

## LET THERE BE LIGHT

### LET THERE BE LIGHT

ABOUT 20% OF ALL BATTLE CASUALTIES IN THE AMERICAN ARMY DURING WORLD WAR II WERE OF A NEUROPSYCHIATRIC NATURE.

THE SPECIAL TREATMENT METHODS SHOWN IN THIS FILM, SUCH AS HYPNOSIS AND NARCOSYNTHESIS, HAVE BEEN PARTICULARLY SUCCESSFUL IN ACUTE CASES, SUCH AS BATTLE NEUROSIS.

EQUAL SUCCESS IS NOT TO BE EXPECTED WHEN DEALING WITH PEACETIME NEUROSES WHICH ARE USUALLY OF A CHRONIC NATURE.

NO SCENES WERE STAGED. THE CAMERAS MERELY RECORDED WHAT TOOK PLACE IN AN ARMY HOSPITAL.

*The guns are quiet now. The papers of peace have been signed and the oceans of the Earth are filled with ships coming home. In faraway places, men dreamed of this moment, but for some men, the moment is very different from the dream.*

*Here is human salvage - the final result of all that metal and fire can do to violate mortal flesh.*

*Some wear the badges of their pain: the crutches, the bandages, the splints. Others show no outward signs, yet they too are wounded.*

*This hospital is one of the many for the care and treatment of the psychoneurotic soldier.*

*These are the casualties of the spirit, the troubled in mind, men who are damaged emotionally. Born and bred in peace, educated to hate war. They were overnight plunged into sudden and terrible situations. Every man has his breaking point and these, in the fulfillment of their duties as soldiers, were forced beyond the limit of human endurance.*

“At ease, men. On behalf of the commanding officer and his staff of Mason General Hospital, I want to extend a hearty welcome to all of you on your return to the United States. There is no need to be alarmed at the presence of these cameras as they are making a photographic record of your progress at this hospital from the date of admission to the date of discharge.”

*Here are men who tremble, men who cannot sleep, men with pains that are nonetheless real because they are of mental origin, men who cannot remember, paralyzed men whose paralysis is dictated by the mind. However different the symptoms, these things they have in common: unceasing fear and apprehension, a sense of impending disaster, a feeling of hopelessness and utter isolation.*

“May I have your last name?”

- Meiser, sir.

- How do you spell that?
- M-E-I-S-E-R.
- M-E-I-S-E-R.
- May I have your last name, please?
- Wulliver.
- How do you spell that?
- W..."

*The psychiatrists listen to the stories of the men, who tell them as best they can. The names and places are different, the circumstances are different, but through all the stories runs one thread: death, and the fear of death.*

“And then, after you got wounded what happened? Same things, only worse?

- Hmm, seems like my nerves keep getting worse on me.
- They get worse.
- These airplanes, they bombed me. I got killed nearly by one of them.
- You nearly got killed. Where were you at the time?
- Saint-Lô, I believe. Somewhere, somewhere over there. I don't remember.
- What were you, what were you doing when the planes came over?
- I was in a hole.
- You know where you are?
- Hmm, I think I'm in the States now.
- That's right.
- They told me I was coming back.
- All right.
- But they told me I was going to die. In the hospital I wouldn't eat hardly. Because I was sick, and I wouldn't eat hardly. They told me I was going to die, but I needed help. Told me that they didn't care whether I died or not.
- We will see that you don't die. You won't die.”

“I lost my last buddy up there, Peter Norman. He was second scout and I was first scout. And they had it all mixed up up there. They were shelling us and...

- Well, did that make you nervous?
- I, I should have been first scout. I'm first scout, and I should have been out in front. And he went out and I started right after him, and he got shot. And he, he, he just said: 'Oh, the Dutch, I'm hit.' and he crawled to my feet, and, and I started calling for the medic. And I went back to see if I could get the medic, and there wasn't any. And I started to go out after him again, and they wouldn't let me go. And he was the last one of the original boys that there was with me. Him and I were the last two left out of the original and...
- And when you were shelled, how did you feel?
- I don't know. I just... after Norman got, got hurt and then killed, why, er, I was all right when we were moving up or attacked or anything like that. When we get pinned down I start thinking about him lying back there.
- And what happened to you when you'd think about him? How would you feel?
- I just didn't care what happened to me.
- You mean you didn't want to go back into combat again?
- Yes, sir, I wanted to go back. I wanted to stay there. I wanted to keep on for him and all them other guys: Norm, er, John, and Stryker, and Tex, and Pop, and...

- And how do you feel right now?
- I feel all right.”

“How have you been getting along?

