

## SOME ASPECTS OF THE WAR NEUROSIS<sup>1</sup>.

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Now that three years have elapsed since the conclusion of hostilities, we are in a position to appraise with some degree of accuracy the claims of the war neurosis to be considered as a separate entity. I think that most of us would agree that in a very large number of our cases the underlying factors differ in no marked respect from those encountered in civilian life. It is obvious—leaving aside for the moment one highly important factor, the danger to life—that the unrestrained expression of sadistic instincts must have produced a conflict with which the Ego, enfeebled perhaps by disease and most certainly by the strain of warfare, could scarcely deal. In ill-adapted individuals the segregation from the opposite sex resulted in a reinforcement of the homosexuality sufficient to cause a neurosis, whilst others of tougher mould resorted openly to perverted practices. The attitude to authority again is of self-evident importance. In men who broke down whilst training or after some trifling trauma, the ultimate prognosis is naturally far worse than in those whose neurosis only declared itself after a year or more of exposure to the rigours of the field.

In a different class, however, are the fortunately more numerous type where the constitutional factor is negligible and whose final breakdown is manifestly caused by the unparalleled ordeal of modern warfare.

A frequent history to be obtained is that they carried on well, although perhaps growing progressively more 'windy' and rather less inclined to take risks, until one day some relatively trifling occurrence completely upset their balance. From that moment they became helpless either to lead or to execute commands; and this, I think, is significant: they had a compelling certainty that every shell and bullet they heard was destined for them. The opposing belief in the immortality of the Ego was well expressed by the Tommy's dictum that the shell that was going to get you had your number on it.

Or perhaps a single violent shock, a shell-burst or burial alive may have precipitated the neurosis, although the man had not previously

<sup>1</sup> Read before the Medical Section of the British Psychological Society, 14th Dec. 1921.

noticed any untoward symptoms. These alone are the cases which aetio-logically are to be classified as traumatic neurosis.

Let us consider as briefly as may be the psychopathology of this condition. The possibility of an underlying sexual factor in the war neurosis has of course been vehemently denied, nor, if we limit sexuality to the sense of object love, would it be possible to demonstrate a 'denial of love,' a damming up of the libido sufficient to provoke the flight into disease.

But by a quite legitimate enlargement of the libido concept so as to include not only the love-energy directed upon the outside world, but also that attached to the Ego itself, we can readily appreciate how any force tending to endanger the Ego and threaten its continued existence acts in its effects as an impediment to self love. All the libido is originally narcissistic, and it is only during cultural development that it becomes detached and capable of being utilized as object libido through transference formation. But this detachment is only partial, and the old channels exist whereby it is capable of flowing back to its original fixation point in the primitive narcissism.

The Ego senses keenly an impoverishment for which nothing can adequately compensate; the patient is again in the position of the infant dependent entirely upon the care of its mother, deriving narcissistic gratification by identification of itself with its first love object; and those whose presence tends to disturb this sense of security are regarded with bitter hostility.

The symptoms of the traumatic neurosis,—the deep-rooted sense of injury and injustice, the desire that others should occupy themselves exclusively with their wellbeing, the intolerance of the children whose presence interferes with the wife's exclusive preoccupation with the husband,—are, as Abraham has pointed out, efforts at reassertion on the part of the injured narcissism. The extent of this regression to an earlier psychic level was well seen in many war cases soon after the traumatic event where the patient's behaviour corresponded to that of a little child, needing to be fed and tended, and showing the emotional reactions of the first years of life. The comparative frequency of cases of so-called traumatic epilepsy in which the patient develops fits of an epileptic type after some physical trauma, fits which cannot be attributed to any manifest organic lesion, with the characteristic mental traits of the civilian epileptic, selfishness, egocentricity, impulsive gratification of desires, marks, I think, a similar regressive state, though here the individual was probably before his breakdown ill-adapted to reality, and liable to violent emotional outbursts.

