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Rebecca Schwartz Greene's *Breaking Point* is the seminal work on psychiatry during World War II that has been over forty years in the making. This book arose out of Greene's dissertation, “The Role of the Psychiatrist in World War II,” which she wrote in 1977. But the book is up to date with the historiography and incorporates the most recent publications in the field. While the book is new, the subject matter has shaped the field of military and social history for decades. As Noah Tsika writes in his foreword, monumental works, such as Allan Bérubé’s *Coming Out under Fire: The History of Gay Men and Women in World War II* (1990) and Ellen Herman’s *The Romance of American Psychology: Political Culture in the Age of Experts* (1995), heavily relied on Greene’s work. This book argues that the development in the field of psychiatry was ironic because in the early war, government and medical officials made many missteps that compromised America’s fighting force. Even with those missteps, however, Greene declares “that the story of psychiatry in World War II ironically culminates in a tremendous growth in popular demand, transforming a profession primarily engaged in caring for the chronically ill in isolated mental asylums to one caring for the everyday problems of the common man and woman” (p. 1).

*Breaking Point* traces the evolution of wartime psychiatry from the late 1930s as American medical and governmental officials prepared for America’s potential entry into the global war consuming Europe. Greene divides the book into three parts: “Before the War,” “During the War,” and “After the War.” In the early years of the war, psychiatrists subscribed to the theory of “predisposition,” which asserted that a person developed certain traits during birth or through poor socialization and improper childhood development that culminated in psychiatric illnesses. This theory led the Selective Service, the army, and the navy to impose a strict screening process that ostensibly
weeded out those people most likely to break down while in the military or fail to readjust to civilian life after the war. But the screening program was not without controversy. Greene writes that many of the screening boards had no established guidelines that clearly defined who should or should not be rejected. Oftentimes, a screening board rejected a person due to a “gut reaction” (p. 3). Other times, racial and class differences affected how authorities judged whether a person was competent enough for military service. Consequently, American society often questioned if those rejected were draft dodgers because they had no visible issues that warranted disqualification. The rejected also faced further stigmatization when employers would not employ the 4Fs (those deemed psychiatrically disqualified from service).

Between 1941 and late 1943, as psychiatric casualties continued to mount and military leaders questioned psychiatry’s validity, psychiatrists continued to emphasize screening’s importance. But in December 1943, at the behest of William Menninger, one of the country’s most influential psychiatrists, policymakers began to send psychiatrists to the front to treat psychiatric casualties. As these doctors served with the men and experienced the true conditions of war, they understood that the environment triggered psychological problems. This knowledge led doctors to disavow predisposition and screening to focus on prevention and treatment—methods that would shape psychiatry in both war and peace. Even with the missteps early in the war, psychiatrists gained the ultimate recognition when the US federal government passed the National Mental Health Act of 1946, thereby validating the profession and providing substantial resources for the expansion of the field and future research.

The uniqueness of *Breaking Point* goes further than this “ironic” growth of psychiatry after the war. Greene does a remarkable job demonstrating how scholars can find “irony” in every corner of psychiatry during this period. The screening program “medicalized many traits previously handled under the Code of Military Justice” (p. 40). For example, before World War II, the military punished homosexuality through courts-martial and potential imprisonment. That process shifted during World War II when military and government officials began to classify homosexuality as a psychiatric disorder and when anyone deemed to be homosexual received 4F rejections or other-than-honorable discharges. Ironically, however, “those found ‘guilty’ of mental illness or certain personality characteristics could be and often were discharged without due process, without benefits, without honor, and with a stain on their record for life” (p. 40). Furthermore, many histories of medicine heavily rely on scientific terms and methods without clearly explaining them. Greene bucks this tradition and clearly explains important terms and treatments, such as “narcosynthesis,” and then discusses whether the methods were successful and if there were potential consequences. Thus, Greene neatly entwines social and cultural history with the history of medicine.

Overall, *Breaking Point* should become a defining book of psychiatry in World War II. A professor will find great use by assigning it in a graduate seminar or even assigning chapters to undergraduates. And while the book covers a wide swath of information, it also raises issues for future scholars to explore, especially questions concerning the different methods and approaches psychiatrists took when screening or treating men and women.
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