- Well, fairly well, sir.
- Mm-hmm, you were overseas?
- Yes, sir.
- Where?
- Er, we were in France, and then we went to Germany.
- To where?
- France to Germany.
- And what outfit were you with?
- I was with Headquarters Detachment, 50<sup>th</sup> Quartermaster Battalion, Mobile.
- Mm-hmm, I see you're PFC.
- At present, sir.
- Er, you have had to go in the hospital.
- Sir?
- You had to go in the hospital.
- Twice, sir.
- It says here on your record from overseas that you had headaches, and that you had crying spells.
- Yes, sir. Er, I believe in your profession it's called nostalgia.
- In other words, homesickness.
- Yes, sir. It was induced when shortly before the war I received a picture of my sweetheart.
- Yes? Mm-hmm?
- I'm sorry, I can't continue.
- That's all right. Griffin, Griffin!
- Yes, sir?
- Er, come on and sit down a minute. Now... A display of emotion is all right.
- I'm not doing this deliberately, sir. Please, believe me.
- Of course you're not, I, I do believe you. Er, a display of emotion is sometimes very helpful.
- Yeah, I hope so, sir.
- Sure, it gets it off your chest. You wouldn't, er, you wouldn't be here, you wouldn't have been returned, er, as a patient, if there wasn't something upsetting you.
- Yes, sir. I'm sorry.
- Now, you say you had received a letter from your...
- Not a letter, sir, a photograph.
- A photograph, yes. Well, what, what, what about that, now?
- Well, sir, to be perfectly honest with you, I'm very much in love with my sweetheart. She has been the one person that gave me a sense of importance. In that, through her cooperation with me, we were able to surmount so many obstacles.”

“What happened?

- Well, when I was in combat in Mindanao
- Can you speak louder? I have trouble hearing you.
- Yes, sir. Er, during the time, I got worried that my brother... He was killed in Guadalcanal.
- What was he, a Marine?

- Yes.
- Now, I notice in this history here that you saw a vision of your brother. What, er... tell me something about that. What, what happened?
- Oh, I guess it was a dream.
- Well, describe the dream. What, what did you see in the dream?
- I, I dreamt that I was home, my brother was home, and my younger brother was home. We all were home.
- All of you were home?
- Sitting around the table. Everybody was happy, and we were laughing, you know, talking.
- Mm-hmm.
- Just admiring each other. And then it ended there.
- You could see these images clearly?
- Yeah, it was like in a dream, see?
- Yeah. Er, what about this Mindanao thing, er, you're telling me about?
- Well, in Mindanao, they have that goddamn moonshine, I, I was, I'll admit I was scared.
- You were scared.
- I, I don't know, I... Sometimes I, I hope something would happen, then again I'd say, 'Well, something did happen.'
- What do you mean by 'something happened'? You mean you were hoping that you'd be wounded and sent back? Is that what you mean?
- No.
- What do you mean by that?
- I meant that I, I hoped that just... You know, I was so disgusted and tired of everything, I just didn't feel like living. And then I changed my mind, and I'd think back to my folks, and it'd be a double blow if something happened to me.
- Mm-hmm.
- And I'd be standing guard, sitting on a machine gun nest, watching. And then I'd, I'd hear a little noise, and I'd let go, shoot. It was nothing, probably. It was an animal or something.
- Any noise made you upset, and you'd just shoot.
- At that time, yes."

"Do you feel worried about anything now?

- Er, I don't know, er...
- Are you mixed up?
- Kind of.
- What's that pin on your shirt there?
- My Heart and...
- But why do you cover those up? Aren't you proud of them?
- Yes, sir.
- You got a Purple Heart and campaign ribbons?
- Yes, sir.
- But why do you cover them up? I mean, there must be some reason for you doing that.
- Hmm...
- Well, what happened over there?
- Oh, we got into a scrape, and, I was, I was in a house there, just got off of guard duty. And it was Friday the 13<sup>th</sup>, and I was sweating it out all day. Patrol came up from town, patrolling, and they shot, er, a *Panzerfaust* through the wall. Hmm, well...

- And what?
- Er, I was lying on a couch, and right before it happened I felt a little jittery, so I lied down on the floor. Er, well, when, when I got up again, the couch was all torn.
- In other words, you were almost killed, is that it?
- Er, yeah. Must have, must have gone right over my head.
- Do you feel conscious - that is, are you aware of the fact that you are not the same boy that you were when you went over? Do you feel changed?
- Yes, sir.
- In what way?
- Er, I'm more jumpy.
- How about with people?
- I used to...
- Mm?
- I used to always like to have fun, now. I used to always be going places. I don't like to do nothing no more."

"So how long were you overseas?

- Er, 11 months.
- 11 months. Were you in any combat at all?
- Ju, just the second month, sir."

"I tried every, every way to keep my mind occupied: reading, er, going to the gymnasium, getting... er, going out with the fellows and trying to, er, trying to become an extrovert, trying to get out of myself. But, er, it seemed to me that I got worse and worse. And after a while I, I developed a... After the fear of insanity, I, I started to develop fears, different sorts."