The regression motive is well seen in the recurring dream of a ranker officer whose breakdown developed gradually after three years of strenuous service, following on a severe conflict as to the morality of shooting a German from behind who had turned tail and was running back to his own trenches. He began to develop the feeling already described, that every shell was coming directly for him. Gradually he became less and less able to lead his men in the field, was haunted by fears of cowardice, and finally the explosion of a Jack Johnson nearly knocked the wind out of him and he developed nervous symptoms which necessitated his evacuation. After some months of psychological treatment during which he steadily improved, he dreamt of an earthquake, which at once revived the memory, hitherto repressed, of the explosion; a moderate abreaction followed. On his next visit he produced the following dream: "*There seemed to be an earthquake and I saw the earth open up all around me. There were numberless corpses in their coffins, and the earthquake dislodged the lids. The coffins seemed to rise up out of the ground.*"

On analysis the dream revealed obsessive fears of an earthquake, hurricane, or some such cataclysm of nature which would wipe out the town where he lived, leaving only himself alive. The primitive symbolism of the return to an intra-uterine state and subsequent rebirth is of course clear. This opened up a level of thought hitherto untouched wherein he himself was omnipotent, triumphantly directing the forces of destruction which formed the content of his phobias.

The repetition of the dream after the effect of the original event had been abreacted, and its elaboration in the services of the infantile wish mark, I think, the process of absorption of a traumatically effective stimulus into the general body of the unconscious. This is a point of great theoretical significance and one which, if we succeed in elucidating it further, will lead us far in our examination of the war neurosis. The tendency to recurrence of the war dream, with its culminating moment from which the sleeper awakes shaking with terror, has long been a stumbling-block to the acceptance of the Freudian theories of wish fulfilment. But, on examination, one finds that whereas some war dreams are subject to the usual laws regulating dream activity, others, though a small proportion, repeat themselves throughout long periods with apparently no change of content. These recurring dreams may be, and usually are, exact reproductions of the traumatic moment, though in a much rarer class we have dreams with an elaborate symbolism which throughout numberless repetitions never alter in any particular.

It would seem as if the unconscious were powerless to mould them

or alter their rigid character; the driving affect paralyses psychic activity, leading the dreamer night after night along the same road, repeating with monotonous certainty the well-worn paths till he awakes sweating with horror, and dreading the return of sleep. Their very rigidity of structure makes them valueless as analytic material.

From the start the dreamer can tell one everything or nothing; the dream may be, and generally is, a photographic reproduction of a traumatic event of which the dreamer is fully cognizant and of which he can speak on the reality level with no notable emotion. In other cases a puzzling symbolization has taken place which leads the dreamer back surely enough to the traumatic moment, but whose elements do not allow of fractional interpretation. The structure here, too, is fixed and unyielding. In one case I was able, under hypnosis, to convert the dream to a hysterical pain, which apparently provided a sufficient outlet, for it never returned.

If distortion occurs it is, as would be expected, in the service of the wish fulfilment and indicates a partial psychic binding of the traumatic affect. This factor is well shown in the following recurrent dream for which I am indebted to Dr Devine. "*I was in the square at Cambrai, the Germans were shelling heavily, as one burst near me I awoke.*" This immediately recalled an incident of which the patient had a full conscious recollection, but careful cross-examination revealed the following significant dream distortion—*there was glass in the windows of all the houses.*

This, he agreed, was a manifest impossibility. The dream wish, therefore, had endeavoured to reassure him of his safety by placing the scene of the bombardment miles behind the line.

Let us consider a few cases in which no such alteration is perceptible.

W. P., a patient of poor intelligence suffering from vague dreads, stammer, broken sleep, in which he constantly lives over a period of horror when he lay buried beneath a fall of earth in the trenches. He tells me of this without marked emotion and of the amnesia following; his next recollection is of hospital in England.

I lay him down and direct him to close his eyes and to take his thoughts back to the time in question. He does so, and in a few moments we have him reacting briskly, gasping and shuddering as the shells burst in his neighbourhood, shouting to his comrades, till finally the trench falls in, and he tells me in broken gasps of the weight pressing on his chest, his efforts to escape, and finally with a convulsive heave he frees himself and sits up. "What happened?" I ask, and he explains that he scarcely knows, he seemed to get free somehow. Thus far we have the

abreaction method on orthodox lines. The man has, we say, freed himself of the affective disturbance by a repetition in consciousness.

