intellectual pursuits and allowed him to identify with the traumatized soldiers.[53] Kardiner struggled for a long time to develop a theory of war trauma within the intellectual framework of psychoanalysis, but he eventually abandoned the task as impossible and went on to a distinguished career, first in psychoanalysis and then, like his predecessor Rivers, in anthropology. In 1939, in collaboration with the anthropologist Cora du Bois, he authored a basic anthropology text, *The Individual and His Society.*

It was only then, after writing this book, that he was able to return to the subject of war trauma, this time having in anthropology a conceptual framework that recognized the impact of social reality and enabled him to understand psychological trauma. In 1941 Kardiner published a comprehensive clinical and theoretical study, *The Traumatic Neuroses of War,* in which he complained of the episodic amnesia that had repeatedly disrupted the field:

> The subject of neurotic disturbances consequent upon war has, in the past 25 years, been submitted to a good deal of capriciousness in public interest and psychiatric whims. The public does not sustain its interest, which was very great after World War I, and neither does psychiatry. Hence these conditions are not subject to continuous study . . . but only to periodic efforts which cannot be characterized as very diligent. In part, this is due to the declining status of the veteran after a war. . . . Though not true in psychiatry generally, it is a deplorable fact that each investigator who undertakes to study these conditions considers it his sacred obligation to start from scratch and work at the problem as if no one had ever done anything with it before.[54]

Kardiner went on to develop the clinical outlines of the traumatic syndrome as it is understood today. His theoretical formulation strongly resembled Janet's late nineteenth-century formulations of hysteria. Indeed, Kardiner recognized that war neuroses represented a form of hysteria, but he also realized that the term had once again become so pejorative that its very use discredited patients: "When the word 'hysterical' . . . is used, its social meaning is that the subject is a predatory individual, trying to get something for nothing. The victim of such a neurosis is, therefore, without sympathy in court, and . . . without sympathy from his physicians, who often take . . . 'hysterical' to mean that the individual is suffering from some persistent form of wickedness, perversity, or weakness of will."[55]

With the advent of the Second World War came a revival of medical interest in combat neurosis. In the hopes of finding a rapid, efficacious treatment, military psychiatrists tried to remove the stigma from the stress

reactions of combat. It was recognized for the first time that *any* man could break down under fire and that psychiatric casualties could be predicted in direct proportion to the severity of combat exposure. Indeed, considerable effort was devoted to determining the exact level of exposure guaranteed to produce a psychological collapse. A year after the war ended, two American psychiatrists, J. W. Appel and G. W. Beebe, concluded that 200–240 days in combat would suffice to break even the strongest soldier: "There is no such thing as 'getting used to combat.' . . . Each moment of combat imposes a strain so great that men will break down in direct relation to the intensity and duration of their exposure. Thus psychiatric casualties are as inevitable as gunshot and shrapnel wounds in warfare."[56]

American psychiatrists focused their energy on identifying those factors that might protect against acute breakdown or lead to rapid recovery. They discovered once again what Rivers had demonstrated in his treatment of Sassoon: the power of emotional attachments among fighting men. In 1947 Kardiner revised his classic text in collaboration with Herbert Spiegel, a psychiatrist who had just returned from treating men at the front. Kardiner and Spiegel argued that the strongest protection against overwhelming terror was the degree of relatedness between the soldier, his immediate fighting unit, and their leader. Similar findings were reported by the psychiatrists Roy Grinker and John Spiegel, who noted that the situation of constant danger led soldiers to develop extreme emotional dependency upon their peer group and leaders. They observed that the strongest protection against psychological breakdown was the morale and leadership of the small fighting unit.[57]

The treatment strategies that evolved during the Second World War were designed to minimize the separation between the afflicted soldier and his comrades. Opinion favored a brief intervention as close as possible to the battle lines, with the goal of rapidly returning the soldier to his fighting unit.[58] In their quest for a quick and effective method of treatment, military psychiatrists once again discovered the mediating role of altered states of consciousness in psychological trauma. They found that artificially induced altered states could be used to gain access to traumatic memories. Kardiner and Spiegel used hypnosis to induce an altered state, while Grinker and Spiegel used sodium amytal, a technique they called "narcosynthesis." As in the earlier work on hysteria, the focus of the "talking cure" for combat neurosis was on the recovery and cathartic reliving of traumatic memories, with all their attendant emotions of terror, rage, and grief.

The psychiatrists who pioneered these techniques understood that