"Did you ever have similar pains before you got...

- Never in my life.
- Have you ever been nervous before in your life?
- No, sir, never, I was a solid man."

"Do some noises bother you particularly?

- I ju, just sh, sh, shake a little, but that's not th, that bad."

"Well, I guess I just got tired of living, you know, put it that way."

"I had trouble sleeping, yes. I had... Dreaming of combat, you know."

"I just took off, because I, I see too many of my, my buddies gone, and, and I figured the next one was me. A man can just stand so much up there, you see?"

*Admission note. Poole, P-O-O-L-E comma Walter L, T5.*

*Transfer diagnosis. Anxiety reaction: severe; active symptoms in remission.*

*On this, their first night back in the States, each man who is able may make a long-distance call without cost. After months and years of silence, familiar voices are heard once again.*

*Then, each man makes for himself a small home which will be his for the eight or ten weeks to come.*

*Now, in the darkness of the ward emerge the shapes born of darkness, the terror of things half remembered. Dreams of battle, the torment of uncertainty and fear and loneliness.*

*The day begins with an early morning ward inspection. The medical officer in charge checks the condition of every man.*

*Modern psychiatry makes no sharp division between the mind and the body. Physical ills often have psychic causes, just as emotional ills may have a physical basis. Possibilities of organic disturbance in the brain are investigated by means of the electroencephalograph. The Rorschach test: the things that the patient's imagination sees in these cards give significant clues to his personality makeup.*

“This looks sort of like a drawing of two women standing on a rock and waving their hands.”

*This man suffering from a conversion hysteria requires immediate treatment. Organically sound, his paralysis is as real as if it were caused by a spinal lesion. But it is purely psychological.*

“Well, just sit him up in the middle of the bed there.

- I feel pretty good, though.
- That's fine. Now, sit yourself over there.  
Now, now, can you move over just a little so I can talk to you?
- Yes, sir.
- Now, what is the trouble? You seem to be upset.
- Just nervous.
- Nervous?
- Yes. It makes me flinch like that.
- I see. How long has that been going on?
- Since Friday. Friday night.
- Friday. Come on suddenly or gradually?
- Suddenly, sir.
- How?
- Well, it started in the afternoon with crying spells. And then I felt something funny in my shoulders here. Back bothered me. Just started crying, lost control of my legs and my arms.
- Was there any reason for crying spells?
- I don't know, sir. Just...
- Mm? Anything happened at home to bother you?
- Well, my mother's been ill.
- She has been ill? That worry you a lot?
- Quite a bit.
- Well, now, er, has this got anything to do with your mother's illness? Any reason why you should have that kind of reaction?
- No, sir, not that I know of. Unless my mother's illness might have brought this on. I try to hold in, but it hurts. But...
- I see. You've just been holding these things in.
- That's right, sir.
- No way you can control this at all?
- No, sir.

- Well, now, we're going to have to help you do that, of course. Let's take off this jacket here. Just slip that off. All right, now, lie down on the bed.
- My shoes?
- Right now, we leave the shoes on, so you can walk in them. I think we're gonna get you walking. Let's come over here. That's the boy! That's fine. That's good. Now you lie steady. Lie steady! That's the boy! This is all gonna go away as I give you this medicine. No bother at all."

*The method employed here is effective in certain types of acute cases. An intravenous injection of sodium amytal induces a state similar to hypnosis.*

"What a torpedo that is! Do you mind if I look this way?

- You look that way. There's nothing for you to watch here. But you're gonna talk to me as we go along.
- Yes, sir.
- That's all. Now, you're not going to feel much of anything else. You're going to feel a little bit woozy."

*The use of this drug serves a twofold purpose. Like hypnosis, it is a shortcut to the unconscious mind. As a surgeon probes for a bullet, the psychiatrist explores the submerged regions of the mind, attempting to locate and bring to the surface the emotional conflict which is the cause of the patient's distress. The second purpose of this drug is to remove, through suggestion, those symptoms which impede the patient's recovery.*

"Now, tell me a little bit about what you're thinking of. The thoughts are coming to your mind now.

- Nothing. Nothing in particular.
- Well, now, let's go back. Let's go back to Friday.
- Friday?
- Yeah, think about that.
- Friday. My mother argues with me.
- Your mother argues with you.
- Yeah.
- Mm-hmm. What does she argue about?
- Oh, every little thing. If you sit down on the wrong chair or something like that. Doesn't like the stuff we get in the store.
- Mm-hmm.
- Then she calms down.
- Well, I see. Have you always tried to please her?
- Yes. All the time.
- Mm-hmm. Always tried to please her.
- I used to clean the house when I was smaller.
- Now, why do you think she argues like that?
- She must...
- Because she's sick?
- Well, she doesn't try to control her temper.
- I see. Mm-hmm. How about your father?
- He's a swell guy.
- He's a swell fellow, is he?