But at our next sitting he reports that the dream is still disturbing him. The incident has evidently been insufficiently abreacted. Again he is directed to think of it and gives a repetition identical in every respect to the preceding. The affair drags on; week after week the abreaction takes place, with no less certainty does the dream return. Growing desperate, I try the fatigue method. Three times in one morning does the unhappy patient free himself from his living grave, and the no less unhappy abreactionist is faced with the collapse of all his cherished theories. The patient was eventually discharged from treatment, and is, I should think, probably repeating his nightly excavation to this day. It must be remembered that we were dealing here with a man of poor mentality whose powers of absorption were probably very small. A happier issue attended the following:

S. H. W. A tough, pre-war soldier aged 44, complaining much of sleeplessness, nightmares, and impairment of memory. He talked little of the war, but when he did he laughed about it. Two frequently recurring dreams disturbed his sleep. The first related to a definite incident in which he and a German grappled in No Man's Land, the German grasping him by the throat and endeavouring to drown him in the mud. Eventually as he was at his last gasp, something alarmed the German and he made off towards his own lines.

At the outset of treatment the point at which the patient awoke was always that at which the German was drowning him. He was made to talk over the affair, but there was little or no reaction; he fully realized the horror of the situation, but although it could be vividly recalled there was no perceptible distress.

Imbued, as I then was, with a belief in the theory of auto-suggestion as the factor producing hysterical perpetuation of symptoms, it occurred to me that a repetition of this kind might perhaps be analogous to the persistence of deaf-mutism, so often seen in soldiers after a shell-burst. Symptoms such as this were of course readily removable by persuasion, coupled with an explanation of their mechanism adapted to the patient's intelligence.

I therefore explained to the patient that the return of the dream was conditioned by his belief in the inevitableness of the repetition, that if he could rid his mind of this certainty, etc., he would be troubled no more. Next week he reported that the dream had certainly recurred, but missed out the crucial incident; he simply found himself lying in

the mud, and the German walking back to his lines. He awoke laughing. After this there was no repetition.

The second dream proved more obdurate. As he lay in bed he heard footsteps mounting the stairs, someone went into his son's room, there was a blow and the thud of a body falling on the floor. He awoke regularly, sweating and terrified. For some sittings nothing could be elicited, but at our eighth interview he recalled a singularly unpleasant experience when a number of Germans were murdered in cold blood. The thud he associated with the felling of an officer with a rifle-butt. For three weeks, under persuasive methods, the dream disappeared, but recurred under the stress of a domestic anxiety. The inhibitions had, however, become so far removed that he was able, on hearing the footsteps to say, "It's only a dream." Nevertheless he felt impelled to leap out of bed and visit his son's room to reassure himself that the lad was safe. The dream crossed his mind subsequently in sleep on a few occasions, but the anxiety vanished. It is evident that we are dealing here with a dream which, although recurrent, has at the outset effected a partial fusion with unconscious material. Nevertheless, its employment in the services of the dream wish was far from satisfactory. The compelling force of its affect rendered it incapable of distortion and elaboration; it could be utilized only to express in a crude and violent manner a danger situation which provoked in the dreamer not surprise or sorrow, the normal response to such an apparent death wish, but only feelings of alarm which called forth a reaction of self-preservation. In the threat to his child, he sees a threat to his Ego, and responds to it in narcissistic fashion by a compulsion to reassure himself that all is well.

A third case presents another and more complex aspect. H. F., a man of 46, an obvious martial misfit, a small unambitious clerk, employed in a subordinate position with the same firm for sixteen years. After a short time at the front he was blown up and buried, and for some hours lay practically covered with *debris*, and in great terror lest he should be left there forgotten. Two dreams relating to this incident occurred regularly and had done so for over two years, accompanied with much painful emotion. Although rather long they are worth quoting *in extenso*, to show how an elaborate symbolism such as they exhibit can nevertheless take on a stereotyped and rigid character, which altered not at all despite numberless repetitions.

