psychiatrist interview to determine severity- the goal was to return soldiers to duty as quickly as possible.
- Sedation, good food, games, music and socialisation
- Psychiatrist interview
- Training & using rifle.
- Return to duty – Real emphasis on rapid treatment in order to return to the front line quickly. (National Library of Medicine)

Slide 5-Treatment

- 1) Pentothal
 - Psychoanalysts Roy. R Grinker & John. P Spiegel (1943) developed treatment based on Freuds cathartic method.
 - Freud treated hysteria patients through hypnosis recalling repressed memories.
 - Grinker & Speigel however used Pentothal intravenously. Patients would then be encouraged to recall repressed traumatic memories in order to regain control of their emotions (GIFFORD, S. 2015).
 - Slightest of improvement would be transferred to the Training and Rehabilitation camp.
 - More severe patients were sent to the army hospital for further psychiatric care.
(National Library of Medicine)

Slide 6- Hospital Treatment

- Severe cases, mute, distorted reality
- Electro convulsion therapy
- Sedation
- Interview with Psychiatrist to determine return to duty or return home (National Library of Medicine)
- Many Psychiatrists now believed that even the strongest of men would break down after prolonged exposure to battle SCULL, A. 2022)

Slide 7 –After the War

- Group Therapy- Nostalgia (share experiences with other veterans) Experience not unique.
- Any person can suffer from PTSD, not attributed to personality
- After the war, veterans fought against mental health stigma and became activists for change and within a year of the war ending the National Mental Health Act was passed in 1946 (**PITT, J. 2024**)
- However, many soldiers did not seek help until decades later, using coping mechanisms such as alcohol and drugs.

Slide 9- Progression after the war

- Many Veteran organisations formed after the war with veterans becoming politically involved in lobbying for legislation and better access to treatment and care for veterans.
- More doctors and Psychiatrists to research and investigate mental health.
- Expansion of clinics for treatment with a focus on psychotherapy
- Education of professionals and the public to fight to end the stigmatisation of veterans suffering with mental health
- National Mental Health Act helped to legitimise Psychology and Psychiatry as a medical science and created the National institute of Mental Health
- Formal diagnosis DSM III- PTSD 1980 (GIFFORD, S. 2015)

Doctor S. L Thompson

U. S Army 892270

Division Psychiatric Army Hospital

19430

Name- William Brady

Age 21

Notes- Patient is mute and has remained so for 8 days, has no will for nourishment of food nor does he rest well.

No response to Pentothal for which he been treated on three occasions. He trembles uncontrollably and would certainly not be strong and able to return to the front line or other duties

Extended hospital stay with electroshock until muteness has passed, then further Pentothal to release his repressed memories.

References

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SCULL, A. (2022). War. In *Desperate Remedies: Psychiatry's Turbulent Quest to Cure Mental Illness* (pp. 218–227). Harvard University Press. <https://doi.org/10.2307/j.ctv2sp3dmc.17>

Fig.1 The Second World War: Shellshock to Psychiatry

Fig.2 National Archives, Army Recruiting Bureau

Fig.3 <https://www.ww2online.org/image>

Fig.4 Psychiatric Procedures in the Combat Area (US Army, 1944) National Library of Medicine

Fig.5 Hospitalization in World War II - Mobile and Fixed Hospitals

Fig.6 National Library of Medicine

AI Acknowledgement

I confirm that I have not used any AI tools in the research and creation of this assignment. I confirm that I have not produced any AI generated material as my own work. I confirm I have copies and drafts and other resources I have used which I may be asked to provide as evidence.