- He's kind of hot tempered. Since my mother's been sick, it's been costing a lot of money.
- Mm-hmm.
- And he's lost a lot of weight from worrying.
- Yeah, I see.
- My mother argues with him, she wants to know where the money is.
- Mm-hmm.
- But I don't care about that, as long as everything turns out all right.
- Yeah. Well, now, well, this jumping, what does that make you think of? Think about it now.
- Mm... I can't help it. It just jumps.
- Mm-hmm. How about the legs? Do you know anybody that had any trouble with their legs like that?
- No, sir. Except...
- What did it make you think of? Go on.
- Except several, several years ago, there was one fella. He had something wrong with his right leg. It was in the knee, but he's walking today. That hasn't bothered me.
- Was that anything like your leg?
- No, he couldn't walk at all.
- He couldn't walk at all?
- No.
- What do you think of when you can't walk like that?
- I wish I could walk.
- Mm-hmm. But what do you think of? What comes to your mind when you find that you can't walk?
- Just, maybe I think my mother and father should be okay. Sometimes I wonder... Hope the war ends soon, and things like that.
- I see.
- Nothing in particular.
- Mm-hmm. Now the shakes are gone, now, haven't they?
- Yeah.
- How about your legs? They're good and strong.
- They feel all right.
- Move them! Let's raise them.
- No, I was able to raise them before, but I can't walk.
- How about them now?
- They feel all right.
- They feel good now, as if you were walking on them, don't they?
- Toes feel numb.
- Toes feel numb, but that's going away, isn't it?
- Yeah. See?
- Raising them fine, isn't it?
- Yeah.
- Now, you're gonna be able to walk, aren't you?
- I don't know.
- Well, you're going to, aren't you?
- Yes, sir.
- All right.
- I'll walk. I love walking.
- You love walking.

- I did...
- Always been very fond of walking. Now, you've found yourself unable to walk. Now, you're gonna get right up and walk, right now.  
All right! Now, let's sit up. Sit up on the side of the bed. Here you are. That's fine! All right, now stand up. And look at that! Is that good? All right, now walk out here. Walk over to the nurse all by yourself. That's the boy! Walk over to the nurse. You're just a little woozy. That's the medicine. Now, come back to me. Come back to me. Open your eyes. That's the boy! Isn't that fine, isn't that wonderful?
- Sure.
- All right, now, again! Once more.
- Yeah, but how long am I going to be this way?
- Always going to stay that way. It's gonna stay, because that's taken care of your worry now. All right! Now, come on back to me and I'm gonna let you go to sleep. When you wake up, you'll keep on walking perfectly well. How about it?
- Thanks, sir.
- Right o'. All right! Now, let's get up on here, and we'll go to sleep. Now, there you go. Now, I'm gonna have you go right to sleep. When you wake up, it'll be all right.
- Thanks.
- All right, sleep, Girardi!"

*The fact that he can walk now does not mean that his neurosis has been cured. That will require time. But the way has been opened for the therapy to follow.*

*Now, a new way of living begins, very different from the old one whose purpose was killing and trying not to be killed. Now, in an environment of peace and safety - all the violence behind them - they are building rather than destroying. Men have their choice of occupational therapy. Some find relaxation in mechanical jobs. Certain types of cases obtain relief in precision work, which answers their inner need for order and certainty.*

*For sons and daughters and nieces and nephews and neighbors' kids, hobbyhorses are turned out by the carload.*

*Physical reconditioning is not the only purpose in sports, which also serve to bring men out of their emotional isolation and back into group activity.*

*One of the most important procedures is group psychotherapy. Here, under the psychiatrist's guidance, the patient learns to understand something of the basic causes of his distress. As one of a group, he also learns to understand that his inner conflicts are, with variations, common to all men.*

“Now, think of it a little bit like this: we want to get you out of your own feeling of isolation, to get you to feel like you are like other people. In order to get to that, we have to use knowledge as one thing, and something else, which er, has to be added, and that is an experience of safety. You could say it is almost the core of all our treatment methods: development of knowledge of oneself with the accompanying safety it brings. I'd like to see if we can get some illustrations of how one's personal safety would stem from childhood safety, and how the childhood safety itself would stem from the parents' safety.

- Er, in my illustration, as a child, er, whenever I, I underwent any experiences that were frightening to me, I never, er, told my parents. I kept it to myself. While I was alone at night in my room I'd call on God. 'cause if I'd done anything wrong that I was ashamed of, I was ashamed to go to my parents and tell them, er, what I had done. So I

kept it to myself. And I used to... I know I used to be in constant fear that my parents would find out my feelings.