Dream I. *In the dark I came to a kind of structure and as I looked into it I saw that the only light came from above. I looked up and saw a man at work. My first thought was to reach him. There was no other means*

but by climbing through different floors which could be seen through, they being a kind of lattice work interwoven, after the pattern of bed laths. In some way or other I reached the first obstacle in my endeavour to get to the top, but as I grasped the laths they began to bend, so much so that in my frightened state I thought they would break and I should drop. Each floor I climbed through seemed more difficult, the laths bending more as I got nearer the top. I had come to the last floor and was almost at the top when the laths bent to the point of breaking. At that moment I woke up feeling bad.

Dream II. I found myself in a vault and as I groped about in the darkness I found that my only way out was up a kind of shute, but to my amazement I could not ascend it, for a massive stone barred the way. Persons above were trying to rescue me and several attempts were made with chains and ropes fastened round the stone, but every time the stone got hauled up about halfway, the chains and ropes broke and down came the stone again. In my terrified state, thinking I must remain there and die, I saw around me many skeletons of persons who had met a similar fate to that which faced me. At the point of giving up hope of being rescued, I awoke.

It would seem almost as if the unconscious in the interests of the primary dream function—the preservation of sleep—had succeeded by a supreme effort in effecting just so much disguise—or, from a standpoint which we shall consider later, in attracting to itself and fixing a certain measure of the traumatic affect, but was powerless to utilize it in any further way.

The unconscious impulses which attain their expression in the dream we are accustomed to consider as under the dominance of the Pleasure Principle; but here we seem to see them set aside, and mastered in their turn by something which appears more primitive—or at least more powerful, the *compulsion to repeat*. Let us attempt a theoretical explanation of these problems.

We have already seen that in the traumatic neurosis it is the libido attached to the Ego itself that is, through the agency of a violent threat to the continued existence of the individual, withdrawn from the outer world, and regresses to infantile modes of expression.

But many of these infantile reactions become in the course of cultural development obsolete and forbidden modes of expression and cannot be tolerated by the Ego, which through its adaptation to the Reality Principle feels them to be inimical to its safety. Thus sexual hunger, whether it be that caused by the damming back of Object or of Ego libido, causes a tension within the psyche which can only be relieved by the production of morbid anxiety (*Angst*). This morbid anxiety the Ego

tends to project as if the threat came from without—a point which we shall consider in more detail later—and to guard itself against it by the formation of various phobias and prohibitions, which serve as defence mechanisms against the formation of morbid anxiety. The morbid fear of the soldier on the battlefield is in a certain sense as truly a neurotic symptom as that of the woman seized with terror at the sight of a cat. For as Jones<sup>1</sup> has shown, the normal response to danger is a conation—flight, defence or retaliation. The production of morbid fear is in no sense a useful reaction, for it serves by its very intensity to inhibit motor activity, to drain off all psychic energy into one unbearable emotion. Thus far we are on familiar ground. Morbid anxiety is the state of awaiting danger, and differs from fear in so far as the individual is unable to react by the appropriate conation. It seems probable that the measure of *Angst* production is the extent to which the conative response has been ineffective or inadequate.

But a danger totally unprepared for causes neither fear nor *Angst* but alarm [*Shreck*], the suddenness allows no time for preparation or motor activity; the psyche appears transfixed by the sudden impact of the stimulus. It is in these cases that one encounters the phenomenon of the recurrent dream.

We have now two problems to consider. Can this repetition of the traumatic moment be in any sense a function of the Pleasure Principle, which we have hitherto regarded as paramount in the psychic life of the unconscious; and what are the mechanisms whereby a psychic trauma tends constantly to repeat itself with fresh affective force?

Freud, in his earliest essays on the problem of hysteria, formulated the concept that the hysteric *suffered from reminiscences* and showed how a stimulus of a certain intensity experienced in early childhood was repeated in a disguised form throughout life as a neurotic symptom. When the affect attached to this stimulus was brought up to consciousness the patient abreacted it, and by this means was enabled to obtain relief. It appears, of course, regularly during analytic treatment in the phenomena of the transference.