- Well, I wonder if there's any of your mother's troubles that you would know about.
- No, erm, er, my mother never ever gave any of the children any, any part of her troubles.
- Well, that would be the same thing that happened to you. She didn't tell her troubles and you didn't tell yours. You took your troubles to God, and she probably did the same thing. Probably didn't even confide in your [...]. Get relief from anxiety was really – we'd have to assume – learned and felt right in your home in the same kind of thing.
- I think it was all caused by er, economic conditions, in other words, I mean er, people trying to, comp... er, compete with one another, trying to get a better job, trying to keep up with the uprising of living. Things like that have caused a lot of arguments in the home. Mother and Father arguing about the price of the food, and that has a reflection on the children, things like that. So I think that was one of the causes.
- Was it worst not having enough food to eat, or the arguments between them?
- Well, both. I mean, er, there was...
- Which was the worst, though?
- Mm, I guess the arguments.
- Sure, the... Of course, the arguments!
- Because I can't remember about the food.
- There you are! You can't even remember about the food, and the lack of food.
- I have in mind my own childhood, where, coming from a moderate family - moderate in the sense that the family had some sense of security. What happened there was, we were told that, er, we - I mean my...myself, my brothers and sisters - we couldn't just play with any of the kids we wanted to play with, er, unless their parents in turn had the equivalent of what our parents had. And as a result, we were kept in a narrow circle, very, very narrow. However, er, I have found that there has been a strong yearning on my part to break out of this environment, to be able to er, play with Tom, Dick, and Harry.
- I'd say the net result is like this. Your mother did not feel really so superior. She felt inferior when she tried to make you take the attitude you were better than the other children. So that now, certain experiences in the Army, have brought that out more clearly. Because you've been thrown in with Tom and Dick and Harry, and need to get along with them.

It's not necessary to be in the Army. It's not necessary to, to be in the war. These kinds of troubles have always gone on in all time through all the centuries.

Here, you were gonna say something!

- I never spoke until I was seven.
- Is that right?
- Yes, sir. And I stuttered very bad. At 14 and 15 I couldn't recite in school. Today I'm able to talk.
- Can you explain how you got started to talk, how you began to get over that?
- Er, during the war, the first word I ever spoke...mm. Santa Claus had brought me a, a war gun, and my brother broke it.
- This is the First World War, yes?
- And so I..
- Santa Claus brought nothing to your brother.
- When I went in to get my gun, I was, I just said: "What's this? Somebody broke my gun." That's the first thing I said.

- You were angry because someone broke your gun.
- So that's the way I started talking.
- I would say all those symptoms, like being unable to speak, stuttering and so on, they have an underlying anger and resentment in the deeper part of the personality. You could almost say it like this: underneath 'I can't', you usually find 'I won't.'
- Seven of us, we were on Okinawa, I was stuttering too, about three weeks. And er, as soon as I came here – I've been here a month now – I've stopped stuttering.
- You've stopped stuttering completely since you came here?
- Yes, sir.
- Well, that's good. I don't know whether that's a tribute to the doctors or a tribute to your fundamental health.
- It's due to my fundamental self.
- No tribute to the doctors at all?
- No, sir.
- Very good.”

*Some patients require special therapy. Hypnosis is often effective in certain types of battle neuroses, such as amnesia. This man does not even remember his own name. A shell burst in Okinawa wiped out his memory. The experience was unendurable to his conscious mind, which rejected it, and along with it, his entire past. Through hypnotic suggestion, the psychiatrist will attempt to evoke them.*

“Relax completely, and put your mind on going to sleep. All right, now, keep your eyes on mine, keep your eyes on mine, and keep them fixed on mine. Keep your mind entirely on falling asleep. You're going to go into a deep sleep as we go on. You're gonna go into a deep sleep as we go on. Now clasp your hands in front of you. Clasp them tight, tight, tight, tight, tight. They're getting tighter and tighter and tighter, and as they get tighter, you're falling asleep. As they get tighter and you're falling asleep, your eyes are getting heavy, heavy. Now your hands are locked tight. They're locked tight. They're locked tight. You can't let go. They're locked tight. You can't let go. When I snap my fingers, you'll be able to let go. When I snap my finger, you'll be able to let go, and then you'll get sleepier, and your eyes are getting heavier. Now, your eyes are getting heavier, heavier, heavier. You're going into a deep, deep sleep. You're going to a deep, deep sleep. Deep asleep, far asleep. Eyes are now closed tight, closed tight. Going to a deep, deep sleep. Deeply relaxed, far asleep. You're far asleep. You're far asleep. Now, you're in a deep sleep. You have no fear, no anxiety. No fear, no anxiety. Now, you're in a deep, deep sleep.