The instincts are the richest source of stimuli reaching the consciousness from within, and we may venture the supposition that the stimuli arising from them have not the characteristics of fixed nervous energy but that which is freely flowing and seeks an outlet. To their free state they owe the power of combining in the foreconscious with the day remnants, which as it were fix them. It is only then that they can be

<sup>1</sup> *Papers on Psycho-Analysis*, pp. 578 et seq.



utilized by the Pleasure Principle, which owing to this psychic binding can obtain the mastery and submit them to elaboration, according to the laws of the unconscious. If this fixation fails, as not infrequently happens with the psychic traumata of childhood, a derangement analogous to a traumatic neurosis results, even though the event itself has never become conscious. But this 'compulsion to repeat' (*wiederholungs-zwang*), which has well been compared to a conditioned reflex, does not function in opposition to the Pleasure Principle but independently of it. During the course of a psycho-analytic cure, it is evident that the force compelling the patient to repeat through the transference the repressed remnants of his early memories is not held in fixation, and although not necessarily unpleasant—it may, for example, result in the repetition of a disguised erotic situation—functions without regard to the Pleasure Principle. When, as in the examples we have considered, the memories revived are of a kind which contain no possibility of pleasure, the individual appears as if a diabolic fate pursued him, from which there is no possibility of escape.

In a recent work of some difficulty<sup>1</sup>, Freud has devoted fuller attention to this abrogation of the Pleasure Principle, in favour of what appears to be a more primitive tendency of the psychic life, and it will be of value to consider his speculations concerning the nature and functions of this compelling force.

Two salient characteristics at once seize our attention—the moment of surprise and terror, the importance of which has already been considered; and the well-known fact that a wound received at the same time serves to protect against the formation of a neurosis. But if one thinks it self-evident that the nightly dream takes the patient back to the traumatic moment, as a measure, as it were, of its force, one mistakes the true nature of the dream, whose function should be to bring him back to health and the hoped for cure.

Either we must postulate a little understood masochism, or, as we have already done, a weakness in the dream structure.

In a brief discussion of the motives actuating the imitative games of childhood, Freud demonstrates that the child by substituting an active for a passive *rôle* strives to render itself master of events which have produced a lively impression upon it. These events are not necessarily pleasant in themselves, as, for example, the familiar games of doctors and patients, and one may assume that the gain of pleasure is secondary to the impulse to abreact the incident. May it not be that this impulse

<sup>1</sup> S. Freud, *Jenseits des Lustprinzips*.

towards mastery by repetition is the underlying motive of the compulsion to repeat?

Psycho-analytic theory assumes that consciousness is only a special function of the psyche, regarding it indeed as comparable to an end organ. But, since the system of perceptual consciousness is capable of receiving impressions both from without and of pain and pleasure from within, we must, if we accord to it a spatial relation, regard it as being directed outwards and encompassing the other psychic systems. If, however, it is to retain its function as a receptor, it cannot preserve within itself the results of such impressions as a permanent trace, for to do so would render it increasingly less fitted to receive new stimuli and transform them into consciousness. Memory traces are formed by the propagation of the impulse to the next inner system, and the phenomenon of becoming conscious (*Bewustwerden*) is the product of a transformation of a memory trace into the moment of exposure in consciousness, that is to say of its direct communication with the outer world. Using as an illustration a small ball of protoplasm in the midst of a world full of violent energies, Freud discusses the effect that a constant bombardment of stimuli would have upon it. The outer layers would tend to become specially modified to serve as a receptor, and stimuli would pass through it without resistance and producing no permanent change in its structure. But the stimulus in passing from the outer to the inner layers has to surmount an obstacle and in its passage leaves a permanent trace.