Now, just sit down in the chair behind you. Sit down in the chair behind you. Lean back. Head now falls forward into a deep, deep sleep. Head now is falling forward. You're going further and further and further asleep. When I stroke your left arm, become rigid like a bar of steel, and you'll go further asleep and further asleep. You're falling further and further and further asleep. Rigid. Cannot be bent or relaxed. When I touch the top of your head, when I touch the top of your head, that arm will relax, and the other will become rigid, and you'll go further asleep. You'll be in a very deep sleep.

And your sleep is deeper and deeper. Now, when I touch this hand, my finger will be hot. When I touch this hand, my finger will be hot. You will not be able to bear it. Your arm is rigid. And now, as I touch your hand, you will no longer feel any pain there. It'll be normal. Now, the arm is relaxed, and you're further and further and further asleep. Now, you are deep asleep.

We're going back. We're going back now. Going back to Okinawa. We're going back to Okinawa. You can talk. You can talk. You can remember everything. You can remember everything. You're back on Okinawa. Tell me what you see. Tell me. Speak.

- I'm in the battery area.
- You're in the battery area. Go on, tell me what's going on.
- Getting fire missions.
- You're getting fire missions. Go on. You can see everything now, clearly.
- Getting shells thrown at us.
- You're getting shells thrown at you. From where?
- Japs.
- Japs. Go on.
- Shooting at us.
- Yes.
- Shooting at us.
- Keep on. You remember it all now. Every bit of it is coming back.
- Japs getting near us to get our position.
- Japs getting near you to get your position.
- Yes, sir.
- Go on.
- Told us to get cover.
- Who told you to get cover?
- BC.
- BC. Go on.
- They spotted us. One of the boys got hurt.
- One of the boys got hurt.
- Taken away. [...].
- Yes, go on. You remember it now. Tell me. It's all right now, but you can tell me. You can tell me.
- Explosion.
- Yes. You remember the explosion now. All right, go on.
- They're carrying me.
- They're carrying you. Who's carrying you?
- I don't know. I...
- Where are they taking you?
- Carrying me across the field.
- Across the field. Go on.
- Put me on a stretcher.
- Yes? Yes? Go on.
- They're still... they're still throwing shells.
- Yes, can you hear them?
- Yes.
- You see them?
- No.
- All right. Where are they taking you now?
- In a truck.
- Mm-hmm, why are you fearful now?
- I want no more of this.
- You don't want any more.
- No.

- You want to forget it. But you're going to remember it, because it's gone now. It's gone. You're back here now. You're away from Okinawa. You've forgotten it. But you remember who you are now. Who are you?
  - Dali.
  - Dali, that's right. Full name now.
  - Dominic Dali.
  - Dominic Dali, that's right. Do you know your mother's name?
  - Isabel.
  - That's right.
  - Father's?
  - Salvatore.
  - That's fine. You know who they all are now.
- All right, now, you're coming back with us. This is gonna stay with you. You're going to remember it all. You're going to remember about Okinawa. You're going to remember about the shells and the bombs, but they're gone. You're at ease, you're relaxed. There's no fear, no anxiety. When I wake you up, you'll be comfortable, relaxed, no pains, and no aches. But you'll remember all that I've told you, all that you've remembered. You can wake now.
- Well, how are you?
- Pretty good.”

*Under the guidance of the psychiatrist, he is able to regard his experience in its true perspective as a thing in the past, which no longer threatens his safety. Now, he can remember.*

“Well, Hofmeister, what's your trouble?

- It's, it's, ha, hard, hard, hard for me to get, get my words, words out.
- Yeah, it does seem to be a bit tough. How long have you had that trouble?
- It started a, about a, a, a mon, month, month, month a, month ago.
- Where were you then?
- I was in, er, Fr, France.
- In France. Have you been in combat?
- Yes.
- Well, maybe we can help you talk a bit better, and you can tell me more about it then, right? Let's lie down and see if we can help you on that.”

*This man is not a chronic stutterer. He suffers from a battle tension which the drug will attempt to diminish. Like the man who could not walk and the man who could not remember, his illness has an emotional basis.*

“Get all comfortable now, and relaxed. We're just gonna give you some medicine here, and it's gonna help limber up that tongue of yours. And this is gonna make you feel a bit groggy.

Well, now, tell me now, how do you feel now? Mm? Make any difference you're feeling?

- Boy, and how! It's just like the seventh heaven.
- Well, is it? Tell me about it.
- Boy, I can talk.
- That's fine, isn't it?
- I can talk! I can talk!
- That's a good boy.