The unimpeded passage of stimuli might, however, result in injury to the organism, and thus it would happen that the outermost layer loses its living structure, becomes as it were inorganic and acts as a special membrane, which preserves the organism from the forces of the outer world, in such a way that they only penetrate the inner layers with a portion of their energies. The outermost layer has by its death protected the inner layers, provided the stimuli are not sufficiently powerful to force a passage. This layer or barrier, which Freud has called the *Reizschutz*, is provided with an energy of its own, and serves above all to preserve the organism from the effects of dangerous stimuli in the outer world. The receptor within seeks to recognize the force, the intention and the nature of the excitations which reach it from outside. For this it suffices to take small amounts of energy and examine them. Thus in the process of evolution the central nervous system has gradually withdrawn from its exposed position as the primitive ectoderm and those portions of it remaining on the surface, the sense organs, adapted for the reception of specific stimuli, are capable of receiving only very

small amounts of energy, so that one might compare them to antennae, which but touch the outer world, to be immediately withdrawn.

We have seen that our little ball is protected by the *Reizschutz* from the outer world, and that the next inner layer must serve as a receptor. This becomes later the organ of consciousness and on account of its position on the frontier between the inner and the outer world serves also to differentiate between stimuli arising from one or the other. But stimuli from without reach it only in small quantity, for their passage is impeded by the *Reizschutz*, whereas those from within can reach it in undiminished force, and thus tend to be more effective. If these inner stimuli reach a degree sufficient to cause pain, so as to constitute a threat to the Ego, the tendency is to treat them as if coming from the exterior. In this way the barrier of the *Reizschutz* may be used against them. *This is the mechanism of Projection.*

Stimuli from the outside strong enough to effect a penetration of the *Reizschutz* become traumatic. The overwhelming of the psyche by a great flood of stimuli must in some way be impeded. What reaction in the psychic life can follow such a penetration of the *Reizschutz*? All the defence mechanisms of the organism are called into play. The problem is to control the stimuli and effect a discharge. From every side the energy belonging to the organism is gathered up to form at the point broken through a counter-charge of energy, and on this account all the other psychic systems are impoverished or paralysed. The counter-charge thus formed serves to bind the incoming stimulus and in so doing is transformed from freely flowing energy to energy at rest. If the shock be sudden the tension at the point of entry will be low and the penetration of the *Reizschutz* therefore relatively more easy. On the other hand, if there has been a preparation by morbid anxiety for shock with the consequent formation of a counter-charge of energy in the systems nearest to the threatened point, the penetration will be more difficult or even impossible. Morbid anxiety forms, therefore, the last line of defence of the *Reizschutz*. Above a certain strength of trauma, however, it matters little whether a system be prepared by anxiety or no.

The dreams following trauma of an overwhelming sort seek therefore to achieve the mastery of the excitation by the development of anxiety, whose lack has been the cause of the neurosis. In this sense they may be regarded as an attempt at cure by a psychic binding of the invading stimulus.

The fact already referred to that a physical injury received at the same time prevents the development of a traumatic neurosis can be

explained if one considers that the surplus excitations received through a penetration of the *Reizschutz* are fixed by means of a narcissistic conversion on the part of the injured organ. It becomes thus a love object, and the stimulus in a sense transformed to object-libido. The well-known satisfaction of men who had received 'A Blighty one' and the happy atmosphere prevailing in Surgical Hospitals is thus comprehensible in terms of the libido theory.

As this transference weakens with the healing of the wound, a neurosis may develop, or the Ego strive to protect itself from the release of the attached energy by a hysterical continuance of impaired function. One is often struck in the gymnasium attached to the London Neurological Clinic by the extreme content of the men with their crippling functional disabilities. Nor can the resistance against cure be regarded as other than a protection against the results of the release of energy from its satisfactory fixation—that is, against the development of morbid anxiety. Abreaction would, therefore, seem to be effective in so far as it aids in the fixation process by the deliberate production of *Angst*, against which the patient has opposed the resistances of the Ego, conscious and foreconscious.

Considerations of space have compelled me to omit all reference to the close parallelism between the concept of a profound narcissistic regression and the return, from a physiological standpoint, to the phylogenetically earlier biochemical control of function by the endocrines.

It is significant, however, that those cases of traumatic neurosis whose symptoms most clearly resemble a pure hyperthyroidism react unfavourably to psycho-therapy. For the extent of the regression measures, in some respects, the prospect of ultimate recovery.