- Listen, I can talk! Oh, God, listen, I can talk! Oh, there's nothing wrong, oh God, listen!
- All right, it's coming back now. You're gonna take it easy.
- Oh, listen, I can talk!
- Just the way you always did, is that right? Mm?
- Oh, listen. Oh, God, I can talk.
- Just the way you always did, Hofmeister. Why don't you try going with it now?
- Oh, nice!
- Let's take it easy now. Just talk in a, just a little lightly now. Tell me, you got any idea why you couldn't talk before? What's coming to your mind now? Mm? Tell me, what's coming to your mind now? What is it in your mind when you couldn't talk? What is it that stopped it? Something came through there and stopped it. What is it, now? Think quickly, think deeply. Let's go back. When was it you lost your speech, had your trouble talking? Go back quickly.
- Seems that I, I, I first noticed it on a boat.
- On a boat.
- Coming over. It first started with an S. And the fellows laughed at me. I don't know why they laughed, until this guy started...
- Well, let's start with that S. Let's go back to that S now. What were you thinking then? What was in your mind then?
- Right now?
- No, then.
- On the boat?
- Yes, with that S. When you couldn't say that S right.
- S.
- Yes.
- The port side.
- Port side.
- The port side.
- Mm-hmm.
- The port side of the ship.
- What side is that?
- That would be the left side.
- Left side, that's right.
- Yeah, I remember it.
- Mm-hmm.
- 'cause we were up there that afternoon, and we saw the fishes. And we had some flying fishes. And I came down, and he said... I was telling the fellow underneath me about the port, that I had seen some flying fishes on the port side.
- Mm-hmm."

*He tried telling them about the flying fishes, and he stumbled over the S sound. And the fellows laughed at him. Think hard, S, S. What does S remind him of? S, S. He remembers: it is the sound he fears. The sound of death and combat.*

*The sound of a German 88 high explosive shell coming in. Now, it is possible to proceed to the basic method of psychiatric treatment: discussion and understanding of the underlying causes of his symptom.*

*As the weeks pass, the therapy begins to show its effect. The shock and stress of war are starting to wear off. For these men are blessed with the natural regenerative powers of youth.*

*Now, they are living less in the past and more in the present. Sometimes they think of the future.*

“? SMALL BUSINESS”

1. HAVE AN IDEA
2. START “MODESTLY”
3. HAVE ADEQUATE CAPITAL
4. KNOW THE BUSINESS
5. PUT ALL IN WRITING
6. KEEP CAREFUL RECORDS
7. CONSULT A LAWYER
8. HAVE RIGID CREDIT POLICY.

*The war years must be put aside, and the responsibilities of peace must be considered. A man might open a filling station, or a hardware store. Or he can buy a few acres of land and raise some chickens. He might even go back to school.*

### GOING BACK TO CIVILIAN LIFE

*Visitors' day. Now, the men resume their contact with the world outside. These are the people they are coming back to, whose lives are bound up with theirs. Without their understanding, all that has been accomplished in the last few weeks can be torn down.*

*With it, their return to life can be doubly swift and sure.*

*Classes in group psychotherapy continue. The men are thinking of themselves in relation to society. How will they fit into the postwar pattern? How will the world receive them?*

“Er, you fellows have had a, an opportunity to be home with your families since you've returned from overseas. Have you noticed any change in the various members of your family toward you, and their reactions toward you?”

- Well, I found out – after four years of absence – that it only took me the second day to be really relaxed, and I was right chummy again with my dad. And we talked about the old neighborhood and the new changes. Why, I don't know. It surprised me.
- Do you feel that your family has to be taught how to treat you when you come back?
- No, absolutely not.
- How do you want to be treated by your family?
- The same er, I was treated before I went into service, no difference.
- You don't want to be treated any differently?
- No.
- I was talking to one man, and I said: ‘What do you think of us fellows that come back with Psychoneurosis Anxiety State? And since you can see that we're not crazy, by any means.’ And he says: ‘Well my..., before I come out here to see you,’ he says, ‘my first impression was like in Bellevue.’ He said: ‘The fellows from the last war, they're completely maniacs.’ He said: ‘That was my first impression.’ And I'm wondering if er, I mean er, the great percentage of the people are gonna be like that when we get out.
- That, that is a common concern among the servicemen who have developed nervous conditions during their stay in the Army, er, as to what the public is going to think about them. Undoubtedly there will be people on the outside who won't have any understanding of the condition, who may think of it as being a rather shameful

condition. That's why we're having an educational program, trying to educate the public into understanding. Unfortunately, most of you fellows have gone through some very severe stresses in the Army, er, stresses that civilians are rarely subjected to. In civilian life, you can avoid serious stresses. If a civilian – the average civilian – was subjected to similar stresses, he undoubtedly would develop the same type of nervous condition that most of you fellows developed. All of us have our so-called 'breaking point'.

- And a survey outside showed that civilians, on the whole, were more nervous than soldiers. On Park Avenue, for instance, where some of your richest people live, most, most of the patients are people who suffer from nervous disorders. And if the doctor won't give them a pill, why, they'll go out and say, 'Well, he's not a good doctor.' So therefore they're given pills, and they take them at home. They take these pills at home because the hospitals are too full. If the hospitals were empty, they'd be in the sanitarium and so forth.
- Having, er, been through a number of these discussions, like the other men have, I know that we have learned, er, the basis of how we got nervous. Some of us, er, through combat, and some of us by not being in combat. And I think... and I'm sure that we have a better understanding of our conditions, and I'm pretty grateful of being here at Mason General Hospital, like a lot of fellows are. I just so happened, I couldn't walk. And they made me walk. I couldn't walk when I arrived, and I was here 24 hours, and they made me walk. I feel pretty grateful for getting my limbs back.
- Wow...
- But that's not what I'm driving at, it's that, er, I know that, er, when I get out of here, and the other fellas do too, we're gonna try our best to make ourselves, er, as best we can. And er, we feel more confident in er, to, to grasp this nervous situation that's come about us, and we want to show people that we can do things on our own on the outside, whether we've been in a hospital for nerves, or me... or wherever we've been, whether we've lost an arm or a leg, that we can be just as good as anybody else. All I want is that they give us a chance to prove our equality, like they said they were. I hope they keep their promise. That's all I hope.
- Would you make it a point to tell your employer that you were a psychoneurotic?
- Well, if he's an intelligent man, which most well-known employers are, that own large concerns, why, he's gonna react the same as any other normal human being would. He's gonna say: 'It's absolutely possible, and the man right now looks all right. I'll try him out.'
- But er, you may run into employers who are not that broad-minded or intelligent.
- Yes, sir. And I'll sell myself to them.
- How about you, Hofmeister? Do you have any plans about jobs, or do you have any fears about getting a job? Or...
- I have no fear whatsoever. I've got my job waiting for me, sir.
- You have your job waiting for you. I think it comes down to this, doesn't it - that most of you fellows feel that you ought to be honest with your employer, that you have nothing to hide, nothing to be ashamed of?
- Yes, sir.
- Isn't that the general attitude?
- Yes, sir. That's the way all the men feel.
- Your time in the service was not entirely wasted. You have learned a great deal in the service. For instance, a great many jobs and tasks that you've learned to do in the service that you have had absolutely no contact with in the past. You've also learned to work in groups, er, something that every soldier learns to do very early in his military

career. This definitely will be of much value to you in your future civilian employment.”

*The weeks have slipped by fast. The first strangeness of hospital life has become routine. Sometimes a man learns something new. Deranger always did want to play the guitar.*

*And now the days begin to seem long. There's the old healthy sound of bellyaching in the air: "Spinach, spinach again." And: "How about a good movie for a change?" And: "How about putting some ice cream in the ice cream soda?"*

*No longer is a man shut up within the lonely recesses of himself. He is breaking out of his prison into life - the life that lies ahead, offering infinite possibilities for happiness and sorrow. How does a man find happiness? Is there a secret to discover? What is the mysterious ingredient that gives joy and meaning to living?*

“You know in the Bible where it says: ‘A man does not live by bread alone’? Children don't grow up well without safety and confidence. If that wasn't in one's childhood, in growing up, you could say: ‘Now, there's something missing during all that time.’ And the next question is how to supply it. And it does need to be supplied. Not all of the learning in all of the books is half as valuable in getting over nervousness, as to find someone that you esteem, that you can learn to feel safe with, where you can get a feeling of being accepted, or cherished, where you get a feeling that you're worthwhile, and that you're important to someone. You could say the feeding that you didn't get - that's something more than bread - when you were little, you still need to get it. You still need to be fed with acceptance, and to find the safety. In other words, knowledge alone is not enough.”

“Home, Sarge! Home, home!

- Nobody got it.
- Get up, get up! Get up, get up and go around!
- Go ahead, get up!”

*Eight weeks have passed. What about these men? Are they ready for discharge? How complete is their recovery?*

*How about the boy in the right field?*

“I just didn't care what happened to me.”

*How about the kid at bat?*

“Foxhole was covered by dirt. I was covered up for 29 hours afterwards, until they found me.”

“Hit it!

- He's out, he's out!”

“Out! Joe, you're out. Joe, you're out. Go on!”

*How about the umpire?*

“It's ha... hard, hard, hard for me to get, get my words, words out.”

“You're out, go on! Batter up.”

*How about this kid?  
How about him?*

*Are they well enough to be discharged? That is for the doctors to decide at tomorrow's boarding.*

WAITING ROOM

*The answer is yes.*

“Men, this is your last military formation. Today you’re returning to your homes, your families, and friends. Many of you have been looking forward eagerly to this day. But remember that when you reenter civilian life, on your shoulders falls much of the responsibility for the postwar world. May your lives as civilians be as worthy as your records as soldiers. Good health, good fortune, and Godspeed.”

THE END

MISC. 1241  
MCMXLVI

Transcript: Séverine George